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	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/01/2014		
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The Committee on Health Policy (Grimsley) recommended the following:

## Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Paragraphs (k), (l), (m), (n), and (o) of subsection (1) of section 395.401, Florida Statutes, are redesignated as paragraphs (1), (m), (n), (o), and (p), respectively, and paragraph (k) is added to that subsection, to read:

395.401 Trauma services system plans; approval of trauma

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11 centers and pediatric trauma centers; procedures; renewal.-12 (1)13 (k) No hospital operating a trauma center may charge a 14 trauma activation fee greater than \$15,000. This paragraph 15 expires on July 1, 2015. 16 Section 2. Subsection (5) is added to section 395.402, 17 Florida Statutes, to read: 18 395.402 Trauma service areas; number and location of trauma 19 centers.-20 (5) No later than October 1, 2014, the department must 21 convene the Florida Trauma System Plan Advisory Council in order 22 to review the Trauma System Consultation Report issued by the 23 American College of Surgeons Committee on Trauma dated February 24 2-5, 2013. Based on this review, the advisory council must 25 submit recommendations, including recommended statutory changes, 26 to the President of the Senate and the Speaker of the House of 27 Representatives by February 1, 2015. 28 Section 3. Present subsections (8) through (12) of section 29 395.4025, Florida Statutes, are redesignated as subsections (7) 30 through (11), respectively, paragraph (d) of subsection (2), and 31 present subsection (7) of that section are amended, present 32 subsections (13) and (14) of that section are redesignated as 33 subsections (12) and (13), respectively, and amended, and a new 34 subsections (14) and (15) are added to that section, to read: 35 395.4025 Trauma centers; selection; quality assurance; 36 records.-37 (2) 38 (d) 1. Notwithstanding other provisions in this section, the

department may grant up to an additional 18 months to a hospital

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applicant that is unable to meet all requirements as provided in paragraph (c) at the time of application if the number of applicants in the service area in which the applicant is located is equal to or less than the service area allocation, as provided by rule of the department. An applicant that is granted additional time under pursuant to this paragraph shall submit a plan for departmental approval which includes timelines and activities that the applicant proposes to complete in order to meet application requirements. An Any applicant that demonstrates an ongoing effort to complete the activities within the timelines outlined in the plan shall be included in the number of trauma centers at such time that the department has conducted a provisional review of the application and has determined that the application is complete and that the hospital has the critical elements required for a trauma center.

2. Timeframes provided in subsections (1)-(7)  $\frac{(8)}{(8)}$  shall be stayed until the department determines that the application is complete and that the hospital has the critical elements required for a trauma center.

(7) Any hospital that wishes to protest a decision made by the department based on the department's preliminary or in-depth review of applications or on the recommendations of the site visit review team pursuant to this section shall proceed as provided in chapter 120. Hearings held under this subsection shall be conducted in the same manner as provided in ss. 120.569 and 120.57. Cases filed under chapter 120 may combine all disputes between parties.

(12) (13) The department may adopt, by rule, the procedures and process by which it will select trauma centers. Such

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procedures and process must be used in annually selecting trauma centers and must be consistent with subsections (1)-(7) (8)except in those situations in which it is in the best interest of, and mutually agreed to by, all applicants within a service area and the department to reduce the timeframes.

- (13) (14) Notwithstanding the procedures established pursuant to subsections (1)-(12) through (13), hospitals located in areas with limited access to trauma center services shall be designated by the department as Level II trauma centers based on documentation of a valid certificate of trauma center verification from the American College of Surgeons. Areas with limited access to trauma center services are defined by the following criteria:
- (a) The hospital is located in a trauma service area with a population greater than 600,000 persons but a population density of less than 225 persons per square mile;
- (b) The hospital is located in a county with no verified trauma center; and
- (c) The hospital is located at least 15 miles or 20 minutes travel time by ground transport from the nearest verified trauma center.
- (14) If a hospital has operated continuously as a Level II trauma center for a consecutive 12-month period and is in operation on July 1, 2014, the department shall within 30 days after a request by the hospital, verify or designate such a hospital as a Level II trauma center if such hospital has met the requirements of subsections (5) and (6) with regard to quality of care and patient outcomes. A hospital that meets the requirements of this section shall be eligible for renewal of



the 7-year approval period as provided in subsection (6).

(15) The department may not verify, designate, or provisionally approve any hospital to operate as a trauma center through the procedures established in subsections (1)-(13). This subsection expires July 1, 2015.

Section 4. This act shall take effect July 1, 2014.

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======== T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete everything before the enacting clause and insert:

A bill to be entitled

An act relating to trauma service centers; amending s. 395.401; restricting trauma service fees to \$15,000 until July 1, 2015; amending s. 395.402; requiring the Department of Health to convene the Trauma System Plan Advisory Council by October 1, 2014; requiring the Trauma System Plan Advisory Council to review the Trauma System Consultation Report and make recommendations to the Legislature by February 1, 2015; amending s. 395.4025; deleting a provision relating to the procedure for protesting an application decision by the department; conforming cross-references; requiring the department to redesignate certain hospitals as Level II trauma centers; restricting the department from verifying designating, or provisionally approving hospitals as trauma centers until July 1, 2015; providing an effective date.