

By Senator Hutson

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1                   A bill to be entitled  
2           An act relating to trauma care; amending s. 395.40,  
3           F.S.; deleting provisions relating to legislative  
4           findings and intent; deleting the definition of the  
5           term "inclusive trauma center"; requiring the  
6           Department of Health to designate trauma centers,  
7           publish a statewide trauma plan, establish and  
8           maintain a statewide trauma registry, solicit input  
9           from stakeholders and experts, and foster the  
10          provision of trauma care; amending s. 395.4001, F.S.;  
11          defining and redefining terms; deleting the definition  
12          of the term "provisional trauma center"; amending s.  
13          395.401, F.S.; requiring a trauma agency to submit a  
14          trauma agency plan to the department; revising the  
15          required components of a trauma agency plan;  
16          prohibiting the establishment of more than one trauma  
17          agency in any county; amending s. 395.4015, F.S.;  
18          requiring the department to coordinate the development  
19          of a statewide trauma system plan and to update it in  
20          every odd-numbered year by a specified date; repealing  
21          s. 395.402, F.S., relating to trauma service areas and  
22          number and location of trauma centers; amending s.  
23          395.4025, F.S.; revising guidelines for the  
24          designation of a hospital as a trauma center by the  
25          department; deleting provision granting immunity for  
26          out-of-state experts acting as agents of the  
27          department; requiring hospitals designated as trauma  
28          centers to accept all trauma victims requiring care;  
29          prohibiting an undesignated hospital from holding  
30          itself out as a trauma center; prohibiting information  
31          supplied by a hospital to a national trauma center  
32          accreditation body from being withheld from the

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33 department; providing a penalty; extending rulemaking  
 34 authority to the department; amending s. 395.403,  
 35 F.S.; conforming provisions to changes made by the  
 36 act; amending s. 395.4036, F.S.; deleting a provision  
 37 clarifying legislative intent; amending s. 395.404,  
 38 F.S.; expanding the public records exemption to  
 39 include emergency medical service transport and  
 40 treatment records of trauma alert victims; amending s.  
 41 395.4045, F.S.; deleting provisions relating to the  
 42 air transportation of trauma victims; amending s.  
 43 395.405, F.S.; conforming provisions to changes made  
 44 by the act; amending s. 395.50, F.S.; deleting  
 45 provisions relating to the admission of patient  
 46 records into evidence in any civil or administrative  
 47 action brought by or involving the department;  
 48 amending ss. 320.0801, 408.036, and 409.975, F.S.;  
 49 conforming provisions to changes made by the act;  
 50 conforming cross-references; providing an effective  
 51 date.

52  
 53 Be It Enacted by the Legislature of the State of Florida:

54  
 55 Section 1. Section 395.40, Florida Statutes, is amended to  
 56 read:

57 395.40 Duties ~~Legislative findings and intent.~~-

58 ~~(1) The Legislature finds that there has been a lack of~~  
 59 ~~timely access to trauma care due to the state's fragmented~~  
 60 ~~trauma system. This finding is based on the 1999 Trauma System~~  
 61 ~~Report on Timely Access to Trauma Care submitted by the~~

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62 ~~department in response to the request of the Legislature.~~

63 ~~(2) The Legislature finds that it is necessary to plan for~~  
64 ~~and to establish an inclusive trauma system to meet the needs of~~  
65 ~~trauma victims. An "inclusive trauma system" means a system~~  
66 ~~designed to meet the needs of all injured trauma victims who~~  
67 ~~require care in an acute care setting and into which every~~  
68 ~~health care provider or facility with resources to care for the~~  
69 ~~injured trauma victim is incorporated. The Legislature deems the~~  
70 ~~benefits of trauma care provided within an inclusive trauma~~  
71 ~~system to be of vital significance to the outcome of a trauma~~  
72 ~~victim.~~

73 ~~(3) It is the intent of the Legislature to place The~~  
74 ~~department has primary responsibility for the planning,~~  
75 ~~coordination, and oversight and establishment of a statewide~~  
76 ~~inclusive trauma system ~~with the department.~~ The department~~  
77 ~~shall do all of the following: ~~undertake the implementation of a~~~~  
78 ~~~~statewide inclusive trauma system as funding is available.~~~~

79 (1) Designate trauma centers in the state.

80 (2) Publish and update a statewide trauma plan in  
81 accordance with s. 395.4015.

82 (3) Establish and maintain a statewide trauma registry for  
83 monitoring, evaluating, and enforcing the requirements of the  
84 state's inclusive trauma system.

85 (4) Solicit input from stakeholders and experts for the  
86 enhancement of a coordinated approach to the care of trauma  
87 victims, including input on the movement of a trauma victim  
88 through the system of care and on the transfer of a trauma  
89 victim from an acute care hospital into the trauma care system.

90 (5) Actively foster the provision of trauma care and serve

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91 as a catalyst for improvements in the outcomes and treatment of  
92 trauma patients in an inclusive trauma system.

93 ~~(4) The Legislature finds that significant benefits are to~~  
94 ~~be obtained by directing the coordination of activities by~~  
95 ~~several state agencies, relative to access to trauma care and~~  
96 ~~the provision of trauma care to all trauma victims. It is the~~  
97 ~~intent of the Legislature that the department, the Agency for~~  
98 ~~Health Care Administration, the Board of Medicine, and the Board~~  
99 ~~of Nursing establish interagency teams and agreements for the~~  
100 ~~development of guidelines, standards, and rules for those~~  
101 ~~portions of the inclusive state trauma system within the~~  
102 ~~statutory authority of each agency. This coordinated approach~~  
103 ~~will provide the necessary continuum of care for the trauma~~  
104 ~~victim from injury to final hospital discharge. The department~~  
105 ~~has the leadership responsibility for this activity.~~

106 ~~(5) In addition, the agencies listed in subsection (4)~~  
107 ~~should undertake to:~~

108 ~~(a) Establish a coordinated methodology for monitoring,~~  
109 ~~evaluating, and enforcing the requirements of the state's~~  
110 ~~inclusive trauma system which recognizes the interests of each~~  
111 ~~agency.~~

112 ~~(b) Develop appropriate roles for trauma agencies, to~~  
113 ~~assist in furthering the operation of trauma systems at the~~  
114 ~~regional level. This should include issues of system evaluation~~  
115 ~~as well as managed care.~~

116 ~~(c) Develop and submit appropriate requests for waivers of~~  
117 ~~federal requirements which will facilitate the delivery of~~  
118 ~~trauma care.~~

119 ~~(d) Develop criteria that will become the future basis for~~

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120 ~~consultation between acute care hospitals and trauma centers on~~  
121 ~~the care of trauma victims and the mandatory transfer of~~  
122 ~~appropriate trauma victims to trauma centers.~~

123 ~~(e) Develop a coordinated approach to the care of the~~  
124 ~~trauma victim. This shall include the movement of the trauma~~  
125 ~~victim through the system of care and the identification of~~  
126 ~~medical responsibility for each phase of care for out-of-~~  
127 ~~hospital and in-hospital trauma care.~~

128 ~~(f) Require the medical director of an emergency medical~~  
129 ~~services provider to have medical accountability for a trauma~~  
130 ~~victim during interfacility transfer.~~

131 ~~(6) Furthermore, the Legislature encourages the department~~  
132 ~~to actively foster the provision of trauma care and serve as a~~  
133 ~~catalyst for improvements in the process and outcome of the~~  
134 ~~provision of trauma care in an inclusive trauma system. Among~~  
135 ~~other considerations, the department is required to:~~

136 ~~(a) Promote the development of at least one trauma center~~  
137 ~~in every trauma service area.~~

138 ~~(b) Promote the development of a trauma agency for each~~  
139 ~~trauma region.~~

140 ~~(c) Update the state trauma system plan by February 2005~~  
141 ~~and at least annually thereafter.~~

142 Section 2. Section 395.4001, Florida Statutes, is amended  
143 to read:

144 395.4001 Definitions.—As used in this part, the term:

145 (1) "Agency" means the Agency for Health Care  
146 Administration.

147 (2) "Certificate of trauma center verification" means  
148 documentation issued by a national trauma center accreditation

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149 body which certifies a hospital's compliance with published  
150 standards for the administration of trauma care and the  
151 treatment of injured patients.

152 (3)~~(2)~~ "Charity care" or "uncompensated trauma care" means  
153 that portion of hospital charges reported to the agency for  
154 which there is no compensation, other than restricted or  
155 unrestricted revenues provided to a hospital by local  
156 governments or tax districts regardless of method of payment,  
157 for care provided to a patient whose family income for the 12  
158 months preceding the determination is less than or equal to 200  
159 percent of the federal poverty level, unless the amount of  
160 hospital charges due from the patient exceeds 25 percent of the  
161 annual family income. However, in no case shall the hospital  
162 charges for a patient whose family income exceeds four times the  
163 federal poverty level for a family of four be considered  
164 charity.

165 (4)~~(3)~~ "Department" means the Department of Health.

166 (5) "Designated" means approved by the department to  
167 operate as a Level I, Level II, or pediatric trauma center based  
168 on verification by a national trauma center accreditation body.

169 (6) "Inclusive trauma system" means a system designed to  
170 meet the needs of all injured trauma victims who require care in  
171 an acute care setting and into which every health care provider  
172 or facility with resources to care for the injured trauma victim  
173 is incorporated.

174 (7)~~(4)~~ "Interfacility trauma transfer" means the transfer  
175 of a trauma victim between two facilities licensed under this  
176 chapter, pursuant to this part.

177 (8)~~(5)~~ "International Classification Injury Severity Score"

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178 means the statistical method for computing the severity of  
179 injuries sustained by trauma patients. The International  
180 Classification Injury Severity Score shall be the methodology  
181 used by the department and trauma centers to report the severity  
182 of an injury.

183 (9)~~(6)~~ "Level I trauma center" means a trauma center that:

184 (a) ~~Has formal research and education programs for the~~  
185 ~~enhancement of trauma care;~~ Is verified by the department to be  
186 in ~~substantial~~ compliance with Level I trauma center and  
187 ~~pediatric trauma center~~ standards; and has been designated  
188 ~~approved~~ by the department to operate as a Level I trauma  
189 center.

190 (b) Serves as a resource facility to Level II trauma  
191 centers, pediatric trauma centers, and general hospitals through  
192 shared outreach, education, and quality improvement activities.

193 (c) Participates in an inclusive system of trauma care,  
194 including providing leadership, system evaluation, and quality  
195 improvement activities.

196 (10)~~(7)~~ "Level II trauma center" means a trauma center  
197 that:

198 (a) Is verified ~~by the department~~ to be in ~~substantial~~  
199 compliance with Level II trauma center standards and has been  
200 designated ~~approved~~ by the department to operate as a Level II  
201 trauma center ~~or is designated pursuant to s. 395.4025(14)~~.

202 (b) Serves as a resource facility to general hospitals  
203 through shared outreach, education, and quality improvement  
204 activities.

205 (c) Participates in an inclusive system of trauma care.

206 (11)~~(8)~~ "Local funding contribution" means local municipal,

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207 county, or tax district funding exclusive of any patient-  
208 specific funds received pursuant to ss. 154.301-154.316, private  
209 foundation funding, or public or private grant funding of at  
210 least \$150,000 received by a hospital or health care system that  
211 operates a trauma center.

212 (12) "National trauma center accreditation body" or  
213 "accreditation body" means an organization with optimal trauma  
214 center accreditation standards approved by the department which  
215 publishes national guidelines for trauma center verification,  
216 has an active national trauma center verification program that  
217 has verified trauma centers in at least 25 states, and is not  
218 affiliated with any entity that is engaged in the delivery of  
219 health care services. The accreditation body must have standards  
220 relating to facilities, trauma system integration, equipment,  
221 staffing, physician response requirements, interfacility  
222 transfer, education, and performance improvement.

223 (13)~~(9)~~ "Pediatric trauma center" means a hospital that is  
224 verified ~~by the department~~ to be in ~~substantial~~ compliance with  
225 pediatric trauma center standards as published by the  
226 accreditation body established by rule of the department and has  
227 been designated ~~approved~~ by the department to operate as a  
228 pediatric trauma center.

229 ~~(10) "Provisional trauma center" means a hospital that has~~  
230 ~~been verified by the department to be in substantial compliance~~  
231 ~~with the requirements in s. 395.4025 and has been approved by~~  
232 ~~the department to operate as a provisional Level I trauma~~  
233 ~~center, Level II trauma center, or pediatric trauma center.~~

234 (14)~~(11)~~ "Trauma agency" means an entity ~~a department-~~  
235 ~~approved agency~~ established and operated by one or more counties



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236 ~~and approved by the department, or a department-approved entity~~  
237 ~~with which one or more counties contract,~~ for the purpose of  
238 administering an inclusive regional trauma system.

239 (15)~~(12)~~ "Trauma alert victim" means a person who has  
240 incurred a single or multisystem injury due to blunt or  
241 penetrating means or burns, who requires immediate medical  
242 intervention or treatment, and who meets one or more of the  
243 adult or pediatric scorecard criteria established by the  
244 department by rule.

245 (16)~~(13)~~ "Trauma caseload volume" means the number of  
246 trauma patients reported by designated ~~individual~~ trauma centers  
247 to the Trauma Registry and validated by the department.

248 (17)~~(14)~~ "Trauma center" means a hospital that has been  
249 designated ~~verified~~ by the department ~~to be in substantial~~  
250 ~~compliance with the requirements in s. 395.4025~~ and has been  
251 ~~approved by the department~~ to operate as a Level I trauma  
252 center, Level II trauma center, or pediatric trauma center, ~~or~~  
253 ~~is designated by the department as a Level II trauma center~~  
254 ~~pursuant to s. 395.4025~~(14).

255 (18)~~(15)~~ "Trauma patient" means a person who has incurred a  
256 physical injury or wound caused by trauma and has accessed a  
257 trauma center.

258 (19)~~(16)~~ "Trauma scorecard" means a statewide methodology  
259 adopted by the department by rule under which a person who has  
260 incurred a traumatic injury is graded as to the severity of his  
261 or her injuries or illness and which methodology is used as the  
262 basis for making destination decisions.

263 (20)~~(17)~~ "Trauma transport protocol" means a document that  
264 ~~which~~ describes the policies, processes, and procedures

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265 governing the dispatch of vehicles, the triage, prehospital  
266 transport, and interfacility trauma transfer of trauma victims.

267 (21)~~(18)~~ "Trauma victim" means any person who has incurred  
268 a single or multisystem injury due to blunt or penetrating means  
269 or burns and who requires immediate medical intervention or  
270 treatment.

271 (22) "Verified" means a hospital has received a certificate  
272 of trauma center verification and maintains compliance with all  
273 standards set forth as a condition of receiving the certificate.

274 Section 3. Section 395.401, Florida Statutes, is amended to  
275 read:

276 395.401 Trauma agencies services system plans; approval of  
277 trauma centers and pediatric trauma centers; procedures;  
278 renewal.-

279 (1) (a) A ~~The local and regional~~ trauma agency agencies  
280 shall plan, implement, and evaluate trauma services systems, in  
281 accordance with this section and ss. 395.4015, 395.404, and  
282 395.4045, which consist of organized patterns of readiness and  
283 response services based on public and private agreements and  
284 operational procedures. ~~The department shall establish, by rule,~~  
285 ~~processes and procedures for establishing a trauma agency and~~  
286 ~~obtaining its approval from the department.~~

287 (b) A ~~The local and regional~~ trauma agency agencies shall  
288 develop and submit to the department a trauma agency plan plans  
289 for local and regional trauma services systems. The plan plans  
290 must include, at a minimum, the following components:

- 291 1. The organizational structure of the trauma system.
- 292 2. Prehospital care management guidelines for triage and  
293 transportation of trauma cases.

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294 3. Flow patterns of trauma cases and transportation system  
295 design and resources, including air transportation services,  
296 provision for interfacility trauma transfer, and the prehospital  
297 transportation of trauma victims. The trauma agency shall plan  
298 for the development of a system of transportation of trauma  
299 alert victims to trauma centers where the distance or time to a  
300 trauma center or transportation resources is in the best  
301 interest of the ~~diminish access by~~ trauma alert victims.

302 ~~4. The number and location of needed trauma centers based~~  
303 ~~on local needs, population, and location and distribution of~~  
304 ~~resources.~~

305 ~~4.5.~~ Data collection regarding system operation and patient  
306 outcome.

307 ~~5.6.~~ Annual ~~Periodic~~ performance evaluations ~~evaluation~~ of  
308 the trauma system and its components.

309 ~~6.7.~~ The use of air transport services within the  
310 jurisdiction of the ~~local~~ trauma agency.

311 ~~7.8.~~ Public information and education about the trauma  
312 system.

313 ~~8.9.~~ Emergency medical services communication system usage  
314 and dispatching.

315 ~~9.10.~~ The coordination and integration between the trauma  
316 center and other acute care hospitals.

317 ~~10.11.~~ Medical control and accountability.

318 ~~11.12.~~ Quality control and system evaluation.

319 12. A uniform trauma transport protocol, or an approved  
320 trauma transport protocol from each emergency medical service  
321 provider in the geographic area served by the trauma agency,  
322 which incorporates all trauma centers and other resources

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323 required to implement an inclusive trauma system.

324 13. List of all participating health care facilities,  
325 organizations, and emergency medical providers.

326 (c) The department shall receive applications ~~plans~~ for the  
327 implementation of inclusive trauma systems from trauma agencies.  
328 The applications shall be limited to the trauma agency plan and  
329 information about the plan's developer. The department shall ~~may~~  
330 approve or not approve trauma agency plans based on the  
331 conformance of the plan with this section and ss. 395.4015,  
332 395.404, and 395.4045 and the rules and definitions adopted by  
333 the department pursuant to those sections. The department shall  
334 approve or deny ~~disapprove~~ the applications ~~plans~~ within 120  
335 days after the ~~date the plans are submitted to the department~~  
336 notifies the developer of the trauma agency plan that the plan  
337 is complete. For the purposes of s. 120.60, the plans do not  
338 constitute licensure and are not to be considered approved in  
339 the absence of department approval.

340 (d) The department shall, by rule, establish ~~provide an~~  
341 ~~application process for establishing a trauma agency.~~ The  
342 ~~application must, at a minimum, provide requirements for the~~  
343 ~~trauma agency plan submitted for review, a process for reviewing~~  
344 ~~the application for a trauma agency, a process for reviewing the~~  
345 ~~trauma transport protocols for the trauma agency, and a process~~  
346 ~~for reviewing the staffing requirements for the agency.~~ The  
347 department shall, by rule, ~~establish minimum requirements for a~~  
348 ~~trauma agency to conduct an annual performance evaluation and~~  
349 submit the results to the department.

350 (e) ~~(d)~~ A trauma agency may ~~shall~~ not operate unless the  
351 department has approved the local or regional trauma services

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352 system plan of the agency.

353 ~~(e) The department may grant an exception to a portion of~~  
354 ~~the rules adopted pursuant to this section or s. 395.4015 if the~~  
355 ~~local or regional trauma agency proves that, as defined in the~~  
356 ~~rules, compliance with that requirement would not be in the best~~  
357 ~~interest of the persons served within the affected local or~~  
358 ~~regional trauma area.~~

359 ~~(f) A local or regional trauma agency may implement a~~  
360 ~~trauma care system only if the system meets the minimum~~  
361 ~~standards set forth in the rules for implementation established~~  
362 ~~by the department and if the plan has been submitted to, and~~  
363 ~~approved by, the department. At least 60 days before the local~~  
364 ~~or regional trauma agency submits the plan for the trauma care~~  
365 ~~system to the department, the local or regional trauma agency~~  
366 ~~shall hold a public hearing and give adequate notice of the~~  
367 ~~public hearing to all hospitals and other interested parties in~~  
368 ~~the area to be included in the proposed system.~~

369 ~~(g) Local or regional trauma agencies may enter into~~  
370 ~~contracts for the purpose of implementing the local or regional~~  
371 ~~plan. If local or regional agencies contract with hospitals for~~  
372 ~~trauma services, such agencies must contract only with hospitals~~  
373 ~~which are verified trauma centers.~~

374 ~~(f)(h)~~ A Local or regional trauma agency agencies providing  
375 service for more than one county shall, as part of its ~~their~~  
376 formation, establish interlocal agreements between or among the  
377 several counties in the trauma ~~regional~~ system.

378 ~~(g)(i)~~ This section does not restrict the authority of a  
379 health care facility to provide service for which it has  
380 received a license pursuant to this chapter.

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381 ~~(j) Any hospital which is verified as a trauma center shall~~  
382 ~~accept all trauma victims that are appropriate for the facility~~  
383 ~~regardless of race, sex, creed, or ability to pay.~~

384 ~~(k) It is unlawful for any hospital or other facility to~~  
385 ~~hold itself out as a trauma center unless it has been so~~  
386 ~~verified or designated pursuant to s. 395.4025(14).~~

387 ~~(h)(l) A county, upon the recommendations of the local or~~  
388 ~~regional trauma agency, may adopt ordinances governing the~~  
389 ~~transport of a patient who is receiving care in the field from~~  
390 ~~prehospital emergency medical personnel when the patient meets~~  
391 ~~specific criteria for trauma, burn, or pediatric centers adopted~~  
392 ~~by a the local or regional trauma agency. These ordinances must~~  
393 ~~be consistent with s. 395.4045, ordinances adopted under s.~~  
394 ~~401.25(6), and a the local or regional trauma agency system plan~~  
395 ~~and, to the furthest possible extent, must ensure that~~  
396 ~~individual patients receive appropriate medical care while~~  
397 ~~protecting the interests of the community at large by making~~  
398 ~~maximum use of available emergency medical care resources.~~

399 ~~(i)(m) A The local or regional trauma agency plan must be~~  
400 ~~shall, consistent with the state regional trauma system plan,~~  
401 ~~coordinate trauma care at the county level, and otherwise~~  
402 ~~facilitate arrangements necessary to develop an inclusive a~~  
403 ~~trauma services system.~~

404 ~~(j)(n) After the submission of the initial trauma system~~  
405 ~~plan, each trauma agency shall, every 5th year, submit to the~~  
406 ~~department by July 1 of every even-numbered year for approval an~~  
407 ~~updated plan that identifies the changes, if any, to be made in~~  
408 ~~the plan regional trauma system.~~

409 ~~(k)(o) This section does not preclude a local or regional~~

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410 trauma agency from adopting trauma care system protocols  
411 standards.

412 (2) The delivery of trauma services in coordination with a  
413 trauma agency established before July 1, 2018, may continue in  
414 accordance with the public and private agreements and  
415 operational procedures entered into as provided in this section  
416 ~~The department shall adopt, by rule, standards for verification~~  
417 ~~of trauma centers based on national guidelines, including those~~  
418 ~~established by the American College of Surgeons entitled~~  
419 ~~"Hospital and Prehospital Resources for Optimal Care of the~~  
420 ~~Injured Patient" and published appendices thereto. Standards~~  
421 ~~specific to pediatric trauma referral centers shall be developed~~  
422 ~~in conjunction with Children's Medical Services and adopted by~~  
423 ~~rule of the department.~~

424 (3) There may not be more than one trauma agency in any  
425 county ~~The department may withdraw local or regional agency~~  
426 ~~authority, prescribe corrective actions, or use the~~  
427 ~~administrative remedies as provided in s. 395.1065 for the~~  
428 ~~violation of any provision of this section and ss. 395.4015,~~  
429 ~~395.402, 395.4025, 395.403, 395.404, and 395.4045 or rules~~  
430 ~~adopted thereunder. All amounts collected pursuant to this~~  
431 ~~subsection shall be deposited into the Emergency Medical~~  
432 ~~Services Trust Fund provided in s. 401.34.~~

433 Section 4. Section 395.4015, Florida Statutes, is amended  
434 to read:

435 395.4015 State ~~regional~~ trauma planning; ~~trauma regions~~.-

436 (1) The department shall coordinate the development of  
437 ~~establish a~~ statewide state trauma system plan. ~~As part of the~~  
438 ~~state trauma system plan, the department shall establish trauma~~

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439 ~~regions that cover all geographical areas of the state and have~~  
440 ~~boundaries that are coterminous with the boundaries of the~~  
441 ~~regional domestic security task forces established under s.~~  
442 ~~943.0312. These regions may serve as the basis for the~~  
443 ~~development of department approved local or regional trauma~~  
444 ~~plans. However, the delivery of trauma services by or in~~  
445 ~~coordination with a trauma agency established before July 1,~~  
446 ~~2004, may continue in accordance with public and private~~  
447 ~~agreements and operational procedures entered into as provided~~  
448 ~~in s. 395.401.~~

449 (2) The department shall update ~~consider the advice and~~  
450 ~~recommendations of any affected local or regional trauma agency~~  
451 ~~in developing the statewide state trauma system plan by December~~  
452 31 of every odd-numbered year.

453 ~~(3) The statewide department shall use the state trauma~~  
454 ~~system plan shall serve~~ as the basis for establishing a  
455 statewide inclusive trauma system.

456 Section 5. Section 395.402, Florida Statutes, is repealed.

457 Section 6. Section 395.4025, Florida Statutes, is amended  
458 to read:

459 395.4025 Trauma centers; selection; quality assurance;  
460 records.—

461 (1) Any hospital that has received a provisional or  
462 verified status from the department before July 1, 2016, has  
463 until July 1, 2022, to obtain verification from a national  
464 trauma center accreditation body and upon presentation of such  
465 verification shall be designated by the department.  
466 Notwithstanding any other law or the provisions of chapter 120,  
467 any hospital in receipt of a provisional or verified status as a



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468 trauma center from the department before July 1, 2016, shall be  
469 approved to operate in accordance with this section.

470 (2) An application filed with the department for the  
471 designation of a hospital as a trauma center must contain all of  
472 the following:

473 (a) Name and physical address of the hospital seeking  
474 designation as a trauma center.

475 (b) Names, telephone numbers, and e-mail addresses of the  
476 hospital's chief executive officer, trauma medical director, and  
477 trauma program manager. A Level I trauma center must include  
478 information for both adult and pediatric services.

479 (c) List of all trauma victim-related interfacility  
480 transfer agreements with other designated trauma centers, acute  
481 care hospitals, burn centers, and rehabilitation facilities.

482 (d) Description of the hospital's trauma surge capacity in  
483 the event of a natural disaster or mass causality event.

484 (e) Copy of the application materials submitted to the  
485 national trauma center accreditation body for verification as a  
486 trauma center.

487 (f) Copy of the reports and evaluations issued to the  
488 hospital by the national trauma center accreditation body  
489 relating to verification as a trauma center.

490 (g) Certificate of trauma center verification.

491 (3) The application for designation as a trauma center may  
492 be denied by the department only in the case of missing  
493 information or documentation.

494 (4) The department shall designate a hospital as a trauma  
495 center upon receipt of:

496 (a) A completed application for designation as a trauma

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497 center; and

498 (b) A valid certificate of trauma center verification.

499 (5) The department's designation of a hospital as a Level  
500 I, Level II, or pediatric trauma center must correspond with the  
501 certificate of trauma center verification.

502 (6) The designation of a hospital as a trauma center  
503 remains valid only as long as the hospital holds a valid  
504 certificate of trauma center verification and maintains the  
505 standards required to obtain verification from the national  
506 trauma center accreditation body. If a trauma center fails to  
507 maintain the certification or the standards, as determined by  
508 the department, the department's subcontractor, or the national  
509 trauma center accreditation body, the department may take  
510 corrective actions against the hospital, including revocation of  
511 its trauma center designation.

512 ~~(1) For purposes of developing a system of trauma centers,~~  
513 ~~the department shall use the 19 trauma service areas established~~  
514 ~~in s. 395.402. Within each service area and based on the state~~  
515 ~~trauma system plan, the local or regional trauma services system~~  
516 ~~plan, and recommendations of the local or regional trauma~~  
517 ~~agency, the department shall establish the approximate number of~~  
518 ~~trauma centers needed to ensure reasonable access to high-~~  
519 ~~quality trauma services. The department shall select those~~  
520 ~~hospitals that are to be recognized as trauma centers.~~

521 ~~(2)(a) The department shall annually notify each acute care~~  
522 ~~general hospital and each local and each regional trauma agency~~  
523 ~~in the state that the department is accepting letters of intent~~  
524 ~~from hospitals that are interested in becoming trauma centers.~~  
525 ~~In order to be considered by the department, a hospital that~~

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526 ~~operates within the geographic area of a local or regional~~  
527 ~~trauma agency must certify that its intent to operate as a~~  
528 ~~trauma center is consistent with the trauma services plan of the~~  
529 ~~local or regional trauma agency, as approved by the department,~~  
530 ~~if such agency exists. Letters of intent must be postmarked no~~  
531 ~~later than midnight October 1.~~

532 ~~(b) By October 15, the department shall send to all~~  
533 ~~hospitals that submitted a letter of intent an application~~  
534 ~~package that will provide the hospitals with instructions for~~  
535 ~~submitting information to the department for selection as a~~  
536 ~~trauma center. The standards for trauma centers provided for in~~  
537 ~~s. 395.401(2), as adopted by rule of the department, shall serve~~  
538 ~~as the basis for these instructions.~~

539 ~~(c) In order to be considered by the department,~~  
540 ~~applications from those hospitals seeking selection as trauma~~  
541 ~~centers, including those current verified trauma centers that~~  
542 ~~seek a change or redesignation in approval status as a trauma~~  
543 ~~center, must be received by the department no later than the~~  
544 ~~close of business on April 1. The department shall conduct a~~  
545 ~~provisional review of each application for the purpose of~~  
546 ~~determining that the hospital's application is complete and that~~  
547 ~~the hospital has the critical elements required for a trauma~~  
548 ~~center. This critical review will be based on trauma center~~  
549 ~~standards and shall include, but not be limited to, a review of~~  
550 ~~whether the hospital has:~~

551 ~~1. Equipment and physical facilities necessary to provide~~  
552 ~~trauma services.~~

553 ~~2. Personnel in sufficient numbers and with proper~~  
554 ~~qualifications to provide trauma services.~~

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555 ~~3. An effective quality assurance process.~~

556 ~~4. Submitted written confirmation by the local or regional~~  
557 ~~trauma agency that the hospital applying to become a trauma~~  
558 ~~center is consistent with the plan of the local or regional~~  
559 ~~trauma agency, as approved by the department, if such agency~~  
560 ~~exists.~~

561 ~~(d)1. Notwithstanding other provisions in this section, the~~  
562 ~~department may grant up to an additional 18 months to a hospital~~  
563 ~~applicant that is unable to meet all requirements as provided in~~  
564 ~~paragraph (c) at the time of application if the number of~~  
565 ~~applicants in the service area in which the applicant is located~~  
566 ~~is equal to or less than the service area allocation, as~~  
567 ~~provided by rule of the department. An applicant that is granted~~  
568 ~~additional time pursuant to this paragraph shall submit a plan~~  
569 ~~for departmental approval which includes timelines and~~  
570 ~~activities that the applicant proposes to complete in order to~~  
571 ~~meet application requirements. Any applicant that demonstrates~~  
572 ~~an ongoing effort to complete the activities within the~~  
573 ~~timelines outlined in the plan shall be included in the number~~  
574 ~~of trauma centers at such time that the department has conducted~~  
575 ~~a provisional review of the application and has determined that~~  
576 ~~the application is complete and that the hospital has the~~  
577 ~~critical elements required for a trauma center.~~

578 ~~2. Timeframes provided in subsections (1) (8) shall be~~  
579 ~~stayed until the department determines that the application is~~  
580 ~~complete and that the hospital has the critical elements~~  
581 ~~required for a trauma center.~~

582 ~~(3) After April 30, any hospital that submitted an~~  
583 ~~application found acceptable by the department based on~~

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584 ~~provisional review shall be eligible to operate as a provisional~~  
585 ~~trauma center.~~

586 ~~(4) Between May 1 and October 1 of each year, the~~  
587 ~~department shall conduct an in-depth evaluation of all~~  
588 ~~applications found acceptable in the provisional review. The~~  
589 ~~applications shall be evaluated against criteria enumerated in~~  
590 ~~the application packages as provided to the hospitals by the~~  
591 ~~department.~~

592 ~~(5) Beginning October 1 of each year and ending no later~~  
593 ~~than June 1 of the following year, a review team of out-of-state~~  
594 ~~experts assembled by the department shall make onsite visits to~~  
595 ~~all provisional trauma centers. The department shall develop a~~  
596 ~~survey instrument to be used by the expert team of reviewers.~~  
597 ~~The instrument shall include objective criteria and guidelines~~  
598 ~~for reviewers based on existing trauma center standards such~~  
599 ~~that all trauma centers are assessed equally. The survey~~  
600 ~~instrument shall also include a uniform rating system that will~~  
601 ~~be used by reviewers to indicate the degree of compliance of~~  
602 ~~each trauma center with specific standards, and to indicate the~~  
603 ~~quality of care provided by each trauma center as determined~~  
604 ~~through an audit of patient charts. In addition, hospitals being~~  
605 ~~considered as provisional trauma centers shall meet all the~~  
606 ~~requirements of a trauma center and shall be located in a trauma~~  
607 ~~service area that has a need for such a trauma center.~~

608 ~~(6) Based on recommendations from the review team, the~~  
609 ~~department shall select trauma centers by July 1. An applicant~~  
610 ~~for designation as a trauma center may request an extension of~~  
611 ~~its provisional status if it submits a corrective action plan to~~  
612 ~~the department. The corrective action plan must demonstrate the~~

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613 ability of the applicant to correct deficiencies noted during  
614 the applicant's onsite review conducted by the department  
615 between the previous October 1 and June 1. The department may  
616 extend the provisional status of an applicant for designation as  
617 a trauma center through December 31 if the applicant provides a  
618 corrective action plan acceptable to the department. The  
619 department or a team of out-of-state experts assembled by the  
620 department shall conduct an onsite visit on or before November 1  
621 to confirm that the deficiencies have been corrected. The  
622 provisional trauma center is responsible for all costs  
623 associated with the onsite visit in a manner prescribed by rule  
624 of the department. By January 1, the department must approve or  
625 deny the application of any provisional applicant granted an  
626 extension. Each trauma center shall be granted a 7-year approval  
627 period during which time it must continue to maintain trauma  
628 center standards and acceptable patient outcomes as determined  
629 by department rule. An approval, unless sooner suspended or  
630 revoked, automatically expires 7 years after the date of  
631 issuance and is renewable upon application for renewal as  
632 prescribed by rule of the department.

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

641 (7)-(8) Notwithstanding any provision of chapter 381, a

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642 hospital licensed under ss. 395.001-395.3025 which ~~that~~ operates  
643 a trauma center may not terminate or substantially reduce the  
644 availability of trauma service without providing at least 180  
645 days' notice of its intent to terminate such service. Such  
646 notice shall be given to the department, to all affected ~~local~~  
647 ~~or regional~~ trauma agencies, and to all trauma centers,  
648 hospitals, and emergency medical service providers in the trauma  
649 service area. ~~The department shall adopt by rule the procedures~~  
650 ~~and process for notification, duration, and explanation of the~~  
651 ~~termination of trauma services.~~

652 (8) ~~(9)~~ Except as otherwise provided in this subsection, the  
653 department or its agent may collect trauma care and registry  
654 data, as prescribed by rule of the department, from trauma  
655 centers, hospitals, emergency medical service providers, ~~local~~  
656 ~~or regional~~ trauma agencies, or medical examiners for the  
657 purposes of evaluating trauma system effectiveness, ensuring  
658 compliance with the standards, and monitoring patient outcomes.  
659 A trauma center, hospital, emergency medical service provider,  
660 medical examiner, ~~or local trauma agency or regional~~ trauma  
661 agency, or a panel or committee assembled by such an agency  
662 under s. 395.50(1) may, but is not required to, disclose to the  
663 department patient care quality assurance proceedings, records,  
664 or reports. However, the department may require a ~~local~~ trauma  
665 agency ~~or a regional trauma agency~~, or a panel or committee  
666 assembled by such an agency to disclose to the department  
667 patient care quality assurance proceedings, records, or reports  
668 that the department needs solely to conduct quality assurance  
669 activities under s. 395.4015, or to ensure compliance with the  
670 quality assurance component of a ~~the~~ trauma agency's plan

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671 approved under s. 395.401. The patient care quality assurance  
672 proceedings, records, or reports that the department may require  
673 for these purposes include, but are not limited to, the  
674 structure, processes, and procedures of the agency's quality  
675 assurance activities, and any recommendation for improving or  
676 modifying the overall trauma system, if the identity of a trauma  
677 center, hospital, emergency medical service provider, medical  
678 examiner, or an individual who provides trauma services is not  
679 disclosed.

680 ~~(10) Out-of-state experts assembled by the department to~~  
681 ~~conduct onsite visits are agents of the department for the~~  
682 ~~purposes of s. 395.3025. An out-of-state expert who acts as an~~  
683 ~~agent of the department under this subsection is not liable for~~  
684 ~~any civil damages as a result of actions taken by him or her,~~  
685 ~~unless he or she is found to be operating outside the scope of~~  
686 ~~the authority and responsibility assigned by the department.~~

687 (9) ~~(11)~~ Onsite visits by the department or its agent may be  
688 conducted at any reasonable time and may include, but are not be  
689 limited to, a review of records in the possession of trauma  
690 centers, hospitals, emergency medical service providers, ~~local~~  
691 ~~or regional~~ trauma agencies, or medical examiners regarding the  
692 care, transport, treatment, or examination of trauma patients.

693 (10) ~~(12)~~ Patient care, transport, or treatment records or  
694 reports, or patient care quality assurance proceedings, records,  
695 or reports obtained or made pursuant to this section, s.  
696 395.3025(4)(f), s. 395.401, s. 395.4015, ~~s. 395.402~~, s. 395.403,  
697 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51  
698 must be held confidential by the department or its agent and are  
699 exempt from the provisions of s. 119.07(1). Patient care quality



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700 assurance proceedings, records, or reports obtained or made  
701 pursuant to these sections are not subject to discovery or  
702 introduction into evidence in any civil or administrative  
703 action.

704 (11) Any hospital that is designated as a trauma center  
705 shall accept all trauma victims who require care regardless of  
706 race, sex, creed, or ability to pay.

707 (12) A hospital or other facility may not hold itself out  
708 as a trauma center unless it has been designated by the  
709 department.

710 (13) A hospital may not withhold from the department any  
711 information the hospital provides to a national trauma center  
712 accreditation body. Withholding such information from the  
713 department may result in the hospital's loss of designation as a  
714 trauma center.

715 (14) The department shall adopt rules to implement this  
716 section.

717 ~~(13) The department may adopt, by rule, the procedures and~~  
718 ~~process by which it will select trauma centers. Such procedures~~  
719 ~~and process must be used in annually selecting trauma centers~~  
720 ~~and must be consistent with subsections (1)-(8) except in those~~  
721 ~~situations in which it is in the best interest of, and mutually~~  
722 ~~agreed to by, all applicants within a service area and the~~  
723 ~~department to reduce the timeframes.~~

724 ~~(14) Notwithstanding the procedures established pursuant to~~  
725 ~~subsections (1) through (13), hospitals located in areas with~~  
726 ~~limited access to trauma center services shall be designated by~~  
727 ~~the department as Level II trauma centers based on documentation~~  
728 ~~of a valid certificate of trauma center verification from the~~

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729 ~~American College of Surgeons. Areas with limited access to~~  
730 ~~trauma center services are defined by the following criteria:~~

731 ~~(a) The hospital is located in a trauma service area with a~~  
732 ~~population greater than 600,000 persons but a population density~~  
733 ~~of less than 225 persons per square mile;~~

734 ~~(b) The hospital is located in a county with no verified~~  
735 ~~trauma center; and~~

736 ~~(c) The hospital is located at least 15 miles or 20 minutes~~  
737 ~~travel time by ground transport from the nearest verified trauma~~  
738 ~~center.~~

739 Section 7. Section 395.403, Florida Statutes, is amended to  
740 read:

741 395.403 Reimbursement of trauma centers.—

742 (1) All trauma centers shall be considered eligible to  
743 receive state funding when state funds are specifically  
744 appropriated for state ~~state-sponsored~~ trauma centers in the  
745 General Appropriations Act. ~~Effective July 1, 2010,~~ The  
746 department shall make payments from the Emergency Medical  
747 Services Trust Fund under s. 20.435 to the trauma centers.  
748 Payments shall be in equal amounts for the trauma centers  
749 designated ~~approved~~ by the department as of July 1 of the fiscal  
750 year in which funding is appropriated. In the event a trauma  
751 center does not maintain its status as a trauma center for any  
752 state fiscal year in which such funding is appropriated, the  
753 trauma center shall repay the state for the portion of the year  
754 during which it was not a trauma center.

755 (2) Trauma centers eligible to receive distributions from  
756 the Emergency Medical Services Trust Fund under s. 20.435 in  
757 accordance with subsection (1) may request that such funds be

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758 used as intergovernmental transfer funds in the Medicaid  
759 program.

760 (3) In order to receive state funding, a hospital shall be  
761 a trauma center and shall:

762 (a) ~~Agree to conform to all departmental requirements as~~  
763 ~~provided by rule to assure high-quality trauma services.~~

764 ~~(b)~~ Agree to provide information concerning the provision  
765 of trauma services to the department, in a form and manner  
766 prescribed by rule of the department.

767 (b)~~(c)~~ Agree to accept all trauma patients, regardless of  
768 ability to pay, on a functional space-available basis.

769 (4) A trauma center that fails to comply with any of the  
770 conditions listed in subsection (3) may ~~or the applicable rules~~  
771 ~~of the department shall~~ not receive payments under this section  
772 for the period in which it was not in compliance.

773 Section 8. Subsections (1) and (2) of section 395.4036,  
774 Florida Statutes, are amended to read:

775 395.4036 Trauma payments.—

776 (1) ~~Recognizing the Legislature's stated intent to provide~~  
777 ~~financial support to the current verified trauma centers and to~~  
778 ~~provide incentives for the establishment of additional trauma~~  
779 ~~centers as part of a system of state-sponsored trauma centers,~~  
780 The department shall utilize funds collected under s. 318.18 and  
781 deposited into the Emergency Medical Services Trust Fund of the  
782 department to ensure the availability and accessibility of  
783 trauma services throughout the state as provided in this  
784 subsection.

785 (a) Funds collected under s. 318.18(15) shall be  
786 distributed as follows:

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787           1. Twenty percent of the total funds collected during the  
788 state fiscal year shall be distributed to ~~verified~~ trauma  
789 centers that have a local funding contribution as of December  
790 31. Distribution of funds under this subparagraph shall be based  
791 on trauma caseload volume for the most recent calendar year  
792 available.

793           2. Forty percent of the total funds collected shall be  
794 distributed to ~~verified~~ trauma centers based on trauma caseload  
795 volume for the most recent calendar year available. The  
796 determination of caseload volume for distribution of funds under  
797 this subparagraph shall be based on the department's Trauma  
798 Registry data.

799           3. Forty percent of the total funds collected shall be  
800 distributed to ~~verified~~ trauma centers based on severity of  
801 trauma patients for the most recent calendar year available. The  
802 determination of severity for distribution of funds under this  
803 subparagraph shall be based on the department's International  
804 Classification Injury Severity Scores or another statistically  
805 valid and scientifically accepted method of stratifying a trauma  
806 patient's severity of injury, risk of mortality, and resource  
807 consumption as adopted by the department by rule, weighted based  
808 on the costs associated with and incurred by the trauma center  
809 in treating trauma patients. The weighting of scores shall be  
810 established by the department by rule.

811           (b) Funds collected under s. 318.18(5)(c) and (20) shall be  
812 distributed as follows:

813           1. Thirty percent of the total funds collected shall be  
814 distributed to Level II trauma centers operated by a public  
815 hospital governed by an elected board of directors as of

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816 December 31, 2008.

817       2. Thirty-five percent of the total funds collected shall  
818 be distributed to ~~verified~~ trauma centers based on trauma  
819 caseload volume for the most recent calendar year available. The  
820 determination of caseload volume for distribution of funds under  
821 this subparagraph shall be based on the department's Trauma  
822 Registry data.

823       3. Thirty-five percent of the total funds collected shall  
824 be distributed to ~~verified~~ trauma centers based on severity of  
825 trauma patients for the most recent calendar year available. The  
826 determination of severity for distribution of funds under this  
827 subparagraph shall be based on the department's International  
828 Classification Injury Severity Scores or another statistically  
829 valid and scientifically accepted method of stratifying a trauma  
830 patient's severity of injury, risk of mortality, and resource  
831 consumption as adopted by the department by rule, weighted based  
832 on the costs associated with and incurred by the trauma center  
833 in treating trauma patients. The weighting of scores shall be  
834 established by the department by rule.

835       (2) Funds deposited in the department's Emergency Medical  
836 Services Trust Fund for ~~verified~~ trauma centers may be used to  
837 maximize the receipt of federal funds that may be available for  
838 such trauma centers. Notwithstanding this section and s. 318.14,  
839 distributions to trauma centers may be adjusted in a manner to  
840 ensure that total payments to trauma centers represent the same  
841 proportional allocation as set forth in this section and s.  
842 318.14. For purposes of this section and s. 318.14, total funds  
843 distributed to trauma centers may include revenue from the  
844 Emergency Medical Services Trust Fund and federal funds for

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845 which revenue from the Administrative Trust Fund is used to meet  
846 state or local matching requirements. Funds collected under ss.  
847 318.14 and 318.18 and deposited in the Emergency Medical  
848 Services Trust Fund of the department shall be distributed to  
849 trauma centers on a quarterly basis using the most recent  
850 calendar year data available. Such data may ~~shall~~ not be used  
851 for more than four quarterly distributions unless there are  
852 extenuating circumstances as determined by the department, in  
853 which case the most recent calendar year data available shall  
854 continue to be used and appropriate adjustments shall be made as  
855 soon as the more recent data becomes available.

856 Section 9. Section 395.404, Florida Statutes, is amended to  
857 read:

858 395.404 Review of trauma registry data; report to central  
859 registry; confidentiality and limited release.-

860 (1) (a) ~~Each Trauma centers center shall furnish, and, upon~~  
861 ~~request of the department, all~~ acute care hospitals shall  
862 furnish ~~for department review~~ trauma registry data as prescribed  
863 by rule of the department for the purpose of monitoring patient  
864 outcomes ~~outcome~~ and ensuring compliance with the standards of  
865 verification published by a national trauma center accreditation  
866 body approval.

867 (b) Trauma registry data obtained pursuant to this  
868 subsection and emergency medical service transport and treatment  
869 records of trauma alert victims obtained pursuant to s. 401.30  
870 are confidential and exempt from the provisions of s. 119.07(1)  
871 and s. 24(a), Art. I of the State Constitution. However, the  
872 department may provide such trauma registry data to the person,  
873 trauma center, hospital, emergency medical service provider,

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874 ~~local or regional~~ trauma agency, medical examiner, or other  
875 entity from which the data were obtained. The department may  
876 also use or provide trauma registry data for purposes of  
877 research in accordance with the provisions of chapter 405.

878 (2) Each trauma center, ~~pediatric trauma center,~~ and acute  
879 care hospital shall report to the department's brain and spinal  
880 cord injury central registry, consistent with the procedures and  
881 timeframes of s. 381.74, any person who has a moderate-to-severe  
882 brain or spinal cord injury, and shall include in the report the  
883 name, age, residence, and type of disability of the individual  
884 and any additional information that the department finds  
885 necessary.

886 Section 10. Subsections (1) through (6) and subsection (8)  
887 of section 395.4045, Florida Statutes, are amended to read:

888 395.4045 Emergency medical service providers; trauma  
889 transport protocols; transport of trauma alert victims to trauma  
890 centers; interfacility transfer.-

891 (1) Each emergency medical services provider licensed under  
892 chapter 401 shall transport trauma alert victims to hospitals  
893 designated ~~approved~~ as trauma centers, except as may be provided  
894 for either in the department-approved trauma transport protocol  
895 of a ~~the~~ trauma agency for the geographical area in which the  
896 emergency medical services licensee provides services or, if no  
897 such department-approved trauma transport protocol is in effect,  
898 as provided for in a department-approved provider's trauma  
899 transport protocol.

900 (2) A trauma agency may develop a uniform trauma transport  
901 protocol that is applicable to the emergency medical services  
902 licensees providing services within the geographical boundaries

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903 of the trauma agency. Development of a uniform trauma protocol  
904 by a trauma agency shall be through consultation with interested  
905 parties, including, but not limited to, each ~~approved~~ trauma  
906 center; physicians specializing in trauma care, emergency care,  
907 and surgery in the geographical area served by the trauma agency  
908 ~~region~~; each trauma system administrator in the geographical  
909 area served by the trauma agency region; and each emergency  
910 medical service provider in the region licensed under chapter  
911 401~~7~~, and such providers' respective medical directors.

912 (3) Trauma alert victims shall be identified through the  
913 use of a trauma scoring system, ~~including adult and pediatric~~  
914 ~~assessment~~ as specified in rule of the department. The rule must  
915 ~~shall~~ also include the requirements of licensed emergency  
916 medical services providers for performing and documenting these  
917 assessments.

918 (4) The department shall specify by rule the subjects and  
919 the minimum criteria related to prehospital trauma transport,  
920 trauma center or hospital destination determinations, and  
921 interfacility trauma transfer transport by an emergency medical  
922 services provider to be included in a trauma agency's or  
923 emergency medical service provider's trauma transport protocol  
924 and shall approve or disapprove each such protocol. ~~Trauma~~  
925 ~~transport protocol rules pertaining to the air transportation of~~  
926 ~~trauma victims shall be consistent with, but not limited to,~~  
927 ~~applicable Federal Aviation Administration regulation.~~ Emergency  
928 medical services licensees and trauma agencies shall be subject  
929 to monitoring by the department, under ss. 395.401(2) ~~ss.~~  
930 ~~395.401(3)~~ and 401.31(1) for compliance with requirements, as  
931 applicable, regarding trauma transport protocols and the



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932 transport of trauma victims.

933 ~~(5) If there is no department approved trauma agency trauma~~  
934 ~~transport protocol for the geographical area in which the~~  
935 ~~emergency medical services license applicant intends to provide~~  
936 ~~services, as provided for in subsection (1),~~ Each applicant for  
937 licensure as an emergency medical services provider, under  
938 chapter 401, must submit and obtain department approval of a  
939 trauma transport protocol prior to the department granting a  
940 license. The department shall prescribe by rule the submission  
941 and approval process for an applicant's trauma transport  
942 protocols ~~whether the applicant will be using a trauma agency's~~  
943 ~~or its own trauma transport protocol.~~

944 ~~(6) If an air ambulance service is available in the trauma~~  
945 ~~service area in which an emergency medical service provider is~~  
946 ~~located, trauma transport protocols shall not provide for~~  
947 ~~transport outside of the trauma service area unless otherwise~~  
948 ~~provided for by written mutual agreement. If air ambulance~~  
949 ~~service is not available and there is no agreement for~~  
950 ~~interagency transport of trauma patients between two adjacent~~  
951 ~~local or regional trauma agencies, both of which include at~~  
952 ~~least one approved trauma center, then the transport of A trauma~~  
953 patient with an immediately life-threatening condition shall be  
954 transported to the most appropriate trauma center as defined  
955 pursuant to trauma transport protocols approved by the  
956 department. ~~The provisions of this subsection shall apply only~~  
957 ~~to those counties with a population in excess of 1 million~~  
958 ~~residents.~~

959 (8) The department shall adopt and enforce all rules  
960 necessary to administer this section. The department shall adopt

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961 and enforce rules to specify the submission and approval process  
962 for trauma transport protocols or modifications to trauma  
963 transport protocols by ~~trauma agencies and~~ licensed emergency  
964 medical services providers.

965 Section 11. Section 395.405, Florida Statutes, is amended  
966 to read:

967 395.405 Rulemaking.—The department shall adopt and enforce  
968 all rules necessary to administer ss. 395.401, 395.4015,  
969 ~~395.402~~, 395.4025, 395.403, 395.404, and 395.4045.

970 Section 12. Subsections (1), (3), and (8) of section  
971 395.50, Florida Statutes, are amended to read:

972 395.50 Quality assurance activities of trauma agencies.—

973 (1) As used in this section, the term "entity" means a  
974 ~~local~~ trauma agency ~~or a regional trauma agency~~ that performs  
975 quality assurance activities, or a panel or committee assembled  
976 to assist a ~~local~~ trauma agency ~~or a regional trauma agency~~ in  
977 performing quality assurance activities in accordance with the  
978 trauma agency a plan approved under s. 395.401.

979 (3) A ~~local trauma agency or regional~~ trauma agency may  
980 assemble a panel or committee to assist in performing the tasks  
981 authorized by an approved plan under s. 395.401.

982 ~~(8) Nothing in this section, ss. 395.4001-395.405, or s.~~  
983 ~~395.51 prohibits admitting into evidence patient care,~~  
984 ~~transport, or treatment records or reports, or records or~~  
985 ~~reports of the department in any civil or administrative action~~  
986 ~~brought by or involving the department, excluding the name,~~  
987 ~~residence or business address, telephone number, social security~~  
988 ~~or other identifying number, or photograph of any person or the~~  
989 ~~spouse, relative, or guardian of such person or other patient~~

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990 ~~specific information that otherwise identifies the patient,~~  
 991 ~~either directly or indirectly.~~

992 Section 13. Subsection (1) of section 320.0801, Florida  
 993 Statutes, is amended to read:

994 320.0801 Additional license tax on certain vehicles.—

995 (1) In addition to the license taxes specified in s. 320.08  
 996 and in subsection (2), there is hereby levied and imposed an  
 997 annual license tax of 10 cents for the operation of a motor  
 998 vehicle, as defined in s. 320.01, and moped, as defined in s.  
 999 316.003, which tax shall be paid to the department or its agent  
 1000 upon the registration or renewal of registration of the vehicle.  
 1001 Notwithstanding s. 320.20, revenues collected from the tax  
 1002 imposed in this subsection shall be deposited in the Emergency  
 1003 Medical Services Trust Fund and used solely for the purpose of  
 1004 carrying out ss. 395.40, 395.401, 395.4015, 395.4025, 395.404,  
 1005 and 395.4045 ~~and s. 11, chapter 87-399, Laws of Florida.~~

1006 Section 14. Paragraph (1) of subsection (3) of section  
 1007 408.036, Florida Statutes, is amended to read:

1008 408.036 Projects subject to review; exemptions.—

1009 (3) EXEMPTIONS.—Upon request, the following projects are  
 1010 subject to exemption from the provisions of subsection (1):

1011 (1) For the establishment of:

1012 1. A Level II neonatal intensive care unit with at least 10  
 1013 beds, upon documentation to the agency that the applicant  
 1014 hospital had a minimum of 1,500 births during the previous 12  
 1015 months;

1016 2. A Level III neonatal intensive care unit with at least  
 1017 15 beds, upon documentation to the agency that the applicant  
 1018 hospital has a Level II neonatal intensive care unit of at least

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1019 10 beds and had a minimum of 3,500 births during the previous 12  
1020 months; or

1021 3. A Level III neonatal intensive care unit with at least 5  
1022 beds, upon documentation to the agency that the applicant  
1023 hospital is a designated ~~verified~~ trauma center pursuant to s.  
1024 395.4001(17) ~~s. 395.4001(14)~~, and has a Level II neonatal  
1025 intensive care unit,

1026

1027 if the applicant demonstrates that it meets the requirements for  
1028 quality of care, nurse staffing, physician staffing, physical  
1029 plant, equipment, emergency transportation, and data reporting  
1030 found in agency certificate-of-need rules for Level II and Level  
1031 III neonatal intensive care units and if the applicant commits  
1032 to the provision of services to Medicaid and charity patients at  
1033 a level equal to or greater than the district average. Such a  
1034 commitment is subject to s. 408.040.

1035 Section 15. Paragraph (a) of subsection (1) of section  
1036 409.975, Florida Statutes, is amended to read:

1037 409.975 Managed care plan accountability.—In addition to  
1038 the requirements of s. 409.967, plans and providers  
1039 participating in the managed medical assistance program shall  
1040 comply with the requirements of this section.

1041 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
1042 maintain provider networks that meet the medical needs of their  
1043 enrollees in accordance with standards established pursuant to  
1044 s. 409.967(2)(c). Except as provided in this section, managed  
1045 care plans may limit the providers in their networks based on  
1046 credentials, quality indicators, and price.

1047 (a) Plans must include all providers in the region that are

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1048 classified by the agency as essential Medicaid providers, unless  
1049 the agency approves, in writing, an alternative arrangement for  
1050 securing the types of services offered by the essential  
1051 providers. Providers are essential for serving Medicaid  
1052 enrollees if they offer services that are not available from any  
1053 other provider within a reasonable access standard, or if they  
1054 provided a substantial share of the total units of a particular  
1055 service used by Medicaid patients within the region during the  
1056 last 3 years and the combined capacity of other service  
1057 providers in the region is insufficient to meet the total needs  
1058 of the Medicaid patients. The agency may not classify physicians  
1059 and other practitioners as essential providers. The agency, at a  
1060 minimum, shall determine which providers in the following  
1061 categories are essential Medicaid providers:

- 1062 1. Federally qualified health centers.
- 1063 2. Statutory teaching hospitals as defined in s.  
1064 408.07(45).
- 1065 3. Hospitals that are trauma centers as defined in s.  
1066 395.4001(17) ~~s. 395.4001(14)~~.
- 1067 4. Hospitals located at least 25 miles from any other  
1068 hospital with similar services.

1069  
1070 Managed care plans that have not contracted with all essential  
1071 providers in the region as of the first date of recipient  
1072 enrollment, or with whom an essential provider has terminated  
1073 its contract, must negotiate in good faith with such essential  
1074 providers for 1 year or until an agreement is reached, whichever  
1075 is first. Payments for services rendered by a nonparticipating  
1076 essential provider shall be made at the applicable Medicaid rate

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1077 as of the first day of the contract between the agency and the  
1078 plan. A rate schedule for all essential providers shall be  
1079 attached to the contract between the agency and the plan. After  
1080 1 year, managed care plans that are unable to contract with  
1081 essential providers shall notify the agency and propose an  
1082 alternative arrangement for securing the essential services for  
1083 Medicaid enrollees. The arrangement must rely on contracts with  
1084 other participating providers, regardless of whether those  
1085 providers are located within the same region as the  
1086 nonparticipating essential service provider. If the alternative  
1087 arrangement is approved by the agency, payments to  
1088 nonparticipating essential providers after the date of the  
1089 agency's approval shall equal 90 percent of the applicable  
1090 Medicaid rate. Except for payment for emergency services, if the  
1091 alternative arrangement is not approved by the agency, payment  
1092 to nonparticipating essential providers shall equal 110 percent  
1093 of the applicable Medicaid rate.

1094 Section 16. This act shall take effect July 1, 2017.