

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

|                       |               |       |
|-----------------------|---------------|-------|
| ADOPTED               | <u>    </u>   | (Y/N) |
| ADOPTED AS AMENDED    | <u>    </u>   | (Y/N) |
| ADOPTED W/O OBJECTION | <u>    </u>   | (Y/N) |
| FAILED TO ADOPT       | <u>    </u>   | (Y/N) |
| WITHDRAWN             | <u>    </u>   | (Y/N) |
| OTHER                 | <u>      </u> |       |

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1 Committee/Subcommittee hearing bill: Health & Human Services  
 2 Committee

3 Representative Trumbull offered the following:

4  
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (b) of subsection (5) of section  
 8 318.14, Florida Statutes, is amended to read:

9 318.14 Noncriminal traffic infractions; exception;  
 10 procedures.—

11 (5) Any person electing to appear before the designated  
 12 official or who is required so to appear shall be deemed to have  
 13 waived his or her right to the civil penalty provisions of s.  
 14 318.18. The official, after a hearing, shall make a  
 15 determination as to whether an infraction has been committed. If  
 16 the commission of an infraction has been proven, the official

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Bill No. CS/HB 1165 (2018)

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17 | may impose a civil penalty not to exceed \$500, except that in  
18 | cases involving unlawful speed in a school zone or involving  
19 | unlawful speed in a construction zone, the civil penalty may not  
20 | exceed \$1,000; or require attendance at a driver improvement  
21 | school, or both. If the person is required to appear before the  
22 | designated official pursuant to s. 318.19(1) and is found to  
23 | have committed the infraction, the designated official shall  
24 | impose a civil penalty of \$1,000 in addition to any other  
25 | penalties and the person's driver license shall be suspended for  
26 | 6 months. If the person is required to appear before the  
27 | designated official pursuant to s. 318.19(2) and is found to  
28 | have committed the infraction, the designated official shall  
29 | impose a civil penalty of \$500 in addition to any other  
30 | penalties and the person's driver license shall be suspended for  
31 | 3 months. If the official determines that no infraction has been  
32 | committed, no costs or penalties shall be imposed and any costs  
33 | or penalties that have been paid shall be returned. Moneys  
34 | received from the mandatory civil penalties imposed pursuant to  
35 | this subsection upon persons required to appear before a  
36 | designated official pursuant to s. 318.19(1) or (2) shall be  
37 | remitted to the Department of Revenue and deposited into the  
38 | Department of Health Emergency Medical Services Trust Fund to  
39 | provide financial support to certified trauma centers to assure  
40 | the availability and accessibility of trauma services throughout

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41 the state. Funds deposited into the Emergency Medical Services  
42 Trust Fund under this section shall be allocated as follows:

43 (b) Fifty percent shall be allocated among Level I, Level  
44 II, and pediatric trauma centers based on each center's relative  
45 volume of trauma cases as calculated using the agency's hospital  
46 discharge data collected pursuant to s. 408.061 ~~reported in the~~  
47 ~~Department of Health Trauma Registry.~~

48 Section 2. Paragraph (h) of subsection (3) of section  
49 318.18, Florida Statutes, is amended to read:

50 318.18 Amount of penalties.—The penalties required for a  
51 noncriminal disposition pursuant to s. 318.14 or a criminal  
52 offense listed in s. 318.17 are as follows:

53 (3)

54 (h) A person cited for a second or subsequent conviction  
55 of speed exceeding the limit by 30 miles per hour and above  
56 within a 12-month period shall pay a fine that is double the  
57 amount listed in paragraph (b). For purposes of this paragraph,  
58 the term "conviction" means a finding of guilt as a result of a  
59 jury verdict, nonjury trial, or entry of a plea of guilty.

60 Moneys received from the increased fine imposed by this  
61 paragraph shall be remitted to the Department of Revenue and  
62 deposited into the Department of Health Emergency Medical  
63 Services Trust Fund to provide financial support to certified  
64 trauma centers to assure the availability and accessibility of  
65 trauma services throughout the state. Funds deposited into the

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66 Emergency Medical Services Trust Fund under this section shall  
67 be allocated as follows:

68 1. Fifty percent shall be allocated equally among all  
69 Level I, Level II, and pediatric trauma centers in recognition  
70 of readiness costs for maintaining trauma services.

71 2. Fifty percent shall be allocated among Level I, Level  
72 II, and pediatric trauma centers based on each center's relative  
73 volume of trauma cases as calculated using the agency's hospital  
74 discharge data collected pursuant to s. 408.061 ~~reported in the~~  
75 ~~Department of Health Trauma Registry.~~

76 Section 3. Paragraph (b) of subsection (15) of section  
77 318.21, Florida Statutes, is amended to read:

78 318.21 Disposition of civil penalties by county courts.—  
79 All civil penalties received by a county court pursuant to the  
80 provisions of this chapter shall be distributed and paid monthly  
81 as follows:

82 (15) Of the additional fine assessed under s. 318.18(3)(e)  
83 for a violation of s. 316.1893, 50 percent of the moneys  
84 received from the fines shall be appropriated to the Agency for  
85 Health Care Administration as general revenue to provide an  
86 enhanced Medicaid payment to nursing homes that serve Medicaid  
87 recipients with brain and spinal cord injuries. The remaining 50  
88 percent of the moneys received from the enhanced fine imposed  
89 under s. 318.18(3)(e) shall be remitted to the Department of  
90 Revenue and deposited into the Department of Health Emergency

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91 Medical Services Trust Fund to provide financial support to  
92 certified trauma centers in the counties where enhanced penalty  
93 zones are established to ensure the availability and  
94 accessibility of trauma services. Funds deposited into the  
95 Emergency Medical Services Trust Fund under this subsection  
96 shall be allocated as follows:

97 (b) Fifty percent shall be allocated among Level I, Level  
98 II, and pediatric trauma centers based on each center's relative  
99 volume of trauma cases as calculated using the agency's hospital  
100 discharge data collected pursuant to s. 408.061 ~~reported in the~~  
101 ~~Department of Health Trauma Registry.~~

102 Section 4. Subsections (11) through (18) of section  
103 395.4001, Florida Statutes, are renumbered as subsections (12)  
104 through (19), respectively, paragraph (a) of subsection (7) and  
105 present subsections (13) and (14) of that section are amended to  
106 read:

107 395.4001 Definitions.—As used in this part, the term:

108 (7) "Level II trauma center" means a trauma center that:

109 (a) Is verified by the department to be in substantial  
110 compliance with Level II trauma center standards and has been  
111 approved by the department to operate as a Level II trauma  
112 center or is designated pursuant to s. 395.4025(15) ~~s.~~  
113 ~~395.4025(14)~~.

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114 (11) "Severely injured patient" means a trauma patient  
115 with an International Classification Injury Severity Score of 15  
116 or greater.

117 (14)-(13) "Trauma caseload volume" means the number of  
118 trauma patients calculated by the department using the data  
119 reported by each designated trauma center to the hospital  
120 discharge database maintained by the agency pursuant to s.  
121 408.061 reported by individual trauma centers to the Trauma  
122 Registry and validated by the department.

123 (15)-(14) "Trauma center" means a hospital that has been  
124 verified by the department to be in substantial compliance with  
125 the requirements in s. 395.4025 and has been approved by the  
126 department to operate as a Level I trauma center, Level II  
127 trauma center, or pediatric trauma center, or is designated by  
128 the department as a Level II trauma center pursuant to s.  
129 395.4025(15) s. 395.4025(14).

130 Section 5. Section 395.402, Florida Statutes, is amended  
131 to read:

132 395.402 Trauma service areas; number and location of  
133 trauma centers.—

134 (1) The Legislature recognizes the need for a statewide,  
135 cohesive, uniform, and integrated trauma system, as well as the  
136 need to ensure the viability of existing trauma centers when  
137 designating new trauma centers. Consistent with national  
138 standards, future trauma center designations must be based on

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139 ~~need as a factor of demand and capacity. Within the trauma~~  
140 ~~service areas, Level I and Level II trauma centers shall each be~~  
141 ~~capable of annually treating a minimum of 1,000 and 500~~  
142 ~~patients, respectively, with an injury severity score (ISS) of 9~~  
143 ~~or greater. Level II trauma centers in counties with a~~  
144 ~~population of more than 500,000 shall have the capacity to care~~  
145 ~~for 1,000 patients per year.~~

146 ~~(2) Trauma service areas as defined in this section are to~~  
147 ~~be utilized until the Department of Health completes an~~  
148 ~~assessment of the trauma system and reports its finding to the~~  
149 ~~Governor, the President of the Senate, the Speaker of the House~~  
150 ~~of Representatives, and the substantive legislative committees.~~  
151 ~~The report shall be submitted by February 1, 2005. The~~  
152 ~~department shall review the existing trauma system and determine~~  
153 ~~whether it is effective in providing trauma care uniformly~~  
154 ~~throughout the state. The assessment shall:~~

155 ~~(a) Consider aligning trauma service areas within the~~  
156 ~~trauma region boundaries as established in July 2004.~~

157 ~~(b) Review the number and level of trauma centers needed~~  
158 ~~for each trauma service area to provide a statewide integrated~~  
159 ~~trauma system.~~

160 ~~(c) Establish criteria for determining the number and~~  
161 ~~level of trauma centers needed to serve the population in a~~  
162 ~~defined trauma service area or region.~~

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163 ~~(d) Consider including criteria within trauma center~~  
164 ~~approval standards based upon the number of trauma victims~~  
165 ~~served within a service area.~~

166 ~~(e) Review the Regional Domestic Security Task Force~~  
167 ~~structure and determine whether integrating the trauma system~~  
168 ~~planning with interagency regional emergency and disaster~~  
169 ~~planning efforts is feasible and identify any duplication of~~  
170 ~~efforts between the two entities.~~

171 ~~(f) Make recommendations regarding a continued revenue~~  
172 ~~source which shall include a local participation requirement.~~

173 ~~(g) Make recommendations regarding a formula for the~~  
174 ~~distribution of funds identified for trauma centers which shall~~  
175 ~~address incentives for new centers where needed and the need to~~  
176 ~~maintain effective trauma care in areas served by existing~~  
177 ~~centers, with consideration for the volume of trauma patients~~  
178 ~~served, and the amount of charity care provided.~~

179 ~~(3) In conducting such assessment and subsequent annual~~  
180 ~~reviews, the department shall consider:~~

181 ~~(a) The recommendations made as part of the regional~~  
182 ~~trauma system plans submitted by regional trauma agencies.~~

183 ~~(b) Stakeholder recommendations.~~

184 ~~(c) The geographical composition of an area to ensure~~  
185 ~~rapid access to trauma care by patients.~~

186 ~~(d) Historical patterns of patient referral and transfer~~  
187 ~~in an area.~~

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188 ~~(e) Inventories of available trauma care resources,~~  
189 ~~including professional medical staff.~~

190 ~~(f) Population growth characteristics.~~

191 ~~(g) Transportation capabilities, including ground and air~~  
192 ~~transport.~~

193 ~~(h) Medically appropriate ground and air travel times.~~

194 ~~(i) Recommendations of the Regional Domestic Security Task~~  
195 ~~Force.~~

196 ~~(j) The actual number of trauma victims currently being~~  
197 ~~served by each trauma center.~~

198 ~~(k) Other appropriate criteria.~~

199 ~~(4) Annually thereafter, the department shall review the~~  
200 ~~assignment of the 67 counties to trauma service areas, in~~  
201 ~~addition to the requirements of paragraphs (2) (b) - (g) and~~  
202 ~~subsection (3). County assignments are made for the purpose of~~  
203 ~~developing a system of trauma centers. Revisions made by the~~  
204 ~~department shall take into consideration the recommendations~~  
205 ~~made as part of the regional trauma system plans approved by the~~  
206 ~~department and the recommendations made as part of the state~~  
207 ~~trauma system plan. In cases where a trauma service area is~~  
208 ~~located within the boundaries of more than one trauma region,~~  
209 ~~the trauma service area's needs, response capability, and system~~  
210 ~~requirements shall be considered by each trauma region served by~~  
211 ~~that trauma service area in its regional system plan. Until the~~  
212 ~~department completes the February 2005 assessment, the~~

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213 ~~assignment of counties shall remain as established in this~~  
214 ~~section.~~

215 (a) The following trauma service areas are hereby  
216 established:

217 1. Trauma service area 1 shall consist of Escambia,  
218 Okaloosa, Santa Rosa, and Walton Counties.

219 2. Trauma service area 2 shall consist of Bay, Gulf,  
220 Holmes, and Washington Counties.

221 3. Trauma service area 3 shall consist of Calhoun,  
222 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,  
223 Taylor, and Wakulla Counties.

224 4. Trauma service area 4 shall consist of Alachua,  
225 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,  
226 Putnam, Suwannee, and Union Counties.

227 5. Trauma service area 5 shall consist of Baker, Clay,  
228 Duval, Nassau, and St. Johns Counties.

229 6. Trauma service area 6 shall consist of Citrus,  
230 Hernando, and Marion Counties.

231 7. Trauma service area 7 shall consist of Flagler and  
232 Volusia Counties.

233 8. Trauma service area 8 shall consist of Lake, Orange,  
234 Osceola, Seminole, and Sumter Counties.

235 9. Trauma service area 9 shall consist of Pasco and  
236 Pinellas Counties.

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237 10. Trauma service area 10 shall consist of Hillsborough  
238 County.

239 11. Trauma service area 11 shall consist of Hardee,  
240 Highlands, and Polk Counties.

241 12. Trauma service area 12 shall consist of Brevard and  
242 Indian River Counties.

243 13. Trauma service area 13 shall consist of DeSoto,  
244 Manatee, and Sarasota Counties.

245 14. Trauma service area 14 shall consist of Martin,  
246 Okeechobee, and St. Lucie Counties.

247 15. Trauma service area 15 shall consist of Charlotte,  
248 Collier, Glades, Hendry, and Lee Counties.

249 16. Trauma service area 16 shall consist of Palm Beach  
250 County.

251 17. Trauma service area 17 shall consist of Broward  
252 ~~Collier~~ County.

253 18. Trauma service area 18 shall consist of ~~Broward~~  
254 ~~County~~.

255 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~  
256 ~~Monroe Counties.~~

257 (b) Each trauma service area must ~~should~~ have at least one  
258 Level I or Level II trauma center. Except as otherwise provided  
259 in s. 395.4025(16), the department may not designate an existing  
260 Level II trauma center as a new pediatric trauma center or  
261 designate an existing Level II trauma center as a Level I trauma

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262 center in a trauma service area that already has an existing  
263 Level I or pediatric trauma center ~~The department shall~~  
264 ~~allocate, by rule, the number of trauma centers needed for each~~  
265 ~~trauma service area.~~

266 (c) Trauma centers, including Level I, Level II, Level II  
267 with a pediatric trauma center, jointly certified pediatric  
268 trauma centers, and stand-alone pediatric trauma centers, shall  
269 be apportioned as follows:

- 270 1. Trauma service area 1 shall have three trauma centers.
- 271 2. Trauma service area 2 shall have one trauma center.
- 272 3. Trauma service area 3 shall have one trauma center.
- 273 4. Trauma service area 4 shall have one trauma center.
- 274 5. Trauma service area 5 shall have three trauma centers.
- 275 6. Trauma service area 6 shall have one trauma center.
- 276 7. Trauma service area 7 shall have one trauma center.
- 277 8. Trauma service area 8 shall have three trauma centers.
- 278 9. Trauma service area 9 shall have three trauma centers.
- 279 10. Trauma service area 10 shall have two trauma centers.
- 280 11. Trauma service area 11 shall have one trauma center.
- 281 12. Trauma service area 12 shall have one trauma center.
- 282 13. Trauma service area 13 shall have two trauma centers.
- 283 14. Trauma service area 14 shall have one trauma center.
- 284 15. Trauma service area 15 shall have one trauma center.
- 285 16. Trauma service area 16 shall have two trauma centers.

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286 17. Trauma service area 17 shall have three trauma  
287 centers.

288 18. Trauma service area 18 shall have five trauma centers.

289  
290 Notwithstanding other provisions of this chapter, a trauma  
291 service area may not have more than a total of five Level I,  
292 Level II, Level II with a pediatric trauma center, jointly  
293 certified pediatric trauma centers, and stand-alone pediatric  
294 trauma centers. A trauma service area may not have more than one  
295 stand-alone pediatric trauma center ~~There shall be no more than~~  
296 ~~a total of 44 trauma centers in the state.~~

297 (2) (a) By October 1, 2018, the department shall establish  
298 the Florida Trauma System Advisory Council to promote an  
299 inclusive trauma system and enhance cooperation among trauma  
300 system stakeholders. The advisory council may submit  
301 recommendations to the department on how to maximize existing  
302 trauma center, emergency department, and emergency medical  
303 services infrastructure and personnel to achieve the statutory  
304 goal of developing an inclusive trauma system.

305 (b)1. The advisory council shall consist of 11 members  
306 appointed by the Governor, including:

307 a. The State Trauma Medical Director;

308 b. A representative from a standing member of the  
309 Emergency Medical Services Advisory Council;

310 c. A representative of a local or regional trauma agency;

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311 d. A trauma program manager or trauma medical director  
312 actively working in a trauma center who represents an investor-  
313 owned hospital with a trauma center;

314 e. A trauma program manager or trauma medical director  
315 actively working in a trauma center who represents a nonprofit  
316 or public hospital with a trauma center;

317 f. A trauma surgeon who is board-certified in an  
318 appropriate trauma or critical care specialty and actively  
319 practicing medicine in a Level II trauma center who represents  
320 an investor-owned hospital with a trauma center;

321 g. A trauma surgeon who is board-certified in an  
322 appropriate trauma or critical care specialty and actively  
323 practicing medicine who represents a nonprofit or public  
324 hospital with a trauma center;

325 h. A representative of the American College of Surgeons  
326 Committee on Trauma with pediatric trauma care experience;

327 i. A representative of the Safety Net Hospital Alliance of  
328 Florida;

329 j. A representative of the Florida Hospital Association;

330 k. A Florida licensed, board-certified emergency medicine  
331 physician who is not affiliated with a trauma center; and

332 k. A trauma surgeon who is board-certified in an  
333 appropriate trauma or critical care specialty and actively  
334 practicing medicine in a Level I trauma center.

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335 2. No two members may be employed by the same health care  
336 facility.

337 3. Each council member shall be appointed to a 3-year  
338 term; however, for the purpose of providing staggered terms, of  
339 the initial appointments, four members shall be appointed to 1-  
340 year terms, four members shall be appointed to 2-year terms, and  
341 three members shall be appointed to 3-year terms.

342 (c) The department shall use existing and available  
343 resources to administer and support the activities of the  
344 advisory council. Members of the advisory council shall serve  
345 without compensation and are not entitled to reimbursement for  
346 per diem or travel expenses.

347 (d) The advisory council shall convene no later than  
348 January 5, 2019, and shall meet at least quarterly.

349 Section 6. Section 395.4025, Florida Statutes, is amended to  
350 read:

351 395.4025 Trauma centers; selection; quality assurance;  
352 records.-

353 (1) For purposes of developing a system of trauma centers,  
354 the department shall use the 18 ~~19~~ trauma service areas  
355 established in s. 395.402. ~~Within each service area and based on~~  
356 ~~the state trauma system plan, the local or regional trauma~~  
357 ~~services system plan, and recommendations of the local or~~  
358 ~~regional trauma agency, the department shall establish the~~  
359 ~~approximate number of trauma centers needed to ensure reasonable~~

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360 ~~access to high-quality trauma services.~~ The department shall  
361 ~~designate select~~ those hospitals that are to be recognized as  
362 trauma centers.

363 (2) (a) The department shall prepare an analysis of the  
364 Florida trauma system by August 31, 2020, and every three years  
365 thereafter, using the agency's hospital discharge database  
366 described in s. 408.061 for the most current year and the most  
367 recent 5 years of population data for Florida available from the  
368 American Community Survey 5-Year Estimates by the United States  
369 Census Bureau. The department's report must, at a minimum,  
370 include all of the following:

371 1. The population growth for each trauma service area and  
372 for the state of Florida;

373 2. The number of severely injured patients treated at each  
374 trauma center within each trauma service area, including  
375 pediatric trauma centers;

376 3. The total number of severely injured patients treated  
377 at all acute care hospitals inclusive of non-trauma centers in  
378 the trauma service area;

379 4. The percentage of each trauma center's sufficient  
380 volume of trauma patients, as described in subparagraph  
381 (3) (d)2., in accordance with the International Classification  
382 Injury Severity Score for the trauma center's designation,  
383 inclusive of the additional caseload volume required for those  
384 trauma centers with graduate medical education programs.

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385 (b) The department shall make available all data,  
386 formulas, methodologies, calculations, and risk adjustment tools  
387 used in preparing the report.

388 (3) (a) ~~(2) (a)~~ The department shall annually notify each  
389 acute care general hospital and each local and each regional  
390 trauma agency in a trauma service area with an identified need  
391 for an additional trauma center ~~the state that the department is~~  
392 ~~accepting letters of intent from hospitals that are interested~~  
393 ~~in becoming trauma centers. The department may accept a letter~~  
394 ~~of intent only if there is statutory capacity for an additional~~  
395 ~~trauma center in accordance with subsection (2), paragraph (d),~~  
396 ~~and s. 395.402. In order to be considered by the department, a~~  
397 ~~hospital that operates within the geographic area of a local or~~  
398 ~~regional trauma agency must certify that its intent to operate~~  
399 ~~as a trauma center is consistent with the trauma services plan~~  
400 ~~of the local or regional trauma agency, as approved by the~~  
401 ~~department, if such agency exists. Letters of intent must be~~  
402 ~~postmarked no later than midnight October 1~~ of the year in which  
403 the department notifies hospitals that it plans to accept  
404 letters of intent.

405 (b) By October 15, the department shall send to all  
406 hospitals that submitted a letter of intent an application  
407 package that will provide the hospitals with instructions for  
408 submitting information to the department for selection as a  
409 trauma center. The standards for trauma centers provided for in

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410 s. 395.401(2), as adopted by rule of the department, shall serve  
411 as the basis for these instructions.

412 (c) In order to be considered by the department,  
413 applications from those hospitals seeking selection as trauma  
414 centers, including those current verified trauma centers that  
415 seek a change or redesignation in approval status as a trauma  
416 center, must be received by the department no later than the  
417 close of business on April 1 of the year following submission of  
418 the letter of intent. The department shall conduct an initial a  
419 ~~provisional~~ review of each application for the purpose of  
420 determining whether that the hospital's application is complete  
421 and that the hospital is capable of constructing and operating a  
422 trauma center that includes has the critical elements required  
423 for a trauma center. This critical review must will be based on  
424 trauma center standards and must shall include, but need not be  
425 limited to, a review as to of whether the hospital is prepared  
426 to attain and operate with all of the following components  
427 before April 30 of the following year has:

428 1. Equipment and physical facilities necessary to provide  
429 trauma services.

430 2. Personnel in sufficient numbers and with proper  
431 qualifications to provide trauma services.

432 3. An effective quality assurance process.

433 4. ~~Submitted written confirmation by the local or regional~~  
434 ~~trauma agency that the hospital applying to become a trauma~~

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435 ~~center is consistent with the plan of the local or regional~~  
436 ~~trauma agency, as approved by the department, if such agency~~  
437 ~~exists.~~

438 (d)1. Except as otherwise provided in this act, the  
439 department may not approve an application for a Level I, Level  
440 II, Level II with a pediatric trauma center, a jointly certified  
441 pedsiatric trauma center, or stand-alone pediatric trauma center  
442 if approval of the application would exceed the limits on the  
443 numbers of Level I, Level II, Level II with a pediatric trauma  
444 center, jointly certified pediatric trauma centers, or stand-  
445 alone pediatric trauma centers set forth in s. 395.402(1).  
446 However, the department shall review and may approve an  
447 application for a trauma center when approval of the application  
448 would result in a number of trauma centers which exceeds the  
449 limit on the numbers of trauma centers in a trauma service area  
450 as set forth in s. 395.402(1), if the applicant demonstrates and  
451 the department determines that:

452 1. The existing trauma center actual caseload volume of  
453 severely injured patients exceeds the minimum caseload volume  
454 capabilities, inclusive of the additional caseload volume for  
455 graduate medical education critical care and trauma surgical  
456 subspecialty residents or fellows by more than two times the  
457 statutory minimums listed in sub-subparagraphs 2.a.-d. or three  
458 times the statutory minimum listed in sub-subparagraph 2.e., and  
459 the population growth for the trauma service area exceeds the

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460 statewide population growth by more than 15 percent based on the  
461 American Community Survey 5-Year Estimates by the United States  
462 Census Bureau for the 5-year period before the date the  
463 applicant files its letter of intent; and

464 2. A sufficient caseload volume of potential trauma  
465 patients exists within the trauma service area to ensure that  
466 existing trauma centers caseload volumes are at the following  
467 levels:

468 a. For Level I trauma centers in trauma service areas with  
469 a population of greater than 1.5 million, a minimum caseload  
470 volume of the greater of 1,200 severely injured patients  
471 admitted or greater per year or for a trauma center with a  
472 trauma or critical care residency or fellowship program, 1,200  
473 severely injured patients admitted plus 40 cases per year for  
474 each accredited critical care and trauma surgical subspecialty  
475 medical resident or fellow.

476 b. For Level I trauma centers in trauma service areas with  
477 a population of less than 1.5 million, a minimum caseload volume  
478 of the greater of 1,000 severely injured patients admitted per  
479 year or for a trauma center with a critical care or trauma  
480 residency or fellowship program, 1,000 severely injured patients  
481 admitted plus 40 cases per year for each accredited critical  
482 care and trauma surgical subspecialty medical resident or  
483 fellow.

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484 c. For Level II and Level II with a pediatric trauma  
485 centers in trauma service areas with a population of greater  
486 than 1.25 million, a minimum caseload volume of the greater of  
487 1,000 severely injured patients admitted or for a trauma center  
488 with a critical care or trauma residency or fellowship program,  
489 1,000 severely injured patients admitted plus 40 cases per year  
490 for each accredited critical care and trauma surgical  
491 subspecialty medical resident or fellow.

492 d. For Level II trauma centers and Level II trauma centers  
493 with a pediatric trauma center in trauma service areas with a  
494 population of less than 1.25 million, a minimum caseload volume  
495 of the greater of 500 severely injured patients admitted per  
496 year or for a trauma center with a critical care or trauma  
497 residency or fellowship program, 500 severely injured patients  
498 admitted plus 40 cases per year for each accredited critical  
499 care and trauma surgical subspecialty medical resident or  
500 fellow.

501 e. For pediatric trauma centers, a minimum caseload volume  
502 of the greater of 500 severely injured admitted patients per  
503 year or for a trauma center with a critical care or trauma  
504 residency or fellowship program, 500 severely injured admitted  
505 patients per year plus 40 cases per year for each accredited  
506 critical care and trauma surgical subspecialty medical resident  
507 or fellow.  
508

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509 The International Classification Injury Severity Score  
510 calculations and caseload volume must be calculated using the  
511 most recent available hospital discharge data collected by the  
512 agency from all acute care hospitals pursuant to s. 408.061. The  
513 agency, in consultation with the department, shall adopt rules,  
514 for trauma centers and acute care hospitals for the submission  
515 of data required for the department to perform its duties under  
516 this chapter.

517 (e) If the department determines that the hospital is  
518 capable of attaining and operating with the components required  
519 in paragraph (c), the applicant must be ready to operate in  
520 compliance with Florida trauma center standards no later than  
521 April 30 of the year following the department's initial review  
522 and approval of the hospital's application to proceed with  
523 preparation to operate as a trauma center. A hospital that fails  
524 to comply with this subsection may not be designated as a trauma  
525 center ~~Notwithstanding other provisions in this section, the~~  
526 ~~department may grant up to an additional 18 months to a hospital~~  
527 ~~applicant that is unable to meet all requirements as provided in~~  
528 ~~paragraph (c) at the time of application if the number of~~  
529 ~~applicants in the service area in which the applicant is located~~  
530 ~~is equal to or less than the service area allocation, as~~  
531 ~~provided by rule of the department. An applicant that is granted~~  
532 ~~additional time pursuant to this paragraph shall submit a plan~~  
533 ~~for departmental approval which includes timelines and~~

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534 ~~activities that the applicant proposes to complete in order to~~  
535 ~~meet application requirements. Any applicant that demonstrates~~  
536 ~~an ongoing effort to complete the activities within the~~  
537 ~~timelines outlined in the plan shall be included in the number~~  
538 ~~of trauma centers at such time that the department has conducted~~  
539 ~~a provisional review of the application and has determined that~~  
540 ~~the application is complete and that the hospital has the~~  
541 ~~critical elements required for a trauma center.~~

542 ~~2. Timeframes provided in subsections (1)-(8) shall be~~  
543 ~~stayed until the department determines that the application is~~  
544 ~~complete and that the hospital has the critical elements~~  
545 ~~required for a trauma center.~~

546 ~~(4)(3)~~ By May 1, the department shall select one or more  
547 hospitals ~~After April 30, any hospital~~ that submitted an  
548 application found acceptable by the department based on initial  
549 ~~provisional~~ review for approval to prepare ~~shall be eligible to~~  
550 operate with the components required in paragraph (3)(c). If the  
551 department receives more applications than may be approved, the  
552 department must select the best applicant or applicants from the  
553 available pool based on the department's determination of the  
554 capability of an applicant to provide the highest quality  
555 patient care using the most recent technological, medical, and  
556 staffing resources available, which is located the farthest away  
557 from an existing trauma center in the applicant's trauma service  
558 area to maximize access. The number of applicants selected is

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559 limited to available statutory need in the specified trauma  
560 service area, as designated in paragraph (3)(d) or s. 395.402(1)  
561 as a provisional trauma center.

562 (5)-(4) Following the initial review, Between May 1 and  
563 October 1 of each year, the department shall conduct an in-depth  
564 evaluation of all applications found acceptable in the initial  
565 provisional review. The applications shall be evaluated against  
566 criteria enumerated in the application packages as provided to  
567 the hospitals by the department. An applicant may not operate as  
568 a provisional trauma center until the department completes the  
569 initial and in-depth review and approves the application through  
570 those review stages.

571 (6)-(5) Within Beginning October 1 of each year and ending  
572 no later than June 1 of the following year after the hospital  
573 begins operating as a provisional trauma center, a review team  
574 of out-of-state experts assembled by the department shall make  
575 onsite visits to all provisional trauma centers. The department  
576 shall develop a survey instrument to be used by the expert team  
577 of reviewers. The instrument must shall include objective  
578 criteria and guidelines for reviewers based on existing trauma  
579 center standards such that all trauma centers are assessed  
580 equally. The survey instrument must shall also include a uniform  
581 rating system that will be used by reviewers must use to  
582 indicate the degree of compliance of each trauma center with  
583 specific standards, and to indicate the quality of care provided

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584 by each trauma center as determined through an audit of patient  
585 charts. In addition, hospitals being considered as provisional  
586 trauma centers must ~~shall~~ meet all the requirements of a trauma  
587 center and must ~~shall~~ be located in a trauma service area that  
588 has a need for such a trauma center.

589 (7) ~~(6)~~ Based on recommendations from the review team, the  
590 department shall approve for designation a trauma center that is  
591 in compliance with trauma center standards, as established by  
592 department rule, and with this section shall select trauma  
593 centers by July 1. An applicant for designation as a trauma  
594 center may request an extension of its provisional status if it  
595 submits a corrective action plan to the department. The  
596 corrective action plan must demonstrate the ability of the  
597 applicant to correct deficiencies noted during the applicant's  
598 onsite review conducted by the department between the previous  
599 October 1 and June 1. The department may extend the provisional  
600 status of an applicant for designation as a trauma center  
601 through December 31 if the applicant provides a corrective  
602 action plan acceptable to the department. The department or a  
603 team of out-of-state experts assembled by the department shall  
604 conduct an onsite visit on or before November 1 to confirm that  
605 the deficiencies have been corrected. The provisional trauma  
606 center is responsible for all costs associated with the onsite  
607 visit in a manner prescribed by rule of the department. By  
608 January 1, the department must approve or deny the application

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609 ~~of any provisional applicant granted an extension.~~ Each trauma  
610 center shall be granted a 7-year approval period during which  
611 time it must continue to maintain trauma center standards and  
612 acceptable patient outcomes as determined by department rule. An  
613 approval, unless sooner suspended or revoked, automatically  
614 expires 7 years after the date of issuance and is renewable upon  
615 application for renewal as prescribed by rule of the department.

616 (8)-(7) Only an applicant, or hospital with an existing  
617 trauma center in the same trauma service area or in a trauma  
618 service area contiguous to the trauma service area where the  
619 applicant has applied to operate a trauma center, may protest a  
620 decision made by the department with regard to whether the  
621 application should be approved, or whether need has been  
622 established through the criteria in paragraph (3)(d) Any  
623 ~~hospital that wishes to protest a decision made by the~~  
624 ~~department based on the department's preliminary or in-depth~~  
625 ~~review of applications or on the recommendations of the site~~  
626 ~~visit review team pursuant to this section shall proceed as~~  
627 ~~provided in chapter 120.~~ Hearings held under this subsection  
628 shall be conducted in the same manner as provided in ss. 120.569  
629 and 120.57. Cases filed under chapter 120 may combine all  
630 disputes between parties.

631 (9)-(8) Notwithstanding any provision of chapter 381, a  
632 hospital licensed under ss. 395.001-395.3025 that operates a  
633 trauma center may not terminate or substantially reduce the

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634 availability of trauma service without providing at least 180  
635 days' notice of its intent to terminate such service. Such  
636 notice shall be given to the department, to all affected local  
637 or regional trauma agencies, and to all trauma centers,  
638 hospitals, and emergency medical service providers in the trauma  
639 service area. The department shall adopt by rule the procedures  
640 and process for notification, duration, and explanation of the  
641 termination of trauma services.

642 ~~(10)(9)~~ Except as otherwise provided in this subsection,  
643 the department or its agent may collect trauma care and registry  
644 data, as prescribed by rule of the department, from trauma  
645 centers, hospitals, emergency medical service providers, local  
646 or regional trauma agencies, or medical examiners for the  
647 purposes of evaluating trauma system effectiveness, ensuring  
648 compliance with the standards, and monitoring patient outcomes.  
649 A trauma center, hospital, emergency medical service provider,  
650 medical examiner, or local trauma agency or regional trauma  
651 agency, or a panel or committee assembled by such an agency  
652 under s. 395.50(1) may, but is not required to, disclose to the  
653 department patient care quality assurance proceedings, records,  
654 or reports. However, the department may require a local trauma  
655 agency or a regional trauma agency, or a panel or committee  
656 assembled by such an agency to disclose to the department  
657 patient care quality assurance proceedings, records, or reports  
658 that the department needs solely to conduct quality assurance

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659 activities under s. 395.4015, or to ensure compliance with the  
660 quality assurance component of the trauma agency's plan approved  
661 under s. 395.401. The patient care quality assurance  
662 proceedings, records, or reports that the department may require  
663 for these purposes include, but are not limited to, the  
664 structure, processes, and procedures of the agency's quality  
665 assurance activities, and any recommendation for improving or  
666 modifying the overall trauma system, if the identity of a trauma  
667 center, hospital, emergency medical service provider, medical  
668 examiner, or an individual who provides trauma services is not  
669 disclosed.

670 ~~(11)~~ ~~(10)~~ Out-of-state experts assembled by the department  
671 to conduct onsite visits are agents of the department for the  
672 purposes of s. 395.3025. An out-of-state expert who acts as an  
673 agent of the department under this subsection is not liable for  
674 any civil damages as a result of actions taken by him or her,  
675 unless he or she is found to be operating outside the scope of  
676 the authority and responsibility assigned by the department.

677 ~~(12)~~ ~~(11)~~ Onsite visits by the department or its agent may  
678 be conducted at any reasonable time and may include but not be  
679 limited to a review of records in the possession of trauma  
680 centers, hospitals, emergency medical service providers, local  
681 or regional trauma agencies, or medical examiners regarding the  
682 care, transport, treatment, or examination of trauma patients.

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683        (13)~~(12)~~ Patient care, transport, or treatment records or  
684 reports, or patient care quality assurance proceedings, records,  
685 or reports obtained or made pursuant to this section, s.  
686 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,  
687 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51  
688 must be held confidential by the department or its agent and are  
689 exempt from the provisions of s. 119.07(1). Patient care quality  
690 assurance proceedings, records, or reports obtained or made  
691 pursuant to these sections are not subject to discovery or  
692 introduction into evidence in any civil or administrative  
693 action.

694        (14)~~(13)~~ The department may adopt, by rule, the procedures  
695 and process by which it will select trauma centers. Such  
696 procedures and process must be used in ~~annually~~ selecting trauma  
697 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~  
698 except in those situations in which it is in the best interest  
699 of, and mutually agreed to by, all applicants within a service  
700 area and the department to reduce the timeframes.

701        (15)~~(14)~~ Notwithstanding the procedures established  
702 pursuant to subsections (1) through (14) ~~(13)~~, hospitals located  
703 in areas with limited access to trauma center services shall be  
704 designated by the department as Level II trauma centers based on  
705 documentation of a valid certificate of trauma center  
706 verification from the American College of Surgeons. Areas with

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707 limited access to trauma center services are defined by the  
708 following criteria:

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

712 (b) The hospital is located in a county with no verified  
713 trauma center; and

714 (c) The hospital is located at least 15 miles or 20  
715 minutes travel time by ground transport from the nearest  
716 verified trauma center.

717 (16) (a) Notwithstanding the statutory capacity limits  
718 established in s. 395.402(1), the provisions of subsection (8),  
719 or any other provision of this act, an adult Level I trauma  
720 center, an adult Level II trauma center, a Level II trauma  
721 center with a pediatric trauma center, a jointly certified  
722 pediatric trauma center, or a stand-alone pediatric trauma  
723 center that was verified by the department before December 15,  
724 2017, is deemed to have met the trauma center application and  
725 operational requirements of this section and must be verified  
726 and designated as a trauma center.

727 (b) Notwithstanding the statutory capacity limits  
728 established in s. 395.402(1), the provisions of subsection (8),  
729 or any other provision of this act, a trauma center that was not  
730 verified by the department before December 15, 2017, but that  
731 was provisionally approved by the department to be in

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732 substantial compliance with Level II trauma standards before  
733 January 1, 2017, and is operating as a Level II trauma center,  
734 is deemed to have met the application and operational  
735 requirements of this section for a trauma center and must be  
736 verified and designated as a Level II trauma center.

737 (c) Notwithstanding the statutory capacity limits  
738 established in s. 395.402(1), the provisions of subsection (8),  
739 or any other provision of this act, a trauma center that was not  
740 verified by the department before December 15, 2017, as a Level  
741 I trauma center but that was provisionally approved by the  
742 department to be in substantial compliance with Level I trauma  
743 standards before January 1, 2017, and is operating as a Level I  
744 trauma center is deemed to have met the application and  
745 operational requirements of this section for a trauma center and  
746 must be verified and designated as a Level I trauma center.

747 (d) Notwithstanding the statutory capacity limits  
748 established in s. 395.402(1), the provisions of subsection (8),  
749 or any other provision of this act, a trauma center that was not  
750 verified by the department before December 15, 2017, as a  
751 pediatric trauma center but was provisionally approved by the  
752 department to be in substantial compliance with the pediatric  
753 trauma standards established by rule before January 1, 2018, and  
754 is operating as a pediatric trauma center is deemed to have met  
755 the application and operational requirements of this section for  
756 a pediatric trauma center and, upon successful completion of the

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757 in-depth and site review process, shall be verified and  
758 designated as a pediatric trauma center. Notwithstanding the  
759 provisions of subsection (8), no existing trauma center in the  
760 same trauma service area or in a trauma service area contiguous  
761 to the trauma service area where the applicant is located may  
762 protest the in-depth review, site survey, or verification  
763 decision of the department regarding an applicant that meets the  
764 requirements of this paragraph.

765 (e) Notwithstanding the statutory capacity limits  
766 established in s. 395.402(1) or any other provision of this act,  
767 any hospital operating as a Level II trauma center after January  
768 1, 2017, must be designated and verified by the department as a  
769 Level II trauma center if all of the following apply:

770 1. The hospital was provisionally approved after January  
771 1, 2017, to operate as a Level II trauma center, and was in  
772 operation on or before June 1, 2017;

773 2. The department's decision to approve the hospital to  
774 operate a provisional Level II trauma center was in litigation  
775 on or before January 1, 2018;

776 3. The hospital receives a recommended order from the  
777 Division of Administrative Hearings, a final order from the  
778 department, or an order from a court of competent jurisdiction  
779 that it was entitled to be designated and verified as a Level II  
780 trauma center; and

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781 4. The department determines that the hospital is in  
782 substantial compliance with the Level II trauma center  
783 standards, including the in-depth and site reviews.

784  
785 Any provisional trauma center operating under this paragraph may  
786 not be required to cease trauma operations unless a court of  
787 competent jurisdiction or the department determines that it has  
788 failed to meet the trauma center standards, as established by  
789 department rule.

790 (g) Nothing in this subsection shall limit the  
791 department's authority to review and approve trauma center  
792 applications.

793 Section 6. Section 395.403, Florida Statutes, is amended  
794 to read:

795 395.403 Reimbursement of trauma centers.—

796 (1) All verified trauma centers shall be considered  
797 eligible to receive state funding when state funds are  
798 specifically appropriated for state-sponsored trauma centers in  
799 the General Appropriations Act. Effective July 1, 2010, the  
800 department shall make payments from the Emergency Medical  
801 Services Trust Fund under s. 20.435 to the trauma centers.  
802 Payments shall be in equal amounts for the trauma centers  
803 approved by the department as of July 1 of the fiscal year in  
804 which funding is appropriated. In the event a trauma center does  
805 not maintain its status as a trauma center for any state fiscal

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806 year in which such funding is appropriated, the trauma center  
807 shall repay the state for the portion of the year during which  
808 it was not a trauma center.

809 (2) Trauma centers eligible to receive distributions from  
810 the Emergency Medical Services Trust Fund under s. 20.435 in  
811 accordance with subsection (1) may request that such funds be  
812 used as intergovernmental transfer funds in the Medicaid  
813 program.

814 (3) In order to receive state funding, a hospital must  
815 ~~shall~~ be a verified trauma center and shall:

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

818 (b) Agree to report trauma data to the National Trauma  
819 Data Bank ~~provide information concerning the provision of trauma~~  
820 ~~services to the department, in a form and manner prescribed by~~  
821 ~~rule of the department.~~

822 (c) Agree to accept all trauma patients, regardless of  
823 ability to pay, on a functional space-available basis.

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

828 Section 7. Section 395.4036, Florida Statutes, is amended  
829 to read:

830 395.4036 Trauma payments.—

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831 (1) Recognizing the Legislature's stated intent to provide  
832 financial support to the current verified trauma centers and to  
833 provide incentives for the establishment of additional trauma  
834 centers as part of a system of state-sponsored trauma centers,  
835 the department shall utilize funds collected under s. 318.18 and  
836 deposited into the Emergency Medical Services Trust Fund of the  
837 department to ensure the availability and accessibility of  
838 trauma services throughout the state as provided in this  
839 subsection.

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

842 1. Twenty percent of the total funds collected during the  
843 state fiscal year shall be distributed to verified trauma  
844 centers that have a local funding contribution as of December  
845 31. Distribution of funds under this subparagraph shall be based  
846 on trauma caseload volume for the most recent calendar year  
847 available.

848 2. Forty percent of the total funds collected shall be  
849 distributed to verified trauma centers based on trauma caseload  
850 volume for the most recent calendar year available. The  
851 determination of caseload volume for distribution of funds under  
852 this subparagraph shall be based on the agency hospital  
853 discharge data reported by each trauma center pursuant to s.  
854 408.061 and meeting the criteria for classification as a trauma  
855 patient department's Trauma Registry data.

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856 3. Forty percent of the total funds collected shall be  
857 distributed to verified trauma centers based on severity of  
858 trauma patients for the most recent calendar year available. The  
859 determination of severity for distribution of funds under this  
860 subparagraph shall be based on the department's International  
861 Classification Injury Severity Scores or another statistically  
862 valid and scientifically accepted method of stratifying a trauma  
863 patient's severity of injury, risk of mortality, and resource  
864 consumption as adopted by the department by rule, weighted based  
865 on the costs associated with and incurred by the trauma center  
866 in treating trauma patients. The weighting of scores shall be  
867 established by the department by rule.

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

870 1. Thirty percent of the total funds collected shall be  
871 distributed to Level II trauma centers operated by a public  
872 hospital governed by an elected board of directors as of  
873 December 31, 2008.

874 2. Thirty-five percent of the total funds collected shall  
875 be distributed to verified trauma centers based on trauma  
876 caseload volume for the most recent calendar year available. The  
877 determination of caseload volume for distribution of funds under  
878 this subparagraph shall be based on the hospital discharge data  
879 reported by each trauma center pursuant to s. 408.061 and

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880 meeting the criteria for classification as a trauma patient  
881 department's Trauma Registry data.

882 3. Thirty-five percent of the total funds collected shall  
883 be distributed to verified trauma centers based on severity of  
884 trauma patients for the most recent calendar year available. The  
885 determination of severity for distribution of funds under this  
886 subparagraph shall be based on the department's International  
887 Classification Injury Severity Scores or another statistically  
888 valid and scientifically accepted method of stratifying a trauma  
889 patient's severity of injury, risk of mortality, and resource  
890 consumption as adopted by the department by rule, weighted based  
891 on the costs associated with and incurred by the trauma center  
892 in treating trauma patients. The weighting of scores shall be  
893 established by the department by rule.

894 (2) Funds deposited in the department's Emergency Medical  
895 Services Trust Fund for verified trauma centers may be used to  
896 maximize the receipt of federal funds that may be available for  
897 such trauma centers. Notwithstanding this section and s. 318.14,  
898 distributions to trauma centers may be adjusted in a manner to  
899 ensure that total payments to trauma centers represent the same  
900 proportional allocation as set forth in this section and s.  
901 318.14. For purposes of this section and s. 318.14, total funds  
902 distributed to trauma centers may include revenue from the  
903 Emergency Medical Services Trust Fund and federal funds for  
904 which revenue from the Administrative Trust Fund is used to meet

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905 state or local matching requirements. Funds collected under ss.  
906 318.14 and 318.18 and deposited in the Emergency Medical  
907 Services Trust Fund of the department shall be distributed to  
908 trauma centers on a quarterly basis using the most recent  
909 calendar year data available. Such data shall not be used for  
910 more than four quarterly distributions unless there are  
911 extenuating circumstances as determined by the department, in  
912 which case the most recent calendar year data available shall  
913 continue to be used and appropriate adjustments shall be made as  
914 soon as the more recent data becomes available.

915 (3) (a) Any trauma center not subject to audit pursuant to  
916 s. 215.97 shall annually attest, under penalties of perjury,  
917 that such proceeds were used in compliance with law. The annual  
918 attestation shall be made in a form and format determined by the  
919 department. The annual attestation shall be submitted to the  
920 department for review within 9 months after the end of the  
921 organization's fiscal year.

922 (b) Any trauma center subject to audit pursuant to s.  
923 215.97 shall submit an audit report in accordance with rules  
924 adopted by the Auditor General.

925 (4) The department, working with the Agency for Health  
926 Care Administration, shall maximize resources for trauma  
927 services wherever possible.

928 Section 8. Section 395.404, Florida Statutes, is amended  
929 to read:

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930           395.404 Reporting ~~Review~~ of trauma ~~registry~~ data; report  
931 to National Trauma Data Bank ~~central registry; confidentiality~~  
932 ~~and limited release.-~~

933           (1) ~~(a)~~ Each trauma center shall participate in the  
934 National Trauma Data Bank, and the department shall solely use  
935 the National Trauma Data Bank for quality and assessment  
936 purposes.

937           (2) Each trauma center and acute care hospital shall  
938 report to the department all transfers of trauma patients and  
939 the outcomes of such patients ~~furnish, and, upon request of the~~  
940 ~~department, all acute care hospitals shall furnish for~~  
941 ~~department review trauma registry data as prescribed by rule of~~  
942 ~~the department for the purpose of monitoring patient outcome and~~  
943 ~~ensuring compliance with the standards of approval.~~

944           ~~(b) Trauma registry data obtained pursuant to this~~  
945 ~~subsection are confidential and exempt from the provisions of s.~~  
946 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~  
947 ~~However, the department may provide such trauma registry data to~~  
948 ~~the person, trauma center, hospital, emergency medical service~~  
949 ~~provider, local or regional trauma agency, medical examiner, or~~  
950 ~~other entity from which the data were obtained. The department~~  
951 ~~may also use or provide trauma registry data for purposes of~~  
952 ~~research in accordance with the provisions of chapter 405.~~

953           (3) ~~(2)~~ Each trauma center, ~~pediatric trauma center,~~ and  
954 acute care hospital shall report to the department's brain and

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955 spinal cord injury central registry, consistent with the  
956 procedures and timeframes of s. 381.74, any person who has a  
957 moderate-to-severe brain or spinal cord injury, and shall  
958 include in the report the name, age, residence, and type of  
959 disability of the individual and any additional information that  
960 the department finds necessary.

961 Section 9. Paragraph (k) of subsection (1) of section  
962 395.401, Florida Statutes, is amended to read:

963 395.401 Trauma services system plans; approval of trauma  
964 centers and pediatric trauma centers; procedures; renewal.-

965 (1)

966 (k) It is unlawful for any hospital or other facility to  
967 hold itself out as a trauma center unless it has been so  
968 verified or designated pursuant to s. 395.4025(15) ~~s.~~  
969 ~~395.4025(14)~~.

970 Section 10. Study on the national certification of  
971 pediatric trauma services.-

972 (1) The department shall conduct a study to determine the  
973 feasibility of using a certification issued by a national trauma  
974 center accreditation body that certifies a hospital's compliance  
975 with published standards for the administration of trauma care  
976 and the treatment of injured patients for hospitals that are  
977 verified, approved, or provisionally approved as a:

978 (a) Level I trauma center that provides pediatric trauma  
979 care;

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980 (b) Level II with a pediatric trauma center; or

981 (c) Pediatric trauma center.

982 (2) The study must:

983 (a) Examine the costs and requirements associated with  
984 obtaining and maintaining such certification.

985 (b) Determine which pediatric trauma centers and trauma  
986 centers providing pediatric trauma services have obtained, are  
987 in the process of obtaining, or are capable of obtaining such  
988 certification.

989 (c) Identify barriers to obtaining such certification.

990 (d) Identify and develop policy proposals addressing the  
991 need and value of such certification.

992 (2) The department shall submit a report on the findings of  
993 the study that includes recommendations on the feasibility of  
994 using a certification issued by a national trauma center  
995 accreditation body in the designation of Level I trauma center  
996 providing pediatric trauma care, Level II with a pediatric  
997 trauma center, and pediatric trauma center to the Governor, the  
998 President of the Senate, the Speaker of the House of  
999 Representatives, and the Florida Trauma System Advisory Council  
1000 established under s. 395.402, by December 31, 2018.

1001 (3) This section shall expire on January 31, 2019.

1002 Section 11. If the provisions of this act relating to s.  
1003 395.4025(16), Florida Statutes, are held to be invalid or  
1004 inoperative for any reason, the remaining provisions of this act

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1005 shall be deemed to be void and of no effect, it being the  
1006 legislative intent that this act as a whole would not have been  
1007 adopted had any provision of the act not been included.

1008 Section 12. This act shall take effect upon becoming a  
1009 law.

1010 -----  
1011

1012 **T I T L E A M E N D M E N T**

1013 Remove everything before the enacting clause and insert:  
1014 An act relating to trauma services; amending ss. 318.14, 318.18,  
1015 and 318.21, F.S.; requiring that moneys received from specified  
1016 penalties be allocated to certain trauma centers by a  
1017 calculation that uses the Agency of Health Care Administration's  
1018 hospital discharge data; amending s. 395.4001, F.S.; conforming  
1019 cross-references; redefining the term "trauma caseload volume";  
1020 amending s. 395.402, F.S.; revising legislative intent; revising  
1021 the trauma service areas and provisions relating to the number  
1022 and location of trauma centers; prohibiting the Department of  
1023 Health from designating an existing Level II trauma center as a  
1024 new pediatric trauma center or from designating an existing  
1025 Level II trauma center as a Level I trauma center in a trauma  
1026 service area that already has an existing Level I or pediatric  
1027 trauma center; apportioning trauma centers within each trauma  
1028 service area; requiring the department to establish the Florida  
1029 Trauma System Advisory Council by a specified date; authorizing

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1165 (2018)

Amendment No.

1030 the council to submit certain recommendations to the department;  
1031 providing for the membership of the council; requiring the  
1032 council to meet no later than a specified date and to meet at  
1033 least quarterly; amending s. 395.4025, F.S.; conforming  
1034 provisions to changes made by the act; requiring the department  
1035 to periodically prepare an analysis of the state trauma system  
1036 using the agency's hospital discharge data and specified  
1037 population data; specifying contents of the report; requiring  
1038 the department to make available all data, formulas,  
1039 methodologies, and risk adjustment tools used in analyzing the  
1040 data in the report; requiring the department to notify each  
1041 acute care general hospital and local and regional trauma agency  
1042 in a trauma service area that has an identified need for an  
1043 additional trauma center that the department is accepting  
1044 letters of intent; prohibiting the department from accepting a  
1045 letter of intent and from approving an application for a trauma  
1046 center if there is not statutory capacity for an additional  
1047 trauma center; revising the department's review process for  
1048 hospitals seeking designation as a trauma center; authorizing  
1049 the department to approve certain applications for designation  
1050 as a trauma center if specified requirements are met; providing  
1051 that a hospital applicant that meets such requirements must be  
1052 ready to operate in compliance with specified trauma standards  
1053 by a specified date; deleting a provision authorizing the  
1054 department to grant a hospital applicant an extension time to

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Bill No. CS/HB 1165 (2018)

Amendment No.

1055 meet certain standards and requirements; requiring the  
1056 department to select one or more hospitals for approval to  
1057 prepare to operate as a trauma center; providing selection  
1058 requirements; prohibiting an applicant from operating as a  
1059 trauma center until the department has completed its review  
1060 process and approved the application; requiring a specified  
1061 review team to make onsite visits to newly operational trauma  
1062 centers within a certain timeframe; requiring the department,  
1063 based on recommendations from the review team, to designate a  
1064 trauma center that is in compliance with specified requirements;  
1065 deleting the date by which the department must select trauma  
1066 centers; providing that only certain hospitals may protest a  
1067 decision made by the department; providing that certain trauma  
1068 centers that were verified by the department or determined by  
1069 the department to be in substantial compliance with specified  
1070 standards before specified dates are deemed to have met  
1071 application and operational requirements; requiring the  
1072 department to designate a certain provisionally approved Level  
1073 II trauma center as a trauma center if certain criteria are met;  
1074 prohibiting such designated trauma center from being required to  
1075 cease trauma operations unless the department or a court  
1076 determines that it has failed to meet certain standards;  
1077 providing construction; amending ss. 395.403 and 395.4036, F.S.;  
1078 conforming provisions to changes made by the act; amending s.  
1079 395.404, F.S.; requiring trauma centers to participate in the

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1080 National Trauma Data Bank; requiring trauma centers and acute  
1081 care hospitals to report trauma patient transfer and outcome  
1082 data to the department; deleting provisions relating to the  
1083 department review of trauma registry data; amending s. 395.401,  
1084 F.S.; conforming a cross-reference; providing for invalidity;  
1085 requiring the department to conduct a study on the national  
1086 certification of pediatric trauma centers; requiring the  
1087 department to submit a report of the findings of the study to  
1088 the Governor, Legislature, and advisory council by a specified  
1089 date; providing for expiration of the study; providing an  
1090 effective date.

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