

Amendment No.

CHAMBER ACTION

Senate

House

.

Representative Trumbull offered the following:

Amendment (with title amendment)

Remove lines 193-640 and insert:

Section 4. Subsections (4) through (18) of section 395.4001, Florida Statutes, are renumbered as subsections (5) through (19), respectively, paragraph (a) of present subsection (7) and present subsections (13) and (14) are amended, and a new subsection (4) is added to that section, to read:

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

(4) "High-risk patient" means a trauma patient with an International Classification Injury Severity Score of less than 0.85.

889275

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Amendment No.

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

15 (a) Is verified by the department to be in substantial
16 compliance with Level II trauma center standards and has been
17 approved by the department to operate as a Level II trauma
18 center or is designated pursuant to s. 395.4025(15) ~~s.~~
19 ~~395.4025(14)~~.

20 ~~(14)(13)~~ "Trauma caseload volume" means the number of
21 trauma patients calculated by the department using the data
22 reported by each designated trauma center to the hospital
23 discharge database maintained by the agency pursuant to s.
24 408.061 reported by individual trauma centers to the Trauma
25 Registry and validated by the department.

26 ~~(15)(14)~~ "Trauma center" means a hospital that has been
27 verified by the department to be in substantial compliance with
28 the requirements in s. 395.4025 and has been approved by the
29 department to operate as a Level I trauma center, Level II
30 trauma center, or pediatric trauma center, or is designated by
31 the department as a Level II trauma center pursuant to s.
32 395.4025(15) ~~s. 395.4025(14)~~.

33 Section 5. Section 395.402, Florida Statutes, is amended
34 to read:

35 395.402 Trauma service areas; number and location of
36 trauma centers.—

37 (1) The Legislature recognizes the need for a statewide,
38 cohesive, uniform, and integrated trauma system, as well as the

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

39 need to ensure the viability of existing trauma centers when
40 designating new trauma centers. Consistent with national
41 standards, future trauma center designations must be based on
42 need as a factor of demand and capacity. Within the trauma
43 service areas, Level I and Level II trauma centers shall each be
44 capable of annually treating a minimum of 1,000 and 500
45 patients, respectively, with an injury severity score (ISS) of 9
46 or greater. Level II trauma centers in counties with a
47 population of more than 500,000 shall have the capacity to care
48 for 1,000 patients per year.

49 ~~(2) Trauma service areas as defined in this section are to~~
50 ~~be utilized until the Department of Health completes an~~
51 ~~assessment of the trauma system and reports its finding to the~~
52 ~~Governor, the President of the Senate, the Speaker of the House~~
53 ~~of Representatives, and the substantive legislative committees.~~
54 ~~The report shall be submitted by February 1, 2005. The~~
55 ~~department shall review the existing trauma system and determine~~
56 ~~whether it is effective in providing trauma care uniformly~~
57 ~~throughout the state. The assessment shall:~~

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

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

889275

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Amendment No.

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

66 ~~(d) Consider including criteria within trauma center~~
67 ~~approval standards based upon the number of trauma victims~~
68 ~~served within a service area.~~

69 ~~(e) Review the Regional Domestic Security Task Force~~
70 ~~structure and determine whether integrating the trauma system~~
71 ~~planning with interagency regional emergency and disaster~~
72 ~~planning efforts is feasible and identify any duplication of~~
73 ~~efforts between the two entities.~~

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

76 ~~(g) Make recommendations regarding a formula for the~~
77 ~~distribution of funds identified for trauma centers which shall~~
78 ~~address incentives for new centers where needed and the need to~~
79 ~~maintain effective trauma care in areas served by existing~~
80 ~~centers, with consideration for the volume of trauma patients~~
81 ~~served, and the amount of charity care provided.~~

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

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

86 ~~(b) Stakeholder recommendations.~~

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

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

89 ~~(d) Historical patterns of patient referral and transfer~~
90 ~~in an area.~~

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

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

94 ~~(g) Transportation capabilities, including ground and air~~
95 ~~transport.~~

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

97 ~~(i) Recommendations of the Regional Domestic Security Task~~
98 ~~Force.~~

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

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

102 ~~(4) Annually thereafter, the department shall review the~~
103 ~~assignment of the 67 counties to trauma service areas, in~~
104 ~~addition to the requirements of paragraphs (2) (b) (g) and~~
105 ~~subsection (3). County assignments are made for the purpose of~~
106 ~~developing a system of trauma centers. Revisions made by the~~
107 ~~department shall take into consideration the recommendations~~
108 ~~made as part of the regional trauma system plans approved by the~~
109 ~~department and the recommendations made as part of the state~~
110 ~~trauma system plan. In cases where a trauma service area is~~
111 ~~located within the boundaries of more than one trauma region,~~

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

112 ~~the trauma service area's needs, response capability, and system~~
113 ~~requirements shall be considered by each trauma region served by~~
114 ~~that trauma service area in its regional system plan. Until the~~
115 ~~department completes the February 2005 assessment, the~~
116 ~~assignment of counties shall remain as established in this~~
117 ~~section.~~

118 (a) The following trauma service areas are hereby
119 established:

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

122 2. Trauma service area 2 shall consist of Bay, Gulf,
123 Holmes, and Washington Counties.

124 3. Trauma service area 3 shall consist of Calhoun,
125 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
126 Taylor, and Wakulla Counties.

127 4. Trauma service area 4 shall consist of Alachua,
128 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
129 Putnam, Suwannee, and Union Counties.

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

132 6. Trauma service area 6 shall consist of Citrus,
133 Hernando, and Marion Counties.

134 7. Trauma service area 7 shall consist of Flagler and
135 Volusia Counties.

889275

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Amendment No.

- 136 8. Trauma service area 8 shall consist of Lake, Orange,
137 Osceola, Seminole, and Sumter Counties.
- 138 9. Trauma service area 9 shall consist of Pasco and
139 Pinellas Counties.
- 140 10. Trauma service area 10 shall consist of Hillsborough
141 County.
- 142 11. Trauma service area 11 shall consist of Hardee,
143 Highlands, and Polk Counties.
- 144 12. Trauma service area 12 shall consist of Brevard and
145 Indian River Counties.
- 146 13. Trauma service area 13 shall consist of DeSoto,
147 Manatee, and Sarasota Counties.
- 148 14. Trauma service area 14 shall consist of Martin,
149 Okeechobee, and St. Lucie Counties.
- 150 15. Trauma service area 15 shall consist of Charlotte,
151 Collier, Glades, Hendry, and Lee Counties.
- 152 16. Trauma service area 16 shall consist of Palm Beach
153 County.
- 154 17. Trauma service area 17 shall consist of Broward
155 ~~Collier~~ County.
- 156 18. Trauma service area 18 shall consist of ~~Broward~~
157 ~~County~~.
- 158 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~
159 ~~Monroe Counties.~~

889275

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Amendment No.

160 (b) Each trauma service area must ~~should~~ have at least one
161 Level I or Level II trauma center. Except as otherwise provided
162 in s. 395.4025(16), the department may not designate an existing
163 Level II trauma center as a new pediatric trauma center or
164 designate an existing Level II trauma center as a Level I trauma
165 center in a trauma service area that already has an existing
166 Level I or pediatric trauma center ~~The department shall~~
167 ~~allocate, by rule, the number of trauma centers needed for each~~
168 ~~trauma service area.~~

169 (c) Trauma centers, including Level I trauma centers,
170 Level II trauma centers, Level II trauma centers with a
171 pediatric trauma center, jointly certified pediatric trauma
172 centers, and stand-alone pediatric trauma centers, shall be
173 apportioned as follows:

- 174 1. Trauma service area 1 shall have three trauma centers.
- 175 2. Trauma service area 2 shall have one trauma center.
- 176 3. Trauma service area 3 shall have one trauma center.
- 177 4. Trauma service area 4 shall have one trauma center.
- 178 5. Trauma service area 5 shall have three trauma centers.
- 179 6. Trauma service area 6 shall have one trauma center.
- 180 7. Trauma service area 7 shall have one trauma center.
- 181 8. Trauma service area 8 shall have three trauma centers.
- 182 9. Trauma service area 9 shall have three trauma centers.
- 183 10. Trauma service area 10 shall have two trauma centers.
- 184 11. Trauma service area 11 shall have one trauma center.

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

185 12. Trauma service area 12 shall have one trauma center.

186 13. Trauma service area 13 shall have two trauma centers.

187 14. Trauma service area 14 shall have one trauma center.

188 15. Trauma service area 15 shall have one trauma center.

189 16. Trauma service area 16 shall have two trauma centers.

190 17. Trauma service area 17 shall have three trauma

191 centers.

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

193
194 Notwithstanding other provisions of this chapter, a trauma
195 service area may not have more than a total of five Level I
196 trauma centers, Level II trauma centers, Level II trauma centers
197 with a pediatric trauma center, jointly certified pediatric
198 trauma centers, and stand-alone pediatric trauma centers. A
199 trauma service area may not have more than one stand-alone
200 pediatric trauma center ~~There shall be no more than a total of~~
201 ~~44 trauma centers in the state.~~

202 (2) (a) By May 1, 2018, the department shall establish the
203 Florida Trauma System Advisory Council to promote an inclusive
204 trauma system and enhance cooperation among trauma system
205 stakeholders. The advisory council may submit recommendations to
206 the department on how to maximize existing trauma center,
207 emergency department, and emergency medical services
208 infrastructure and personnel to achieve the statutory goal of
209 developing an inclusive trauma system.

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

210 (b)1. The advisory council shall consist of 12 members
211 appointed by the Governor, including:

212 a. The State Trauma Medical Director.

213 b. A standing member of the Emergency Medical Services
214 Advisory Council.

215 c. A representative of a local or regional trauma agency.

216 d. A trauma program manager or trauma medical director who
217 is actively working in a trauma center and who represents an
218 investor-owned hospital with a trauma center.

219 e. A trauma program manager or trauma medical director who
220 is actively working in a trauma center and who represents a
221 nonprofit or public hospital with a trauma center.

222 f. A trauma surgeon who is board-certified in an
223 appropriate trauma or critical care specialty and who is
224 actively practicing medicine in a Level II trauma center who
225 represents an investor-owned hospital with a trauma center.

226 g. A trauma surgeon who is board-certified in an
227 appropriate trauma or critical care specialty and actively
228 practicing medicine who represents a nonprofit or public
229 hospital with a trauma center.

230 h. A representative of the American College of Surgeons
231 Committee on Trauma who has pediatric trauma care expertise.

232 i. A representative of the Safety Net Hospital Alliance of
233 Florida.

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

234 j. A representative of the Florida Hospital Association.

235 k. A physician licensed under chapter 458 or chapter 459
236 who is a board-certified emergency medicine physician who is not
237 affiliated with a trauma center.

238 1. A trauma surgeon who is board-certified in an
239 appropriate trauma or critical care specialty and actively
240 practicing medicine in a Level I trauma center.

241 2. No two members may be employed by the same health care
242 facility.

243 3. Each council member shall be appointed to a 3-year
244 term; however, for the purpose of providing staggered terms, of
245 the initial appointments, four members shall be appointed to 1-
246 year terms, four members shall be appointed to 2-year terms, and
247 four members shall be appointed to 3-year terms.

248 (c) The department shall use existing and available
249 resources to administer and support the activities of the
250 advisory council. Members of the advisory council shall serve
251 without compensation and are not entitled to reimbursement for
252 per diem or travel expenses.

253 (d) The advisory council shall convene no later than June
254 1, 2018, and shall meet at least quarterly.

255 Section 6. Section 395.4025, Florida Statutes, is amended
256 to read:

257 395.4025 Trauma centers; selection; quality assurance;
258 records.-

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

259 (1) For purposes of developing a system of trauma centers,
260 the department shall use the 18 ~~19~~ trauma service areas
261 established in s. 395.402. ~~Within each service area and based on~~
262 ~~the state trauma system plan, the local or regional trauma~~
263 ~~services system plan, and recommendations of the local or~~
264 ~~regional trauma agency, the department shall establish the~~
265 ~~approximate number of trauma centers needed to ensure reasonable~~
266 ~~access to high-quality trauma services.~~ The department shall
267 designate ~~select~~ those hospitals that are to be recognized as
268 trauma centers.

269 (2) (a) The department shall prepare an analysis of the
270 Florida trauma system by August 31, 2020, and every 3 years
271 thereafter, using the hospital discharge database described in
272 s. 408.061 for the most current year and the most recent 5 years
273 of population data for the state available from the American
274 Community Survey 5-Year Estimates by the United States Census
275 Bureau. The department's report must, at a minimum, include all
276 of the following:

277 1. The population growth for each trauma service area and
278 for the state.

279 2. The number of high-risk patients treated at each trauma
280 center within each trauma service area, including pediatric
281 trauma centers.

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

282 3. The total number of high-risk patients treated at all
283 acute care hospitals, including nontrauma centers, in each
284 trauma service area.

285 4. The percentage of each trauma center's sufficient
286 volume of trauma patients, as described in subparagraph
287 (3) (d)2., in accordance with the International Classification
288 Injury Severity Score for the trauma center's designation,
289 inclusive of the additional caseload volume required for those
290 trauma centers with graduate medical education programs.

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

294 (3)(2)(a) The department shall annually notify each acute
295 care general hospital and each local and each regional trauma
296 agency in a trauma service area with an identified need for an
297 additional trauma center the state that the department is
298 accepting letters of intent from hospitals that are interested
299 in becoming trauma centers. The department may accept a letter
300 of intent only if there is statutory capacity for an additional
301 trauma center in accordance with subsection (2), paragraph (d),
302 and s. 395.402. In order to be considered by the department, a
303 hospital that operates within the geographic area of a local or
304 regional trauma agency must certify that its intent to operate
305 as a trauma center is consistent with the trauma services plan
306 of the local or regional trauma agency, as approved by the

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

307 ~~department, if such agency exists.~~ Letters of intent must be
308 postmarked no later than midnight October 1 of the year in which
309 the department notifies hospitals that it plans to accept
310 letters of intent.

311 (b) By October 15, the department shall send to all
312 hospitals that submitted a letter of intent an application
313 package that will provide the hospitals with instructions for
314 submitting information to the department for selection as a
315 trauma center. The standards for trauma centers provided for in
316 s. 395.401(2), as adopted by rule of the department, shall serve
317 as the basis for these instructions.

318 (c) In order to be considered by the department,
319 applications from those hospitals seeking selection as trauma
320 centers, including those current verified trauma centers that
321 seek a change or redesignation in approval status as a trauma
322 center, must be received by the department no later than the
323 close of business on April 1 of the year following submission of
324 the letter of intent. The department shall conduct an initial a
325 ~~provisional~~ review of each application for the purpose of
326 determining whether ~~that~~ the hospital's application is complete
327 and that the hospital is capable of constructing and operating a
328 trauma center that includes ~~has~~ the critical elements required
329 for a trauma center. This critical review must ~~will~~ be based on
330 trauma center standards and must ~~shall~~ include, but need not be
331 limited to, a review as to ~~of~~ whether the hospital is prepared

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

332 to attain and operate with all of the following components
333 before April 30 of the following year has:

334 1. Equipment and physical facilities necessary to provide
335 trauma services.

336 2. Personnel in sufficient numbers and with proper
337 qualifications to provide trauma services.

338 3. An effective quality assurance process.

339 ~~4. Submitted written confirmation by the local or regional~~
340 ~~trauma agency that the hospital applying to become a trauma~~
341 ~~center is consistent with the plan of the local or regional~~
342 ~~trauma agency, as approved by the department, if such agency~~
343 ~~exists.~~

344 (d)~~1.~~ Except as otherwise provided in this part, the
345 department may not approve an application for a Level I trauma
346 center, Level II trauma center, Level II trauma center with a
347 pediatric trauma center, a jointly certified pediatric trauma
348 center, or stand-alone pediatric trauma center if approval of
349 the application would exceed the limits on the numbers of Level
350 I trauma centers, Level II trauma centers, Level II trauma
351 centers with a pediatric trauma center, jointly certified
352 pediatric trauma centers, or stand-alone pediatric trauma
353 centers set forth in s. 395.402(1). However, the department
354 shall review and may approve an application for a trauma center
355 when approval of the application would result in a total number
356 of trauma centers which exceeds the limit on the number of

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

357 trauma centers in a trauma service area as set forth in s.
358 395.402(1), if the applicant demonstrates and the department
359 determines that:

360 1. The existing trauma center's actual caseload volume of
361 high-risk patients exceeds the minimum caseload volume
362 capabilities, including the additional caseload volume for
363 graduate medical education critical care and trauma surgical
364 subspecialty residents or fellows, by more than two times the
365 statutory minimums listed in sub-subparagraphs 2.a.-d. or three
366 times the statutory minimum listed in sub-subparagraph 2.e., and
367 the population growth for the trauma service area exceeds the
368 statewide population growth by more than 15 percent based on the
369 American Community Survey 5-Year Estimates by the United States
370 Census Bureau for the 5-year period before the date the
371 applicant files its letter of intent; and

372 2. A sufficient caseload volume of potential trauma
373 patients exists within the trauma service area to ensure that
374 existing trauma centers caseload volumes are at the following
375 levels:

376 a. For Level I trauma centers in trauma service areas with
377 a population of greater than 1.5 million, a minimum caseload
378 volume of the greater of 1,200 high-risk patients admitted per
379 year or, for a trauma center with a trauma or critical care
380 residency or fellowship program, 1,200 high-risk patients
381 admitted plus 40 cases per year for each accredited critical

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

382 care and trauma surgical subspecialty medical resident or
383 fellow.

384 b. For Level I trauma centers in trauma service areas with
385 a population of less than 1.5 million, a minimum caseload volume
386 of the greater of 1,000 high-risk patients admitted per year or,
387 for a trauma center with a critical care or trauma residency or
388 fellowship program, 1,000 high-risk patients admitted plus 40
389 cases per year for each accredited critical care and trauma
390 surgical subspecialty medical resident or fellow.

391 c. For Level II trauma centers and Level II trauma centers
392 with a pediatric trauma centers in trauma service areas with a
393 population of greater than 1.25 million, a minimum caseload
394 volume of the greater of 1,000 high-risk patients admitted or,
395 for a trauma center with a critical care or trauma residency or
396 fellowship program, 1,000 high-risk patients admitted plus 40
397 cases per year for each accredited critical care and trauma
398 surgical subspecialty medical resident or fellow.

399 d. For Level II trauma centers and Level II trauma centers
400 with a pediatric trauma center in trauma service areas with a
401 population of less than 1.25 million, a minimum caseload volume
402 of the greater of 500 high-risk patients admitted per year or,
403 for a trauma center with a critical care or trauma residency or
404 fellowship program, 500 high-risk patients admitted plus 40
405 cases per year for each accredited critical care and trauma
406 surgical subspecialty medical resident or fellow.

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

407 e. For pediatric trauma centers, a minimum caseload volume
408 of the greater of 500 high-risk patients admitted per year or,
409 for a trauma center with a critical care or trauma residency or
410 fellowship program, 500 high-risk patients admitted per year
411 plus 40 cases per year for each accredited critical care and
412 trauma surgical subspecialty medical resident or fellow.

413
414 The International Classification Injury Severity Score
415 calculations and caseload volume must be calculated using the
416 most recent available hospital discharge data collected by the
417 agency from all acute care hospitals pursuant to s. 408.061. The
418 agency, in consultation with the department, shall adopt rules,
419 for trauma centers and acute care hospitals for the submission
420 of data required for the department to perform its duties under
421 this chapter.

422 (e) If the department determines that the hospital is
423 capable of attaining and operating with the components required
424 in paragraph (c), the applicant must be ready to operate in
425 compliance with state trauma center standards no later than
426 April 30 of the year following the department's initial review
427 and approval of the hospital's application to proceed with
428 preparation to operate as a trauma center. A hospital that fails
429 to comply with this subsection may not be designated as a trauma
430 center. ~~Notwithstanding other provisions in this section, the~~
431 department may grant up to an additional 18 months to a hospital

889275

Approved For Filing: 2/28/2018 4:04:59 PM

Amendment No.

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

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

451
 452 -----

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

454 Remove line 9 and insert:
 455 defining the term "high-risk patient";

889275

Approved For Filing: 2/28/2018 4:04:59 PM