

1                   A bill to be entitled  
2           An act relating to trauma services; amending ss.  
3           318.14, 318.18, and 318.21, F.S.; requiring that  
4           moneys received from specified penalties be allocated  
5           to certain trauma centers by a calculation that uses  
6           the Agency for Health Care Administration's hospital  
7           discharge data; amending s. 395.4001, F.S.; revising  
8           the definition of the term "trauma caseload volume";  
9           defining the term "severely injured patient";  
10          conforming cross-references; amending s. 395.402,  
11          F.S.; revising legislative intent; revising trauma  
12          service areas and the number and location of trauma  
13          centers; prohibiting the Department of Health from  
14          designating an existing Level II trauma center as a  
15          new pediatric trauma center or from designating an  
16          existing Level II trauma center as a Level I trauma  
17          center in a trauma service area that already has an  
18          existing Level I or pediatric trauma center;  
19          apportioning trauma centers within each trauma service  
20          area; requiring the department to establish the  
21          Florida Trauma System Advisory Council by a specified  
22          date; authorizing the council to submit certain  
23          recommendations to the department; providing for the  
24          membership of the council; requiring the council to  
25          meet no later than a specified date and to meet at

26 | least quarterly; amending s. 395.4025, F.S.;

27 | conforming provisions to changes made by the act;

28 | requiring the department to periodically prepare an

29 | analysis of the state trauma system using the agency's

30 | hospital discharge data and specified population data;

31 | specifying contents of the report; requiring the

32 | department to make available all data, formulas,

33 | methodologies, and risk adjustment tools used in

34 | analyzing the data in the report; requiring the

35 | department to notify each acute care general hospital

36 | and local and regional trauma agency in a trauma

37 | service area that has an identified need for an

38 | additional trauma center that the department is

39 | accepting letters of intent; prohibiting the

40 | department from accepting a letter of intent and from

41 | approving an application for a trauma center if there

42 | is not statutory capacity for an additional trauma

43 | center; revising the department's review process for

44 | hospitals seeking designation as a trauma center;

45 | authorizing the department to approve certain

46 | applications for designation as a trauma center if

47 | specified requirements are met; providing that a

48 | hospital applicant that meets such requirements must

49 | be ready to operate in compliance with specified

50 | trauma standards by a specified date; deleting a

51 provision authorizing the department to grant a  
52 hospital applicant an extension time to meet certain  
53 standards and requirements; requiring the department  
54 to select one or more hospitals for approval to  
55 prepare to operate as a trauma center; providing  
56 selection requirements; prohibiting an applicant from  
57 operating as a trauma center until the department has  
58 completed its review process and approved the  
59 application; requiring a specified review team to make  
60 onsite visits to newly operational trauma centers  
61 within a certain timeframe; requiring the department,  
62 based on recommendations from the review team, to  
63 designate a trauma center that is in compliance with  
64 specified requirements; deleting the date by which the  
65 department must select trauma centers; providing that  
66 only certain hospitals may protest a decision made by  
67 the department; providing that certain trauma centers  
68 that were verified by the department or determined by  
69 the department to be in substantial compliance with  
70 specified standards before specified dates are deemed  
71 to have met application and operational requirements;  
72 requiring the department to designate a certain  
73 provisionally approved Level II trauma center as a  
74 trauma center if certain criteria are met; prohibiting  
75 such designated trauma center from being required to

76 | cease trauma operations unless the department or a  
77 | court determines that it has failed to meet certain  
78 | standards; providing construction; amending ss.  
79 | 395.403 and 395.4036, F.S.; conforming provisions to  
80 | changes made by the act; amending s. 395.404, F.S.;  
81 | requiring trauma centers to participate in the  
82 | National Trauma Data Bank; requiring trauma centers  
83 | and acute care hospitals to report trauma patient  
84 | transfer and outcome data to the department; deleting  
85 | provisions relating to the department review of trauma  
86 | registry data; amending ss. 395.401, 408.036, and  
87 | 409.975, F.S.; conforming cross-references; providing  
88 | for invalidity; requiring the department to conduct a  
89 | study on the national certification of pediatric  
90 | trauma centers; requiring the department to submit a  
91 | report of the findings of the study to the Governor,  
92 | Legislature, and advisory council by a specified date;  
93 | providing for expiration of the study; providing for  
94 | invalidity; providing an effective date.

95 |  
96 | Be It Enacted by the Legislature of the State of Florida:

97 |  
98 | Section 1. Section 1. Paragraph (b) of subsection (5) of  
99 | section 318.14, Florida Statutes, is amended to read:

100 318.14 Noncriminal traffic infractions; exception;  
101 procedures.—

102 (5) Any person electing to appear before the designated  
103 official or who is required so to appear shall be deemed to have  
104 waived his or her right to the civil penalty provisions of s.  
105 318.18. The official, after a hearing, shall make a  
106 determination as to whether an infraction has been committed. If  
107 the commission of an infraction has been proven, the official  
108 may impose a civil penalty not to exceed \$500, except that in  
109 cases involving unlawful speed in a school zone or involving  
110 unlawful speed in a construction zone, the civil penalty may not  
111 exceed \$1,000; or require attendance at a driver improvement  
112 school, or both. If the person is required to appear before the  
113 designated official pursuant to s. 318.19(1) and is found to  
114 have committed the infraction, the designated official shall  
115 impose a civil penalty of \$1,000 in addition to any other  
116 penalties and the person's driver license shall be suspended for  
117 6 months. If the person is required to appear before the  
118 designated official pursuant to s. 318.19(2) and is found to  
119 have committed the infraction, the designated official shall  
120 impose a civil penalty of \$500 in addition to any other  
121 penalties and the person's driver license shall be suspended for  
122 3 months. If the official determines that no infraction has been  
123 committed, no costs or penalties shall be imposed and any costs  
124 or penalties that have been paid shall be returned. Moneys

125 received from the mandatory civil penalties imposed pursuant to  
126 this subsection upon persons required to appear before a  
127 designated official pursuant to s. 318.19(1) or (2) shall be  
128 remitted to the Department of Revenue and deposited into the  
129 Department of Health Emergency Medical Services Trust Fund to  
130 provide financial support to certified trauma centers to assure  
131 the availability and accessibility of trauma services throughout  
132 the state. Funds deposited into the Emergency Medical Services  
133 Trust Fund under this section shall be allocated as follows:

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

139 Section 2. Paragraph (h) of subsection (3) of section  
140 318.18, Florida Statutes, is amended to read:

141 318.18 Amount of penalties.—The penalties required for a  
142 noncriminal disposition pursuant to s. 318.14 or a criminal  
143 offense listed in s. 318.17 are as follows:

144 (3)

145 (h) A person cited for a second or subsequent conviction  
146 of speed exceeding the limit by 30 miles per hour and above  
147 within a 12-month period shall pay a fine that is double the  
148 amount listed in paragraph (b). For purposes of this paragraph,  
149 the term "conviction" means a finding of guilt as a result of a

150 jury verdict, nonjury trial, or entry of a plea of guilty.  
151 Moneys received from the increased fine imposed by this  
152 paragraph shall be remitted to the Department of Revenue and  
153 deposited into the Department of Health Emergency Medical  
154 Services Trust Fund to provide financial support to certified  
155 trauma centers to assure the availability and accessibility of  
156 trauma services throughout the state. Funds deposited into the  
157 Emergency Medical Services Trust Fund under this section shall  
158 be allocated as follows:

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

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

167 Section 3. Paragraph (b) of subsection (15) of section  
168 318.21, Florida Statutes, is amended to read:

169 318.21 Disposition of civil penalties by county courts.—  
170 All civil penalties received by a county court pursuant to the  
171 provisions of this chapter shall be distributed and paid monthly  
172 as follows:

173 (15) Of the additional fine assessed under s. 318.18(3)(e)  
174 for a violation of s. 316.1893, 50 percent of the moneys

175 received from the fines shall be appropriated to the Agency for  
176 Health Care Administration as general revenue to provide an  
177 enhanced Medicaid payment to nursing homes that serve Medicaid  
178 recipients with brain and spinal cord injuries. The remaining 50  
179 percent of the moneys received from the enhanced fine imposed  
180 under s. 318.18(3)(e) shall be remitted to the Department of  
181 Revenue and deposited into the Department of Health Emergency  
182 Medical Services Trust Fund to provide financial support to  
183 certified trauma centers in the counties where enhanced penalty  
184 zones are established to ensure the availability and  
185 accessibility of trauma services. Funds deposited into the  
186 Emergency Medical Services Trust Fund under this subsection  
187 shall be allocated as follows:

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

193 Section 4. Subsections (11) through (18) of section  
194 395.4001, Florida Statutes, are renumbered as subsections (12)  
195 through (19), respectively, paragraph (a) of subsection (7) and  
196 present subsections (13) and (14) are amended, and a new  
197 subsection (11) is added to that section, to read:

198 395.4001 Definitions.—As used in this part, the term:

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



200 (a) Is verified by the department to be in substantial  
201 compliance with Level II trauma center standards and has been  
202 approved by the department to operate as a Level II trauma  
203 center or is designated pursuant to s. 395.4025(15) ~~s.~~  
204 ~~395.4025(14)~~.

205 (11) "Severely injured patient" means a trauma patient  
206 with an injury severity score of 15 or greater.

207 (14)~~(13)~~ "Trauma caseload volume" means the number of  
208 trauma patients calculated by the department using the data  
209 reported by each designated trauma center to the hospital  
210 discharge database maintained by the agency pursuant to s.  
211 408.061 reported by individual trauma centers to the Trauma  
212 Registry and validated by the department.

213 (15)~~(14)~~ "Trauma center" means a hospital that has been  
214 verified by the department to be in substantial compliance with  
215 the requirements in s. 395.4025 and has been approved by the  
216 department to operate as a Level I trauma center, Level II  
217 trauma center, or pediatric trauma center, or is designated by  
218 the department as a Level II trauma center pursuant to s.  
219 395.4025(15) ~~s. 395.4025(14)~~.

220 Section 5. Section 395.402, Florida Statutes, is amended  
221 to read:

222 395.402 Trauma service areas; number and location of  
223 trauma centers.—

224 (1) The Legislature recognizes the need for a statewide,  
225 cohesive, uniform, and integrated trauma system, as well as the  
226 need to ensure the viability of existing trauma centers when  
227 designating new trauma centers. Consistent with national  
228 standards, future trauma center designations must be based on  
229 need as a factor of demand and capacity. ~~Within the trauma~~  
230 ~~service areas, Level I and Level II trauma centers shall each be~~  
231 ~~capable of annually treating a minimum of 1,000 and 500~~  
232 ~~patients, respectively, with an injury severity score (ISS) of 9~~  
233 ~~or greater. Level II trauma centers in counties with a~~  
234 ~~population of more than 500,000 shall have the capacity to care~~  
235 ~~for 1,000 patients per year.~~

236 ~~(2) Trauma service areas as defined in this section are to~~  
237 ~~be utilized until the Department of Health completes an~~  
238 ~~assessment of the trauma system and reports its finding to the~~  
239 ~~Governor, the President of the Senate, the Speaker of the House~~  
240 ~~of Representatives, and the substantive legislative committees.~~  
241 ~~The report shall be submitted by February 1, 2005. The~~  
242 ~~department shall review the existing trauma system and determine~~  
243 ~~whether it is effective in providing trauma care uniformly~~  
244 ~~throughout the state. The assessment shall:~~

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

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

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

253 ~~(d) Consider including criteria within trauma center~~  
254 ~~approval standards based upon the number of trauma victims~~  
255 ~~served within a service area.~~

256 ~~(e) Review the Regional Domestic Security Task Force~~  
257 ~~structure and determine whether integrating the trauma system~~  
258 ~~planning with interagency regional emergency and disaster~~  
259 ~~planning efforts is feasible and identify any duplication of~~  
260 ~~efforts between the two entities.~~

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

263 ~~(g) Make recommendations regarding a formula for the~~  
264 ~~distribution of funds identified for trauma centers which shall~~  
265 ~~address incentives for new centers where needed and the need to~~  
266 ~~maintain effective trauma care in areas served by existing~~  
267 ~~centers, with consideration for the volume of trauma patients~~  
268 ~~served, and the amount of charity care provided.~~

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

271 ~~(a) The recommendations made as part of the regional~~  
272 ~~trauma system plans submitted by regional trauma agencies.~~  
273 ~~(b) Stakeholder recommendations.~~  
274 ~~(c) The geographical composition of an area to ensure~~  
275 ~~rapid access to trauma care by patients.~~  
276 ~~(d) Historical patterns of patient referral and transfer~~  
277 ~~in an area.~~  
278 ~~(e) Inventories of available trauma care resources,~~  
279 ~~including professional medical staff.~~  
280 ~~(f) Population growth characteristics.~~  
281 ~~(g) Transportation capabilities, including ground and air~~  
282 ~~transport.~~  
283 ~~(h) Medically appropriate ground and air travel times.~~  
284 ~~(i) Recommendations of the Regional Domestic Security Task~~  
285 ~~Force.~~  
286 ~~(j) The actual number of trauma victims currently being~~  
287 ~~served by each trauma center.~~  
288 ~~(k) Other appropriate criteria.~~  
289 ~~(4) Annually thereafter, the department shall review the~~  
290 ~~assignment of the 67 counties to trauma service areas, in~~  
291 ~~addition to the requirements of paragraphs (2) (b) (g) and~~  
292 ~~subsection (3). County assignments are made for the purpose of~~  
293 ~~developing a system of trauma centers. Revisions made by the~~  
294 ~~department shall take into consideration the recommendations~~  
295 ~~made as part of the regional trauma system plans approved by the~~

296 ~~department and the recommendations made as part of the state~~  
 297 ~~trauma system plan. In cases where a trauma service area is~~  
 298 ~~located within the boundaries of more than one trauma region,~~  
 299 ~~the trauma service area's needs, response capability, and system~~  
 300 ~~requirements shall be considered by each trauma region served by~~  
 301 ~~that trauma service area in its regional system plan. Until the~~  
 302 ~~department completes the February 2005 assessment, the~~  
 303 ~~assignment of counties shall remain as established in this~~  
 304 ~~section.~~

305 (a) The following trauma service areas are ~~hereby~~  
 306 established:

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

309 2. Trauma service area 2 shall consist of Bay, Gulf,  
 310 Holmes, and Washington Counties.

311 3. Trauma service area 3 shall consist of Calhoun,  
 312 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,  
 313 Taylor, and Wakulla Counties.

314 4. Trauma service area 4 shall consist of Alachua,  
 315 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,  
 316 Putnam, Suwannee, and Union Counties.

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

319 6. Trauma service area 6 shall consist of Citrus,  
 320 Hernando, and Marion Counties.

- 321           7. Trauma service area 7 shall consist of Flagler and  
 322 Volusia Counties.
- 323           8. Trauma service area 8 shall consist of Lake, Orange,  
 324 Osceola, Seminole, and Sumter Counties.
- 325           9. Trauma service area 9 shall consist of Pasco and  
 326 Pinellas Counties.
- 327           10. Trauma service area 10 shall consist of Hillsborough  
 328 County.
- 329           11. Trauma service area 11 shall consist of Hardee,  
 330 Highlands, and Polk Counties.
- 331           12. Trauma service area 12 shall consist of Brevard and  
 332 Indian River Counties.
- 333           13. Trauma service area 13 shall consist of DeSoto,  
 334 Manatee, and Sarasota Counties.
- 335           14. Trauma service area 14 shall consist of Martin,  
 336 Okeechobee, and St. Lucie Counties.
- 337           15. Trauma service area 15 shall consist of Charlotte,  
 338 Collier, Glades, Hendry, and Lee Counties.
- 339           16. Trauma service area 16 shall consist of Palm Beach  
 340 County.
- 341           17. Trauma service area 17 shall consist of Broward  
 342 ~~Collier~~ County.
- 343           18. Trauma service area 18 shall consist of ~~Broward~~  
 344 ~~County~~.

345 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~  
346 ~~Monroe Counties.~~

347 (b) Each trauma service area must ~~should~~ have at least one  
348 Level I or Level II trauma center. Except as otherwise provided  
349 in s. 395.4025(16), the department may not designate an existing  
350 Level II trauma center as a new pediatric trauma center or  
351 designate an existing Level II trauma center as a Level I trauma  
352 center in a trauma service area that already has an existing  
353 Level I or pediatric trauma center ~~The department shall~~  
354 ~~allocate, by rule, the number of trauma centers needed for each~~  
355 ~~trauma service area.~~

356 (c) Trauma centers, including Level I trauma centers,  
357 Level II trauma centers, Level II trauma centers with a  
358 pediatric trauma center, jointly certified pediatric trauma  
359 centers, and stand-alone pediatric trauma centers, shall be  
360 apportioned as follows:

- 361 1. Trauma service area 1 shall have three trauma centers.
- 362 2. Trauma service area 2 shall have one trauma center.
- 363 3. Trauma service area 3 shall have one trauma center.
- 364 4. Trauma service area 4 shall have one trauma center.
- 365 5. Trauma service area 5 shall have three trauma centers.
- 366 6. Trauma service area 6 shall have one trauma center.
- 367 7. Trauma service area 7 shall have one trauma center.
- 368 8. Trauma service area 8 shall have three trauma centers.
- 369 9. Trauma service area 9 shall have three trauma centers.

370 10. Trauma service area 10 shall have two trauma centers.

371 11. Trauma service area 11 shall have one trauma center.

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

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

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

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

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

377 17. Trauma service area 17 shall have three trauma

378 centers.

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

380

381 Notwithstanding other provisions of this chapter, a trauma

382 service area may not have more than a total of five Level I

383 trauma centers, Level II trauma centers, Level II trauma centers

384 with a pediatric trauma center, jointly certified pediatric

385 trauma centers, and stand-alone pediatric trauma centers. A

386 trauma service area may not have more than one stand-alone

387 pediatric trauma center ~~There shall be no more than a total of~~

388 ~~44 trauma centers in the state.~~

389 (2) (a) By October 1, 2018, the department shall establish

390 the Florida Trauma System Advisory Council to promote an

391 inclusive trauma system and enhance cooperation among trauma

392 system stakeholders. The advisory council may submit

393 recommendations to the department on how to maximize existing

394 trauma center, emergency department, and emergency medical



395 services infrastructure and personnel to achieve the statutory  
396 goal of developing an inclusive trauma system.

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

399 a. The state Trauma Medical Director.

400 b. A standing member of the Emergency Medical Services  
401 Advisory Council.

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

403 d. A trauma program manager or trauma medical director  
404 actively working in a trauma center who represents an investor-  
405 owned hospital with a trauma center.

406 e. A trauma program manager or trauma medical director  
407 actively working in a trauma center who represents a nonprofit  
408 or public hospital with a trauma center.

409 f. A trauma surgeon who is board-certified in an  
410 appropriate trauma or critical care specialty and actively  
411 practicing medicine in a Level II trauma center who represents  
412 an investor-owned hospital with a trauma center.

413 g. A trauma surgeon who is board-certified in an  
414 appropriate trauma or critical care specialty and actively  
415 practicing medicine who represents a nonprofit or public  
416 hospital with a trauma center.

417 h. A representative of the American College of Surgeons  
418 Committee on Trauma with pediatric trauma care experience.

419 i. A representative of the Safety Net Hospital Alliance of  
420 Florida.

421 j. A representative of the Florida Hospital Association.

422 k. A physician licensed under chapter 458 or chapter 459  
423 who is a board-certified emergency medicine physician and is not  
424 affiliated with a trauma center.

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

428 2. No two members may be employed by the same health care  
429 facility.

430 3. Each council member shall be appointed to a 3-year  
431 term; however, for the purpose of providing staggered terms, of  
432 the initial appointments, four members shall be appointed to 1-  
433 year terms, four members shall be appointed to 2-year terms, and  
434 four members shall be appointed to 3-year terms.

435 (c) The department shall use existing and available  
436 resources to administer and support the activities of the  
437 advisory council. Members of the advisory council shall serve  
438 without compensation and are not entitled to reimbursement for  
439 per diem or travel expenses.

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

442 Section 6. Section 395.4025, Florida Statutes, is amended  
443 to read:

444 395.4025 Trauma centers; selection; quality assurance;  
445 records.—

446 (1) For purposes of developing a system of trauma centers,  
447 the department shall use the 18 ~~19~~ trauma service areas  
448 established in s. 395.402. ~~Within each service area and based on~~  
449 ~~the state trauma system plan, the local or regional trauma~~  
450 ~~services system plan, and recommendations of the local or~~  
451 ~~regional trauma agency, the department shall establish the~~  
452 ~~approximate number of trauma centers needed to ensure reasonable~~  
453 ~~access to high-quality trauma services.~~ The department shall  
454 designate ~~select~~ those hospitals that are to be recognized as  
455 trauma centers.

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

464 1. The population growth for each trauma service area and  
465 for the state.

466 2. The number of severely injured patients treated at each  
467 trauma center within each trauma service area, including  
468 pediatric trauma centers.

469        3. The total number of severely injured patients treated  
470 at all acute care hospitals, including nontrauma centers, in  
471 each trauma service area.

472        4. The percentage of each trauma center's sufficient  
473 volume of trauma patients, as described in subparagraph  
474 (3)(d)2., in accordance with the injury severity score for the  
475 trauma center's designation, inclusive of the additional  
476 caseload volume required for those trauma centers with graduate  
477 medical education programs.

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

481        (3)(2)(a) The department shall annually notify each acute  
482 care general hospital and each local and each regional trauma  
483 agency in a trauma service area with an identified need for an  
484 additional trauma center the state that the department is  
485 accepting letters of intent from hospitals that are interested  
486 in becoming trauma centers. The department may accept a letter  
487 of intent only if there is statutory capacity for an additional  
488 trauma center in accordance with paragraph (d), subsection (2),  
489 and s. 395.402. In order to be considered by the department, a  
490 hospital that operates within the geographic area of a local or  
491 regional trauma agency must certify that its intent to operate  
492 as a trauma center is consistent with the trauma services plan  
493 of the local or regional trauma agency, as approved by the

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

498 (b) By October 15, the department shall send to all  
499 hospitals that submitted a letter of intent an application  
500 package that will provide the hospitals with instructions for  
501 submitting information to the department for selection as a  
502 trauma center. The standards for trauma centers provided for in  
503 s. 395.401(2), as adopted by rule of the department, shall serve  
504 as the basis for these instructions.

505 (c) In order to be considered by the department,  
506 applications from those hospitals seeking selection as trauma  
507 centers, including those current verified trauma centers that  
508 seek a change or redesignation in approval status as a trauma  
509 center, must be received by the department no later than the  
510 close of business on April 1 of the year following submission of  
511 the letter of intent. The department shall conduct an initial a  
512 ~~provisional~~ review of each application for the purpose of  
513 determining whether ~~that~~ the hospital's application is complete  
514 and that the hospital is capable of constructing and operating a  
515 trauma center that includes ~~has~~ the critical elements required  
516 for a trauma center. This critical review must ~~will~~ be based on  
517 trauma center standards and must ~~shall~~ include, but need not be  
518 limited to, a review as to ~~of~~ whether the hospital is prepared

519 to attain and operate with all of the following components  
 520 before April 30 of the following year ~~has:~~

521 1. Equipment and physical facilities necessary to provide  
 522 trauma services.

523 2. Personnel in sufficient numbers and with proper  
 524 qualifications to provide trauma services.

525 3. An effective quality assurance process.

526 ~~4. Submitted written confirmation by the local or regional~~  
 527 ~~trauma agency that the hospital applying to become a trauma~~  
 528 ~~center is consistent with the plan of the local or regional~~  
 529 ~~trauma agency, as approved by the department, if such agency~~  
 530 ~~exists.~~

531 (d)~~1.~~ Except as otherwise provided in this part, the  
 532 department may not approve an application for a Level I trauma  
 533 center, Level II trauma center, Level II trauma center with a  
 534 pediatric trauma center, a jointly certified pediatric trauma  
 535 center, or stand-alone pediatric trauma center if approval of  
 536 the application would exceed the limits on the numbers of Level  
 537 I trauma centers, Level II trauma centers, Level II trauma  
 538 centers with a pediatric trauma center, jointly certified  
 539 pediatric trauma centers, or stand-alone pediatric trauma  
 540 centers set forth in s. 395.402(1). However, the department  
 541 shall review and may approve an application for a trauma center  
 542 when approval of the application would result in a total number  
 543 of trauma centers which exceeds the limit on the number of

544 trauma centers in a trauma service area as set forth in s.  
545 395.402(1), if the applicant demonstrates and the department  
546 determines that:

547 1. The existing trauma center's actual caseload volume of  
548 severely injured patients exceeds the minimum caseload volume  
549 capabilities, including the additional caseload volume for  
550 graduate medical education critical care and trauma surgical  
551 subspecialty residents or fellows, by more than two times the  
552 statutory minimums listed in sub-subparagraphs 2.a.-d. or three  
553 times the statutory minimum listed in sub-subparagraph 2.e., and  
554 the population growth for the trauma service area exceeds the  
555 statewide population growth by more than 15 percent based on the  
556 American Community Survey 5-Year Estimates by the United States  
557 Census Bureau for the 5-year period before the date the  
558 applicant files its letter of intent; and

559 2. A sufficient caseload volume of potential trauma  
560 patients exists within the trauma service area to ensure that  
561 existing trauma centers caseload volumes are at the following  
562 levels:

563 a. For Level I trauma centers in trauma service areas with  
564 a population of greater than 1.5 million, a minimum caseload  
565 volume of the greater of 1,200 severely injured patients  
566 admitted per year or, for a trauma center with a trauma or  
567 critical care residency or fellowship program, 1,200 severely  
568 injured patients admitted plus 40 cases per year for each

569 accredited critical care and trauma surgical subspecialty  
570 medical resident or fellow.

571 b. For Level I trauma centers in trauma service areas with  
572 a population of less than 1.5 million, a minimum caseload volume  
573 of the greater of 1,000 severely injured patients admitted per  
574 year or, for a trauma center with a critical care or trauma  
575 residency or fellowship program, 1,000 severely injured patients  
576 admitted plus 40 cases per year for each accredited critical  
577 care and trauma surgical subspecialty medical resident or  
578 fellow.

579 c. For Level II trauma centers and Level II trauma centers  
580 with a pediatric trauma centers in trauma service areas with a  
581 population of greater than 1.25 million, a minimum caseload  
582 volume of the greater of 1,000 severely injured patients  
583 admitted or, for a trauma center with a critical care or trauma  
584 residency or fellowship program, 1,000 severely injured patients  
585 admitted plus 40 cases per year for each accredited critical  
586 care and trauma surgical subspecialty medical resident or  
587 fellow.

588 d. For Level II trauma centers and Level II trauma centers  
589 with a pediatric trauma center in trauma service areas with a  
590 population of less than 1.25 million, a minimum caseload volume  
591 of the greater of 500 severely injured patients admitted per  
592 year or, for a trauma center with a critical care or trauma  
593 residency or fellowship program, 500 severely injured patients



594 admitted plus 40 cases per year for each accredited critical  
595 care and trauma surgical subspecialty medical resident or  
596 fellow.

597 e. For pediatric trauma centers, a minimum caseload volume  
598 of the greater of 500 severely injured patients admitted per  
599 year or, for a trauma center with a critical care or trauma  
600 residency or fellowship program, 500 severely injured patients  
601 admitted per year plus 40 cases per year for each accredited  
602 critical care and trauma surgical subspecialty medical resident  
603 or fellow.

604  
605 The injury severity score calculations and caseload volume must  
606 be calculated using the most recent available hospital discharge  
607 data collected by the agency from all acute care hospitals  
608 pursuant to s. 408.061. The agency, in consultation with the  
609 department, shall adopt rules, for trauma centers and acute care  
610 hospitals for the submission of data required for the department  
611 to perform its duties under this chapter.

612 (e) If the department determines that the hospital is  
613 capable of attaining and operating with the components required  
614 in paragraph (c), the applicant must be ready to operate in  
615 compliance with state trauma center standards no later than  
616 April 30 of the year following the department's initial review  
617 and approval of the hospital's application to proceed with  
618 preparation to operate as a trauma center. A hospital that fails

619 to comply with this subsection may not be designated as a trauma  
620 center. ~~Notwithstanding other provisions in this section, the~~  
621 ~~department may grant up to an additional 18 months to a hospital~~  
622 ~~applicant that is unable to meet all requirements as provided in~~  
623 ~~paragraph (c) at the time of application if the number of~~  
624 ~~applicants in the service area in which the applicant is located~~  
625 ~~is equal to or less than the service area allocation, as~~  
626 ~~provided by rule of the department. An applicant that is granted~~  
627 ~~additional time pursuant to this paragraph shall submit a plan~~  
628 ~~for departmental approval which includes timelines and~~  
629 ~~activities that the applicant proposes to complete in order to~~  
630 ~~meet application requirements. Any applicant that demonstrates~~  
631 ~~an ongoing effort to complete the activities within the~~  
632 ~~timelines outlined in the plan shall be included in the number~~  
633 ~~of trauma centers at such time that the department has conducted~~  
634 ~~a provisional review of the application and has determined that~~  
635 ~~the application is complete and that the hospital has the~~  
636 ~~critical elements required for a trauma center.~~

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

641 (4)(3) By May 1, the department shall select one or more  
642 hospitals ~~After April 30, any hospital~~ that submitted an  
643 application found acceptable by the department based on initial

644 ~~provisional~~ review for approval to prepare ~~shall be eligible~~ to  
645 operate with the components required in paragraph (3)(c). If the  
646 department receives more applications than may be approved, the  
647 department must select the best applicant or applicants from the  
648 available pool based on the department's determination of the  
649 capability of an applicant to provide the highest quality  
650 patient care using the most recent technological, medical, and  
651 staffing resources available and which is located the farthest  
652 away from an existing trauma center in the applicant's trauma  
653 service area to maximize access. The number of applicants  
654 selected is limited to available statutory need in the specified  
655 trauma service area as designated in paragraph (3)(d) or s.  
656 395.402(1) as a provisional trauma center.

657 ~~(5)(4)~~ Following its initial review ~~Between May 1 and~~  
658 ~~October 1 of each year,~~ the department shall conduct an in-depth  
659 evaluation of all applications found acceptable in the initial  
660 ~~provisional~~ review. The applications shall be evaluated against  
661 criteria enumerated in the application packages as provided to  
662 the hospitals by the department. An applicant may not operate as  
663 a provisional trauma center until the department completes the  
664 initial and in-depth reviews and approves the application  
665 through those review stages.

666 ~~(6)(5)~~ Within 1 ~~Beginning October 1 of each year and~~  
667 ~~ending no later than June 1 of the following year~~ after the  
668 hospital begins operating as a provisional trauma center, a

669 review team of out-of-state experts assembled by the department  
670 shall make onsite visits to all provisional trauma centers. The  
671 department shall develop a survey instrument to be used by the  
672 expert team of reviewers. The instrument must ~~shall~~ include  
673 objective criteria and guidelines for reviewers based on  
674 existing trauma center standards such that all trauma centers  
675 are assessed equally. The survey instrument must ~~shall~~ also  
676 include a uniform rating system that ~~will be used by~~ reviewers  
677 must use to indicate the degree of compliance of each trauma  
678 center with specific standards, and to indicate the quality of  
679 care provided by each trauma center as determined through an  
680 audit of patient charts. In addition, hospitals being considered  
681 as provisional trauma centers must ~~shall~~ meet all the  
682 requirements of a trauma center and must ~~shall~~ be located in a  
683 trauma service area that has a need for such a trauma center.

684 (7) (6) Based on recommendations from the review team, the  
685 department shall approve for designation a trauma center that is  
686 in compliance with trauma center standards, as established by  
687 department rule, and with this section shall select trauma  
688 centers by July 1. An applicant for designation as a trauma  
689 center may request an extension of its provisional status if it  
690 submits a corrective action plan to the department. The  
691 corrective action plan must demonstrate the ability of the  
692 applicant to correct deficiencies noted during the applicant's  
693 onsite review conducted by the department between the previous

694 ~~October 1 and June 1. The department may extend the provisional~~  
695 ~~status of an applicant for designation as a trauma center~~  
696 ~~through December 31 if the applicant provides a corrective~~  
697 ~~action plan acceptable to the department. The department or a~~  
698 ~~team of out of state experts assembled by the department shall~~  
699 ~~conduct an onsite visit on or before November 1 to confirm that~~  
700 ~~the deficiencies have been corrected. The provisional trauma~~  
701 ~~center is responsible for all costs associated with the onsite~~  
702 ~~visit in a manner prescribed by rule of the department. By~~  
703 ~~January 1, the department must approve or deny the application~~  
704 ~~of any provisional applicant granted an extension. Each trauma~~  
705 ~~center shall be granted a 7-year approval period during which~~  
706 ~~time it must continue to maintain trauma center standards and~~  
707 ~~acceptable patient outcomes as determined by department rule. An~~  
708 ~~approval, unless sooner suspended or revoked, automatically~~  
709 ~~expires 7 years after the date of issuance and is renewable upon~~  
710 ~~application for renewal as prescribed by rule of the department.~~

711 (8)-(7) Only an applicant or hospital with an existing  
712 trauma center in the same trauma service area or in a trauma  
713 service area contiguous to the trauma service area where the  
714 applicant has applied to operate a trauma center may protest a  
715 decision made by the department with regard to whether the  
716 application should be approved, or whether a need has been  
717 established pursuant to the criteria in paragraph (3) (d). ~~Any~~  
718 ~~hospital that wishes to protest a decision made by the~~

719 ~~department based on the department's preliminary or in-depth~~  
720 ~~review of applications or on the recommendations of the site~~  
721 ~~visit review team pursuant to this section shall proceed as~~  
722 ~~provided in chapter 120.~~ Hearings held under this subsection  
723 shall be conducted in the same manner as provided in ss. 120.569  
724 and 120.57. Cases filed under chapter 120 may combine all  
725 disputes between parties.

726 (9)~~(8)~~ Notwithstanding any provision of chapter 381, a  
727 hospital licensed under ss. 395.001-395.3025 that operates a  
728 trauma center may not terminate or substantially reduce the  
729 availability of trauma service without providing at least 180  
730 days' notice of its intent to terminate such service. Such  
731 notice shall be given to the department, to all affected local  
732 or regional trauma agencies, and to all trauma centers,  
733 hospitals, and emergency medical service providers in the trauma  
734 service area. The department shall adopt by rule the procedures  
735 and process for notification, duration, and explanation of the  
736 termination of trauma services.

737 (10)~~(9)~~ Except as otherwise provided in this subsection,  
738 the department or its agent may collect trauma care and registry  
739 data, as prescribed by rule of the department, from trauma  
740 centers, hospitals, emergency medical service providers, local  
741 or regional trauma agencies, or medical examiners for the  
742 purposes of evaluating trauma system effectiveness, ensuring  
743 compliance with the standards, and monitoring patient outcomes.

744 A trauma center, hospital, emergency medical service provider,  
745 medical examiner, or local trauma agency or regional trauma  
746 agency, or a panel or committee assembled by such an agency  
747 under s. 395.50(1) may, but is not required to, disclose to the  
748 department patient care quality assurance proceedings, records,  
749 or reports. However, the department may require a local trauma  
750 agency or a regional trauma agency, or a panel or committee  
751 assembled by such an agency to disclose to the department  
752 patient care quality assurance proceedings, records, or reports  
753 that the department needs solely to conduct quality assurance  
754 activities under s. 395.4015, or to ensure compliance with the  
755 quality assurance component of the trauma agency's plan approved  
756 under s. 395.401. The patient care quality assurance  
757 proceedings, records, or reports that the department may require  
758 for these purposes include, but are not limited to, the  
759 structure, processes, and procedures of the agency's quality  
760 assurance activities, and any recommendation for improving or  
761 modifying the overall trauma system, if the identity of a trauma  
762 center, hospital, emergency medical service provider, medical  
763 examiner, or an individual who provides trauma services is not  
764 disclosed.

765 (11)~~(10)~~ Out-of-state experts assembled by the department  
766 to conduct onsite visits are agents of the department for the  
767 purposes of s. 395.3025. An out-of-state expert who acts as an  
768 agent of the department under this subsection is not liable for

769 any civil damages as a result of actions taken by him or her,  
770 unless he or she is found to be operating outside the scope of  
771 the authority and responsibility assigned by the department.

772 (12)~~(11)~~ Onsite visits by the department or its agent may  
773 be conducted at any reasonable time and may include but not be  
774 limited to a review of records in the possession of trauma  
775 centers, hospitals, emergency medical service providers, local  
776 or regional trauma agencies, or medical examiners regarding the  
777 care, transport, treatment, or examination of trauma patients.

778 (13)~~(12)~~ Patient care, transport, or treatment records or  
779 reports, or patient care quality assurance proceedings, records,  
780 or reports obtained or made pursuant to this section, s.  
781 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,  
782 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51  
783 must be held confidential by the department or its agent and are  
784 exempt from the provisions of s. 119.07(1). Patient care quality  
785 assurance proceedings, records, or reports obtained or made  
786 pursuant to these sections are not subject to discovery or  
787 introduction into evidence in any civil or administrative  
788 action.

789 (14)~~(13)~~ The department may adopt, by rule, the procedures  
790 and process by which it will select trauma centers. Such  
791 procedures and process must be used in ~~annually~~ selecting trauma  
792 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~  
793 except in those situations in which it is in the best interest



794 of, and mutually agreed to by, all applicants within a service  
 795 area and the department to reduce the timeframes.

796 (15)~~(14)~~ Notwithstanding the procedures established  
 797 pursuant to subsections (1)-(14) ~~(1) through (13)~~, hospitals  
 798 located in areas with limited access to trauma center services  
 799 shall be designated by the department as Level II trauma centers  
 800 based on documentation of a valid certificate of trauma center  
 801 verification from the American College of Surgeons. Areas with  
 802 limited access to trauma center services are defined by the  
 803 following criteria:

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

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

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

812 (16)(a) Notwithstanding the statutory capacity limits  
 813 established in s. 395.402(1), the provisions of subsection (8),  
 814 or any other provision of this part, an adult Level I trauma  
 815 center, an adult Level II trauma center, a Level II trauma  
 816 center with a pediatric trauma center, a jointly certified  
 817 pediatric trauma center, or a stand-alone pediatric trauma  
 818 center that was verified by the department before December 15,

819 2017, is deemed to have met the trauma center application and  
820 operational requirements of this section and must be verified  
821 and designated as a trauma center.

822 (b) Notwithstanding the statutory capacity limits  
823 established in s. 395.402(1), the provisions of subsection (8),  
824 or any other provision of this part, a trauma center that was  
825 not verified by the department before December 15, 2017, but  
826 that was provisionally approved by the department to be in  
827 substantial compliance with Level II trauma standards before  
828 January 1, 2017, and is operating as a Level II trauma center,  
829 is deemed to have met the application and operational  
830 requirements of this section for a trauma center and must be  
831 verified and designated as a Level II trauma center.

832 (c) Notwithstanding the statutory capacity limits  
833 established in s. 395.402(1), the provisions of subsection (8),  
834 or any other provision of this part, a trauma center that was  
835 not verified by the department before December 15, 2017, as a  
836 Level I trauma center but that was provisionally approved by the  
837 department to be in substantial compliance with Level I trauma  
838 standards before January 1, 2017, and is operating as a Level I  
839 trauma center is deemed to have met the application and  
840 operational requirements of this section for a trauma center and  
841 must be verified and designated as a Level I trauma center.

842 (d) Notwithstanding the statutory capacity limits  
843 established in s. 395.402(1), the provisions of subsection (8),

844 or any other provision of this part, a trauma center that was  
845 not verified by the department before December 15, 2017, as a  
846 pediatric trauma center but was provisionally approved by the  
847 department to be in substantial compliance with the pediatric  
848 trauma standards established by rule before January 1, 2018, and  
849 is operating as a pediatric trauma center is deemed to have met  
850 the application and operational requirements of this section for  
851 a pediatric trauma center and, upon successful completion of the  
852 in-depth and site review process, shall be verified and  
853 designated as a pediatric trauma center. Notwithstanding  
854 subsection (8), no existing trauma center in the same trauma  
855 service area or in a trauma service area contiguous to the  
856 trauma service area where the applicant is located may protest  
857 the in-depth review, site survey, or verification decision of  
858 the department regarding an applicant that meets the  
859 requirements of this paragraph.

860 (e) Notwithstanding the statutory capacity limits  
861 established in s. 395.402(1) or any other provision of this  
862 part, a hospital operating as a Level II trauma center after  
863 January 1, 2017, must be designated and verified by the  
864 department as a Level II trauma center if all of the following  
865 apply:

866 1. The hospital was provisionally approved after January  
867 1, 2017, to operate as a Level II trauma center, and was in  
868 operation on or before June 1, 2017;

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

872        3. The hospital receives a recommended order from the  
873 Division of Administrative Hearings, a final order from the  
874 department, or an order from a court of competent jurisdiction  
875 that it was entitled to be designated and verified as a Level II  
876 trauma center; and

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

880  
881 Any provisional trauma center operating under this paragraph may  
882 not be required to cease trauma operations unless a court of  
883 competent jurisdiction or the department determines that it has  
884 failed to meet the trauma center standards, as established by  
885 department rule.

886        (f) Nothing in this subsection shall limit the  
887 department's authority to review and approve trauma center  
888 applications.

889        Section 7. Section 395.403, Florida Statutes, is amended  
890 to read:

891        395.403 Reimbursement of trauma centers.—

892        (1) All verified trauma centers shall be considered  
893 eligible to receive state funding when state funds are

894 specifically appropriated for state-sponsored trauma centers in  
895 the General Appropriations Act. Effective July 1, 2010, the  
896 department shall make payments from the Emergency Medical  
897 Services Trust Fund under s. 20.435 to the trauma centers.  
898 Payments shall be in equal amounts for the trauma centers  
899 approved by the department as of July 1 of the fiscal year in  
900 which funding is appropriated. In the event a trauma center does  
901 not maintain its status as a trauma center for any state fiscal  
902 year in which such funding is appropriated, the trauma center  
903 shall repay the state for the portion of the year during which  
904 it was not a trauma center.

905 (2) Trauma centers eligible to receive distributions from  
906 the Emergency Medical Services Trust Fund under s. 20.435 in  
907 accordance with subsection (1) may request that such funds be  
908 used as intergovernmental transfer funds in the Medicaid  
909 program.

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

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

914 (b) Agree to report trauma data to the National Trauma  
915 Data Bank ~~provide information concerning the provision of trauma~~  
916 ~~services to the department, in a form and manner prescribed by~~  
917 ~~rule of the department.~~

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

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

924 Section 8. Subsection (1) of section 395.4036, Florida  
 925 Statutes, is amended to read:

926 395.4036 Trauma payments.—

927 (1) Recognizing the Legislature's stated intent to provide  
 928 financial support to the current verified trauma centers and to  
 929 provide incentives for the establishment of additional trauma  
 930 centers as part of a system of state-sponsored trauma centers,  
 931 the department shall utilize funds collected under s. 318.18 and  
 932 deposited into the Emergency Medical Services Trust Fund of the  
 933 department to ensure the availability and accessibility of  
 934 trauma services throughout the state as provided in this  
 935 subsection.

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

938 1. Twenty percent of the total funds collected during the  
 939 state fiscal year shall be distributed to verified trauma  
 940 centers that have a local funding contribution as of December  
 941 31. Distribution of funds under this subparagraph shall be based

942 on trauma caseload volume for the most recent calendar year  
943 available.

944 2. Forty percent of the total funds collected shall be  
945 distributed to verified trauma centers based on trauma caseload  
946 volume for the most recent calendar year available. The  
947 determination of caseload volume for distribution of funds under  
948 this subparagraph shall be based on the hospital discharge data  
949 for patients who meet the criteria for classification as a  
950 trauma patient reported by each trauma center pursuant to s.  
951 408.061 department's Trauma Registry data.

952 3. Forty percent of the total funds collected shall be  
953 distributed to verified trauma centers based on severity of  
954 trauma patients for the most recent calendar year available. The  
955 determination of severity for distribution of funds under this  
956 subparagraph shall be based on the department's International  
957 Classification Injury Severity Scores or another statistically  
958 valid and scientifically accepted method of stratifying a trauma  
959 patient's severity of injury, risk of mortality, and resource  
960 consumption as adopted by the department by rule, weighted based  
961 on the costs associated with and incurred by the trauma center  
962 in treating trauma patients. The weighting of scores shall be  
963 established by the department by rule.

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

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

970 2. Thirty-five percent of the total funds collected shall  
971 be distributed to verified trauma centers based on trauma  
972 caseload volume for the most recent calendar year available. The  
973 determination of caseload volume for distribution of funds under  
974 this subparagraph shall be based on the hospital discharge data  
975 for patients who meet the criteria for classification as a  
976 trauma patient reported by each trauma center pursuant to s.  
977 408.061 ~~department's Trauma Registry data.~~

978 3. Thirty-five percent of the total funds collected shall  
979 be distributed to verified trauma centers based on severity of  
980 trauma patients for the most recent calendar year available. The  
981 determination of severity for distribution of funds under this  
982 subparagraph shall be based on the department's International  
983 Classification Injury Severity Scores or another statistically  
984 valid and scientifically accepted method of stratifying a trauma  
985 patient's severity of injury, risk of mortality, and resource  
986 consumption as adopted by the department by rule, weighted based  
987 on the costs associated with and incurred by the trauma center  
988 in treating trauma patients. The weighting of scores shall be  
989 established by the department by rule.

990 Section 9. Section 395.404, Florida Statutes, is amended



991 to read:

992 395.404 Reporting Review of trauma registry data; report  
993 to National Trauma Data Bank ~~central registry; confidentiality~~  
994 ~~and limited release.-~~

995 (1)~~(a)~~ Each trauma center shall participate in the  
996 National Trauma Data Bank and the department shall solely use  
997 the National Trauma Data Bank for quality and assessment  
998 purposes.

999 (2) Each trauma center and acute care hospital shall  
1000 report to the department all transfers of trauma patients and  
1001 the outcomes for such patients. ~~furnish, and, upon request of~~  
1002 ~~the department, all acute care hospitals shall furnish for~~  
1003 ~~department review trauma registry data as prescribed by rule of~~  
1004 ~~the department for the purpose of monitoring patient outcome and~~  
1005 ~~ensuring compliance with the standards of approval.~~

1006 ~~(b) Trauma registry data obtained pursuant to this~~  
1007 ~~subsection are confidential and exempt from the provisions of s.~~  
1008 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~  
1009 ~~However, the department may provide such trauma registry data to~~  
1010 ~~the person, trauma center, hospital, emergency medical service~~  
1011 ~~provider, local or regional trauma agency, medical examiner, or~~  
1012 ~~other entity from which the data were obtained. The department~~  
1013 ~~may also use or provide trauma registry data for purposes of~~  
1014 ~~research in accordance with the provisions of chapter 405.~~

1015        (3)~~(2)~~ Each trauma center, ~~pediatric trauma center,~~ and  
 1016 acute care hospital shall report to the department's brain and  
 1017 spinal cord injury central registry, consistent with the  
 1018 procedures and timeframes of s. 381.74, any person who has a  
 1019 moderate-to-severe brain or spinal cord injury, and shall  
 1020 include in the report the name, age, residence, and type of  
 1021 disability of the individual and any additional information that  
 1022 the department finds necessary.

1023        Section 10. Paragraph (k) of subsection (1) of section  
 1024 395.401, Florida Statutes, is amended to read:

1025        395.401 Trauma services system plans; approval of trauma  
 1026 centers and pediatric trauma centers; procedures; renewal.—

1027        (1)

1028        (k) It is unlawful for any hospital or other facility to  
 1029 hold itself out as a trauma center unless it has been so  
 1030 verified or designated pursuant to s. 395.4025(15) ~~s.~~  
 1031 ~~395.4025(14)~~.

1032        Section 11. Paragraph (1) of subsection (3) of section  
 1033 408.036, Florida Statutes, is amended to read:

1034        408.036 Projects subject to review; exemptions.—

1035        (3) EXEMPTIONS.—Upon request, the following projects are  
 1036 subject to exemption from the provisions of subsection (1):

1037        (1) For the establishment of:

1038        1. A Level II neonatal intensive care unit with at least  
 1039 10 beds, upon documentation to the agency that the applicant

1040 hospital had a minimum of 1,500 births during the previous 12  
1041 months;

1042 2. A Level III neonatal intensive care unit with at least  
1043 15 beds, upon documentation to the agency that the applicant  
1044 hospital has a Level II neonatal intensive care unit of at least  
1045 10 beds and had a minimum of 3,500 births during the previous 12  
1046 months; or

1047 3. A Level III neonatal intensive care unit with at least  
1048 5 beds, upon documentation to the agency that the applicant  
1049 hospital is a verified trauma center pursuant to s. 395.4001(15)  
1050 ~~s. 395.4001(14)~~, and has a Level II neonatal intensive care  
1051 unit,

1052  
1053 if the applicant demonstrates that it meets the requirements for  
1054 quality of care, nurse staffing, physician staffing, physical  
1055 plant, equipment, emergency transportation, and data reporting  
1056 found in agency certificate-of-need rules for Level II and Level  
1057 III neonatal intensive care units and if the applicant commits  
1058 to the provision of services to Medicaid and charity patients at  
1059 a level equal to or greater than the district average. Such a  
1060 commitment is subject to s. 408.040.

1061 Section 12. Paragraph (a) of subsection (1) of section  
1062 409.975, Florida Statutes, is amended to read:

1063 409.975 Managed care plan accountability.—In addition to  
1064 the requirements of s. 409.967, plans and providers

1065 participating in the managed medical assistance program shall  
1066 comply with the requirements of this section.

1067 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
1068 maintain provider networks that meet the medical needs of their  
1069 enrollees in accordance with standards established pursuant to  
1070 s. 409.967(2)(c). Except as provided in this section, managed  
1071 care plans may limit the providers in their networks based on  
1072 credentials, quality indicators, and price.

1073 (a) Plans must include all providers in the region that  
1074 are classified by the agency as essential Medicaid providers,  
1075 unless the agency approves, in writing, an alternative  
1076 arrangement for securing the types of services offered by the  
1077 essential providers. Providers are essential for serving  
1078 Medicaid enrollees if they offer services that are not available  
1079 from any other provider within a reasonable access standard, or  
1080 if they provided a substantial share of the total units of a  
1081 particular service used by Medicaid patients within the region  
1082 during the last 3 years and the combined capacity of other  
1083 service providers in the region is insufficient to meet the  
1084 total needs of the Medicaid patients. The agency may not  
1085 classify physicians and other practitioners as essential  
1086 providers. The agency, at a minimum, shall determine which  
1087 providers in the following categories are essential Medicaid  
1088 providers:

1089 1. Federally qualified health centers.

1090           2. Statutory teaching hospitals as defined in s.  
1091 408.07(45).

1092           3. Hospitals that are trauma centers as defined in s.  
1093 395.4001(15) ~~s. 395.4001(14)~~.

1094           4. Hospitals located at least 25 miles from any other  
1095 hospital with similar services.

1096  
1097 Managed care plans that have not contracted with all essential  
1098 providers in the region as of the first date of recipient  
1099 enrollment, or with whom an essential provider has terminated  
1100 its contract, must negotiate in good faith with such essential  
1101 providers for 1 year or until an agreement is reached, whichever  
1102 is first. Payments for services rendered by a nonparticipating  
1103 essential provider shall be made at the applicable Medicaid rate  
1104 as of the first day of the contract between the agency and the  
1105 plan. A rate schedule for all essential providers shall be  
1106 attached to the contract between the agency and the plan. After  
1107 1 year, managed care plans that are unable to contract with  
1108 essential providers shall notify the agency and propose an  
1109 alternative arrangement for securing the essential services for  
1110 Medicaid enrollees. The arrangement must rely on contracts with  
1111 other participating providers, regardless of whether those  
1112 providers are located within the same region as the  
1113 nonparticipating essential service provider. If the alternative  
1114 arrangement is approved by the agency, payments to

1115 nonparticipating essential providers after the date of the  
 1116 agency's approval shall equal 90 percent of the applicable  
 1117 Medicaid rate. Except for payment for emergency services, if the  
 1118 alternative arrangement is not approved by the agency, payment  
 1119 to nonparticipating essential providers shall equal 110 percent  
 1120 of the applicable Medicaid rate.

1121 Section 13. Study on the national certification of  
 1122 pediatric trauma services.-

1123 (1) The department shall conduct a study to determine the  
 1124 feasibility of using a certification issued by a national trauma  
 1125 center accreditation body that certifies a hospital's compliance  
 1126 with published standards for the administration of trauma care  
 1127 and the treatment of injured patients for hospitals that are  
 1128 verified, approved, or provisionally approved as a:

1129 (a) Level I trauma center that provides pediatric trauma  
 1130 care;

1131 (b) Level II trauma center with a pediatric trauma center;  
 1132 or

1133 (c) Pediatric trauma center.

1134 (2) The study must:

1135 (a) Examine the costs and requirements associated with  
 1136 obtaining and maintaining such certification.

1137 (b) Determine which pediatric trauma centers and trauma  
 1138 centers providing pediatric trauma services have obtained, are

1139 in the process of obtaining, or are capable of obtaining such  
1140 certification.

1141 (c) Identify barriers to obtaining such certification.

1142 (d) Identify and develop policy proposals that address the  
1143 need and value of such certification.

1144 (2) The department shall submit a report on the findings  
1145 of the study that includes recommendations on the feasibility of  
1146 using a certification issued by a national trauma center  
1147 accreditation body for the designation of Level I trauma centers  
1148 providing pediatric trauma care, Level II trauma centers with a  
1149 pediatric trauma center, and pediatric trauma centers to the  
1150 Governor, the President of the Senate, the Speaker of the House  
1151 of Representatives, and the Florida Trauma System Advisory  
1152 Council established under s. 395.402, Florida Statutes, by  
1153 December 31, 2018.

1154 (3) This section shall expire on January 31, 2019.

1155 Section 14. If the provisions of this act relating to s.  
1156 395.4025(16), Florida Statutes, are held to be invalid or  
1157 inoperative for any reason, the remaining provisions of this act  
1158 shall be deemed to be void and of no effect, it being the  
1159 legislative intent that this act as a whole would not have been  
1160 adopted had any provision of the act not been included.

1161 Section 15. This act shall take effect upon becoming a  
1162 law.