



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 "high-risk patient"; conforming
10 cross-references; amending s. 395.402, F.S.; revising
11 legislative intent; revising trauma service areas and
12 the number and location of trauma centers; prohibiting
13 the Department of Health from designating an existing
14 Level II trauma center as a new pediatric trauma
15 center or from designating an existing Level II trauma
16 center as a Level I trauma center in a trauma service
17 area that already has an existing Level I or pediatric
18 trauma center; apportioning trauma centers within each
19 trauma service area; requiring the department to
20 establish the Florida Trauma System Advisory Council
21 by a specified date; authorizing the council to submit
22 certain recommendations to the department; providing
23 for the membership of the council; requiring the
24 council to meet no later than a specified date and to
25 meet at least quarterly; amending s. 395.4025, F.S.;



26 conforming provisions to changes made by the act;
27 requiring the department to periodically prepare an
28 analysis of the state trauma system using the agency's
29 hospital discharge data and specified population data;
30 specifying contents of the report; requiring the
31 department to make available all data, formulas,
32 methodologies, and risk adjustment tools used in
33 analyzing the data in the report; requiring the
34 department to notify each acute care general hospital
35 and local and regional trauma agency in a trauma
36 service area that has an identified need for an
37 additional trauma center that the department is
38 accepting letters of intent; prohibiting the
39 department from accepting a letter of intent and from
40 approving an application for a trauma center if there
41 is not statutory capacity for an additional trauma
42 center; revising the department's review process for
43 hospitals seeking designation as a trauma center;
44 authorizing the department to approve certain
45 applications for designation as a trauma center if
46 specified requirements are met; providing that a
47 hospital applicant that meets such requirements must
48 be ready to operate in compliance with specified
49 trauma standards by a specified date; deleting a
50 provision authorizing the department to grant a



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



76 | court determines that it has failed to meet certain
77 | standards; providing construction; amending ss.
78 | 395.403 and 395.4036, F.S.; conforming provisions to
79 | changes made by the act; amending s. 395.404, F.S.;
80 | requiring trauma centers to participate in the
81 | National Trauma Data Bank; requiring trauma centers
82 | and acute care hospitals to report trauma patient
83 | transfer and outcome data to the department; deleting
84 | provisions relating to the department review of trauma
85 | registry data; amending ss. 395.401, 408.036, and
86 | 409.975, F.S.; conforming cross-references; providing
87 | for invalidity; requiring the Florida Trauma Center
88 | Advisory Council to conduct a study evaluating the
89 | laws, rules, regulations, standards, and guidelines
90 | for the designation of pediatric trauma centers as
91 | compared to those of a national trauma center
92 | accreditation body; requiring the council to submit a
93 | report of the findings and recommendations of the
94 | study to the Governor and Legislature by a specified
95 | date; requiring the department to provide assistance
96 | to the council; providing for expiration of the study;
97 | providing for invalidity; providing an effective date.

98 |
99 | Be It Enacted by the Legislature of the State of Florida:
100 |



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

103 318.14 Noncriminal traffic infractions; exception;
104 procedures.—

105 (5) Any person electing to appear before the designated
106 official or who is required so to appear shall be deemed to have
107 waived his or her right to the civil penalty provisions of s.
108 318.18. The official, after a hearing, shall make a
109 determination as to whether an infraction has been committed. If
110 the commission of an infraction has been proven, the official
111 may impose a civil penalty not to exceed \$500, except that in
112 cases involving unlawful speed in a school zone or involving
113 unlawful speed in a construction zone, the civil penalty may not
114 exceed \$1,000; or require attendance at a driver improvement
115 school, or both. If the person is required to appear before the
116 designated official pursuant to s. 318.19(1) and is found to
117 have committed the infraction, the designated official shall
118 impose a civil penalty of \$1,000 in addition to any other
119 penalties and the person's driver license shall be suspended for
120 6 months. If the person is required to appear before the
121 designated official pursuant to s. 318.19(2) and is found to
122 have committed the infraction, the designated official shall
123 impose a civil penalty of \$500 in addition to any other
124 penalties and the person's driver license shall be suspended for
125 3 months. If the official determines that no infraction has been



126 committed, no costs or penalties shall be imposed and any costs
127 or penalties that have been paid shall be returned. Moneys
128 received from the mandatory civil penalties imposed pursuant to
129 this subsection upon persons required to appear before a
130 designated official pursuant to s. 318.19(1) or (2) shall be
131 remitted to the Department of Revenue and deposited into the
132 Department of Health Emergency Medical Services Trust Fund to
133 provide financial support to certified trauma centers to assure
134 the availability and accessibility of trauma services throughout
135 the state. Funds deposited into the Emergency Medical Services
136 Trust Fund under this section shall be allocated as follows:

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

142 Section 2. Paragraph (h) of subsection (3) of section
143 318.18, Florida Statutes, is amended to read:

144 318.18 Amount of penalties.—The penalties required for a
145 noncriminal disposition pursuant to s. 318.14 or a criminal
146 offense listed in s. 318.17 are as follows:

147 (3)

148 (h) A person cited for a second or subsequent conviction
149 of speed exceeding the limit by 30 miles per hour and above
150 within a 12-month period shall pay a fine that is double the



151 amount listed in paragraph (b). For purposes of this paragraph,
152 the term "conviction" means a finding of guilt as a result of a
153 jury verdict, nonjury trial, or entry of a plea of guilty.

154 Moneys received from the increased fine imposed by this
155 paragraph shall be remitted to the Department of Revenue and
156 deposited into the Department of Health Emergency Medical
157 Services Trust Fund to provide financial support to certified
158 trauma centers to assure the availability and accessibility of
159 trauma services throughout the state. Funds deposited into the
160 Emergency Medical Services Trust Fund under this section shall
161 be allocated as follows:

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

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

170 Section 3. Paragraph (b) of subsection (15) of section
171 318.21, Florida Statutes, is amended to read:

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



176 (15) Of the additional fine assessed under s. 318.18(3)(e)
177 for a violation of s. 316.1893, 50 percent of the moneys
178 received from the fines shall be appropriated to the Agency for
179 Health Care Administration as general revenue to provide an
180 enhanced Medicaid payment to nursing homes that serve Medicaid
181 recipients with brain and spinal cord injuries. The remaining 50
182 percent of the moneys received from the enhanced fine imposed
183 under s. 318.18(3)(e) shall be remitted to the Department of
184 Revenue and deposited into the Department of Health Emergency
185 Medical Services Trust Fund to provide financial support to
186 certified trauma centers in the counties where enhanced penalty
187 zones are established to ensure the availability and
188 accessibility of trauma services. Funds deposited into the
189 Emergency Medical Services Trust Fund under this subsection
190 shall be allocated as follows:

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

196 Section 4. Subsections (4) through (18) of section
197 395.4001, Florida Statutes, are renumbered as subsections (5)
198 through (19), respectively, paragraph (a) of present subsection
199 (7) and present subsections (13) and (14) are amended, and a new
200 subsection (4) is added to that section, to read:



201 395.4001 Definitions.—As used in this part, the term:
202 (4) "High-risk patient" means a trauma patient with an
203 International Classification Injury Severity Score of less than
204 0.85.

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

206 (a) Is verified by the department to be in substantial
207 compliance with Level II trauma center standards and has been
208 approved by the department to operate as a Level II trauma
209 center or is designated pursuant to s. 395.4025(15) ~~s.~~
210 ~~395.4025(14)~~.

211 ~~(14)~~~~(13)~~ "Trauma caseload volume" means the number of
212 trauma patients calculated by the department using the data
213 reported by each designated trauma center to the hospital
214 discharge database maintained by the agency pursuant to s.
215 408.061 reported by individual trauma centers to the Trauma
216 Registry and validated by the department.

217 ~~(15)~~~~(14)~~ "Trauma center" means a hospital that has been
218 verified by the department to be in substantial compliance with
219 the requirements in s. 395.4025 and has been approved by the
220 department to operate as a Level I trauma center, Level II
221 trauma center, or pediatric trauma center, or is designated by
222 the department as a Level II trauma center pursuant to s.
223 395.4025(15) ~~s. 395.4025(14)~~.

224 Section 5. Section 395.402, Florida Statutes, is amended
225 to read:



226 395.402 Trauma service areas; number and location of
227 trauma centers.—

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

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

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



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

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

257 ~~(d) Consider including criteria within trauma center~~
258 ~~approval standards based upon the number of trauma victims~~
259 ~~served within a service area.~~

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

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

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

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

275 ~~(a) The recommendations made as part of the regional~~



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



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

309 (a) The following trauma service areas are ~~hereby~~
310 established:

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

313 2. Trauma service area 2 shall consist of Bay, Gulf,
314 Holmes, and Washington Counties.

315 3. Trauma service area 3 shall consist of Calhoun,
316 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
317 Taylor, and Wakulla Counties.

318 4. Trauma service area 4 shall consist of Alachua,
319 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
320 Putnam, Suwannee, and Union Counties.

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

323 6. Trauma service area 6 shall consist of Citrus,
324 Hernando, and Marion Counties.

325 7. Trauma service area 7 shall consist of Flagler and



326 Volusia Counties.

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

329 9. Trauma service area 9 shall consist of Pasco and
330 Pinellas Counties.

331 10. Trauma service area 10 shall consist of Hillsborough
332 County.

333 11. Trauma service area 11 shall consist of Hardee,
334 Highlands, and Polk Counties.

335 12. Trauma service area 12 shall consist of Brevard and
336 Indian River Counties.

337 13. Trauma service area 13 shall consist of DeSoto,
338 Manatee, and Sarasota Counties.

339 14. Trauma service area 14 shall consist of Martin,
340 Okeechobee, and St. Lucie Counties.

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

343 16. Trauma service area 16 shall consist of Palm Beach
344 County.

345 17. Trauma service area 17 shall consist of Broward
346 ~~Collier~~ County.

347 18. Trauma service area 18 shall consist of Broward
348 ~~County~~.

349 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~
350 ~~Monroe Counties.~~



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

360 (c) Trauma centers, including Level I trauma centers,
361 Level II trauma centers, Level II trauma centers with a
362 pediatric trauma center, jointly certified pediatric trauma
363 centers, and stand-alone pediatric trauma centers, shall be
364 apportioned as follows:

- 365 1. Trauma service area 1 shall have three trauma centers.
- 366 2. Trauma service area 2 shall have one trauma center.
- 367 3. Trauma service area 3 shall have one trauma center.
- 368 4. Trauma service area 4 shall have one trauma center.
- 369 5. Trauma service area 5 shall have three trauma centers.
- 370 6. Trauma service area 6 shall have one trauma center.
- 371 7. Trauma service area 7 shall have one trauma center.
- 372 8. Trauma service area 8 shall have three trauma centers.
- 373 9. Trauma service area 9 shall have three trauma centers.
- 374 10. Trauma service area 10 shall have two trauma centers.
- 375 11. Trauma service area 11 shall have one trauma center.



- 376 12. Trauma service area 12 shall have one trauma center.
377 13. Trauma service area 13 shall have two trauma centers.
378 14. Trauma service area 14 shall have one trauma center.
379 15. Trauma service area 15 shall have one trauma center.
380 16. Trauma service area 16 shall have two trauma centers.
381 17. Trauma service area 17 shall have three trauma
382 centers.
383 18. Trauma service area 18 shall have five trauma centers.
384

385 Notwithstanding other provisions of this chapter, a trauma
386 service area may not have more than a total of five Level I
387 trauma centers, Level II trauma centers, Level II trauma centers
388 with a pediatric trauma center, jointly certified pediatric
389 trauma centers, and stand-alone pediatric trauma centers. A
390 trauma service area may not have more than one stand-alone
391 pediatric trauma center ~~There shall be no more than a total of~~
392 ~~44 trauma centers in the state.~~

393 (2) (a) By May 1, 2018, the department shall establish the
394 Florida Trauma System Advisory Council to promote an inclusive
395 trauma system and enhance cooperation among trauma system
396 stakeholders. The advisory council may submit recommendations to
397 the department on how to maximize existing trauma center,
398 emergency department, and emergency medical services
399 infrastructure and personnel to achieve the statutory goal of
400 developing an inclusive trauma system.



- 401 (b)1. The advisory council shall consist of 12 members
402 appointed by the Governor, including:
- 403 a. The State Trauma Medical Director.
- 404 b. A standing member of the Emergency Medical Services
405 Advisory Council.
- 406 c. A representative of a local or regional trauma agency.
- 407 d. A trauma program manager or trauma medical director who
408 is actively working in a trauma center and who represents an
409 investor-owned hospital with a trauma center.
- 410 e. A trauma program manager or trauma medical director who
411 is actively working in a trauma center and who represents a
412 nonprofit or public hospital with a trauma center.
- 413 f. A trauma surgeon who is board-certified in an
414 appropriate trauma or critical care specialty and who is
415 actively practicing medicine in a Level II trauma center who
416 represents an investor-owned hospital with a trauma center.
- 417 g. A trauma surgeon who is board-certified in an
418 appropriate trauma or critical care specialty and actively
419 practicing medicine who represents a nonprofit or public
420 hospital with a trauma center.
- 421 h. A representative of the American College of Surgeons
422 Committee on Trauma who has pediatric trauma care expertise.
- 423 i. A representative of the Safety Net Hospital Alliance of
424 Florida.
- 425 j. A representative of the Florida Hospital Association.



426 k. A physician licensed under chapter 458 or chapter 459
427 who is a board-certified emergency medicine physician who is not
428 affiliated with a trauma center.

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

432 2. No two members may be employed by the same health care
433 facility.

434 3. Each council member shall be appointed to a 3-year
435 term; however, for the purpose of providing staggered terms, of
436 the initial appointments, four members shall be appointed to 1-
437 year terms, four members shall be appointed to 2-year terms, and
438 four members shall be appointed to 3-year terms.

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

444 (d) The advisory council shall convene no later than June
445 1, 2018, and shall meet at least quarterly.

446 Section 6. Section 395.4025, Florida Statutes, is amended
447 to read:

448 395.4025 Trauma centers; selection; quality assurance;
449 records.—

450 (1) For purposes of developing a system of trauma centers,



451 the department shall use the 18 ~~19~~ trauma service areas
452 established in s. 395.402. ~~Within each service area and based on~~
453 ~~the state trauma system plan, the local or regional trauma~~
454 ~~services system plan, and recommendations of the local or~~
455 ~~regional trauma agency, the department shall establish the~~
456 ~~approximate number of trauma centers needed to ensure reasonable~~
457 ~~access to high-quality trauma services.~~ The department shall
458 designate ~~select~~ those hospitals that are to be recognized as
459 trauma centers.

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

468 1. The population growth for each trauma service area and
469 for the state.

470 2. The number of high-risk patients treated at each trauma
471 center within each trauma service area, including pediatric
472 trauma centers.

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



476 4. The percentage of each trauma center's sufficient
477 volume of trauma patients, as described in subparagraph
478 (3)(d)2., in accordance with the International Classification
479 Injury Severity Score for the trauma center's designation,
480 inclusive of the additional caseload volume required for those
481 trauma centers with graduate medical education programs.

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

485 (3)(2)(a) The department shall annually notify each acute
486 care general hospital and each local and each regional trauma
487 agency in a trauma service area with an identified need for an
488 additional trauma center the state that the department is
489 accepting letters of intent from hospitals that are interested
490 in becoming trauma centers. The department may accept a letter
491 of intent only if there is statutory capacity for an additional
492 trauma center in accordance with subsection (2), paragraph (d),
493 and s. 395.402. In order to be considered by the department, a
494 hospital that operates within the geographic area of a local or
495 regional trauma agency must certify that its intent to operate
496 as a trauma center is consistent with the trauma services plan
497 of the local or regional trauma agency, as approved by the
498 department, if such agency exists. Letters of intent must be
499 postmarked no later than midnight October 1 of the year in which
500 the department notifies hospitals that it plans to accept



501 letters of intent.

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

509 (c) In order to be considered by the department,
510 applications from those hospitals seeking selection as trauma
511 centers, including those current verified trauma centers that
512 seek a change or redesignation in approval status as a trauma
513 center, must be received by the department no later than the
514 close of business on April 1 of the year following submission of
515 the letter of intent. The department shall conduct an initial ~~a~~
516 ~~provisional~~ review of each application for the purpose of
517 determining whether ~~that~~ the hospital's application is complete
518 and that the hospital is capable of constructing and operating a
519 trauma center that includes ~~has~~ the critical elements required
520 for a trauma center. This critical review must ~~will~~ be based on
521 trauma center standards and must ~~shall~~ include, but need not be
522 limited to, a review as to ~~of~~ whether the hospital is prepared
523 to attain and operate with all of the following components
524 before April 30 of the following year ~~has~~:

525 1. Equipment and physical facilities necessary to provide



526 trauma services.

527 2. Personnel in sufficient numbers and with proper
528 qualifications to provide trauma services.

529 3. An effective quality assurance process.

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

535 (d)~~4~~. Except as otherwise provided in this part, the
536 department may not approve an application for a Level I trauma
537 center, Level II trauma center, Level II trauma center with a
538 pediatric trauma center, a jointly certified pediatric trauma
539 center, or stand-alone pediatric trauma center if approval of
540 the application would exceed the limits on the numbers of Level
541 I trauma centers, Level II trauma centers, Level II trauma
542 centers with a pediatric trauma center, jointly certified
543 pediatric trauma centers, or stand-alone pediatric trauma
544 centers set forth in s. 395.402(1). However, the department
545 shall review and may approve an application for a trauma center
546 when approval of the application would result in a total number
547 of trauma centers which exceeds the limit on the number of
548 trauma centers in a trauma service area as set forth in s.
549 395.402(1), if the applicant demonstrates and the department
550 determines that:



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

563 2. A sufficient caseload volume of potential trauma
564 patients exists within the trauma service area to ensure that
565 existing trauma centers caseload volumes are at the following
566 levels:

567 a. For Level I trauma centers in trauma service areas with
568 a population of greater than 1.5 million, a minimum caseload
569 volume of the greater of 1,200 high-risk patients admitted per
570 year or, for a trauma center with a trauma or critical care
571 residency or fellowship program, 1,200 high-risk patients
572 admitted plus 40 cases per year for each accredited critical
573 care and trauma surgical subspecialty medical resident or
574 fellow.

575 b. For Level I trauma centers in trauma service areas with



576 a population of less than 1.5 million, a minimum caseload volume
577 of the greater of 1,000 high-risk patients admitted per year or,
578 for a trauma center with a critical care or trauma residency or
579 fellowship program, 1,000 high-risk patients admitted plus 40
580 cases per year for each accredited critical care and trauma
581 surgical subspecialty medical resident or fellow.

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

590 d. For Level II trauma centers and Level II trauma centers
591 with a pediatric trauma center in trauma service areas with a
592 population of less than 1.25 million, a minimum caseload volume
593 of the greater of 500 high-risk patients admitted per year or,
594 for a trauma center with a critical care or trauma residency or
595 fellowship program, 500 high-risk patients admitted plus 40
596 cases per year for each accredited critical care and trauma
597 surgical subspecialty medical resident or fellow.

598 e. For pediatric trauma centers, a minimum caseload volume
599 of the greater of 500 high-risk patients admitted per year or,
600 for a trauma center with a critical care or trauma residency or



601 fellowship program, 500 high-risk patients admitted per year
602 plus 40 cases per year for each accredited critical care and
603 trauma surgical subspecialty medical resident or fellow.

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

613 (e) If the department determines that the hospital is
614 capable of attaining and operating with the components required
615 in paragraph (c), the applicant must be ready to operate in
616 compliance with state trauma center standards no later than
617 April 30 of the year following the department's initial review
618 and approval of the hospital's application to proceed with
619 preparation to operate as a trauma center. A hospital that fails
620 to comply with this subsection may not be designated as a trauma
621 center. ~~Notwithstanding other provisions in this section, the~~
622 department may grant up to an additional 18 months to a hospital
623 applicant that is unable to meet all requirements as provided in
624 paragraph (c) at the time of application if the number of
625 applicants in the service area in which the applicant is located



626 ~~is equal to or less than the service area allocation, as~~
627 ~~provided by rule of the department. An applicant that is granted~~
628 ~~additional time pursuant to this paragraph shall submit a plan~~
629 ~~for departmental approval which includes timelines and~~
630 ~~activities that the applicant proposes to complete in order to~~
631 ~~meet application requirements. Any applicant that demonstrates~~
632 ~~an ongoing effort to complete the activities within the~~
633 ~~timelines outlined in the plan shall be included in the number~~
634 ~~of trauma centers at such time that the department has conducted~~
635 ~~a provisional review of the application and has determined that~~
636 ~~the application is complete and that the hospital has the~~
637 ~~critical elements required for a trauma center.~~

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

642 ~~(4)(3)~~ By May 1, the department shall select one or more
643 hospitals ~~After April 30, any hospital~~ that submitted an
644 application found acceptable by the department based on initial
645 provisional review for approval to prepare shall be eligible to
646 operate with the components required in paragraph (3)(c). If the
647 department receives more applications than may be approved, the
648 department must select the best applicant or applicants from the
649 available pool based on the department's determination of the
650 capability of an applicant to provide the highest quality



651 patient care using the most recent technological, medical, and
652 staffing resources available and which is located the farthest
653 away from an existing trauma center in the applicant's trauma
654 service area to maximize access. The number of applicants
655 selected is limited to available statutory need in the specified
656 trauma service area as designated in paragraph (3)(d) or s.
657 395.402(1) as a provisional trauma center.

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

667 (6)(5) Within 1 ~~Beginning October 1 of each year and~~
668 ~~ending no later than June 1 of the following year after the~~
669 hospital begins operating as a provisional trauma center, a
670 review team of out-of-state experts assembled by the department
671 shall make onsite visits to all provisional trauma centers. The
672 department shall develop a survey instrument to be used by the
673 expert team of reviewers. The instrument must ~~shall~~ include
674 objective criteria and guidelines for reviewers based on
675 existing trauma center standards such that all trauma centers



676 are assessed equally. The survey instrument must ~~shall~~ also
677 include a uniform rating system that ~~will be used by~~ reviewers
678 must use to indicate the degree of compliance of each trauma
679 center with specific standards, and to indicate the quality of
680 care provided by each trauma center as determined through an
681 audit of patient charts. In addition, hospitals being considered
682 as provisional trauma centers must ~~shall~~ meet all the
683 requirements of a trauma center and must ~~shall~~ be located in a
684 trauma service area that has a need for such a trauma center.

685 (7) ~~(6)~~ Based on recommendations from the review team, the
686 department shall approve for designation a trauma center that is
687 in compliance with trauma center standards, as established by
688 department rule, and with this section shall select trauma
689 centers by July 1. An applicant for designation as a trauma
690 center may request an extension of its provisional status if it
691 submits a corrective action plan to the department. The
692 corrective action plan must demonstrate the ability of the
693 applicant to correct deficiencies noted during the applicant's
694 onsite review conducted by the department between the previous
695 October 1 and June 1. The department may extend the provisional
696 status of an applicant for designation as a trauma center
697 through December 31 if the applicant provides a corrective
698 action plan acceptable to the department. The department or a
699 team of out-of-state experts assembled by the department shall
700 conduct an onsite visit on or before November 1 to confirm that



701 ~~the deficiencies have been corrected. The provisional trauma~~
702 ~~center is responsible for all costs associated with the onsite~~
703 ~~visit in a manner prescribed by rule of the department. By~~
704 ~~January 1, the department must approve or deny the application~~
705 ~~of any provisional applicant granted an extension. Each trauma~~
706 center shall be granted a 7-year approval period during which
707 time it must continue to maintain trauma center standards and
708 acceptable patient outcomes as determined by department rule. An
709 approval, unless sooner suspended or revoked, automatically
710 expires 7 years after the date of issuance and is renewable upon
711 application for renewal as prescribed by rule of the department.

712 (8)(7) Only an applicant or hospital with an existing
713 trauma center in the same trauma service area or in a trauma
714 service area contiguous to the trauma service area where the
715 applicant has applied to operate a trauma center may protest a
716 decision made by the department with regard to whether the
717 application should be approved, or whether a need has been
718 established pursuant to the criteria in paragraph (3)(d). Any
719 ~~hospital that wishes to protest a decision made by the~~
720 ~~department based on the department's preliminary or in-depth~~
721 ~~review of applications or on the recommendations of the site~~
722 ~~visit review team pursuant to this section shall proceed as~~
723 ~~provided in chapter 120. Hearings held under this subsection~~
724 shall be conducted in the same manner as provided in ss. 120.569



725 | and 120.57. Cases filed under chapter 120 may combine all
726 | disputes between parties.

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

738 | (10)~~(9)~~ Except as otherwise provided in this subsection,
739 | the department or its agent may collect trauma care and registry
740 | data, as prescribed by rule of the department, from trauma
741 | centers, hospitals, emergency medical service providers, local
742 | or regional trauma agencies, or medical examiners for the
743 | purposes of evaluating trauma system effectiveness, ensuring
744 | compliance with the standards, and monitoring patient outcomes.
745 | A trauma center, hospital, emergency medical service provider,
746 | medical examiner, or local trauma agency or regional trauma
747 | agency, or a panel or committee assembled by such an agency
748 | under s. 395.50(1) may, but is not required to, disclose to the
749 | department patient care quality assurance proceedings, records,



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

766 (11)~~(10)~~ Out-of-state experts assembled by the department
767 to conduct onsite visits are agents of the department for the
768 purposes of s. 395.3025. An out-of-state expert who acts as an
769 agent of the department under this subsection is not liable for
770 any civil damages as a result of actions taken by him or her,
771 unless he or she is found to be operating outside the scope of
772 the authority and responsibility assigned by the department.

773 (12)~~(11)~~ Onsite visits by the department or its agent may
774 be conducted at any reasonable time and may include but not be



775 limited to a review of records in the possession of trauma
776 centers, hospitals, emergency medical service providers, local
777 or regional trauma agencies, or medical examiners regarding the
778 care, transport, treatment, or examination of trauma patients.
779 (13)~~(12)~~ Patient care, transport, or treatment records or
780 reports, or patient care quality assurance proceedings, records,
781 or reports obtained or made pursuant to this section, s.
782 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,
783 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51
784 must be held confidential by the department or its agent and are
785 exempt from the provisions of s. 119.07(1). Patient care quality
786 assurance proceedings, records, or reports obtained or made
787 pursuant to these sections are not subject to discovery or
788 introduction into evidence in any civil or administrative
789 action.
790 (14)~~(13)~~ The department may adopt, by rule, the procedures
791 and process by which it will select trauma centers. Such
792 procedures and process must be used in ~~annually~~ selecting trauma
793 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~
794 except in those situations in which it is in the best interest
795 of, and mutually agreed to by, all applicants within a service
796 area and the department to reduce the timeframes.
797 (15)~~(14)~~ Notwithstanding the procedures established
798 pursuant to subsections (1)-(14) ~~(1) through (13)~~, hospitals
799 located in areas with limited access to trauma center services



800 shall be designated by the department as Level II trauma centers
801 based on documentation of a valid certificate of trauma center
802 verification from the American College of Surgeons. Areas with
803 limited access to trauma center services are defined by the
804 following criteria:

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

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

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

813 (16) (a) Notwithstanding the statutory capacity limits
814 established in s. 395.402(1), the provisions of subsection (8),
815 or any other provision of this part, an adult Level I trauma
816 center, an adult Level II trauma center, a Level II trauma
817 center with a pediatric trauma center, a jointly certified
818 pediatric trauma center, or a stand-alone pediatric trauma
819 center that was verified by the department before December 15,
820 2017, is deemed to have met the trauma center application and
821 operational requirements of this section and must be verified
822 and designated as a trauma center.

823 (b) Notwithstanding the statutory capacity limits
824 established in s. 395.402(1), the provisions of subsection (8),



825 or any other provision of this part, a trauma center that was
826 not verified by the department before December 15, 2017, but
827 that was provisionally approved by the department to be in
828 substantial compliance with Level II trauma standards before
829 January 1, 2017, and is operating as a Level II trauma center,
830 is deemed to have met the application and operational
831 requirements of this section for a trauma center and must be
832 verified and designated as a Level II trauma center.

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

843 (d) Notwithstanding the statutory capacity limits
844 established in s. 395.402(1), the provisions of subsection (8),
845 or any other provision of this part, a trauma center that was
846 not verified by the department before December 15, 2017, as a
847 pediatric trauma center but was provisionally approved by the
848 department to be in substantial compliance with the pediatric
849 trauma standards established by rule before January 1, 2018, and



850 is operating as a pediatric trauma center is deemed to have met
851 the application and operational requirements of this section for
852 a pediatric trauma center and, upon successful completion of the
853 in-depth and site review process, shall be verified and
854 designated as a pediatric trauma center. Notwithstanding
855 subsection (8), no existing trauma center in the same trauma
856 service area or in a trauma service area contiguous to the
857 trauma service area where the applicant is located may protest
858 the in-depth review, site survey, or verification decision of
859 the department regarding an applicant that meets the
860 requirements of this paragraph.

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

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

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

873 3. The hospital receives a recommended order from the
874 Division of Administrative Hearings, a final order from the



875 department, or an order from a court of competent jurisdiction
876 that it was entitled to be designated and verified as a Level II
877 trauma center; and

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

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

887 (f) Notwithstanding the statutory capacity limits
888 established in s. 395.402(1), or any other provision of this
889 act, a joint pediatric trauma center involving a Level II trauma
890 center and a specialty licensed children's hospital which was
891 verified by the department before December 15, 2017, is deemed
892 to have met the application and operational requirements of this
893 section for a pediatric trauma center and shall be verified and
894 designated as a pediatric trauma center even if the joint
895 program is dissolved upon the expiration of the existing
896 certificate and the pediatric trauma center continues operations
897 independently through the specialty licensed children's
898 hospital, provided that the pediatric trauma center meets all
899 requirements for verification by the department.



900 (g) Nothing in this subsection shall limit the
901 department's authority to review and approve trauma center
902 applications.

903 Section 7. Section 395.403, Florida Statutes, is amended
904 to read:

905 395.403 Reimbursement of trauma centers.—

906 (1) All verified trauma centers shall be considered
907 eligible to receive state funding when state funds are
908 specifically appropriated for state-sponsored trauma centers in
909 the General Appropriations Act. Effective July 1, 2010, the
910 department shall make payments from the Emergency Medical
911 Services Trust Fund under s. 20.435 to the trauma centers.
912 Payments shall be in equal amounts for the trauma centers
913 approved by the department as of July 1 of the fiscal year in
914 which funding is appropriated. In the event a trauma center does
915 not maintain its status as a trauma center for any state fiscal
916 year in which such funding is appropriated, the trauma center
917 shall repay the state for the portion of the year during which
918 it was not a trauma center.

919 (2) Trauma centers eligible to receive distributions from
920 the Emergency Medical Services Trust Fund under s. 20.435 in
921 accordance with subsection (1) may request that such funds be
922 used as intergovernmental transfer funds in the Medicaid
923 program.



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

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

928 (b) Agree to report trauma data to the National Trauma
929 Data Bank ~~provide information concerning the provision of trauma~~
930 ~~services to the department, in a form and manner prescribed by~~
931 ~~rule of the department.~~

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

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

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

940 395.4036 Trauma payments.—

941 (1) Recognizing the Legislature's stated intent to provide
942 financial support to the current verified trauma centers and to
943 provide incentives for the establishment of additional trauma
944 centers as part of a system of state-sponsored trauma centers,
945 the department shall utilize funds collected under s. 318.18 and
946 deposited into the Emergency Medical Services Trust Fund of the
947 department to ensure the availability and accessibility of



948 trauma services throughout the state as provided in this
949 subsection.

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

952 1. Twenty percent of the total funds collected during the
953 state fiscal year shall be distributed to verified trauma
954 centers that have a local funding contribution as of December
955 31. Distribution of funds under this subparagraph shall be based
956 on trauma caseload volume for the most recent calendar year
957 available.

958 2. Forty percent of the total funds collected shall be
959 distributed to verified trauma centers based on trauma caseload
960 volume for the most recent calendar year available. The
961 determination of caseload volume for distribution of funds under
962 this subparagraph shall be based on the hospital discharge data
963 for patients who meet the criteria for classification as a
964 trauma patient reported by each trauma center pursuant to s.
965 408.061 ~~department's Trauma Registry data.~~

966 3. Forty percent of the total funds collected shall be
967 distributed to verified trauma centers based on severity of
968 trauma patients for the most recent calendar year available. The
969 determination of severity for distribution of funds under this
970 subparagraph shall be based on the department's International
971 Classification Injury Severity Scores or another statistically
972 valid and scientifically accepted method of stratifying a trauma



973 patient's severity of injury, risk of mortality, and resource
974 consumption as adopted by the department by rule, weighted based
975 on the costs associated with and incurred by the trauma center
976 in treating trauma patients. The weighting of scores shall be
977 established by the department by rule.

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

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

984 2. Thirty-five percent of the total funds collected shall
985 be distributed to verified trauma centers based on trauma
986 caseload volume for the most recent calendar year available. The
987 determination of caseload volume for distribution of funds under
988 this subparagraph shall be based on the hospital discharge data
989 for patients who meet the criteria for classification as a
990 trauma patient reported by each trauma center pursuant to s.
991 408.061 ~~department's Trauma Registry data.~~

992 3. Thirty-five percent of the total funds collected shall
993 be distributed to verified trauma centers based on severity of
994 trauma patients for the most recent calendar year available. The
995 determination of severity for distribution of funds under this
996 subparagraph shall be based on the department's International
997 Classification Injury Severity Scores or another statistically



998 valid and scientifically accepted method of stratifying a trauma
999 patient's severity of injury, risk of mortality, and resource
1000 consumption as adopted by the department by rule, weighted based
1001 on the costs associated with and incurred by the trauma center
1002 in treating trauma patients. The weighting of scores shall be
1003 established by the department by rule.

1004 Section 9. Section 395.404, Florida Statutes, is amended
1005 to read:

1006 395.404 Reporting ~~Review~~ of trauma ~~registry~~ data; report
1007 to National Trauma Data Bank ~~central registry; confidentiality~~
1008 ~~and limited release.~~

1009 (1) ~~(a)~~ Each trauma center shall participate in the
1010 National Trauma Data Bank and the department shall solely use
1011 the National Trauma Data Bank for quality and assessment
1012 purposes.

1013 (2) Each trauma center and acute care hospital shall
1014 report to the department all transfers of trauma patients and
1015 the outcomes for such patients. ~~furnish, and, upon request of~~
1016 ~~the department, all acute care hospitals shall furnish for~~
1017 ~~department review trauma registry data as prescribed by rule of~~
1018 ~~the department for the purpose of monitoring patient outcome and~~
1019 ~~ensuring compliance with the standards of approval.~~

1020 ~~(b) Trauma registry data obtained pursuant to this~~
1021 ~~subsection are confidential and exempt from the provisions of s.~~
1022 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~



CS/CS/HB 1165, Engrossed 1

2018

1023 ~~However, the department may provide such trauma registry data to~~
1024 ~~the person, trauma center, hospital, emergency medical service~~
1025 ~~provider, local or regional trauma agency, medical examiner, or~~
1026 ~~other entity from which the data were obtained. The department~~
1027 ~~may also use or provide trauma registry data for purposes of~~
1028 ~~research in accordance with the provisions of chapter 405.~~

1029 (3)~~(2)~~ Each trauma center, ~~pediatric trauma center,~~ and
1030 acute care hospital shall report to the department's brain and
1031 spinal cord injury central registry, consistent with the
1032 procedures and timeframes of s. 381.74, any person who has a
1033 moderate-to-severe brain or spinal cord injury, and shall
1034 include in the report the name, age, residence, and type of
1035 disability of the individual and any additional information that
1036 the department finds necessary.

1037 Section 10. Paragraph (k) of subsection (1) of section
1038 395.401, Florida Statutes, is amended to read:

1039 395.401 Trauma services system plans; approval of trauma
1040 centers and pediatric trauma centers; procedures; renewal.-

1041 (1)

1042 (k) It is unlawful for any hospital or other facility to
1043 hold itself out as a trauma center unless it has been so
1044 verified or designated pursuant to s. 395.4025(15) ~~s.~~
1045 ~~395.4025(14)~~.

1046 Section 11. Paragraph (1) of subsection (3) of section
1047 408.036, Florida Statutes, is amended to read:



1048 408.036 Projects subject to review; exemptions.—
 1049 (3) EXEMPTIONS.—Upon request, the following projects are
 1050 subject to exemption from the provisions of subsection (1):
 1051 (1) For the establishment of:
 1052 1. A Level II neonatal intensive care unit with at least
 1053 10 beds, upon documentation to the agency that the applicant
 1054 hospital had a minimum of 1,500 births during the previous 12
 1055 months;
 1056 2. A Level III neonatal intensive care unit with at least
 1057 15 beds, upon documentation to the agency that the applicant
 1058 hospital has a Level II neonatal intensive care unit of at least
 1059 10 beds and had a minimum of 3,500 births during the previous 12
 1060 months; or
 1061 3. A Level III neonatal intensive care unit with at least
 1062 5 beds, upon documentation to the agency that the applicant
 1063 hospital is a verified trauma center pursuant to s. 395.4001(15)
 1064 ~~s. 395.4001(14)~~, and has a Level II neonatal intensive care
 1065 unit,
 1066
 1067 if the applicant demonstrates that it meets the requirements for
 1068 quality of care, nurse staffing, physician staffing, physical
 1069 plant, equipment, emergency transportation, and data reporting
 1070 found in agency certificate-of-need rules for Level II and Level
 1071 III neonatal intensive care units and if the applicant commits
 1072 to the provision of services to Medicaid and charity patients at



1073 a level equal to or greater than the district average. Such a
 1074 commitment is subject to s. 408.040.

1075 Section 12. Paragraph (a) of subsection (1) of section
 1076 409.975, Florida Statutes, is amended to read:

1077 409.975 Managed care plan accountability.—In addition to
 1078 the requirements of s. 409.967, plans and providers
 1079 participating in the managed medical assistance program shall
 1080 comply with the requirements of this section.

1081 (1) PROVIDER NETWORKS.—Managed care plans must develop and
 1082 maintain provider networks that meet the medical needs of their
 1083 enrollees in accordance with standards established pursuant to
 1084 s. 409.967(2)(c). Except as provided in this section, managed
 1085 care plans may limit the providers in their networks based on
 1086 credentials, quality indicators, and price.

1087 (a) Plans must include all providers in the region that
 1088 are classified by the agency as essential Medicaid providers,
 1089 unless the agency approves, in writing, an alternative
 1090 arrangement for securing the types of services offered by the
 1091 essential providers. Providers are essential for serving
 1092 Medicaid enrollees if they offer services that are not available
 1093 from any other provider within a reasonable access standard, or
 1094 if they provided a substantial share of the total units of a
 1095 particular service used by Medicaid patients within the region
 1096 during the last 3 years and the combined capacity of other
 1097 service providers in the region is insufficient to meet the



1098 total needs of the Medicaid patients. The agency may not
1099 classify physicians and other practitioners as essential
1100 providers. The agency, at a minimum, shall determine which
1101 providers in the following categories are essential Medicaid
1102 providers:

- 1103 1. Federally qualified health centers.
- 1104 2. Statutory teaching hospitals as defined in s.
1105 408.07(45).
- 1106 3. Hospitals that are trauma centers as defined in s.
1107 395.4001(15) ~~s. 395.4001(14)~~.
- 1108 4. Hospitals located at least 25 miles from any other
1109 hospital with similar services.

1110
1111 Managed care plans that have not contracted with all essential
1112 providers in the region as of the first date of recipient
1113 enrollment, or with whom an essential provider has terminated
1114 its contract, must negotiate in good faith with such essential
1115 providers for 1 year or until an agreement is reached, whichever
1116 is first. Payments for services rendered by a nonparticipating
1117 essential provider shall be made at the applicable Medicaid rate
1118 as of the first day of the contract between the agency and the
1119 plan. A rate schedule for all essential providers shall be
1120 attached to the contract between the agency and the plan. After
1121 1 year, managed care plans that are unable to contract with
1122 essential providers shall notify the agency and propose an



1123 alternative arrangement for securing the essential services for
1124 Medicaid enrollees. The arrangement must rely on contracts with
1125 other participating providers, regardless of whether those
1126 providers are located within the same region as the
1127 nonparticipating essential service provider. If the alternative
1128 arrangement is approved by the agency, payments to
1129 nonparticipating essential providers after the date of the
1130 agency's approval shall equal 90 percent of the applicable
1131 Medicaid rate. Except for payment for emergency services, if the
1132 alternative arrangement is not approved by the agency, payment
1133 to nonparticipating essential providers shall equal 110 percent
1134 of the applicable Medicaid rate.

1135 Section 13. Study on the national certification of
1136 pediatric trauma services.-

1137 (1) The Florida Trauma System Advisory Council,
1138 established under s. 395.402, shall conduct a study evaluating
1139 the laws, rules, regulations, standards, and guidelines for the
1140 designation of pediatric trauma centers in this state, as
1141 compared to the requirements, rules, regulations, standards, and
1142 guidelines for verification of pediatric trauma centers by a
1143 national trauma center accreditation body that certifies
1144 compliance with published standards for the administration of
1145 trauma care and the treatment of injured patients. The study
1146 shall consider:

1147 (a) The costs and requirements associated with obtaining



1148 | and maintaining such verification.

1149 | (b) Which pediatric trauma centers in this state have
1150 | obtained, are in the process of obtaining, or are capable of
1151 | obtaining such verification.

1152 | (c) Barriers to obtaining such verification.

1153 | (d) Policy proposals that address the need and value of
1154 | such verification.

1155 | (2) The advisory council shall submit a report of the
1156 | findings of the study and recommendations on the use of
1157 | verification by a national trauma center accreditation body as a
1158 | requirement for designation as a pediatric trauma center to the
1159 | Governor, the President of the Senate, and the Speaker of the
1160 | House of Representatives by December 31, 2018.

1161 | (3) The advisory council shall request information and
1162 | assistance from the department in the discharge of its duties,
1163 | and the department shall provide such assistance in a timely
1164 | manner.

1165 | (4) This section shall expire on January 31, 2019.

1166 | Section 14. If the provisions of this act relating to s.
1167 | 395.4025(16), Florida Statutes, are held to be invalid or
1168 | inoperative for any reason, the remaining provisions of this act
1169 | shall be deemed to be void and of no effect, it being the
1170 | legislative intent that this act as a whole would not have been
1171 | adopted had any provision of the act not been included.

1172 | Section 15. This act shall take effect upon becoming a



CS/CS/HB 1165, Engrossed 1

2018

1173 | law.