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2018 Legislature

1  
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.;

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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

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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

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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:  
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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

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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

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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:

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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:



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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:

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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.~~

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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~~

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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~~

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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

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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.~~

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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.

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- 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.



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- 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.

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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,

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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.

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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

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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

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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:

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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

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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



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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

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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

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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

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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

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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

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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,

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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

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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



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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),

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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

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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

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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.

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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.

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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

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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

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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



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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.~~

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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:

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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

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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

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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

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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

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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

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1173 | law.