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Proposed Committee Substitute by the Committee on Appropriations  
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to trauma services; amending ss. 318.14, 318.18, and 318.21, F.S.; requiring that moneys received from specified penalties be allocated to certain trauma centers by a calculation that uses the Agency of Health Care Administration's hospital discharge data; amending s. 395.4001, F.S.; conforming cross-references; redefining the term "trauma caseload volume"; amending s. 395.402, F.S.; revising legislative intent; revising the trauma service areas and provisions relating to the number and location of trauma centers; prohibiting the Department of Health from designating an existing Level II trauma center as a new pediatric trauma center or from designating an existing Level II trauma center as a Level I trauma center in a trauma service area that already has an existing Level I or pediatric trauma center; apportioning trauma centers within each trauma service area; requiring the department to establish the Florida Trauma System Advisory Council by a specified date; authorizing the council to submit certain recommendations to the department; providing for the membership of the council; requiring the council to meet no later than a specified date and to meet at least quarterly; amending s. 395.4025, F.S.; conforming provisions to changes made by the act; requiring the department to periodically prepare an



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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



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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 s. 395.401, F.S.; conforming a



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86 cross-reference; providing for invalidity; providing  
87 an effective date.

88

89 Be It Enacted by the Legislature of the State of Florida:

90

91 Section 1. Paragraph (b) of subsection (5) of section  
92 318.14, Florida Statutes, is amended to read:

93 318.14 Noncriminal traffic infractions; exception;  
94 procedures.—

95 (5) Any person electing to appear before the designated  
96 official or who is required so to appear shall be deemed to have  
97 waived his or her right to the civil penalty provisions of s.  
98 318.18. The official, after a hearing, shall make a  
99 determination as to whether an infraction has been committed. If  
100 the commission of an infraction has been proven, the official  
101 may impose a civil penalty not to exceed \$500, except that in  
102 cases involving unlawful speed in a school zone or involving  
103 unlawful speed in a construction zone, the civil penalty may not  
104 exceed \$1,000; or require attendance at a driver improvement  
105 school, or both. If the person is required to appear before the  
106 designated official pursuant to s. 318.19(1) and is found to  
107 have committed the infraction, the designated official shall  
108 impose a civil penalty of \$1,000 in addition to any other  
109 penalties and the person's driver license shall be suspended for  
110 6 months. If the person is required to appear before the  
111 designated official pursuant to s. 318.19(2) and is found to  
112 have committed the infraction, the designated official shall  
113 impose a civil penalty of \$500 in addition to any other  
114 penalties and the person's driver license shall be suspended for



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115 3 months. If the official determines that no infraction has been  
116 committed, no costs or penalties shall be imposed and any costs  
117 or penalties that have been paid shall be returned. Moneys  
118 received from the mandatory civil penalties imposed pursuant to  
119 this subsection upon persons required to appear before a  
120 designated official pursuant to s. 318.19(1) or (2) shall be  
121 remitted to the Department of Revenue and deposited into the  
122 Department of Health Emergency Medical Services Trust Fund to  
123 provide financial support to certified trauma centers to assure  
124 the availability and accessibility of trauma services throughout  
125 the state. Funds deposited into the Emergency Medical Services  
126 Trust Fund under this section shall be allocated as follows:

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

132 Section 2. Paragraph (h) of subsection (3) of section  
133 318.18, Florida Statutes, is amended to read:

134 318.18 Amount of penalties.—The penalties required for a  
135 noncriminal disposition pursuant to s. 318.14 or a criminal  
136 offense listed in s. 318.17 are as follows:

137 (3)

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



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144 received from the increased fine imposed by this paragraph shall  
145 be remitted to the Department of Revenue and deposited into the  
146 Department of Health Emergency Medical Services Trust Fund to  
147 provide financial support to certified trauma centers to assure  
148 the availability and accessibility of trauma services throughout  
149 the state. Funds deposited into the Emergency Medical Services  
150 Trust Fund under this section shall be allocated as follows:

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

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

159 Section 3. Paragraph (b) of subsection (15) of section  
160 318.21, Florida Statutes, is amended to read:

161 318.21 Disposition of civil penalties by county courts.—All  
162 civil penalties received by a county court pursuant to the  
163 provisions of this chapter shall be distributed and paid monthly  
164 as follows:

165 (15) Of the additional fine assessed under s. 318.18(3)(e)  
166 for a violation of s. 316.1893, 50 percent of the moneys  
167 received from the fines shall be appropriated to the Agency for  
168 Health Care Administration as general revenue to provide an  
169 enhanced Medicaid payment to nursing homes that serve Medicaid  
170 recipients with brain and spinal cord injuries. The remaining 50  
171 percent of the moneys received from the enhanced fine imposed  
172 under s. 318.18(3)(e) shall be remitted to the Department of



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173 Revenue and deposited into the Department of Health Emergency  
174 Medical Services Trust Fund to provide financial support to  
175 certified trauma centers in the counties where enhanced penalty  
176 zones are established to ensure the availability and  
177 accessibility of trauma services. Funds deposited into the  
178 Emergency Medical Services Trust Fund under this subsection  
179 shall be allocated as follows:

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

185 Section 4. Paragraph (a) of subsection (7) and subsections  
186 (13) and (14) of section 395.4001, Florida Statutes, are amended  
187 to read:

188 395.4001 Definitions.—As used in this part, the term:

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

190 (a) Is verified by the department to be in substantial  
191 compliance with Level II trauma center standards and has been  
192 approved by the department to operate as a Level II trauma  
193 center or is designated pursuant to s. 395.4025(15) ~~s.~~  
194 ~~395.4025(14)~~.

195 (13) "Trauma caseload volume" means the number of trauma  
196 patients calculated by the department using the data reported by  
197 each designated trauma center to the hospital discharge data  
198 reported to the agency pursuant to s. 408.061 ~~reported by~~  
199 ~~individual trauma centers to the Trauma Registry and validated~~  
200 ~~by the department.~~

201 (14) "Trauma center" means a hospital that has been



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202 verified by the department to be in substantial compliance with  
203 the requirements in s. 395.4025 and has been approved by the  
204 department to operate as a Level I trauma center, Level II  
205 trauma center, or pediatric trauma center, or is designated by  
206 the department as a Level II trauma center pursuant to s.  
207 395.4025(15) ~~s. 395.4025(14)~~.

208 Section 5. Section 395.402, Florida Statutes, is amended to  
209 read:

210 395.402 Trauma service areas; number and location of trauma  
211 centers.—

212 (1) The Legislature recognizes the need for a statewide,  
213 cohesive, uniform, and integrated trauma system, as well as the  
214 need to ensure the viability of existing trauma centers when  
215 designating new trauma centers. Consistent with national  
216 standards, future trauma center designations must be based on  
217 need as a factor of demand and capacity. ~~Within the trauma~~  
218 ~~service areas, Level I and Level II trauma centers shall each be~~  
219 ~~capable of annually treating a minimum of 1,000 and 500~~  
220 ~~patients, respectively, with an injury severity score (ISS) of 9~~  
221 ~~or greater. Level II trauma centers in counties with a~~  
222 ~~population of more than 500,000 shall have the capacity to care~~  
223 ~~for 1,000 patients per year.~~

224 ~~(2) Trauma service areas as defined in this section are to~~  
225 ~~be utilized until the Department of Health completes an~~  
226 ~~assessment of the trauma system and reports its finding to the~~  
227 ~~Governor, the President of the Senate, the Speaker of the House~~  
228 ~~of Representatives, and the substantive legislative committees.~~  
229 ~~The report shall be submitted by February 1, 2005. The~~  
230 ~~department shall review the existing trauma system and determine~~





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231 ~~whether it is effective in providing trauma care uniformly~~  
232 ~~throughout the state. The assessment shall:~~

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

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

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

241 ~~(d) Consider including criteria within trauma center~~  
242 ~~approval standards based upon the number of trauma victims~~  
243 ~~served within a service area.~~

244 ~~(e) Review the Regional Domestic Security Task Force~~  
245 ~~structure and determine whether integrating the trauma system~~  
246 ~~planning with interagency regional emergency and disaster~~  
247 ~~planning efforts is feasible and identify any duplication of~~  
248 ~~efforts between the two entities.~~

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

251 ~~(g) Make recommendations regarding a formula for the~~  
252 ~~distribution of funds identified for trauma centers which shall~~  
253 ~~address incentives for new centers where needed and the need to~~  
254 ~~maintain effective trauma care in areas served by existing~~  
255 ~~centers, with consideration for the volume of trauma patients~~  
256 ~~served, and the amount of charity care provided.~~

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

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



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260 ~~system plans submitted by regional trauma agencies.~~  
261 ~~(b) Stakeholder recommendations.~~  
262 ~~(c) The geographical composition of an area to ensure rapid~~  
263 ~~access to trauma care by patients.~~  
264 ~~(d) Historical patterns of patient referral and transfer in~~  
265 ~~an area.~~  
266 ~~(e) Inventories of available trauma care resources,~~  
267 ~~including professional medical staff.~~  
268 ~~(f) Population growth characteristics.~~  
269 ~~(g) Transportation capabilities, including ground and air~~  
270 ~~transport.~~  
271 ~~(h) Medically appropriate ground and air travel times.~~  
272 ~~(i) Recommendations of the Regional Domestic Security Task~~  
273 ~~Force.~~  
274 ~~(j) The actual number of trauma victims currently being~~  
275 ~~served by each trauma center.~~  
276 ~~(k) Other appropriate criteria.~~  
277 ~~(4) Annually thereafter, the department shall review the~~  
278 ~~assignment of the 67 counties to trauma service areas, in~~  
279 ~~addition to the requirements of paragraphs (2) (b) - (g) and~~  
280 ~~subsection (3). County assignments are made for the purpose of~~  
281 ~~developing a system of trauma centers. Revisions made by the~~  
282 ~~department shall take into consideration the recommendations~~  
283 ~~made as part of the regional trauma system plans approved by the~~  
284 ~~department and the recommendations made as part of the state~~  
285 ~~trauma system plan. In cases where a trauma service area is~~  
286 ~~located within the boundaries of more than one trauma region,~~  
287 ~~the trauma service area's needs, response capability, and system~~  
288 ~~requirements shall be considered by each trauma region served by~~



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289 ~~that trauma service area in its regional system plan. Until the~~  
290 ~~department completes the February 2005 assessment, the~~  
291 ~~assignment of counties shall remain as established in this~~  
292 ~~section.~~

293 (a) The following trauma service areas are hereby  
294 established:

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

297 2. Trauma service area 2 shall consist of Bay, Gulf,  
298 Holmes, and Washington Counties.

299 3. Trauma service area 3 shall consist of Calhoun,  
300 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,  
301 Taylor, and Wakulla Counties.

302 4. Trauma service area 4 shall consist of Alachua,  
303 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,  
304 Putnam, Suwannee, and Union Counties.

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

307 6. Trauma service area 6 shall consist of Citrus, Hernando,  
308 and Marion Counties.

309 7. Trauma service area 7 shall consist of Flagler and  
310 Volusia Counties.

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

313 9. Trauma service area 9 shall consist of Pasco and  
314 Pinellas Counties.

315 10. Trauma service area 10 shall consist of Hillsborough  
316 County.

317 11. Trauma service area 11 shall consist of Hardee,



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318 Highlands, and Polk Counties.

319 12. Trauma service area 12 shall consist of Brevard and  
320 Indian River Counties.

321 13. Trauma service area 13 shall consist of DeSoto,  
322 Manatee, and Sarasota Counties.

323 14. Trauma service area 14 shall consist of Martin,  
324 Okeechobee, and St. Lucie Counties.

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

327 16. Trauma service area 16 shall consist of Palm Beach  
328 County.

329 17. Trauma service area 17 shall consist of Broward ~~Collier~~  
330 County.

331 18. Trauma service area 18 shall consist of ~~Broward County~~.

332 ~~19. Trauma service area 19 shall consist of Miami-Dade and~~  
333 ~~Monroe Counties.~~

334 (b) Each trauma service area must ~~should~~ have at least one  
335 Level I or Level II trauma center. Except as otherwise provided  
336 in s. 395.4025(16), the department may not designate an existing  
337 Level II trauma center as a new pediatric trauma center or  
338 designate an existing Level II trauma center as a Level I trauma  
339 center in a trauma service area that already has an existing  
340 Level I or pediatric trauma center ~~The department shall~~  
341 ~~allocate, by rule, the number of trauma centers needed for each~~  
342 ~~trauma service area.~~

343 (c) Trauma centers, including Level I, Level II, Level  
344 II/pediatric, and stand-alone pediatric trauma centers, shall be  
345 apportioned as follows:

346 1. Trauma service area 1 shall have three trauma centers.



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- 347 2. Trauma service area 2 shall have one trauma center.
- 348 3. Trauma service area 3 shall have one trauma center.
- 349 4. Trauma service area 4 shall have one trauma center.
- 350 5. Trauma service area 5 shall have three trauma centers.
- 351 6. Trauma service area 6 shall have one trauma center.
- 352 7. Trauma service area 7 shall have one trauma center.
- 353 8. Trauma service area 8 shall have three trauma centers.
- 354 9. Trauma service area 9 shall have three trauma centers.
- 355 10. Trauma service area 10 shall have two trauma centers.
- 356 11. Trauma service area 11 shall have one trauma center.
- 357 12. Trauma service area 12 shall have one trauma center.
- 358 13. Trauma service area 13 shall have two trauma centers.
- 359 14. Trauma service area 14 shall have one trauma center.
- 360 15. Trauma service area 15 shall have one trauma center.
- 361 16. Trauma service area 16 shall have two trauma centers.
- 362 17. Trauma service area 17 shall have three trauma centers.
- 363 18. Trauma service area 18 shall have five trauma centers.

364  
365 Notwithstanding other provisions of this chapter, a trauma  
366 service area may not have more than a total of five Level I,  
367 Level II, Level II/pediatric, and stand-alone pediatric trauma  
368 centers. A trauma service area may not have more than one stand-  
369 alone pediatric trauma center ~~There shall be no more than a~~  
370 ~~total of 44 trauma centers in the state.~~

371 (2) (a) By October 1, 2018, the department shall establish  
372 the Florida Trauma System Advisory Council to promote an  
373 inclusive trauma system and enhance cooperation among trauma  
374 system stakeholders. The advisory council may submit  
375 recommendations to the department on how to maximize existing



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376 trauma center, emergency department, and emergency medical  
377 services infrastructure and personnel to achieve the statutory  
378 goal of developing an inclusive trauma system.

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

381 a. The State Trauma Medical Director;

382 b. A representative from an emergency medical services  
383 organization;

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

385 d. A trauma program manager or trauma medical director  
386 actively working in a trauma center who represents an investor-  
387 owned hospital with a trauma center;

388 e. A trauma program manager or trauma medical director  
389 actively working in a trauma center who represents a nonprofit  
390 or public hospital with a trauma center;

391 f. A trauma surgeon who is board-certified in critical care  
392 and actively practicing medicine in a Level II trauma center who  
393 represents an investor-owned hospital with a trauma center;

394 g. A trauma surgeon who is board-certified in critical care  
395 and actively practicing medicine who represents a nonprofit or  
396 public hospital with a trauma center;

397 h. A representative of the American College of Surgeons  
398 Committee on Trauma;

399 i. A representative of the Safety Net Hospital Alliance of  
400 Florida;

401 j. A representative of the Florida Hospital Association;

402 and

403 k. A trauma surgeon who is board-certified in critical care  
404 and actively practicing medicine in a Level I trauma center.



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405       2. No two members may be employed by the same health care  
406 facility.

407       3. Each council member shall be appointed to a 3-year term;  
408 however, for the purpose of providing staggered terms, of the  
409 initial appointments, four members shall be appointed to 1-year  
410 terms, four members shall be appointed to 2-year terms, and  
411 three members shall be appointed to 3-year terms.

412       (c) The advisory council shall convene no later than  
413 January 5, 2019, and shall meet at least quarterly.

414       Section 6. Section 395.4025, Florida Statutes, is amended  
415 to read:

416       395.4025 Trauma centers; selection; quality assurance;  
417 records.—

418       (1) For purposes of developing a system of trauma centers,  
419 the department shall use the 18 ~~19~~ trauma service areas  
420 established in s. 395.402. ~~Within each service area and based on~~  
421 ~~the state trauma system plan, the local or regional trauma~~  
422 ~~services system plan, and recommendations of the local or~~  
423 ~~regional trauma agency, the department shall establish the~~  
424 ~~approximate number of trauma centers needed to ensure reasonable~~  
425 ~~access to high-quality trauma services.~~ The department shall  
426 select those hospitals that are to be recognized as trauma  
427 centers.

428       (2) (a) The department shall prepare an analysis of the  
429 Florida trauma system every 3 years, beginning in August 2020,  
430 using the agency's hospital discharge database described in s.  
431 408.061 for the most current year and the most recent 5 years of  
432 population data for Florida available from the United States  
433 Census Bureau. The department's report must include all of the



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434 following:

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

437 2. The number of severely injured patients with an Injury  
438 Severity Score of 15 or greater treated at each trauma center  
439 within each trauma service area, including pediatric trauma  
440 centers;

441 3. The total number of severely injured patients with an  
442 Injury Severity Score of 15 or greater treated at all acute care  
443 hospitals inclusive of non-trauma centers in the trauma service  
444 area;

445 4. The percentage of each trauma center's sufficient volume  
446 of trauma patients, as described in subparagraph (3) (d)2., in  
447 accordance with the Injury Severity Score for the trauma  
448 center's designation, inclusive of the additional caseload  
449 volume required for those trauma centers with graduate medical  
450 education programs.

451 (b) The department shall make available all data, formulas,  
452 methodologies, and risk adjustment tools used in preparing the  
453 report.

454 (3) (a) ~~(2) (a)~~ The department shall annually notify each  
455 acute care general hospital and each local and each regional  
456 trauma agency in the trauma service area with an identified need  
457 for an additional trauma center ~~state~~ that the department is  
458 accepting letters of intent from hospitals that are interested  
459 in becoming trauma centers. The department may accept a letter  
460 of intent only if there is statutory capacity for an additional  
461 trauma center in accordance with subsection (2), paragraph (d),  
462 and s. 395.402. ~~In order to be considered by the department, a~~





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463 ~~hospital that operates within the geographic area of a local or~~  
464 ~~regional trauma agency must certify that its intent to operate~~  
465 ~~as a trauma center is consistent with the trauma services plan~~  
466 ~~of the local or regional trauma agency, as approved by the~~  
467 ~~department, if such agency exists.~~ Letters of intent must be  
468 postmarked no later than midnight October 1 of the year in which  
469 the department notifies hospitals that it plans to accept  
470 letters of intent.

471 (b) By October 15, the department shall send to all  
472 hospitals that submitted a letter of intent an application  
473 package that will provide the hospitals with instructions for  
474 submitting information to the department for selection as a  
475 trauma center. The standards for trauma centers provided for in  
476 s. 395.401(2), as adopted by rule of the department, shall serve  
477 as the basis for these instructions.

478 (c) In order to be considered by the department,  
479 applications from those hospitals seeking selection as trauma  
480 centers, including those current verified trauma centers that  
481 seek a change or redesignation in approval status as a trauma  
482 center, must be received by the department no later than the  
483 close of business on April 1 of the year following submission of  
484 the letter of intent. The department shall conduct an initial a  
485 ~~provisional~~ review of each application for the purpose of  
486 determining whether ~~that~~ the hospital's application is complete  
487 and that the hospital is capable of constructing and operating a  
488 trauma center that includes ~~has~~ the critical elements required  
489 for a trauma center. This critical review must ~~will~~ be based on  
490 trauma center standards and must ~~shall~~ include, but need not be  
491 limited to, a review as to ~~of~~ whether the hospital is prepared



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

494 1. Equipment and physical facilities necessary to provide  
495 trauma services.

496 2. Personnel in sufficient numbers and with proper  
497 qualifications to provide trauma services.

498 3. An effective quality assurance process.

499 ~~4. Submitted written confirmation by the local or regional~~  
500 ~~trauma agency that the hospital applying to become a trauma~~  
501 ~~center is consistent with the plan of the local or regional~~  
502 ~~trauma agency, as approved by the department, if such agency~~  
503 ~~exists.~~

504 (d)1. Except as otherwise provided in this act, the  
505 department may not approve an application for a Level I, Level  
506 II, Level II/pediatric, or stand-alone pediatric trauma center  
507 if approval of the application would exceed the limits on the  
508 numbers of Level I, Level II, Level II/pediatric, or stand-alone  
509 pediatric trauma centers set forth in s. 395.402(1). However,  
510 the department shall review and may approve an application for a  
511 trauma center when approval of the application would result in a  
512 number of trauma centers which exceeds the limit on the numbers  
513 of trauma centers in a trauma service area as set forth in s.  
514 395.402(1), if the applicant demonstrates and the department  
515 determines that:

516 1. The existing trauma centers' actual caseload volume of  
517 severely injured patients with an Injury Severity Score of 15 or  
518 greater exceeds the minimum caseload volume capabilities,  
519 inclusive of the additional caseload volume for graduate medical  
520 education critical care and trauma surgical subspecialty



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521 residents or fellows by more than two times the statutory  
522 minimums listed in sub-subparagraphs 2.a.-d. and three times the  
523 statutory minimum listed in sub-subparagraph 2.e., and the  
524 population growth for the trauma service area exceeds the  
525 statewide population growth by more than 15 percent based on the  
526 United States census data for the 5-year period before the date  
527 the applicant files its letter of intent; and

528 2. A sufficient volume of potential trauma patients exists  
529 within the trauma service area to ensure that existing trauma  
530 centers' volumes are at the following levels:

531 a. For Level I trauma centers in trauma service areas with  
532 a population of greater than 1.5 million, a minimum caseload of  
533 the greater of 1,200 severely injured admitted patients with an  
534 Injury Severity Score of 15 or greater per year or 1,200  
535 severely injured admitted patients with an Injury Severity Score  
536 of 15 or greater plus 40 cases per year for each accredited  
537 critical care and trauma surgical subspecialty medical resident  
538 or fellow.

539 b. For Level I trauma centers in trauma service areas with  
540 a population of less than 1.5 million, the minimum caseload of  
541 the greater of 1,000 severely injured admitted patients with an  
542 Injury Severity Score of 15 or greater per year or 1,000  
543 severely injured admitted patients with an Injury Severity Score  
544 of 15 or greater plus 40 cases per year for each accredited  
545 critical care and trauma surgical subspecialty medical resident  
546 or fellow.

547 c. For Level II and Level II/pediatric trauma centers in  
548 trauma service areas with a population of greater than 1.25  
549 million, the minimum caseload of the greater of 1,000 severely



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550 injured admitted patients with an Injury Severity Score of 15 or  
551 greater per year or 1,000 severely injured admitted patients  
552 with an Injury Severity Score of 15 or greater plus 40 cases per  
553 year for each accredited critical care and trauma surgical  
554 subspecialty medical resident or fellow.

555 d. For Level II and Level II/pediatric trauma centers in  
556 trauma service areas with a population of less than 1.25  
557 million, the minimum caseload of the greater of 500 severely  
558 injured admitted patients with an Injury Severity Score of 15 or  
559 greater per year or 500 severely injured admitted patients with  
560 an Injury Severity Score of 15 or greater per year plus 40 cases  
561 per year for each accredited critical care and trauma surgical  
562 subspecialty medical resident or fellow.

563 e. For pediatric trauma centers, the minimum caseload of  
564 the greater of 500 severely injured admitted patients with an  
565 Injury Severity Score of 15 or greater per year or 500 severely  
566 injured admitted patients with an Injury Severity Score of 15 or  
567 greater per year plus 40 cases per year for each accredited  
568 critical care and trauma surgical subspecialty medical resident  
569 or fellow.

570  
571 The Injury Severity Score calculations and caseload volume must  
572 be calculated using the most recent available hospital discharge  
573 data collected by the agency from all acute care hospitals  
574 pursuant to s. 408.061.

575 (e) If the department determines that the hospital is  
576 capable of attaining and operating with the components required  
577 in paragraph (c), the applicant must be ready to operate in  
578 compliance with Florida trauma center standards no later than



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579 April 30 of the year following the department's initial review  
580 and approval of the hospital's application to proceed with  
581 preparation to operate as a trauma center. A hospital that fails  
582 to comply with this subsection may not be designated as a trauma  
583 center ~~Notwithstanding other provisions in this section, the~~  
584 ~~department may grant up to an additional 18 months to a hospital~~  
585 ~~applicant that is unable to meet all requirements as provided in~~  
586 ~~paragraph (c) at the time of application if the number of~~  
587 ~~applicants in the service area in which the applicant is located~~  
588 ~~is equal to or less than the service area allocation, as~~  
589 ~~provided by rule of the department. An applicant that is granted~~  
590 ~~additional time pursuant to this paragraph shall submit a plan~~  
591 ~~for departmental approval which includes timelines and~~  
592 ~~activities that the applicant proposes to complete in order to~~  
593 ~~meet application requirements. Any applicant that demonstrates~~  
594 ~~an ongoing effort to complete the activities within the~~  
595 ~~timelines outlined in the plan shall be included in the number~~  
596 ~~of trauma centers at such time that the department has conducted~~  
597 ~~a provisional review of the application and has determined that~~  
598 ~~the application is complete and that the hospital has the~~  
599 ~~critical elements required for a trauma center.~~

600 ~~2. Timeframes provided in subsections (1) (8) shall be~~  
601 ~~stayed until the department determines that the application is~~  
602 ~~complete and that the hospital has the critical elements~~  
603 ~~required for a trauma center.~~

604 ~~(4) (3)~~ By May 1, the department shall select one or more  
605 hospitals ~~After April 30, any hospital that submitted an~~  
606 ~~application found acceptable by the department based on initial~~  
607 ~~provisional review for approval to prepare shall be eligible to~~



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608 operate with the components required in paragraph (3)(c). If the  
609 department receives more applications than may be approved under  
610 the statutory capacity in the specified trauma service area, the  
611 department must select the best applicant or applicants from the  
612 available pool based on the department's determination of the  
613 capability of an applicant to provide the greatest improvement  
614 in access to trauma services and the highest quality patient  
615 care using the most recent technological, medical, and staffing  
616 resources available. The number of applicants selected is  
617 limited to available statutory need in the specified trauma  
618 service area, as designated in paragraph (3)(d) or s. 395.402(1)  
619 as a provisional trauma center.

620 (5)-(4) Following the initial review, Between May 1 and  
621 October 1 of each year, the department shall conduct an in-depth  
622 evaluation of all applications found acceptable in the initial  
623 provisional review. The applications shall be evaluated against  
624 criteria enumerated in the application packages as provided to  
625 the hospitals by the department. An applicant may not operate as  
626 a provisional trauma center until the department completes the  
627 initial and in-depth review and approves the application through  
628 those review stages.

629 (6)-(5) Within Beginning October 1 of each year and ending  
630 no later than June 1 of the following year after the hospital  
631 begins operating as a provisional trauma center, a review team  
632 of out-of-state experts assembled by the department shall make  
633 onsite visits to all provisional trauma centers. The department  
634 shall develop a survey instrument to be used by the expert team  
635 of reviewers. The instrument ~~shall~~ must include objective  
636 criteria and guidelines for reviewers based on existing trauma



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637 center standards such that all trauma centers are assessed  
638 equally. The survey instrument must ~~shall~~ also include a uniform  
639 rating system that ~~will be used by~~ reviewers must use to  
640 indicate the degree of compliance of each trauma center with  
641 specific standards, and to indicate the quality of care provided  
642 by each trauma center as determined through an audit of patient  
643 charts. In addition, hospitals being considered as provisional  
644 trauma centers must ~~shall~~ meet all the requirements of a trauma  
645 center and must ~~shall~~ be located in a trauma service area that  
646 has a need for such a trauma center.

647 (7) ~~(6)~~ Based on recommendations from the review team, the  
648 department shall designate a trauma center that is in compliance  
649 with trauma center standards, as established by department rule,  
650 and with this section shall select trauma centers by July 1. An  
651 applicant for designation as a trauma center may request an  
652 extension of its provisional status if it submits a corrective  
653 action plan to the department. The corrective action plan must  
654 demonstrate the ability of the applicant to correct deficiencies  
655 noted during the applicant's onsite review conducted by the  
656 department between the previous October 1 and June 1. The  
657 department may extend the provisional status of an applicant for  
658 designation as a trauma center through December 31 if the  
659 applicant provides a corrective action plan acceptable to the  
660 department. The department or a team of out-of-state experts  
661 assembled by the department shall conduct an onsite visit on or  
662 before November 1 to confirm that the deficiencies have been  
663 corrected. The provisional trauma center is responsible for all  
664 costs associated with the onsite visit in a manner prescribed by  
665 rule of the department. By January 1, the department must



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666 ~~approve or deny the application of any provisional applicant~~  
667 ~~granted an extension.~~ Each trauma center shall be granted a 7-  
668 year approval period during which time it must continue to  
669 maintain trauma center standards and acceptable patient outcomes  
670 as determined by department rule. An approval, unless sooner  
671 suspended or revoked, automatically expires 7 years after the  
672 date of issuance and is renewable upon application for renewal  
673 as prescribed by rule of the department.

674 (8) ~~(7)~~ Only an applicant, or hospital with an existing  
675 trauma center in the same trauma service area or in a trauma  
676 service area contiguous to the trauma service area where the  
677 applicant has applied to operate a trauma center, may protest a  
678 decision made by the department with regard to whether the  
679 application should be approved, or whether need has been  
680 established through the criteria in paragraph (3) (d) Any  
681 ~~hospital that wishes to protest a decision made by the~~  
682 ~~department based on the department's preliminary or in-depth~~  
683 ~~review of applications or on the recommendations of the site~~  
684 ~~visit review team pursuant to this section shall proceed as~~  
685 ~~provided in chapter 120.~~ Hearings held under this subsection  
686 shall be conducted in the same manner as provided in ss. 120.569  
687 and 120.57. Cases filed under chapter 120 may combine all  
688 disputes between parties.

689 (9) ~~(8)~~ Notwithstanding any provision of chapter 381, a  
690 hospital licensed under ss. 395.001-395.3025 that operates a  
691 trauma center may not terminate or substantially reduce the  
692 availability of trauma service without providing at least 180  
693 days' notice of its intent to terminate such service. Such  
694 notice shall be given to the department, to all affected local





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695 or regional trauma agencies, and to all trauma centers,  
696 hospitals, and emergency medical service providers in the trauma  
697 service area. The department shall adopt by rule the procedures  
698 and process for notification, duration, and explanation of the  
699 termination of trauma services.

700 (10) ~~(9)~~ Except as otherwise provided in this subsection,  
701 the department or its agent may collect trauma care and registry  
702 data, as prescribed by rule of the department, from trauma  
703 centers, hospitals, emergency medical service providers, local  
704 or regional trauma agencies, or medical examiners for the  
705 purposes of evaluating trauma system effectiveness, ensuring  
706 compliance with the standards, and monitoring patient outcomes.  
707 A trauma center, hospital, emergency medical service provider,  
708 medical examiner, or local trauma agency or regional trauma  
709 agency, or a panel or committee assembled by such an agency  
710 under s. 395.50(1) may, but is not required to, disclose to the  
711 department patient care quality assurance proceedings, records,  
712 or reports. However, the department may require a local trauma  
713 agency or a regional trauma agency, or a panel or committee  
714 assembled by such an agency to disclose to the department  
715 patient care quality assurance proceedings, records, or reports  
716 that the department needs solely to conduct quality assurance  
717 activities under s. 395.4015, or to ensure compliance with the  
718 quality assurance component of the trauma agency's plan approved  
719 under s. 395.401. The patient care quality assurance  
720 proceedings, records, or reports that the department may require  
721 for these purposes include, but are not limited to, the  
722 structure, processes, and procedures of the agency's quality  
723 assurance activities, and any recommendation for improving or



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724 modifying the overall trauma system, if the identity of a trauma  
725 center, hospital, emergency medical service provider, medical  
726 examiner, or an individual who provides trauma services is not  
727 disclosed.

728 (11)~~(10)~~ Out-of-state experts assembled by the department  
729 to conduct onsite visits are agents of the department for the  
730 purposes of s. 395.3025. An out-of-state expert who acts as an  
731 agent of the department under this subsection is not liable for  
732 any civil damages as a result of actions taken by him or her,  
733 unless he or she is found to be operating outside the scope of  
734 the authority and responsibility assigned by the department.

735 (12)~~(11)~~ Onsite visits by the department or its agent may  
736 be conducted at any reasonable time and may include but not be  
737 limited to a review of records in the possession of trauma  
738 centers, hospitals, emergency medical service providers, local  
739 or regional trauma agencies, or medical examiners regarding the  
740 care, transport, treatment, or examination of trauma patients.

741 (13)~~(12)~~ Patient care, transport, or treatment records or  
742 reports, or patient care quality assurance proceedings, records,  
743 or reports obtained or made pursuant to this section, s.  
744 395.3025(4)(f), s. 395.401, s. 395.4015, s. 395.402, s. 395.403,  
745 s. 395.404, s. 395.4045, s. 395.405, s. 395.50, or s. 395.51  
746 must be held confidential by the department or its agent and are  
747 exempt from the provisions of s. 119.07(1). Patient care quality  
748 assurance proceedings, records, or reports obtained or made  
749 pursuant to these sections are not subject to discovery or  
750 introduction into evidence in any civil or administrative  
751 action.

752 (14)~~(13)~~ The department may adopt, by rule, the procedures



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753 and process by which it will select trauma centers. Such  
754 procedures and process must be used in annually selecting trauma  
755 centers and must be consistent with subsections (1)-(9) ~~(1)-(8)~~  
756 except in those situations in which it is in the best interest  
757 of, and mutually agreed to by, all applicants within a service  
758 area and the department to reduce the timeframes.

759 (15) ~~(14)~~ Notwithstanding the procedures established  
760 pursuant to subsections (1) through (14) ~~(13)~~, hospitals located  
761 in areas with limited access to trauma center services shall be  
762 designated by the department as Level II trauma centers based on  
763 documentation of a valid certificate of trauma center  
764 verification from the American College of Surgeons. Areas with  
765 limited access to trauma center services are defined by the  
766 following criteria:

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

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

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

775 (16) (a) Notwithstanding the statutory capacity limits  
776 established in s. 395.402(1), the provisions of subsection (8),  
777 or any other provision of this act, an adult Level I trauma  
778 center, an adult Level II trauma center, or a pediatric trauma  
779 center that was verified by the department before December 15,  
780 2017, is deemed to have met the trauma center application and  
781 operational requirements of this section and must be verified



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782 and designated as a trauma center.

783 (b) Notwithstanding the statutory capacity limits  
784 established in s. 395.402(1), the provisions of subsection (8),  
785 or any other provision of this act, a trauma center that was not  
786 verified by the department before December 15, 2017, but that  
787 was provisionally approved by the department to be in  
788 substantial compliance with Level II trauma standards before  
789 January 1, 2017, and is operating as a Level II trauma center,  
790 is deemed to have met the application and operational  
791 requirements of this section for a trauma center and must be  
792 verified and designated as a Level II trauma center.

793 (c) Notwithstanding the statutory capacity limits  
794 established in s. 395.402(1), the provisions of subsection (8),  
795 or any other provision of this act, a trauma center that was not  
796 verified by the department before December 15, 2017, as a Level  
797 I trauma center but that was provisionally approved by the  
798 department to be in substantial compliance with Level I trauma  
799 standards before January 1, 2017, and is operating as a Level I  
800 trauma center is deemed to have met the application and  
801 operational requirements of this section for a trauma center and  
802 must be verified and designated as a Level I trauma center.

803 (d) Notwithstanding the statutory capacity limits  
804 established in s. 395.402(1), the provisions of subsection (8),  
805 or any other provision of this act, a trauma center that was not  
806 verified by the department before December 15, 2017, as a  
807 pediatric trauma center but was provisionally approved by the  
808 department to be in substantial compliance with the pediatric  
809 trauma standards established by rule before January 1, 2018, and  
810 is operating as a pediatric trauma center is deemed to have met



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811 the application and operational requirements of this section for  
812 a pediatric trauma center and, upon successful completion of the  
813 in-depth and site review process, shall be verified and  
814 designated as a pediatric trauma center. Notwithstanding the  
815 provisions of subsection (8), no existing trauma center in the  
816 same trauma service area or in a trauma service area contiguous  
817 to the trauma service area where the applicant is located may  
818 protest the in-depth review, site survey, or verification  
819 decision of the department regarding an applicant that meets the  
820 requirements of this paragraph.

821 (e) Notwithstanding the statutory capacity limits  
822 established in s. 395.402(1) or any other provision of this act,  
823 any hospital operating as a Level II trauma center after January  
824 1, 2017, must be designated and verified by the department as a  
825 Level II trauma center if all of the following apply:

826 1. The hospital was provisionally approved after January 1,  
827 2017, to operate as a Level II trauma center, and was in  
828 operation on or before January 1, 2018;

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

832 3. The hospital receives a recommended order from the  
833 Division of Administrative Hearings, a final order from the  
834 department, or an order from a court of competent jurisdiction  
835 that it was entitled to be designated and verified as a Level II  
836 trauma center; and

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



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840  
841 Any provisional trauma center operating under this paragraph may  
842 not be required to cease trauma operations unless a court of  
843 competent jurisdiction or the department determines that it has  
844 failed to meet the trauma center standards, as established by  
845 department rule.

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

848 Section 7. Section 395.403, Florida Statutes, is amended to  
849 read:

850 395.403 Reimbursement of trauma centers.—

851 (1) All verified trauma centers shall be considered  
852 eligible to receive state funding when state funds are  
853 specifically appropriated for state-sponsored trauma centers in  
854 the General Appropriations Act. Effective July 1, 2010, the  
855 department shall make payments from the Emergency Medical  
856 Services Trust Fund under s. 20.435 to the trauma centers.  
857 Payments shall be in equal amounts for the trauma centers  
858 approved by the department as of July 1 of the fiscal year in  
859 which funding is appropriated. In the event a trauma center does  
860 not maintain its status as a trauma center for any state fiscal  
861 year in which such funding is appropriated, the trauma center  
862 shall repay the state for the portion of the year during which  
863 it was not a trauma center.

864 (2) Trauma centers eligible to receive distributions from  
865 the Emergency Medical Services Trust Fund under s. 20.435 in  
866 accordance with subsection (1) may request that such funds be  
867 used as intergovernmental transfer funds in the Medicaid  
868 program.



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

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

873 (b) Agree to report trauma data to the National Trauma Data  
874 Bank ~~provide information concerning the provision of trauma~~  
875 ~~services to the department, in a form and manner prescribed by~~  
876 ~~rule of the department.~~

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

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

883 Section 8. Section 395.4036, Florida Statutes, is amended  
884 to read:

885 395.4036 Trauma payments.—

886 (1) Recognizing the Legislature's stated intent to provide  
887 financial support to the current verified trauma centers and to  
888 provide incentives for the establishment of additional trauma  
889 centers as part of a system of state-sponsored trauma centers,  
890 the department shall utilize funds collected under s. 318.18 and  
891 deposited into the Emergency Medical Services Trust Fund of the  
892 department to ensure the availability and accessibility of  
893 trauma services throughout the state as provided in this  
894 subsection.

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

897 1. Twenty percent of the total funds collected during the



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898 state fiscal year shall be distributed to verified trauma  
899 centers that have a local funding contribution as of December  
900 31. Distribution of funds under this subparagraph shall be based  
901 on trauma caseload volume for the most recent calendar year  
902 available.

903 2. Forty percent of the total funds collected shall be  
904 distributed to verified trauma centers based on trauma caseload  
905 volume for the most recent calendar year available. The  
906 determination of caseload volume for distribution of funds under  
907 this subparagraph shall be based on the agency hospital  
908 discharge data reported by each trauma center pursuant to s.  
909 408.061 and meeting the criteria for classification as a trauma  
910 patient department's Trauma Registry data.

911 3. Forty percent of the total funds collected shall be  
912 distributed to verified trauma centers based on severity of  
913 trauma patients for the most recent calendar year available. The  
914 determination of severity for distribution of funds under this  
915 subparagraph shall be based on the department's International  
916 Classification Injury Severity Scores or another statistically  
917 valid and scientifically accepted method of stratifying a trauma  
918 patient's severity of injury, risk of mortality, and resource  
919 consumption as adopted by the department by rule, weighted based  
920 on the costs associated with and incurred by the trauma center  
921 in treating trauma patients. The weighting of scores shall be  
922 established by the department by rule.

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

925 1. Thirty percent of the total funds collected shall be  
926 distributed to Level II trauma centers operated by a public





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927 hospital governed by an elected board of directors as of  
928 December 31, 2008.

929       2. Thirty-five percent of the total funds collected shall  
930 be distributed to verified trauma centers based on trauma  
931 caseload volume for the most recent calendar year available. The  
932 determination of caseload volume for distribution of funds under  
933 this subparagraph shall be based on the hospital discharge data  
934 reported by each trauma center pursuant to s. 408.061 and  
935 meeting the criteria for classification as a trauma patient  
936 department's Trauma Registry data.

937       3. Thirty-five percent of the total funds collected shall  
938 be distributed to verified trauma centers based on severity of  
939 trauma patients for the most recent calendar year available. The  
940 determination of severity for distribution of funds under this  
941 subparagraph shall be based on the department's International  
942 Classification Injury Severity Scores or another statistically  
943 valid and scientifically accepted method of stratifying a trauma  
944 patient's severity of injury, risk of mortality, and resource  
945 consumption as adopted by the department by rule, weighted based  
946 on the costs associated with and incurred by the trauma center  
947 in treating trauma patients. The weighting of scores shall be  
948 established by the department by rule.

949       (2) Funds deposited in the department's Emergency Medical  
950 Services Trust Fund for verified trauma centers may be used to  
951 maximize the receipt of federal funds that may be available for  
952 such trauma centers. Notwithstanding this section and s. 318.14,  
953 distributions to trauma centers may be adjusted in a manner to  
954 ensure that total payments to trauma centers represent the same  
955 proportional allocation as set forth in this section and s.



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956 318.14. For purposes of this section and s. 318.14, total funds  
957 distributed to trauma centers may include revenue from the  
958 Emergency Medical Services Trust Fund and federal funds for  
959 which revenue from the Administrative Trust Fund is used to meet  
960 state or local matching requirements. Funds collected under ss.  
961 318.14 and 318.18 and deposited in the Emergency Medical  
962 Services Trust Fund of the department shall be distributed to  
963 trauma centers on a quarterly basis using the most recent  
964 calendar year data available. Such data shall not be used for  
965 more than four quarterly distributions unless there are  
966 extenuating circumstances as determined by the department, in  
967 which case the most recent calendar year data available shall  
968 continue to be used and appropriate adjustments shall be made as  
969 soon as the more recent data becomes available.

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

977 (b) Any trauma center subject to audit pursuant to s.  
978 215.97 shall submit an audit report in accordance with rules  
979 adopted by the Auditor General.

980 (4) The department, working with the Agency for Health Care  
981 Administration, shall maximize resources for trauma services  
982 wherever possible.

983 Section 9. Section 395.404, Florida Statutes, is amended to  
984 read:



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985           395.404 Reporting Review of trauma ~~registry~~ data; report to  
986 National Trauma Data Bank ~~central registry; confidentiality and~~  
987 ~~limited release.-~~

988           (1)~~(a)~~ Each trauma center shall participate in the National  
989 Trauma Data Bank, and the department shall solely use the  
990 National Trauma Data Bank for quality and assessment purposes.

991           (2) Each trauma center and acute care hospital shall report  
992 to the department all transfers of trauma patients and the  
993 outcomes of such patients ~~furnish, and, upon request of the~~  
994 ~~department, all acute care hospitals shall furnish for~~  
995 ~~department review trauma registry data as prescribed by rule of~~  
996 ~~the department for the purpose of monitoring patient outcome and~~  
997 ~~ensuring compliance with the standards of approval.~~

998           ~~(b) Trauma registry data obtained pursuant to this~~  
999 ~~subsection are confidential and exempt from the provisions of s.~~  
1000 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~  
1001 ~~However, the department may provide such trauma registry data to~~  
1002 ~~the person, trauma center, hospital, emergency medical service~~  
1003 ~~provider, local or regional trauma agency, medical examiner, or~~  
1004 ~~other entity from which the data were obtained. The department~~  
1005 ~~may also use or provide trauma registry data for purposes of~~  
1006 ~~research in accordance with the provisions of chapter 405.~~

1007           (3)~~(2)~~ Each trauma center, ~~pediatric trauma center,~~ and  
1008 acute care hospital shall report to the department's brain and  
1009 spinal cord injury central registry, consistent with the  
1010 procedures and timeframes of s. 381.74, any person who has a  
1011 moderate-to-severe brain or spinal cord injury, and shall  
1012 include in the report the name, age, residence, and type of  
1013 disability of the individual and any additional information that



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1014 the department finds necessary.

1015 Section 10. Paragraph (k) of subsection (1) of section  
1016 395.401, Florida Statutes, is amended to read:

1017 395.401 Trauma services system plans; approval of trauma  
1018 centers and pediatric trauma centers; procedures; renewal.-

1019 (1)

1020 (k) It is unlawful for any hospital or other facility to  
1021 hold itself out as a trauma center unless it has been so  
1022 verified or designated pursuant to s. 395.4025(15) ~~s.~~  
1023 ~~395.4025(14)~~.

1024 Section 11. If the provisions of this act relating to s.  
1025 395.4025(16), Florida Statutes, are held to be invalid or  
1026 inoperative for any reason, the remaining provisions of this act  
1027 shall be deemed to be void and of no effect, it being the  
1028 legislative intent that this act as a whole would not have been  
1029 adopted had any provision of the act not been included.

1030 Section 12. This act shall take effect July 1, 2018.