917002

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/22/2018	.	
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The Committee on Appropriations (Young) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

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

318.14 Noncriminal traffic infractions; exception; procedures.—

(5) Any person electing to appear before the designated official or who is required so to appear shall be deemed to have

waived his or her right to the civil penalty provisions of s. 318.18. The official, after a hearing, shall make a determination as to whether an infraction has been committed. If the commission of an infraction has been proven, the official may impose a civil penalty not to exceed $500, except that in cases involving unlawful speed in a school zone or involving unlawful speed in a construction zone, the civil penalty may not exceed $1,000; or require attendance at a driver improvement school, or both. If the person is required to appear before the designated official pursuant to s. 318.19(1) and is found to have committed the infraction, the designated official shall impose a civil penalty of $1,000 in addition to any other penalties and the person’s driver license shall be suspended for 6 months. If the person is required to appear before the designated official pursuant to s. 318.19(2) and is found to have committed the infraction, the designated official shall impose a civil penalty of $500 in addition to any other penalties and the person’s driver license shall be suspended for 3 months. If the official determines that no infraction has been committed, no costs or penalties shall be imposed and any costs or penalties that have been paid shall be returned. Moneys received from the mandatory civil penalties imposed pursuant to this subsection upon persons required to appear before a designated official pursuant to s. 318.19(1) or (2) shall be remitted to the Department of Revenue and deposited into the Department of Health Emergency Medical Services Trust Fund to provide financial support to certified trauma centers to assure the availability and accessibility of trauma services throughout the state. Funds deposited into the Emergency Medical Services

Trust Fund under this section shall be allocated as follows:

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

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

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

(3)

(h) A person cited for a second or subsequent conviction of speed exceeding the limit by 30 miles per hour and above within a 12-month period shall pay a fine that is double the amount listed in paragraph (b). For purposes of this paragraph, the term "conviction" means a finding of guilt as a result of a jury verdict, nonjury trial, or entry of a plea of guilty. Moneys received from the increased fine imposed by this paragraph shall be remitted to the Department of Revenue and deposited into the Department of Health Emergency Medical Services Trust Fund to provide financial support to certified trauma centers to assure the availability and accessibility of trauma services throughout the state. Funds deposited into the Emergency Medical Services Trust Fund under this section shall be allocated as follows:

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

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

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

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

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

(b) Fifty percent shall be allocated among Level I, Level II, and pediatric trauma centers based on each center's relative

volume of trauma cases as calculated using the Agency for Health Care Administration's hospital discharge data collected pursuant to s. 408.061 ~~reported in the Department of Health Trauma Registry~~.

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

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

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

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

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

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

(15) ~~(14)~~ "Trauma center" means a hospital that has been verified by the department to be in substantial compliance with the requirements in s. 395.4025 and has been approved by the

department to operate as a Level I trauma center, Level II trauma center, or pediatric trauma center, or is designated by the department as a Level II trauma center pursuant to s. 395.4025(15) ~~s. 395.4025(14)~~.

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(b) Stakeholder recommendations.~~

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

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

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

~~(f) Population growth characteristics.~~

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

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

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

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

~~(k) Other appropriate criteria.~~

~~(4) Annually thereafter, the department shall review the assignment of the 67 counties to trauma service areas, in addition to the requirements of paragraphs (2)(b)-(g) and subsection (3). County assignments are made for the purpose of developing a system of trauma centers. Revisions made by the department shall take into consideration the recommendations made as part of the regional trauma system plans approved by the department and the recommendations made as part of the state trauma system plan. In cases where a trauma service area is located within the boundaries of more than one trauma region, the trauma service area's needs, response capability, and system requirements shall be considered by each trauma region served by that trauma service area in its regional system plan. Until the department completes the February 2005 assessment, the~~

~~assignment of counties shall remain as established in this section.~~

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

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

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

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

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

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

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

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

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

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

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

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

12. Trauma service area 12 shall consist of Brevard and

Indian River Counties.

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

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

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

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

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

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

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

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

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

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

2. Trauma service area 2 shall have one trauma center.

3. Trauma service area 3 shall have one trauma center.
4. Trauma service area 4 shall have one trauma center.
5. Trauma service area 5 shall have three trauma centers.
6. Trauma service area 6 shall have one trauma center.
7. Trauma service area 7 shall have one trauma center.
8. Trauma service area 8 shall have three trauma centers.
9. Trauma service area 9 shall have three trauma centers.
10. Trauma service area 10 shall have two trauma centers.
11. Trauma service area 11 shall have one trauma center.
12. Trauma service area 12 shall have one trauma center.
13. Trauma service area 13 shall have two trauma centers.
14. Trauma service area 14 shall have one trauma center.
15. Trauma service area 15 shall have one trauma center.
16. Trauma service area 16 shall have two trauma centers.
17. Trauma service area 17 shall have three trauma centers.
18. Trauma service area 18 shall have five trauma centers.

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

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

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

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

a. The State Trauma Medical Director;

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

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

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

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

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

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

h. A representative of the American College of Surgeons Committee on Trauma who has pediatric expertise;

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

j. A representative of the Florida Hospital Association;

k. A Florida-licensed, board-certified emergency medicine

physician who is not affiliated with a trauma center; and

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

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

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

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

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

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

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

(1) For purposes of developing a system of trauma centers, the department shall use the 18 ~~19~~ trauma service areas established in s. 395.402. ~~Within each service area and based on the state trauma system plan, the local or regional trauma services system plan, and recommendations of the local or regional trauma agency, the department shall establish the approximate number of trauma centers needed to ensure reasonable~~

~~access to high-quality trauma services.~~ The department shall designate ~~select~~ those hospitals that are to be recognized as trauma centers.

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

1. The population growth for each trauma service area and for this state;

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

3. The total number of high-risk patients treated at all acute care hospitals inclusive of nontrauma centers in the trauma service area; and

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

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

(3)(a) ~~(2)(a)~~ The department shall ~~annually~~ notify each

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

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

(c) In order to be considered by the department, applications from those hospitals seeking selection as trauma centers, including those current verified trauma centers that seek a change or redesignation in approval status as a trauma center, must be received by the department no later than the close of business on April 1 of the year following submission of

the letter of intent. The department shall conduct an initial ~~a provisional~~ review of each application for the purpose of determining whether ~~that~~ the hospital's application is complete and whether ~~that~~ the hospital is capable of constructing and operating a trauma center that includes ~~has~~ the critical elements required for a trauma center. This critical review must ~~will~~ be based on trauma center standards and must ~~shall~~ include, but need not be limited to, a review as to ~~of~~ whether the hospital is prepared to attain and operate with all of the following components before April 30 of the following year ~~has~~:

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

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

3. An effective quality assurance process.

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

(d)~~1.~~ Except as otherwise provided in this section, the department may not approve an application for a Level I, a Level II, a Level II with a pediatric trauma center, a jointly certified pediatric trauma center, or a stand-alone pediatric trauma center if approval of the application would exceed the limits on the numbers of Level I, Level II, Level II with a pediatric trauma center, jointly certified pediatric trauma centers, or stand-alone pediatric trauma centers established in s. 395.402(1). However, the department shall review and may

approve an application for a trauma center when approval of the application would result in a number of trauma centers which exceeds the limit on the numbers of trauma centers in a trauma service area imposed in s. 395.402(1), if, using the analysis performed by the department as required in paragraph (2)(a), the applicant demonstrates and the department determines that:

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

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

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

or fellow.

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

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

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

e. For pediatric trauma centers, a minimum caseload volume of the greater of 500 high-risk admitted patients per year or for a trauma center with a critical care or trauma residency or fellowship program, 500 high-risk admitted patients per year plus 40 cases per year for each accredited critical care and

trauma surgical subspecialty medical resident or fellow.

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

(e) If the department determines that the hospital is capable of attaining and operating with the components required by paragraph (c), the applicant must be ready to operate in compliance with Florida trauma center standards no later than April 30 of the year following the department's initial review and approval of the hospital's application to proceed with preparation to operate as a trauma center. A hospital that fails to comply with this subsection may not be designated as a trauma center ~~Notwithstanding other provisions in this section, the department may grant up to an additional 18 months to a hospital applicant that is unable to meet all requirements as provided in paragraph (c) at the time of application if the number of applicants in the service area in which the applicant is located is equal to or less than the service area allocation, as provided by rule of the department. An applicant that is granted additional time pursuant to this paragraph shall submit a plan for departmental approval which includes timelines and activities that the applicant proposes to complete in order to meet application requirements. Any applicant that demonstrates~~

~~an ongoing effort to complete the activities within the timelines outlined in the plan shall be included in the number of trauma centers at such time that the department has conducted a provisional review of the application and has determined that the application is complete and that the hospital has the critical elements required for a trauma center.~~

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

(4)~~(3)~~ By May 1, the department shall select one or more hospitals ~~After April 30, any hospital~~ that submitted an application found acceptable by the department based on initial ~~provisional~~ review for approval to prepare ~~shall be eligible~~ to operate with the components required by paragraph (3)(c). If the department receives more applications than may be approved, the department must select the best applicant or applicants from the available pool based on the department's determination of the capability of an applicant to provide the highest quality patient care using the most recent technological, medical, and staffing resources available, which is located the farthest away from an existing trauma center in the applicant's trauma service area to maximize access. The number of applicants selected is limited to available statutory need in the specified trauma service area, as designated in paragraph (3)(d) or s. 395.402(1) ~~as a provisional trauma center~~.

(5)~~(4)~~ Following the initial review, ~~Between May 1 and October 1 of each year~~, the department shall conduct an in-depth evaluation of all applications found acceptable in the initial

~~provisional~~ review. The applications shall be evaluated against criteria enumerated in the application packages as provided to the hospitals by the department. An applicant may not operate as a provisional trauma center until the department completes the initial and in-depth review and approves the application.

(6)~~(5)~~ Within ~~Beginning October 1 of each year and ending no later than June 1 of~~ the ~~following~~ year after the hospital begins operating as a provisional trauma center, a review team of out-of-state experts assembled by the department shall make onsite visits to all provisional trauma centers. The department shall develop a survey instrument to be used by the expert team of reviewers. The instrument must ~~shall~~ include objective criteria and guidelines for reviewers based on existing trauma center standards such that all trauma centers are assessed equally. The survey instrument must ~~shall~~ also include a uniform rating system that ~~will be used by~~ reviewers must use to indicate the degree of compliance of each trauma center with specific standards, and to indicate the quality of care provided by each trauma center as determined through an audit of patient charts. In addition, hospitals being considered as provisional trauma centers must ~~shall~~ meet all the requirements of a trauma center and must ~~shall~~ be located in a trauma service area that has a need for such a trauma center.

(7)~~(6)~~ Based on recommendations from the review team, the department shall approve for designation a trauma center that is in compliance with trauma center standards, as established by department rule, and with this section ~~shall select trauma centers by July 1. An applicant for designation as a trauma center may request an extension of its provisional status if it~~

~~submits a corrective action plan to the department. The corrective action plan must demonstrate the ability of the applicant to correct deficiencies noted during the applicant's onsite review conducted by the department between the previous October 1 and June 1. The department may extend the provisional status of an applicant for designation as a trauma center through December 31 if the applicant provides a corrective action plan acceptable to the department. The department or a team of out-of-state experts assembled by the department shall conduct an onsite visit on or before November 1 to confirm that the deficiencies have been corrected. The provisional trauma center is responsible for all costs associated with the onsite visit in a manner prescribed by rule of the department. By January 1, the department must approve or deny the application of any provisional applicant granted an extension~~. Each trauma center shall be granted a 7-year approval period during which time it must continue to maintain trauma center standards and acceptable patient outcomes as determined by department rule. An approval, unless sooner suspended or revoked, automatically expires 7 years after the date of issuance and is renewable upon application for renewal as prescribed by rule of the department.

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

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

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

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

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

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

(12) ~~(11)~~ Onsite visits by the department or its agent may be conducted at any reasonable time and may include but not be limited to a review of records in the possession of trauma centers, hospitals, emergency medical service providers, local or regional trauma agencies, or medical examiners regarding the

care, transport, treatment, or examination of trauma patients.

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

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

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

(a) The hospital is located in a trauma service area with a population greater than 600,000 persons but a population density

of less than 225 persons per square mile;

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

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

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

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

(c) Notwithstanding the statutory capacity limits established in s. 395.402(1), the provisions of subsection (8), or any other provision of this act, a trauma center that was not

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verified by the department before December 15, 2017, as a Level I trauma center but that was provisionally approved by the department to be in substantial compliance with Level I trauma standards before January 1, 2017, and is operating as a Level I trauma center is deemed to have met the application and operational requirements of this section for a trauma center and must be verified and designated as a Level I trauma center.

(d) Notwithstanding the statutory capacity limits established in s. 395.402(1), the provisions of subsection (8), or any other provision of this act, a trauma center that was not verified by the department before December 15, 2017, as a pediatric trauma center but was provisionally approved by the department and found to be in substantial compliance with the pediatric trauma standards established by rule before January 1, 2018, and is operating as a pediatric trauma center is deemed to have met the application and operational requirements of this section for a pediatric trauma center and, upon successful completion of the in-depth and site review process, shall be verified and designated as a pediatric trauma center. Notwithstanding the provisions of subsection (8), no existing trauma center in the same trauma service area or in a trauma service area contiguous to the trauma service area where the applicant is located may protest the in-depth review, site survey, or verification decision of the department regarding an applicant that meets the requirements of this paragraph.

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

Level II trauma center if all of the following apply:

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

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

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

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

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

(f) Notwithstanding the statutory capacity limits established in s. 395.402(1), or any other provision of this act, a joint pediatric trauma center involving a Level II trauma center and a specialty licensed children's hospital which was verified by the department before December 15, 2017, is deemed to have met the application and operational requirements of this section for a pediatric trauma center and shall be verified and designated as a pediatric trauma center even if the joint

program is dissolved upon the expiration of the existing certificate and the pediatric trauma center continues operations independently through the specialty licensed children's hospital, provided that the pediatric trauma center meets all requirements for verification by the department.

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

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

395.403 Reimbursement of trauma centers.—

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

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

(3) In order to receive state funding, a hospital must

~~shall~~ be a verified trauma center and shall:

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

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

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

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

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

395.4036 Trauma payments.—

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

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

1. Twenty percent of the total funds collected during the state fiscal year shall be distributed to verified trauma

centers that have a local funding contribution as of December 31. Distribution of funds under this subparagraph shall be based on trauma caseload volume for the most recent calendar year available.

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

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

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

1. Thirty percent of the total funds collected shall be distributed to Level II trauma centers operated by a public hospital governed by an elected board of directors as of

December 31, 2008.

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

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

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

distributed to trauma centers may include revenue from the Emergency Medical Services Trust Fund and federal funds for which revenue from the Administrative Trust Fund is used to meet state or local matching requirements. Funds collected under ss. 318.14 and 318.18 and deposited in the Emergency Medical Services Trust Fund of the department shall be distributed to trauma centers on a quarterly basis using the most recent calendar year data available. Such data shall not be used for more than four quarterly distributions unless there are extenuating circumstances as determined by the department, in which case the most recent calendar year data available shall continue to be used and appropriate adjustments shall be made as soon as the more recent data becomes available.

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

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

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

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

395.404 Reporting ~~Review~~ of trauma ~~registry~~ data; report to

National Trauma Data Bank ~~central registry; confidentiality and limited release~~.—

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

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

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

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

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

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

(1)

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

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

408.036 Projects subject to review; exemptions.—

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

(l) For the establishment of:

1. A Level II neonatal intensive care unit with at least 10 beds, upon documentation to the agency that the applicant hospital had a minimum of 1,500 births during the previous 12 months;

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

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

997
998 if the applicant demonstrates that it meets the
999 requirements for quality of care, nurse staffing, physician
1000 staffing, physical plant, equipment, emergency transportation,
1001 and data reporting found in agency certificate-of-need rules for
1002 Level II and Level III neonatal intensive care units and if the
1003 applicant commits to the provision of services to Medicaid and
1004 charity patients at a level equal to or greater than the
1005 district average. Such a commitment is subject to s. 408.040.
1006 Section 12. Paragraph (a) of subsection (1) of section
1007 409.975, Florida Statutes, is amended to read:
1008 409.975 Managed care plan accountability.—In addition to
1009 the requirements of s. 409.967, plans and providers
1010 participating in the managed medical assistance program shall
1011 comply with the requirements of this section.
1012 (1) PROVIDER NETWORKS.—Managed care plans must develop and
1013 maintain provider networks that meet the medical needs of their
1014 enrollees in accordance with standards established pursuant to
1015 s. 409.967(2)(c). Except as provided in this section, managed
1016 care plans may limit the providers in their networks based on
1017 credentials, quality indicators, and price.
1018 (a) Plans must include all providers in the region that are
1019 classified by the agency as essential Medicaid providers, unless
1020 the agency approves, in writing, an alternative arrangement for
1021 securing the types of services offered by the essential
1022 providers. Providers are essential for serving Medicaid
1023 enrollees if they offer services that are not available from any
1024 other provider within a reasonable access standard, or if they
1025 provided a substantial share of the total units of a particular

service used by Medicaid patients within the region during the last 3 years and the combined capacity of other service providers in the region is insufficient to meet the total needs of the Medicaid patients. The agency may not classify physicians and other practitioners as essential providers. The agency, at a minimum, shall determine which providers in the following categories are essential Medicaid providers:

1. Federally qualified health centers.

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

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

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

Managed care plans that have not contracted with all essential providers in the region as of the first date of recipient enrollment, or with whom an essential provider has terminated its contract, must negotiate in good faith with such essential providers for 1 year or until an agreement is reached, whichever is first. Payments for services rendered by a nonparticipating essential provider shall be made at the applicable Medicaid rate as of the first day of the contract between the agency and the plan. A rate schedule for all essential providers shall be attached to the contract between the agency and the plan. After 1 year, managed care plans that are unable to contract with essential providers shall notify the agency and propose an alternative arrangement for securing the essential services for Medicaid enrollees. The arrangement must

rely on contracts with other participating providers, regardless of whether those providers are located within the same region as the nonparticipating essential service provider. If the alternative arrangement is approved by the agency, payments to nonparticipating essential providers after the date of the agency's approval shall equal 90 percent of the applicable Medicaid rate. Except for payment for emergency services, if the alternative arrangement is not approved by the agency, payment to nonparticipating essential providers shall equal 110 percent of the applicable Medicaid rate.

Section 13. Study on pediatric trauma services; report.—

(1) The Department of Health shall work with the Office of Program Policy Analysis and Government Accountability to study the department's licensure requirements, rules, regulations, standards, and guidelines for pediatric trauma services and compare them to the licensure requirements, rules, regulations, standards, and guidelines for verification of pediatric trauma services by the American College of Surgeons.

(2) The Office of Program Policy Analysis and Government Accountability shall submit a report of the findings of the study to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Florida Trauma System Advisory Council established under s. 395.402, Florida Statutes, by December 31, 2018.

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

Section 14. If the provisions of this act relating to s. 395.4025(16), Florida Statutes, are held to be invalid or inoperative for any reason, the remaining provisions of this act shall be deemed to be void and of no effect, it being the

legislative intent that this act as a whole would not have been adopted had any provision of the act not been included.

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

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete everything before the enacting clause and insert:

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 for Health Care Administration's hospital discharge data; amending s. 395.4001, F.S.; conforming cross-references; defining and redefining terms; 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 analysis of the state trauma system using the agency's hospital discharge data and specified population data; specifying contents of the report; requiring the department to make available all data, formulas, methodologies, calculations, and risk adjustment tools used in preparing the data in the report; requiring the department to notify each acute care general hospital and local and regional trauma agency in a trauma service area that has an identified need for an additional trauma center that the department is accepting letters of intent; prohibiting the department from accepting a letter of intent and from approving an application for a trauma center if there is not statutory capacity for an additional trauma center; revising the department's review process for hospitals seeking designation as a trauma center; authorizing the department to approve certain applications for designation as a trauma center if specified requirements are met; providing that a hospital applicant that meets such requirements must be ready to operate in compliance with specified trauma standards by a specified date; deleting a provision authorizing the department to grant a

hospital applicant an extension of time to meet certain standards and requirements; requiring the department to select one or more hospitals for approval to prepare to operate as a trauma center; providing selection requirements; prohibiting an applicant from operating as a provisional trauma center until the department has completed its review process and approved the application; requiring a specified review team to make onsite visits to newly operational trauma centers within a certain timeframe; requiring the department, based on recommendations from the review team, to designate a trauma center that is in compliance with specified requirements; deleting the date by which the department must select trauma centers; providing that only certain hospitals may protest a decision made by the department; providing that certain trauma centers that were verified by the department or determined by the department to be in substantial compliance with specified standards before specified dates are deemed to have met application and operational requirements; requiring the department to designate a certain provisionally approved Level II trauma center as a trauma center if certain criteria are met; prohibiting such designated trauma center from being required to cease trauma operations unless the department or a court determines that it has failed to meet certain standards; providing construction; amending ss. 395.403 and 395.4036, F.S.; conforming provisions to

changes made by the act; amending s. 395.404, F.S.; requiring trauma centers to participate in the National Trauma Data Bank; requiring trauma centers and acute care hospitals to report trauma patient transfer and outcome data to the department; deleting provisions relating to the department review of trauma registry data; amending ss. 395.401, 408.036, and 409.975; conforming cross-references; requiring the department to work with the Office of Program Policy Analysis and Government Accountability to study the department’s licensure requirements, rules, regulations, standards, and guidelines for pediatric trauma services and compare them to those of the American College of Surgeons; requiring the office to submit a report of the findings of the study to the Governor, Legislature, and advisory council by a specified date; providing for the expiration of provisions relating to the study; providing for invalidity; providing an effective date.