

By the Committee on Health Policy; and Senator Young

588-02384-18

20181876c1

1 A bill to be entitled  
2 An act relating to trauma services; amending s.  
3 395.402, F.S.; revising the trauma service areas and  
4 provisions relating to the number and location of  
5 trauma centers; prohibiting the Department of Health  
6 from designating an additional Level I trauma center  
7 in a trauma service area where a Level I trauma center  
8 currently exists, from designating an existing Level  
9 II trauma center as a pediatric trauma center, and  
10 from designating an existing Level II trauma center as  
11 a Level I trauma center; reducing the total number of  
12 trauma centers authorized in this state; apportioning  
13 trauma centers within each trauma service area;  
14 requiring the department to establish the Florida  
15 Trauma System Advisory Council by a specified date;  
16 requiring the council to review specified materials;  
17 authorizing the council to submit certain  
18 recommendations to the department; providing  
19 membership of the council; requiring the council to  
20 meet no later than a specified date and to meet  
21 annually; requiring the council to submit by a  
22 specified date, and biennially thereafter, a report to  
23 the Legislature and the Governor which must assess  
24 whether an increase in the number of trauma centers  
25 within each trauma service area is recommended based  
26 on certain factors; requiring the report to include  
27 specified information; amending s. 395.4025, F.S.;  
28 conforming provisions to changes made by the act;  
29 requiring the department to select and designate

588-02384-18

20181876c1

30 certain hospitals as trauma centers based on statutory  
31 capacity; prohibiting the department from accepting a  
32 letter of intent or designating a trauma center unless  
33 a specified number of patients have been served by an  
34 existing Level I trauma center in the same or in a  
35 contiguous trauma service area; revising the  
36 department's review process for hospitals seeking  
37 designation as a trauma center; providing that a  
38 proposed trauma center must be ready to operate by a  
39 specified date; requiring the department to select one  
40 or more hospitals for approval to prepare to operate  
41 as a trauma center; providing selection requirements;  
42 prohibiting the applicant from operating as a trauma  
43 center until a final evaluation has been completed by  
44 the department; requiring a specified review team to  
45 make onsite visits to all existing trauma centers  
46 within a certain timeframe; authorizing the department  
47 to designate a trauma center that is in compliance  
48 with specified requirements; deleting a provision  
49 authorizing an applicant to request an extension of  
50 its provisional status; deleting the date by which the  
51 department must select trauma centers; prohibiting an  
52 applicant from operating as a trauma center unless it  
53 has been designated and certain requirements are met;  
54 providing that only certain hospitals may protest a  
55 decision made by the department; providing that  
56 certain trauma centers that were verified by the  
57 department or determined by the department to be in  
58 substantial compliance with specified standards are

588-02384-18

20181876c1

59 deemed to have met application and operational  
60 requirements; providing that certain currently  
61 operating trauma centers are eligible to be designated  
62 as trauma centers by the department if certain  
63 criteria are met; amending s. 395.404, F.S.; requiring  
64 trauma centers to participate in the National Trauma  
65 Data Bank; requiring trauma centers and acute care  
66 hospitals to report trauma patient transfer and  
67 outcome data to the department; deleting provisions  
68 relating to the department review of trauma registry  
69 data; providing an effective date.

70  
71 Be It Enacted by the Legislature of the State of Florida:

72  
73 Section 1. Section 395.402, Florida Statutes, is amended to  
74 read:

75 395.402 Trauma service areas; number and location of trauma  
76 centers.—

77 (1) The Legislature recognizes the need for a statewide,  
78 cohesive, uniform, and integrated trauma system. ~~Within the~~  
79 ~~trauma service areas, Level I and Level II trauma centers shall~~  
80 ~~each be capable of annually treating a minimum of 1,000 and 500~~  
81 ~~patients, respectively, with an injury severity score (ISS) of 9~~  
82 ~~or greater. Level II trauma centers in counties with a~~  
83 ~~population of more than 500,000 shall have the capacity to care~~  
84 ~~for 1,000 patients per year.~~

85 ~~(2) Trauma service areas as defined in this section are to~~  
86 ~~be utilized until the Department of Health completes an~~  
87 ~~assessment of the trauma system and reports its finding to the~~

588-02384-18

20181876c1

88 ~~Governor, the President of the Senate, the Speaker of the House~~  
89 ~~of Representatives, and the substantive legislative committees.~~  
90 ~~The report shall be submitted by February 1, 2005. The~~  
91 ~~department shall review the existing trauma system and determine~~  
92 ~~whether it is effective in providing trauma care uniformly~~  
93 ~~throughout the state. The assessment shall:~~

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

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

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

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

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

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

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

588-02384-18

20181876c1

117 ~~served, and the amount of charity care provided.~~

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

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

122 ~~(b) Stakeholder recommendations.~~

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

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

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

129 ~~(f) Population growth characteristics.~~

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

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

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

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

137 ~~(k) Other appropriate criteria.~~

138 ~~(4) Annually thereafter, the department shall review the~~  
139 ~~assignment of the 67 counties to trauma service areas, in~~  
140 ~~addition to the requirements of paragraphs (2) (b) (g) and~~  
141 ~~subsection (3). County assignments are made for the purpose of~~  
142 ~~developing a system of trauma centers. Revisions made by the~~  
143 ~~department shall take into consideration the recommendations~~  
144 ~~made as part of the regional trauma system plans approved by the~~  
145 ~~department and the recommendations made as part of the state~~

588-02384-18

20181876c1

146 ~~trauma system plan. In cases where a trauma service area is~~  
147 ~~located within the boundaries of more than one trauma region,~~  
148 ~~the trauma service area's needs, response capability, and system~~  
149 ~~requirements shall be considered by each trauma region served by~~  
150 ~~that trauma service area in its regional system plan. Until the~~  
151 ~~department completes the February 2005 assessment, the~~  
152 ~~assignment of counties shall remain as established in this~~  
153 ~~section.~~

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

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

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

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

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

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

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

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

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

174 9. Trauma service area 9 shall consist of Pasco and

588-02384-18

20181876c1

175 Pinellas Counties.

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

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

180 12. Trauma service area 12 shall consist of Brevard and  
181 Indian River Counties.

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

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

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

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

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

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

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

195 (b) Each trauma service area must ~~should~~ have at least one  
196 Level I or Level II trauma center. The department may not  
197 designate an additional Level I trauma center in a trauma  
198 service area in which a Level I trauma center currently exists.  
199 The department may not designate an existing Level II trauma  
200 center as a pediatric trauma center. The department may not  
201 designate an existing Level II trauma center as a Level I trauma  
202 center ~~The department shall allocate, by rule, the number of~~  
203 ~~trauma centers needed for each trauma service area.~~

588-02384-18

20181876c1

204       (c) The total number of trauma centers in this state may  
205 not exceed 35. Trauma centers shall be apportioned as follows:

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

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

208       3. Trauma service area 3 shall have one trauma center.

209       4. Trauma service area 4 shall have one trauma center.

210       5. Trauma service area 5 shall have three trauma centers.

211       6. Trauma service area 6 shall have one trauma center.

212       7. Trauma service area 7 shall have one trauma center.

213       8. Trauma service area 8 shall have three trauma centers.

214       9. Trauma service area 9 shall have three trauma centers.

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

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

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

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

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

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

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

222       17. Trauma service area 17 shall have three trauma centers.

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

224 ~~There shall be no more than a total of 44 trauma centers in the~~  
225 ~~state.~~

226       (2) (a) By October 1, 2018, the department shall establish  
227 the Florida Trauma System Advisory Council to determine the need  
228 for additional trauma centers. The advisory council shall review  
229 and consider materials submitted by the department and  
230 stakeholders, materials published by the American College of  
231 Surgeons Committee on Trauma, and other relevant materials as  
232 the council deems appropriate before issuing a recommendation.



588-02384-18

20181876c1

233 The advisory council may submit recommendations to the  
234 department on the adequacy and continuing development of the  
235 state's trauma system, including the demand for new trauma  
236 centers.

237 (b)1. The advisory council shall consist of 15  
238 representatives appointed by the Governor, including:

239 a. The State Surgeon General;

240 b. A representative from the Agency for Health Care  
241 Administration;

242 c. A representative from an emergency medical services  
243 organization;

244 d. A representative of a local or regional trauma agency;

245 e. A trauma program manager or trauma medical director  
246 representing an investor-owned hospital with a trauma center;

247 f. A trauma program manager recommended by the Teaching  
248 Hospital Council of Florida;

249 g. A representative of the Florida Hospital Association;

250 h. A trauma program manager or trauma medical director  
251 representing a public hospital;

252 i. A trauma program manager or trauma medical director  
253 representing a nonprofit hospital with a trauma center;

254 j. A trauma surgeon representing an investor-owned hospital  
255 with a trauma center;

256 k. A trauma surgeon recommended by the Teaching Hospital  
257 Council of Florida;

258 l. A trauma surgeon representing a not-for-profit hospital  
259 with a trauma center;

260 m. A representative of the American College of Surgeons  
261 Committee on Trauma;

588-02384-18

20181876c1

- 262 n. A representative of Associated Industries of Florida;  
263 and  
264 o. A representative of the Safety Net Hospital Alliance of  
265 Florida.
- 266 2. No two representatives may be employed by the same  
267 health care facility.
- 268 3. Each representative of the council shall be appointed to  
269 a 3-year term; however, for the purpose of providing staggered  
270 terms, of the initial appointments, 5 representatives shall be  
271 appointed to 1-year terms, 5 representatives shall be appointed  
272 to 2-year terms, and 5 representatives shall be appointed to 3-  
273 year terms.
- 274 (3) The advisory council shall convene its first meeting no  
275 later than January 5, 2019, and shall meet at least annually.
- 276 (4) (a) By January 5, 2020, and at least every 2 years  
277 thereafter, the advisory council shall submit a report to the  
278 Governor, the President of the Senate, and the Speaker of the  
279 House of Representatives which assesses whether an increase in  
280 the number of trauma centers within each trauma service area is  
281 recommended based on all of the following factors:
- 282 1. Population changes within a trauma service area;  
283 2. The impact of tourism on a trauma service area;  
284 3. The number of patients with an injury severity score of  
285 less than 0.9 who are treated in hospitals that are not trauma  
286 centers;
- 287 4. Ground and air transport times to a trauma center within  
288 each service area;
- 289 5. The number of patients treated in existing trauma  
290 centers;

588-02384-18

20181876c1

- 291       6. The capacity of existing trauma centers to treat  
292 additional trauma patients;
- 293       7. The potential financial impact on existing trauma  
294 centers of the designation of additional trauma centers;
- 295       8. The financial impact on commercial and government payors  
296 of health care insurance and on Florida taxpayers caused by the  
297 designation of additional trauma centers;
- 298       9. A cost comparison of the charges of existing trauma  
299 centers as contrasted with the charges of any prospective trauma  
300 centers;
- 301       10. Any impacts on graduate medical education programs and  
302 resident training for trauma and surgical specialties in the  
303 state;
- 304       11. The negative impacts, if any, of the designation of new  
305 trauma centers on the ability of existing centers to meet  
306 standards established by the American College of Surgeons  
307 Committee on Trauma;
- 308       12. A survey of literature relating to trauma center  
309 allocation, including peer-reviewed and academic publications;  
310 and
- 311       13. Any other factor the advisory council deems  
312 appropriate.
- 313       (b) The report must state whether each Level I trauma  
314 center within the trauma service areas is capable of annually  
315 treating at least 1,000 patients with an injury severity score  
316 of 9 or greater and whether each Level II trauma center is  
317 capable of annually treating 500 patients with an injury  
318 severity score of 9 or greater. The report must state whether  
319 each Level II trauma center located in a county with a

588-02384-18

20181876c1

320 population greater than 500,000 has the capacity to care for at  
321 least 1,000 patients per year.

322 Section 2. Subsections (1) through (7) of section 395.4025,  
323 Florida Statutes, are amended, and subsection (15) is added to  
324 that section, to read:

325 395.4025 Trauma centers; selection; quality assurance;  
326 records.—

327 (1) For purposes of developing a system of trauma centers,  
328 the department shall use the 18 ~~19~~ trauma service areas  
329 established in s. 395.402. ~~Within each service area and based on~~  
330 ~~the state trauma system plan, the local or regional trauma~~  
331 ~~services system plan, and recommendations of the local or~~  
332 ~~regional trauma agency, the department shall establish the~~  
333 ~~approximate number of trauma centers needed to ensure reasonable~~  
334 ~~access to high-quality trauma services.~~ The department shall  
335 select those hospitals that are to be recognized as trauma  
336 centers.

337 (2) (a) If there is statutory capacity for an additional  
338 trauma center in accordance with s. 395.402(1), the department  
339 shall ~~annually~~ notify each acute care general hospital and each  
340 local and each regional trauma agency in the state that the  
341 department is accepting letters of intent from hospitals that  
342 are interested in becoming trauma centers. The department may  
343 not accept a letter of intent from an applicant and may not  
344 designate an applicant a trauma center if the applicant has  
345 applied to locate the trauma center in a trauma service area  
346 where the number of patients served by an existing Level I  
347 trauma center in that area or in a contiguous trauma service  
348 area fails to exceed 1,000 patients annually. In order to be

588-02384-18

20181876c1

349 considered by the department, a hospital that operates within  
350 the geographic area of a local or regional trauma agency must  
351 certify that its intent to operate as a trauma center is  
352 consistent with the trauma services plan of the local or  
353 regional trauma agency, as approved by the department, if such  
354 agency exists. The department may accept a letter of intent only  
355 if there is statutory capacity for an additional trauma center  
356 in accordance with s. 395.402(1). Letters of intent must be  
357 postmarked no later than midnight October 1.

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

365 (c) In order to be considered by the department,  
366 applications from those hospitals seeking selection as trauma  
367 centers, including those current verified trauma centers that  
368 seek a change or redesignation in approval status as a trauma  
369 center, must be received by the department no later than the  
370 close of business on April 1. The department shall conduct an  
371 initial ~~a provisional~~ review of each application for the purpose  
372 of determining that the hospital's application is complete and  
373 that the hospital is capable of constructing and operating a  
374 trauma center that includes ~~has~~ the critical elements required  
375 for a trauma center. This critical review must ~~will~~ be based on  
376 trauma center standards and must ~~shall~~ include, but need not be  
377 limited to, a review as to ~~of~~ whether the hospital is prepared

588-02384-18

20181876c1

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

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

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

384 3. An effective quality assurance process.

385 4. A submitted written confirmation by the local or  
386 regional trauma agency that the hospital applying to become a  
387 trauma center is consistent with the plan of the local or  
388 regional trauma agency, as approved by the department, if such  
389 agency exists.

390 ~~(d)1. If the department determines that the hospital is~~  
391 ~~capable of attaining and operating with the components required~~  
392 ~~in paragraph (c), the applicant must be ready to operate no~~  
393 ~~later than April 30 of the following year. A hospital that fails~~  
394 ~~to comply with this subsection may not be designated as a trauma~~  
395 ~~center~~ ~~Notwithstanding other provisions in this section, the~~  
396 ~~department may grant up to an additional 18 months to a hospital~~  
397 ~~applicant that is unable to meet all requirements as provided in~~  
398 ~~paragraph (c) at the time of application if the number of~~  
399 ~~applicants in the service area in which the applicant is located~~  
400 ~~is equal to or less than the service area allocation, as~~  
401 ~~provided by rule of the department. An applicant that is granted~~  
402 ~~additional time pursuant to this paragraph shall submit a plan~~  
403 ~~for departmental approval which includes timelines and~~  
404 ~~activities that the applicant proposes to complete in order to~~  
405 ~~meet application requirements. Any applicant that demonstrates~~  
406 ~~an ongoing effort to complete the activities within the~~

588-02384-18

20181876c1

407 ~~timelines outlined in the plan shall be included in the number~~  
408 ~~of trauma centers at such time that the department has conducted~~  
409 ~~a provisional review of the application and has determined that~~  
410 ~~the application is complete and that the hospital has the~~  
411 ~~critical elements required for a trauma center.~~

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

416 (3) After April 30, the department shall select one or more  
417 hospitals any hospital that submitted an application found  
418 acceptable by the department based on initial ~~provisional~~ review  
419 for approval to prepare shall be eligible to operate with the  
420 components required in paragraph (2) (c). The number of  
421 applicants selected is limited to available statutory capacity  
422 in the specified trauma service area, as designated in s.  
423 395.402(1). If the department receives more applications than  
424 may be approved under the statutory capacity in the specified  
425 trauma service area, the department must select the best  
426 applicant or applicants from the available pool based on the  
427 department's determination of the capability of an applicant to  
428 provide the highest quality patient care using the most recent  
429 technological, medical, and staffing resources available, as  
430 well as any other criteria as determined by the department by  
431 rule. The applicant may not operate as a provisional trauma  
432 center until the final evaluation has been completed by the  
433 department.

434 (4) Between May 1 and April 30 ~~October 1~~ of the following  
435 ~~each~~ year, the department shall conduct an in-depth evaluation

588-02384-18

20181876c1

436 of all applications found acceptable in the initial ~~provisional~~  
437 review. The applications shall be evaluated against criteria  
438 enumerated in the application packages as provided to the  
439 hospitals by the department.

440 (5) Between May 1 and April 30 ~~Beginning October 1 of each~~  
441 ~~year and ending no later than June 1~~ of the following year, a  
442 review team of out-of-state experts assembled by the department  
443 shall make onsite visits to all existing ~~provisional~~ trauma  
444 centers. The department shall develop a survey instrument to be  
445 used by the expert team of reviewers. The instrument must ~~shall~~  
446 include objective criteria and guidelines for reviewers based on  
447 existing trauma center standards such that all trauma centers  
448 are assessed equally. The survey instrument must ~~shall~~ also  
449 include a uniform rating system that ~~will be used by~~ reviewers  
450 must use to indicate the degree of compliance of each trauma  
451 center with specific standards, and to indicate the quality of  
452 care provided by each trauma center as determined through an  
453 audit of patient charts. In addition, hospitals being considered  
454 as proposed ~~provisional~~ trauma centers must ~~shall~~ meet all the  
455 requirements of a trauma center and must ~~shall~~ be located in a  
456 trauma service area that has a need for such a trauma center.

457 (6) Based on recommendations from the review team, the  
458 department may designate a trauma center that is in compliance  
459 with trauma center standards and with this section ~~shall select~~  
460 ~~trauma centers by July 1. An applicant may not operate as a~~  
461 trauma center unless it has been designated as a trauma center  
462 and maintains compliance with the operating requirements listed  
463 in paragraph (2)(c) ~~An applicant for designation as a trauma~~  
464 ~~center may request an extension of its provisional status if it~~



588-02384-18

20181876c1

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

486 (7) Only a Any hospital in the same trauma service area or  
487 in a trauma service area contiguous that wishes to the trauma  
488 service area where the applicant has applied to locate a trauma  
489 center may protest a decision made by the department based on  
490 the department's preliminary or in-depth review of applications  
491 or on the recommendations of the site visit review team pursuant  
492 to this section shall proceed as provided in chapter 120.

493 Hearings held under this subsection shall be conducted in the

588-02384-18

20181876c1

494 same manner as provided in ss. 120.569 and 120.57. Cases filed  
495 under chapter 120 may combine all disputes between parties.

496 (15) (a) A trauma center that was verified by the department  
497 before December 15, 2017, is deemed to have met the trauma  
498 center application and operational requirements of this section.

499 (b) A trauma center that was not verified by the department  
500 before December 15, 2017, but that was provisionally approved by  
501 the department to be in substantial compliance with Level II  
502 trauma standards before January 1, 2017, and is operating as a  
503 Level II trauma center is deemed to have met the application and  
504 operational requirements of this section for a trauma center.

505 (c) A trauma center that was not verified by the department  
506 before December 15, 2017, as a Level I trauma center but that  
507 was provisionally approved by the department as a Level I trauma  
508 center in calendar year 2016 is deemed to have met the  
509 application and operational requirements for a Level I trauma  
510 center, if the trauma center complies with the American College  
511 of Surgeons Committee on Trauma standards for adult Level I  
512 trauma centers and does not treat pediatric trauma patients.

513 (d) A trauma center that was not verified by the department  
514 before December 15, 2017, as a pediatric trauma center but that  
515 was provisionally approved by the department to be in  
516 substantial compliance with the pediatric trauma standards  
517 established by rule before January 1, 2018, and is operating as  
518 a pediatric trauma center is deemed to have met the application  
519 and operational requirements of this section for a pediatric  
520 trauma center.

521 (e) Notwithstanding the statutory capacity limits  
522 established in s. 395.402(1), a trauma center is eligible for

588-02384-18

20181876c1

523 designation if all of the following apply:

524 1. The trauma center was not verified by the department  
525 before December 15, 2017;

526 2. The department initially provisionally approved the  
527 trauma center to begin operations in May 2017;

528 3. The trauma center is currently operating as a  
529 provisional Level II trauma center;

530 4. The department determines that the trauma center has met  
531 the application and operational requirements of this section for  
532 a Level II trauma center; and

533 5. The department's decision to provisionally approve the  
534 trauma center is:

535 a. Supported by a recommended order from the Division of  
536 Administrative Hearings and, if the order is appealed, the  
537 department's decision is upheld on appeal; or

538 b. Not supported by a recommended order from the Division  
539 of Administrative Hearings, but the department's decision is  
540 upheld on appeal.

541 Section 3. Section 395.404, Florida Statutes, is amended to  
542 read:

543 395.404 Review of trauma ~~registry~~ data; report to central  
544 registry; ~~confidentiality and limited release.-~~

545 (1) ~~(a)~~ Each trauma center shall participate in the National  
546 Trauma Data Bank.

547 (2) Each trauma center and acute care hospital shall report  
548 to the department all transfers of trauma patients and the  
549 outcomes of such patients furnish, and, upon request of the  
550 department, all acute care hospitals shall furnish for  
551 department review trauma registry data as prescribed by rule of

588-02384-18

20181876c1

552 ~~the department for the purpose of monitoring patient outcome and~~  
553 ~~ensuring compliance with the standards of approval.~~

554 ~~(b) Trauma registry data obtained pursuant to this~~  
555 ~~subsection are confidential and exempt from the provisions of s.~~  
556 ~~119.07(1) and s. 24(a), Art. I of the State Constitution.~~  
557 ~~However, the department may provide such trauma registry data to~~  
558 ~~the person, trauma center, hospital, emergency medical service~~  
559 ~~provider, local or regional trauma agency, medical examiner, or~~  
560 ~~other entity from which the data were obtained. The department~~  
561 ~~may also use or provide trauma registry data for purposes of~~  
562 ~~research in accordance with the provisions of chapter 405.~~

563 ~~(3)(2)~~ Each trauma center, ~~pediatric trauma center,~~ and  
564 acute care hospital shall report to the department's brain and  
565 spinal cord injury central registry, consistent with the  
566 procedures and timeframes of s. 381.74, any person who has a  
567 moderate-to-severe brain or spinal cord injury, and shall  
568 include in the report the name, age, residence, and type of  
569 disability of the individual and any additional information that  
570 the department finds necessary.

571 Section 4. This act shall take effect upon becoming a law.