

Committee Substitute for Senate Bill No. 1762

An act relating to trauma care; amending s. 212.055, F.S.; authorizing certain counties to levy a surtax to fund trauma services by ordinance, subject to referendum approval; amending s. 395.40, F.S.; requiring the Department of Health to promote development of trauma centers and agencies; requiring the department to update the trauma system annually; amending s. 395.4001, F.S.; revising definitions; amending ss. 395.401 and 401.24, F.S.; removing references to center verification, referral centers, and state-approved centers; amending s. 395.4015, F.S.; providing boundaries for the state trauma system plan; deleting requirements for defining a region; amending s. 395.402, F.S.; revising legislative intent; requiring the department to perform an assessment of the trauma system and report its findings to the Governor and Legislature; providing guidelines for such assessment and annual reviews; requiring annual reviews; amending s. 395.4025, F.S.; deleting outdated provisions; providing for centers that seek a change or redesignation in approval status; amending s. 395.403, F.S.; removing legislative intent; providing for funding of trauma centers; requiring the department to recommend an effective grant program to the Governor and the Legislature by a certain date; deleting other funding guidelines; providing appropriations; providing an effective date.

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

Section 1. Subsection (4) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

(4) INDIGENT CARE AND TRAUMA CENTER SURTAX.—

(a)1. The governing body in each county the government of which is not consolidated with that of one or more municipalities, which has a population of at least 800,000 residents and is not authorized to levy a surtax under subsection (5), may levy, pursuant to an ordinance either approved by an extraordinary vote of the governing body or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum, a discretionary sales surtax at a rate that may not exceed 0.5 percent.

2.(b) If the ordinance is conditioned on a referendum, a statement that includes a brief and general description of the purposes to be funded by the surtax and that conforms to the requirements of s. 101.161 shall be placed on the ballot by the governing body of the county. The following questions shall be placed on the ballot:

FOR THE. . .CENTS TAX

AGAINST THE. . .CENTS TAX

3.(e) The ordinance adopted by the governing body providing for the imposition of the surtax shall set forth a plan for providing health care services to qualified residents, as defined in subparagraph 4. paragraph (d). Such plan and subsequent amendments to it shall fund a broad range of health care services for both indigent persons and the medically poor, including, but not limited to, primary care and preventive care as well as hospital care. The plan must also address the services to be provided by the Level I trauma center. It shall emphasize a continuity of care in the most cost-effective setting, taking into consideration both a high quality of care and geographic access. Where consistent with these objectives, it shall include, without limitation, services rendered by physicians, clinics, community hospitals, mental health centers, and alternative delivery sites, as well as at least one regional referral hospital where appropriate. It shall provide that agreements negotiated between the county and providers, including hospitals with a Level I trauma center, will include reimbursement methodologies that take into account the cost of services rendered to eligible patients, recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care, promote the advancement of technology in medical services, recognize the level of responsiveness to medical needs in trauma cases, and require cost containment including, but not limited to, case management. It must also provide that any hospitals that are owned and operated by government entities on May 21, 1991, must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to meetings of the governing board, the subject of which is budgeting resources for the rendition of charity care as that term is defined in the Florida Hospital Uniform Reporting System (FHURS) manual referenced in s. 408.07. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service delivery and funding.

4.(d) For the purpose of this paragraph subsection, the term “qualified resident” means residents of the authorizing county who are:

a.1. Qualified as indigent persons as certified by the authorizing county;

b.2. Certified by the authorizing county as meeting the definition of the medically poor, defined as persons having insufficient income, resources, and assets to provide the needed medical care without using resources required to meet basic needs for shelter, food, clothing, and personal expenses; or not being eligible for any other state or federal program, or having medical needs that are not covered by any such program; or having insufficient third-party insurance coverage. In all cases, the authorizing county is intended to serve as the payor of last resort; or

c.3. Participating in innovative, cost-effective programs approved by the authorizing county.

5.(e) Moneys collected pursuant to this paragraph subsection remain the property of the state and shall be distributed by the Department of Revenue on a regular and periodic basis to the clerk of the circuit court as ex officio custodian of the funds of the authorizing county. The clerk of the circuit court shall:

a.1. Maintain the moneys in an indigent health care trust fund;

b.2. Invest any funds held on deposit in the trust fund pursuant to general law;

c.3. Disburse the funds, including any interest earned, to any provider of health care services, as provided in subparagraphs 3. and 4. paragraphs (c) and (d), upon directive from the authorizing county. However, if a county has a population of at least 800,000 residents and has levied the surtax authorized in this paragraph subsection, notwithstanding any directive from the authorizing county, on October 1 of each calendar year, the clerk of the court shall issue a check in the amount of \$6.5 million to a hospital in its jurisdiction that has a Level I trauma center or shall issue a check in the amount of \$3.5 million to a hospital in its jurisdiction that has a Level I trauma center if that county enacts and implements a hospital lien law in accordance with chapter 98-499, Laws of Florida. The issuance of the checks on October 1 of each year is provided in recognition of the Level I trauma center status and shall be in addition to the base contract amount received during fiscal year 1999-2000 and any additional amount negotiated to the base contract. If the hospital receiving funds for its Level I trauma center status requests such funds to be used to generate federal matching funds under Medicaid, the clerk of the court shall instead issue a check to the Agency for Health Care Administration to accomplish that purpose to the extent that it is allowed through the General Appropriations Act; and

d.4. Prepare on a biennial basis an audit of the trust fund specified in sub-subparagraph a. subparagraph 1. Commencing February 1, 2004, such audit shall be delivered to the governing body and to the chair of the legislative delegation of each authorizing county.

6.(f) Notwithstanding any other provision of this section, a county shall not levy local option sales surtaxes authorized in this paragraph subsection and subsections (2) and (3) in excess of a combined rate of 1 percent.

(b) Notwithstanding any other provision of this section, the governing body in each county the government of which is not consolidated with that of one or more municipalities and which has a population of less than 800,000 residents, may levy, by ordinance subject to approval by a majority of the electors of the county voting in a referendum, a discretionary sales surtax at a rate that may not exceed 0.25 percent for the sole purpose of funding trauma services provided by a trauma center licensed pursuant to chapter 395.

1. A statement that includes a brief and general description of the purposes to be funded by the surtax and that conforms to the requirements of s. 101.161 shall be placed on the ballot by the governing body of the county. The following shall be placed on the ballot:

FOR THE . . . CENTS TAX
AGAINST THE . . . CENTS TAX

2. The ordinance adopted by the governing body of the county providing for the imposition of the surtax shall set forth a plan for providing trauma services to trauma victims presenting in the trauma service area in which such county is located.

3. Moneys collected pursuant to this paragraph remain the property of the state and shall be distributed by the Department of Revenue on a regular and periodic basis to the clerk of the circuit court as ex officio custodian of the funds of the authorizing county. The clerk of the circuit court shall:

a. Maintain the moneys in a trauma services trust fund.

b. Invest any funds held on deposit in the trust fund pursuant to general law.

c. Disburse the funds, including any interest earned on such funds, to the trauma center in its trauma service area, as provided in the plan set forth pursuant to subparagraph 2., upon directive from the authorizing county. If the trauma center receiving funds requests such funds be used to generate federal matching funds under Medicaid, the custodian of the funds shall instead issue a check to the Agency for Health Care Administration to accomplish that purpose to the extent that the agency is allowed through the General Appropriations Act.

d. Prepare on a biennial basis an audit of the trauma services trust fund specified in sub-subparagraph a., to be delivered to the authorizing county.

4. A discretionary sales surtax imposed pursuant to this paragraph shall expire 4 years after the effective date of the surtax, unless reenacted by ordinance subject to approval by a majority of the electors of the county voting in a subsequent referendum.

5. Notwithstanding any other provision of this section, a county shall not levy local option sales surtaxes authorized in this paragraph and subsections (2) and (3) in excess of a combined rate of 1 percent.

Section 2. Subsections (5) and (6) of section 395.40, Florida Statutes, are amended to read:

395.40 Legislative findings and intent.—

(5) In addition, the agencies listed in subsection (4) should undertake to:

(a) Establish a coordinated methodology for monitoring, evaluating, and enforcing the requirements of the state's inclusive trauma system which recognizes the interests of each agency.

(b) Develop appropriate roles for trauma agencies, to assist in furthering the operation of trauma systems at the regional level. This should include issues of system evaluation as well as managed care.

(c) Develop and submit appropriate requests for waivers of federal requirements which will facilitate the delivery of trauma care.

(d) Develop criteria that will become the future basis for ~~mandatory consultation between acute care hospitals and trauma centers~~ on the care of trauma victims and the mandatory transfer of appropriate trauma victims to trauma centers.

(e) Develop a coordinated approach to the care of the trauma victim. This shall include the movement of the trauma victim through the system of care and the identification of medical responsibility for each phase of care for out-of-hospital and in-hospital trauma care.

(f) Require the medical director of an emergency medical services provider to have medical accountability for a trauma victim during interfacility transfer.

(6) Furthermore, the Legislature encourages the department to actively foster the provision of trauma care and serve as a catalyst for improvements in the process and outcome of the provision of trauma care in an inclusive trauma system. Among other considerations, the department is required encouraged to:

(a) Promote the development of at least one trauma center in every trauma service area.

(b) Promote the development of a trauma agency for each trauma region.

(c) Update the state trauma system plan by February 2005 ~~December 2000~~ and at least annually every 5th year thereafter.

Section 3. Section 395.4001, Florida Statutes, is amended to read:

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

(1) “Agency” means the Agency for Health Care Administration.

(2) “Charity care” or “uncompensated trauma ~~charity~~ care” means that portion of hospital charges reported to the agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of method of payment, for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 ~~150~~ percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal poverty level for a family of four be considered charity.

(3) “Department” means the Department of Health.

(4) “Interfacility trauma transfer” means the transfer of a trauma victim between two facilities licensed under this chapter, pursuant to this part.

(5) “Level I trauma center” means a trauma center that:

(a) Has formal research and education programs for the enhancement of trauma care; ~~and is verified determined~~ by the department to be in substantial compliance with Level I trauma center and pediatric trauma referral center standards; and has been approved by the department to operate as a Level I trauma center.

(b) Serves as a resource facility to Level II trauma centers, pediatric trauma referral centers, and general hospitals through shared outreach, education, and quality improvement activities.

(c) Participates in an inclusive system of trauma care, including providing leadership, system evaluation, and quality improvement activities.

(6) “Level II trauma center” means a trauma center that:

(a) Is verified determined 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.

(b) Serves as a resource facility to general hospitals through shared outreach, education, and quality improvement activities.

(c) Participates in an inclusive system of trauma care.

(7) “Pediatric trauma referral center” means a hospital that is verified determined by the department to be in substantial compliance with pediatric trauma referral center standards as established by rule of the department and has been approved by the department to operate as a pediatric trauma center.

(8) “Provisional 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 provisional Level I trauma center, Level II trauma center, or pediatric trauma center.

~~(8) “State-approved trauma center” means a hospital that has successfully completed the selection process pursuant to s. 395.4025 and has been approved by the department to operate as a trauma center in the state.~~

~~(9) “State-sponsored trauma center” means a trauma center or pediatric trauma referral center that receives state funding for trauma care services under s. 395.403.~~

(9)(10) “Trauma agency” means a department-approved agency established and operated by one or more counties, or a department-approved entity with which one or more counties contract, for the purpose of administering an inclusive regional trauma system.

(10)(11) “Trauma alert victim” means a person who has incurred a single or multisystem injury due to blunt or penetrating means or burns, who requires immediate medical intervention or treatment, and who meets one or more of the adult or pediatric scorecard criteria established by the department by rule.

(11)(12) “Trauma center” means a any hospital that has been verified determined 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 verification standards as either state-approved or provisional state-approved.

(12)(13) “Trauma scorecard” means a statewide methodology adopted by the department by rule under which a person who has incurred a traumatic injury is graded as to the severity of his or her injuries or illness and which methodology is used as the basis for making destination decisions.

(13)(14) “Trauma transport protocol” means a document which describes the policies, processes, and procedures governing the dispatch of vehicles, the triage, prehospital transport, and interfacility trauma transfer of trauma victims.

(14)(15) “Trauma victim” means any person who has incurred a single or multisystem injury due to blunt or penetrating means or burns and who requires immediate medical intervention or treatment.

Section 4. Subsection (1) of section 395.401, Florida Statutes, is amended to read:

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

(1)(a) The local and regional trauma agencies shall plan, implement, and evaluate trauma services systems, in accordance with this section and ss. 395.4015, 395.404, and 395.4045, which consist of organized patterns of readiness and response services based on public and private agreements and operational procedures. The department shall establish, by rule, processes and procedures for establishing a trauma agency and obtaining its approval from the department.

(b) The local and regional trauma agencies shall develop and submit to the department plans for local and regional trauma services systems. The plans must include, at a minimum, the following components:

1. The organizational structure of the trauma system.
2. Prehospital care management guidelines for triage and transportation of trauma cases.
3. Flow patterns of trauma cases and transportation system design and resources, including air transportation services, provision for interfacility trauma transfer, and the prehospital transportation of trauma victims. The

trauma agency shall plan for the development of a system of transportation of trauma alert victims to trauma centers where the distance or time to a trauma center or transportation resources diminish access by trauma alert victims.

4. The number and location of needed ~~state-approved~~ trauma centers based on local needs, population, and location and distribution of resources.

5. Data collection regarding system operation and patient outcome.

6. Periodic performance evaluation of the trauma system and its components.

7. The use of air transport services within the jurisdiction of the local trauma agency.

8. Public information and education about the trauma system.

9. Emergency medical services communication system usage and dispatching.

10. The coordination and integration between the verified trauma center care facility and other acute care hospitals ~~the nonverified health care facilities~~.

11. Medical control and accountability.

12. Quality control and system evaluation.

(c) The department shall receive plans for the implementation of inclusive trauma systems from trauma agencies. The department may approve or not approve trauma agency plans based on the conformance of the plan with this section and ss. 395.4015, 395.404, and 395.4045 and the rules and definitions adopted by the department pursuant to those sections. The department shall approve or disapprove the plans within 120 days after the date the plans are submitted to the department. The department shall, by rule, provide an application process for establishing a trauma agency. The application must, at a minimum, provide requirements for the trauma agency plan submitted for review, a process for reviewing the application for a ~~state-approved~~ trauma agency, a process for reviewing the trauma transport protocols for the trauma agency, and a process for reviewing the staffing requirements for the agency. The department shall, by rule, establish minimum requirements for a trauma agency to conduct an annual performance evaluation and submit the results to the department.

(d) A trauma agency shall not operate unless the department has approved the local or regional trauma services system plan of the agency.

(e) The department may grant an exception to a portion of the rules adopted pursuant to this section or s. 395.4015 if the local or regional trauma agency proves that, as defined in the rules, compliance with that requirement would not be in the best interest of the persons served within the affected local or regional trauma area.

(f) A local or regional trauma agency may implement a trauma care system only if the system meets the minimum standards set forth in the rules for implementation established by the department and if the plan has been submitted to, and approved by, the department. At least 60 days before the local or regional trauma agency submits the plan for the trauma care system to the department, the local or regional trauma agency shall hold a public hearing and give adequate notice of the public hearing to all hospitals and other interested parties in the area to be included in the proposed system.

(g) Local or regional trauma agencies may enter into contracts for the purpose of implementing the local or regional plan. If local or regional agencies contract with hospitals for trauma services, such agencies must contract only with hospitals which are verified trauma centers.

(h) Local or regional trauma agencies providing service for more than one county shall, as part of their formation, establish interlocal agreements between or among the several counties in the regional system.

(i) This section does not restrict the authority of a health care facility to provide service for which it has received a license pursuant to this chapter.

(j) Any hospital which is verified as a trauma center shall accept all trauma victims that are appropriate for the facility regardless of race, sex, creed, or ability to pay.

(k) It is unlawful for any hospital or other facility to hold itself out as a trauma center unless it has been so verified.

(l) A county, upon the recommendations of the local or regional trauma agency, may adopt ordinances governing the transport of a patient who is receiving care in the field from prehospital emergency medical personnel when the patient meets specific criteria for trauma, burn, or pediatric centers adopted by the local or regional trauma agency. These ordinances must be consistent with s. 395.4045, ordinances adopted under s. 401.25(6), and the local or regional trauma system plan and, to the furthest possible extent, must ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources.

(m) The local or regional trauma agency shall, consistent with the regional trauma system plan, coordinate and otherwise facilitate arrangements necessary to develop a trauma services system.

(n) After the submission of the initial trauma system plan, each trauma agency shall, every 5th year, submit to the department for approval an updated plan that identifies the changes, if any, to be made in the regional trauma system.

(o) This section does not preclude a local or regional trauma agency from adopting trauma care system standards.

Section 5. Section 395.4015, Florida Statutes, is amended to read:

395.4015 State regional trauma planning; trauma regions.—

(1) The department shall establish a state trauma system plan. As part of the state trauma system plan, the department shall establish trauma regions ~~that~~ which cover all geographical areas of the state and have boundaries that are coterminous with the boundaries of the regional domestic security task forces established under s. 943.0312. These regions may serve as the basis for the development of department-approved local or regional trauma plans. However, the delivery of trauma services by or in coordination with a trauma agency established before July 1, 2004, may continue in accordance with public and private agreements and operational procedures entered into as provided in s. 395.401. ~~The department shall base its definition of the regions upon:~~

~~(a) Geographical considerations so as to ensure rapid access to trauma care by patients;~~

~~(b) Historical patterns of patient referral and transfer in an area;~~

~~(c) Inventories of available trauma care resources;~~

~~(d) Predicted population growth characteristics;~~

~~(e) Transportation capabilities, including ground and air transport;~~

~~(f) Medically appropriate ground and air travel times; and~~

~~(g) Other appropriate criteria.~~

~~(2) The department shall develop trauma systems plans for the department-defined trauma regions which include at a minimum the following components:~~

~~(a) An assessment of current and future trauma care needs of the population, based upon incidence rates and acuity indicators developed by the department, as well as other relevant characteristics of the region.~~

~~(b) The organizational structure of the regional trauma system, including the identification of local trauma agency service areas within the region.~~

~~(c) Prehospital care management guidelines for triage and transportation of trauma cases.~~

~~(d) Flow patterns of trauma cases and transportation system design and resources, including air transportation services, provision for interfacility trauma transfer, and the prehospital transportation of trauma victims. The department shall plan for the development of a system of transportation of trauma alert victims to trauma centers where the distance or time to a trauma center or transportation resources diminish access by trauma alert victims.~~

~~(e) The current and projected number, acuity level, and geographic location of trauma cases expected so as to assure that the assessed current and future trauma care needs of the population are adequately met and that~~

state-sponsored trauma centers will maintain the volume of cases sufficient to provide quality care to trauma cases referred to them.

~~(f) The availability of qualified health professionals, including physicians and surgeons, capable of staffing trauma centers to the level of current and future assessed needs.~~

~~(g) Data collection regarding system operation and patient outcome, as well as the number, type, and generalized locations of state-sponsored trauma centers needed to meet the needs of the population.~~

~~(h) Periodic performance evaluation of the trauma system and its components.~~

~~(i) The type and extent of air transport services available and needed in each region.~~

~~(j) Public information and education about the trauma system.~~

~~(k) Emergency medical services communication system usage and dispatching.~~

~~(l) The coordination and integration between the trauma centers and other health care facilities which may provide services to trauma victims.~~

~~(m) Medical control and accountability.~~

~~(n) Quality management and system evaluation.~~

~~(2)(3) The department shall consider the advice and recommendations of any affected local or regional trauma agency in developing the state trauma system systems plan. The department may, in lieu of specific regional components of its own plan, accept components developed by local or regional trauma agencies.~~

~~(3)(4) The department shall use the state trauma system plan as the basis for establishing a statewide inclusive trauma system.~~

Section 6. 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. Within the trauma service areas, that Level I and Level II trauma centers shall should 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. Further, the Legislature finds that, based on the numbers and locations of trauma victims with these injury severity scores, there should be 19 trauma service areas in the state, and, at a minimum, there should be at least one trauma center in each service area.

~~(2) It is the intent of the Legislature that, as a planning guideline, Level I and Level II trauma centers should generally each provide care annually~~

to a minimum of 1,000 and 500 patients, respectively. Level II trauma centers in counties of more than 500,000 population are expected to be able to care for 1,000 patients per year, as a planning guideline.

(2)(3) 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:

(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 a 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, used. the department shall periodically 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 These assignments are made for the purpose of developing a system of trauma centers. Revisions made by the department shall ~~should~~ take into consideration the recommendations made as part of the regional trauma system plans approved by the department, and ~~as well as~~ 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 ~~These areas must, at a minimum, be reviewed in the year 2000 and every 5 years thereafter.~~ Until the department completes the February 2005 assessment its initial review, the assignment of counties shall remain as established in this section pursuant to chapter 90-284, Laws of Florida.

- (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, Glades, Hendry, and Lee Counties.
16. Trauma service area 16 shall consist of Palm Beach County.
17. Trauma service area 17 shall consist of Collier County.
18. Trauma service area 18 shall consist of Broward County.
19. Trauma service area 19 shall consist of Dade and Monroe Counties.

(b) Each trauma service area should have at least one Level I or Level II trauma center. The department shall allocate, by rule, the number of trauma centers needed for each trauma service area.

(c) There shall be no more than a total of 44 ~~state-sponsored~~ trauma centers in the state.

Section 7. Section 395.4025, Florida Statutes, is amended to read:

395.4025 ~~State-approved~~ Trauma centers; selection; quality assurance; records.—

(1) For purposes of developing a system of ~~state-approved~~ trauma centers, the department shall use the 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, ~~and the 1990 Report and Proposal for Funding State-Sponsored Trauma Centers~~, the department shall establish the approximate number of ~~state-approved~~ trauma centers needed to ensure reasonable access to high-quality trauma services. The ~~Using the guidelines and procedures outlined in the 1990 report, except when in conflict with those prescribed in this section, the department shall select those hospitals that are to be recognized as state-approved trauma centers and shall include all trauma centers verified as of October 1, 1990, and subsequently, subject to specific programmatic and quality of care standards.~~

(2)(a) The department shall annually notify each acute care general hospital and each local and each regional trauma agency in the state that the department is accepting letters of intent from hospitals that are interested in becoming ~~state-approved~~ trauma centers. 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 ~~state-approved~~ 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. ~~This paragraph does not apply to any hospital that is a provisional or verified trauma center on January 1, 1992.~~

(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 ~~state-approved~~ trauma center. The standards for ~~verification of~~ trauma centers and ~~pediatric trauma referral 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 ~~state-approved~~ trauma centers, including those current verified trauma centers that seek a change or redesignation in approval status as a trauma center to be state-approved trauma centers, must be received by the department no later than the close of business on April 1. The department shall conduct a provisional review of each application for the purpose of determining that the hospital's application is complete and that the hospital has the critical elements required for a ~~state-approved~~ trauma center. This critical review will be based on trauma center ~~verification~~ standards and shall include, but not be limited to, a review of whether the hospital 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 ~~verification of~~ the hospital applying to become as a ~~state-approved~~ trauma center is consistent with the plan of the local or regional trauma agency, as approved by the department, if such agency exists. ~~This subparagraph applies to any hospital that is not a provisional or verified trauma center on January 1, 1992.~~

(d)1. 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 ~~state-approved~~ 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 ~~state-approved~~ 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 ~~state-approved~~ trauma center.

(3) After April 30, any hospital that submitted an application found acceptable by the department based on provisional review, ~~including all trauma centers verified as of December 1, 1989,~~ shall be eligible to operate as a provisional ~~state-approved~~ trauma center.

(4) Between May 1 and October 1 of each year, the department shall conduct an in-depth evaluation of all applications found acceptable in the provisional review. The applications shall be evaluated against criteria enumerated in the application packages as provided to the hospitals by the department.

(5) Beginning October 1 of each year and ending no later than June 1 of the following year, a review team of out-of-state experts assembled by the department shall make onsite visits to all provisional ~~state-approved~~ trauma centers. The department shall develop a survey instrument to be used by the expert team of reviewers. The instrument shall include objective criteria and guidelines for reviewers based on existing trauma center ~~and pediatric trauma referral center verification~~ standards such that all trauma centers ~~and pediatric trauma referral centers~~ are assessed equally. The survey instrument shall also include a uniform rating system that will be used by reviewers 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 ~~state-approved~~ trauma centers shall meet all the requirements of a verified trauma center ~~or pediatric trauma referral center~~, and shall be located in a trauma service area that has a need for such a trauma center.

(6) Based on recommendations from the review team, the department shall select ~~state-approved~~ trauma centers by July 1. An applicant for designation as a ~~state-approved~~ trauma center ~~or a state-approved pediatric trauma referral 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 ~~state-approved~~ trauma center ~~or a state-approved pediatric trauma referral 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 ~~state-approved trauma center or the provisional state-approved pediatric trauma referral 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 ~~state-approved~~ approval verification trauma center shall be granted a 7-year approval verification period during which time it must continue to maintain trauma center ~~verification~~ standards and acceptable patient outcomes as determined by department rule. An approval A verification, 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. ~~After July 1, 1992, only those hospitals selected as state-approved trauma centers may operate as trauma centers.~~

(7) 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.

(8) Notwithstanding any provision of chapter 381, a hospital licensed under ss. 395.001-395.3025 that operates a ~~state-approved~~ trauma center may not terminate or substantially reduce the availability of trauma service without providing at least 180 days' ~~6 months'~~ notice of its intent to terminate such service. Such notice shall be given to the department of Health, to all affected local or regional trauma agencies, and to all ~~state-approved~~ 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.

(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, ~~pediatric trauma referral 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 of ~~verification~~, and monitoring patient outcomes. A trauma center, ~~pediatric trauma referral 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, ~~pediatric trauma referral center~~, hospital, emergency medical service provider, medical examiner, or an individual who provides trauma services is not disclosed.

(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.

(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, ~~pediatric trauma referral centers~~, hospitals, emergency medical service providers, local or regional trauma agencies, or medical examiners regarding the care, transport, treatment, or examination of trauma patients.

(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.

(13) The department may adopt, by rule, the procedures and process by which it will select ~~state-approved~~ trauma centers. Such procedures and process must be used in annually selecting ~~state-approved~~ trauma centers and must be consistent with subsections (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.

(14) Notwithstanding any other provisions of this section and rules adopted pursuant to this section, until the department has conducted the review provided under s. 395.402, only hospitals located in trauma services areas where there is no existing trauma center may apply.

Section 8. Section 395.403, Florida Statutes, is amended to read:

395.403 Reimbursement of ~~state-sponsored~~ trauma centers.—

~~(1) The Legislature finds that many hospitals which provide services to trauma victims are not adequately compensated for such treatment. The Legislature also recognizes that the current verified trauma centers are providing such services without adequate reimbursement. Therefore, it is~~

~~the intent of the Legislature to provide financial support to the current verified trauma centers and to establish a system of state-sponsored trauma centers as soon as feasibly possible. It is also the intent of the Legislature that this system of state-sponsored trauma centers be assisted financially based on the volume and acuity of uncompensated trauma care provided.~~

(1)(2) All provisional trauma centers and state-approved trauma centers shall be considered eligible to receive state funding state-sponsored trauma centers when state funds are specifically appropriated for state-sponsored trauma centers in the General Appropriations Act. Effective July 1, 2004, the department shall make one-time payments from the Administrative Trust Fund under s. 20.435 to the trauma centers and a hospital with a pending application for a Level I trauma center in recognition of the capital investment made by the hospital to establish the trauma service. 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, with lesser amounts for the hospital with an application pending for a Level I trauma center at the department as of April 1, 2004. 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 provisional trauma center or trauma center shall repay the state for the portion of the year during which it was not a trauma center.

(2) Provisional trauma centers and trauma centers eligible to receive distributions from the Administrative 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) To receive state funding, a state-sponsored trauma center shall submit a claim electronically via the Trauma Claims Processing System, designed, developed, implemented, and operated by the department's Medicaid program, to the department's Medicaid program upon discharge of a trauma patient. When a hospital stay spans a state fiscal year, a separate hospital claim shall be submitted for the hospital days incurred in each fiscal year.~~

~~(4)(a) State-sponsored trauma centers shall determine each trauma patient's eligibility for state funding prior to the submission of a claim.~~

~~(b) A trauma patient treated must meet the definition of charity care, have been designated as having an ISS score of 9 or greater, and have received services that are medically necessary from a state-sponsored trauma center in order for the state-sponsored trauma center to receive state funding for that patient.~~

~~(c) Each state-sponsored trauma center shall retain appropriate documentation showing a trauma patient's eligibility for state funding. Documentation recognized by the department as appropriate shall be limited to one of the following:~~

- ~~1. W-2 withholding forms.~~

2. ~~Payroll stubs.~~
3. ~~Income tax returns.~~
4. ~~Forms approving or denying unemployment compensation or workers' compensation.~~
5. ~~Written verification of wages from employer.~~
6. ~~Written verification from public welfare agencies or any other governmental agency which can attest to the patient's income status for the past 12 months.~~
7. ~~A witnessed statement signed by the patient or responsible party, as provided for in Pub. L. No. 79-725, as amended, known as the Hill-Burton Act, except that such statement need not be obtained within 48 hours of the patient's admission to the hospital as required by the Hill-Burton Act. The statement shall include acknowledgment that, in accordance with s. 817.50, providing false information to defraud a hospital for the purposes of obtaining goods or services is a misdemeanor of the second degree.~~

~~(d) The department shall conduct an audit or shall contract with an independent party to conduct an audit of each state-sponsored trauma center's claims to ensure that state funding was only provided for eligible trauma patients and medically necessary services.~~

~~(e) The department's Medicaid program office shall check each claim to confirm that the patient is not covered under the Medicaid program and shall pay the claim out of the Trauma Services Trust Fund. Trauma patients who are eligible for the Medicaid program shall not be considered eligible for the state-sponsored trauma center program except for Medicaid non-covered services. If a claim is denied by the Trauma Claims Processing System as a result of Medicaid eligibility for Medicaid covered services, the hospital shall submit a claim to the Medicaid fiscal agent for payment.~~

~~(5) State funding shall be at a per diem rate equal to \$860 to provisional state-approved and state-approved trauma centers. This rate shall be effective for the first 12 months of funding, after which time payment to provisional state-approved and state-approved trauma centers shall be based on a trauma cost-based reimbursement methodology developed by the department. The department shall consult with representatives from the hospital industry including the Florida Hospital Association, the Association of Voluntary Hospitals of Florida, and the Florida League of Hospitals in the development of the reimbursement methodology.~~

~~(6)(a) To ensure a fair distribution of funds appropriated for state-sponsored trauma centers and to ensure that no state-sponsored trauma center gains an unfair advantage due solely to its ability to bill more quickly than another state-sponsored trauma center, the total amount of state funds appropriated in the General Appropriations Act for this section shall be divided into 19 trauma fund accounts with an account for each service area established in s. 395.402(3). The amount of funds distributed to a service area shall be based on the following formula:~~

$$\text{SAAA} = \frac{\text{SATD}}{\text{TTD}} \times \text{TA}$$

where:

SAAA = service area appropriation amount.

SATD = uncompensated service area trauma days with ISS score of 9 or greater.

TTD = uncompensated total trauma days with ISS score of 9 or greater for all 19 service areas.

TA = total dollars appropriated for state-sponsored trauma centers.

(b) ~~The database to be used for this calculation shall be the detailed patient discharge data of the most recently completed calendar year for which the board possesses data. Out-of-state days that are included in the database shall be allocated to the service area where the treating hospital is located.~~

(c) ~~Fifty percent of the funds allocated to those service areas which had one or more trauma centers as of December 1, 1989, shall be distributed to those verified trauma centers proportionately based on volume and acuity of uncompensated trauma care provided during the most recently completed calendar year for which the board possesses data in a lump-sum payment on the date funding becomes available. These trauma centers shall submit claims pursuant to subsection (3) in order to justify this funding. Effective 9 months after funding becomes available, any trauma center which fails to submit claims for reimbursement equal to or greater than the amount the trauma center received under the initial allocation shall return any unearned funds to the department for distribution pursuant to paragraph (e). Once this 50-percent lump sum is depleted, a trauma center will be reimbursed from the remaining 50 percent of the service area's original allocation.~~

(d) ~~The department shall pay trauma claims on a monthly basis. In a given month when the outstanding claims will exceed the unexpended funds allocated to a service area, the department shall pay all of the submitted claims for the service area on a pro rata basis.~~

(e) ~~At the end of the fiscal year, the unexpended funds for each service area shall be placed in one large state trauma account from which all remaining claims are paid without regard to service area on a pro rata basis until such funds are depleted.~~

(f) ~~For any state fiscal year, reimbursement for any patient residing outside the trauma service area of the state-sponsored trauma center where the patient is treated shall be paid out of the funds allocated for the trauma service area where the patient resides. Out-of-state days shall be paid from the service area where the treating hospital is located.~~

(3)(7) In order to receive state funding ~~payments under this section~~, a hospital shall be a ~~state-sponsored~~ 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 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)(8) A ~~state-sponsored~~ trauma center ~~that which~~ fails to comply with any of the conditions listed in subsection (3) (7) or the applicable rules of the department shall not receive payments under this section for the period in which it was not in compliance.

Section 9. Section 401.24, Florida Statutes, is amended to read:

401.24 Emergency medical services state plan.—The department is responsible, at a minimum, for the improvement and regulation of basic and advanced life support programs. The department shall develop and biennially revise a comprehensive state plan for basic and advanced life support services, the emergency medical services grants program, ~~state-approved~~ trauma centers, ~~state-approved pediatric trauma referral centers~~, the injury control program, and medical disaster preparedness. The state plan shall include, but need not be limited to:

(1) Emergency medical systems planning, including the prehospital and hospital phases of patient care, and injury control effort and unification of such services into a total delivery system to include air, water, and land services.

(2) Requirements for the operation, coordination, and ongoing development of emergency medical services, which includes: basic life support or advanced life support vehicles, equipment, and supplies; communications; personnel; training; public education; state trauma system; injury control; and other medical care components.

(3) The definition of areas of responsibility for regulating and planning the ongoing and developing delivery service requirements.

Section 10. The sum of \$300,000 is appropriated from the General Revenue Fund to the Administrative Trust Fund for the Department of Health to contract with a state university to conduct the study required under section 395.402, Florida Statutes.

Section 11. The sum of \$20,700,000 is appropriated from the General Revenue Fund to the Administrative Trust Fund for the the Department of Health to provide equal funding for each existing trauma center as of July 1, 2004, and an amount not to exceed 70 percent of the amount received by an existing trauma center for a hospital with a Level I trauma center application pending with the department as of April 1, 2004.

[Section 11 was vetoed by the Governor.]

Section 12. This act shall take effect July 1, 2004.

Approved by the Governor May 28, 2004.

Filed in Office Secretary of State May 28, 2004.