

Committee Substitute for House Bill No. 1991

An act relating to trauma services; creating s. 395.4001, F.S.; providing definitions; amending s. 395.401, F.S.; deleting definitions; revising minimum components for local and regional trauma services system plans; amending s. 395.4015, F.S.; revising minimum components for state regional trauma system plans; providing for a statewide inclusive trauma system; amending s. 395.4045, F.S.; revising requirements relating to trauma transport protocols; providing for uniform protocols; revising requirements relating to the trauma scoring system and rules related thereto; revising requirements relating to trauma transport protocols and rules related thereto; providing procedures prior to an interfacility trauma transfer to ensure patient care and safety; requiring the Department of Health to adopt and enforce certain rules; amending s. 395.405, F.S.; providing rule-making and enforcement authority; amending ss. 395.4025, 395.50, 322.0602, and 440.13, F.S.; correcting cross references; creating an emergency services task force; providing membership; providing for a study; requiring recommendations and a report; providing for repeal; providing effective dates.

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

Section 1. Section 395.4001, Florida Statutes, is created 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 charity care” means that portion of hospital charges reported to the agency for which there is no compensation for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 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 determined by the department to be in substantial compliance with Level I trauma center and pediatric trauma referral center standards.

(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 determined by the department to be in substantial compliance with Level II trauma center standards.

(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 determined by the department to be in substantial compliance with pediatric trauma referral center standards as established by rule of the department.

(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.

(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.

(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.

(12) “Trauma center” means any hospital that has been determined by the department to be in substantial compliance with trauma center verification standards as either state-approved or provisional state-approved.

(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.

(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.

(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 2. Section 395.401, Florida Statutes, is amended to read:

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

(1) ~~As used in this part, the term:~~

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

(b) ~~“Charity care” or “uncompensated charity care” means that portion of hospital charges reported to the agency for which there is no compensation for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 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.~~

(c) ~~“Department” means the Department of Health.~~

(d) ~~“Level I trauma center” means a hospital that is determined by the department to be in substantial compliance with trauma center and pediatric trauma referral center verification standards as established by rule of the department, and which:~~

1. ~~Has formal research and education programs for the enhancement of trauma care.~~

2. ~~Serves as a resource facility to Level II trauma centers, pediatric trauma referral centers, and community hospitals.~~

3. ~~Ensures an organized system of trauma care.~~

(e) ~~“Level II trauma center” means a hospital that is determined by the department to be in substantial compliance with trauma center verification standards as established by rule of the department, and which:~~

1. ~~Serves as a resource facility to community hospitals.~~

2. ~~Ensures an organized system of trauma care.~~

(f) ~~“Pediatric trauma referral center” means a hospital that is determined to be in substantial compliance with pediatric trauma referral center standards as established by rule of the department.~~

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

~~(h) “State-sponsored trauma center” means a state-approved trauma center that receives state funding for trauma care services.~~

~~(i) “Trauma agency” means an agency established and operated by one or more counties, or an entity with which one or more counties contract, for the purpose of administering an inclusive regional trauma system.~~

~~(j) “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.~~

~~(k) “Trauma center” means any hospital that has been determined by the department to be in substantial compliance with trauma center verification standards.~~

~~(l) “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.~~

~~(m) “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.~~

(1)(2)(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.

(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, and 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 care facility and 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 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.
- (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.

(2)(3) The department shall adopt, by rule, standards for verification of trauma centers based on national guidelines, including those established by the American College of Surgeons entitled "Hospital and Prehospital Resources for Optimal Care of the Injured Patient" and published appendices thereto. Standards specific to pediatric trauma referral centers shall be developed in conjunction with Children's Medical Services and adopted by rule of the department.

(3)(4) The department may withdraw local or regional agency authority, prescribe corrective actions, or use the administrative remedies as provided in s. 395.1065 for the violation of any provision of this section and ss. 395.4015, 395.402, 395.4025, 395.403, 395.404, and 395.4045 or rules adopted thereunder. All amounts collected pursuant to this subsection shall be deposited into the Emergency Medical Services Trust Fund provided in s. 401.34.

Section 3. Paragraphs (d), (l), and (n) of subsection (2) of section 395.4015, Florida Statutes, are amended, and subsection (4) is added to said section, to read:

395.4015 State regional trauma planning; trauma regions.—

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

(d) Flow patterns of trauma cases and transportation system design and resources, including air transportation services, ~~and 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.

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

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

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

Section 4. Paragraph (b) of subsection (2) of section 395.4025, Florida Statutes, is amended to read:

395.4025 Selection of state-approved trauma centers.—

(2)

(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)(3), as adopted by rule of the department, shall serve as the basis for these instructions.

Section 5. Section 395.4045, Florida Statutes, is amended to read:

395.4045 Emergency medical service providers; ~~trauma transport protocols;~~ transport of trauma alert victims to trauma centers; interfacility transfer.—

(1) Each emergency medical services provider licensed under chapter 401 shall transport trauma alert victims to hospitals approved as trauma centers, except as may be provided for either in the department-approved local or regional trauma transport protocol of the trauma agency for the geographical area in which the emergency medical services licensee provides services or, if no such department-approved local or regional trauma transport protocol is in effect, as provided for in a department-approved provider's trauma transport protocol.

(2) A trauma agency may develop a uniform trauma transport protocol that is applicable to the emergency medical services licensees providing services within the geographical boundaries of the trauma agency. Development of a uniform trauma protocol by a trauma agency regional trauma protocols shall be through consultation with interested parties, including, but not limited to, each approved trauma center; physicians specializing in trauma care, emergency care, and surgery in the region; each trauma system administrator in the region; and each emergency medical service provider in the region licensed under chapter 401, and such providers' respective medical directors.

(3) Trauma alert victims shall be identified through the use of a trauma scoring system, including adult and pediatric assessment as specified in rule of the department. The rule shall also include the requirements of licensed emergency medical services providers for performing and documenting these assessments.

(4) The department shall specify by rule the subjects and the minimum criteria related to prehospital trauma transport, trauma center or hospital destination determinations, and interfacility trauma transfer transport by an emergency medical services provider to be included in a trauma agency's or an emergency medical service provider's trauma transport protocol and shall approve or disapprove each such protocol. Trauma transport protocol rules pertaining to the air transportation of trauma victims shall be consistent with, but not limited to, applicable Federal Aviation Administration regulation. Emergency medical services licensees and trauma agencies shall be subject to monitoring by the department, under ss. 395.401(4) and 402.31(1) for compliance with requirements, as applicable, regarding trauma transport protocols and the transport of trauma victims.

(5) If there is no department-approved trauma agency trauma transport protocol for the geographical area in which the emergency medical services license applicant intends to provide services, as provided for in subsection (1), each applicant for licensure as an emergency medical services provider, under chapter 401, must submit and obtain department approval of a trauma transport protocol prior to the department granting a license. The department shall prescribe by rule the submission and approval process for an applicant's trauma transport protocols whether the applicant will be using a trauma agency's or its own trauma transport protocol.

(6)(2) If an air ambulance service is available in the trauma service area in which an emergency medical service provider is located, trauma transport protocols shall not provide for transport outside of the trauma service area unless otherwise provided for by written mutual agreement. If air ambulance service is not available and there is no agreement for interagency transport of trauma patients between two adjacent local or regional trauma agencies, both of which include at least one approved trauma center, then the transport of a trauma patient with an immediately life-threatening condition shall be to the most appropriate trauma center as defined pursuant to trauma transport protocols approved by the department. The provisions of this subsection shall apply only to those counties with a population in excess of 1 million residents.

(7) Prior to an interfacility trauma transfer, the emergency medical services provider's medical director or his or her designee must agree, pursuant to protocols and procedures in the emergency medical services provider's trauma transport protocol, that the staff of the transport vehicle has the medical skills, equipment, and resources to provide anticipated patient care as proposed by the transferring physician. The emergency medical services provider's medical director or his or her designee may require appropriate staffing, equipment, and resources to ensure proper patient care and safety during transfer.

(8) The department shall adopt and enforce all rules necessary to administer this section. The department shall adopt and enforce rules to specify the submission and approval process for trauma transport protocols or modifications to trauma transport protocols by trauma agencies and licensed emergency medical services providers.

Section 6. Section 395.405, Florida Statutes, is amended to read:

395.405 Rulemaking authority.—The department shall adopt and enforce all rules necessary to administer to implement ss. 395.0199, 395.401, 395.4015, 395.402, 395.4025, 395.403, 395.404, and 395.4045.

Section 7. Subsection (8) of section 395.50, Florida Statutes, is amended to read:

395.50 Quality assurance activities of trauma agencies.—

(8) Nothing in this section, ss. 395.4001-395.405 ~~395.401-395.405~~, or s. 395.51 prohibits admitting into evidence patient care, transport, or treatment records or reports, or records or reports of the department in any civil or administrative action brought by or involving the department, excluding the name, residence or business address, telephone number, social security or other identifying number, or photograph of any person or the spouse, relative, or guardian of such person or other patient-specific information that otherwise identifies the patient, either directly or indirectly.

Section 8. Paragraph (a) of subsection (4) of section 322.0602, Florida Statutes, is amended to read:

322.0602 Youthful Drunk Driver Visitation Program.—

(4) VISITATION REQUIREMENT.—

(a) To the extent that personnel and facilities are made available to the court, the court may include a requirement for supervised visitation by the probationer to all, or any, of the following:

1. A trauma center, as defined in s. 395.4001 ~~395.401~~, or a hospital as defined in s. 395.002, which regularly receives victims of vehicle accidents, between the hours of 10 p.m. and 2 a.m. on a Friday or Saturday night, in order to observe appropriate victims of vehicle accidents involving drinking drivers, under the supervision of any of the following:

- a. A registered nurse trained in providing emergency trauma care or prehospital advanced life support.
 - b. An emergency room physician.
 - c. An emergency medical technician.
2. A licensed service provider, as defined in s. 397.311, which cares for substance abuse impaired persons, to observe persons in the terminal stages of substance abuse impairment, under the supervision of appropriately licensed medical personnel. Prior to any visitation of such terminally ill or disabled persons, the persons or their legal representatives must give their express consent to participate in the visitation program.
3. If approved by the county coroner, the county coroner's office or the county morgue to observe appropriate victims of vehicle accidents involving drinking drivers, under the supervision of the coroner or a deputy coroner.

Section 9. Paragraph (c) of subsection (12) of section 440.13, Florida Statutes, is amended to read:

440.13 Medical services and supplies; penalty for violations; limitations.—

(12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM REIMBURSEMENT ALLOWANCES.—

(c) Reimbursement for all fees and other charges for such treatment, care, and attendance, including treatment, care, and attendance provided by any hospital or other health care provider, ambulatory surgical center, work-hardening program, or pain program, must not exceed the amounts provided by the uniform schedule of maximum reimbursement allowances as determined by the panel or as otherwise provided in this section. This subsection also applies to independent medical examinations performed by health care providers under this chapter. Until the three-member panel approves a uniform schedule of maximum reimbursement allowances and it becomes effective, all compensable charges for treatment, care, and attendance provided by physicians, ambulatory surgical centers, work-hardening programs, or pain programs shall be reimbursed at the lowest maximum reimbursement allowance across all 1992 schedules of maximum reimbursement allowances for the services provided regardless of the place of service. In determining the uniform schedule, the panel shall first approve the data which it finds representative of prevailing charges in the state for similar treatment, care, and attendance of injured persons. Each health care provider, health care facility, ambulatory surgical center, work-hardening program, or pain program receiving workers' compensation payments shall maintain records verifying their usual charges. In establishing the uniform schedule of maximum reimbursement allowances, the panel must consider:

1. The levels of reimbursement for similar treatment, care, and attendance made by other health care programs or third-party providers;
2. The impact upon cost to employers for providing a level of reimbursement for treatment, care, and attendance which will ensure the availability of treatment, care, and attendance required by injured workers;

3. The financial impact of the reimbursement allowances upon health care providers and health care facilities, including trauma centers as defined in s. ~~395.4001~~ 395.401, and its effect upon their ability to make available to injured workers such medically necessary remedial treatment, care, and attendance. The uniform schedule of maximum reimbursement allowances must be reasonable, must promote health care cost containment and efficiency with respect to the workers' compensation health care delivery system, and must be sufficient to ensure availability of such medically necessary remedial treatment, care, and attendance to injured workers; and

4. The most recent average maximum allowable rate of increase for hospitals determined by the Health Care Board under chapter 408.

Section 10. Emergency Services Task Force.—

(1) Effective July 1, 2000, there is hereby created the Emergency Services Task Force. The task force shall be appointed by the Secretary of Health and the Director of Health Care Administration and shall consist of:

- (a) The Secretary of Health or the secretary's designee.
- (b) The Director of Health Care Administration or the director's designee.
- (c) One representative from the Executive Office of the Governor.
- (d) One representative from a nonprofit hospital.
- (e) One representative from a for-profit hospital.
- (f) One representative from a statutory rural hospital.
- (g) One representative from a statutory teaching hospital.
- (h) One emergency physician.
- (i) Two physicians from a specialty utilized in the provision of emergency services and care.
- (j) One physician representing the Board of Medicine.
- (k) One representative from a private emergency medical services provider.
- (l) One representative from a county emergency medical services provider.
- (m) One representative from a municipal emergency medical services provider.
- (n) One emergency medical services medical director.
- (o) One trauma physician-surgeon.

(2) Sponsoring agencies or organizations must fund the travel and related expenses of their appointed members on the task force. The task force shall be staffed by employees of the Department of Health.

(3) The task force shall study and make recommendations concerning:

(a) Trends and issues relating to legislative, regulatory, or private sector solutions for handling staffing and coverage of physicians and other ancillary services and providers relative to provision of hospital-based emergency services and care.

(b) Trends and issues relating to legislative, regulatory, local community, or other solutions for the handling of hospital diversion of emergency medical services or closure of hospital emergency departments.

(c) The impact of unfunded mandates and uncompensated care on the provision of emergency services and care, including, but not limited to, the costs of uncompensated or under-compensated care borne by physicians, hospitals, and emergency medical services providers in Florida relative to emergency services and care; the impact of uncompensated or under-compensated care on maintaining hospital-based emergency services and care; the costs and effects of financing 24-hours-a-day, 365-days-a-year availability of emergency services and care; the costs and availability of physician coverage; and the impact of uncompensated or under-compensated care on emergency medical services.

(d) The factors affecting specialty physician coverage of emergency services and care and recommendations for addressing specialty physician emergency care coverage in Florida hospitals or communities.

(e) The factors affecting diversion of emergency medical services or closing of hospitals to emergency medical services; recommendations that address the handling of such occurrences relative to the continued provision of emergency medical services within the community; and development of recommendations for policies or procedures relative to handling such diversion or closing of hospital emergency medical facilities.

(4) The task force shall be appointed and convened by July 1, 2000, and shall meet in Tallahassee or in other areas of the state as agreed upon by the Secretary of Health and the Director of Health Care Administration. The task force shall submit its recommendations in a report, by January 1, 2001, to the President of the Senate and the Speaker of the House of Representatives.

(5) This section shall be repealed on July 1, 2001.

Section 11. Except as otherwise provided herein, this act shall take effect October 1, 2000.

Approved by the Governor June 2, 2000.

Filed in Office Secretary of State June 2, 2000.