

## HOUSE MESSAGE SUMMARY

[s1762.hms]

BILL: CS/SB 1762  
SPONSOR: Health, Aging, and Long-Term Care Committee and Senator Saunders  
SUBJECT: Trauma Care  
PREPARED BY: Senate Health, Aging, and Long-Term Care Committee  
DATE: April 30, 2004

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### I. Amendments Contained in Message:

House Amendment 1 – 543191 (body with title)

### II. Summary of Amendments Contained in Message:

#### Local Surtax to Fund Trauma

The House Amendment removes provisions in the Senate Bill which would allow certain *counties, municipalities, or special districts* to levy a surtax to fund trauma services. The House Amendment authorizes *counties* with a population of less than 800,000 to levy, by ordinance, subject to approval by a majority of the electors of the county voting in a referendum, a discretionary sales surtax that may not exceed **0.25 percent** for the sole purpose of funding trauma services provided by a trauma center.

#### Definition of Charity Care

The House Amendment revises the definition of “charity care” or “uncompensated care” for purposes of trauma care to provide that restricted or unrestricted revenues provided to a hospital by local governments or tax districts for a patient whose family income is less than or equal to 200 percent of the federal poverty level do not qualify as compensation. The definition of “charity care” is revised to conform to the definition of “charity care” that is in ch. 409, F.S., which relates to the Medicaid program.

#### Update/Assessment of Trauma System

The House Amendment requires the Department of Health (DOH) to update the state trauma system plan by February 2005, and annually thereafter. The DOH is required to complete an assessment of the trauma system in Florida and report its findings to the Governor, the President of the Senate, the Speaker of the House of Representatives and the substantive legislative committees by February 1, 2005. The department must review the existing trauma system and determine whether it is effective in providing trauma care uniformly throughout Florida. The department’s comprehensive assessment must include specified elements including:

- Considering aligning trauma service areas within the trauma region boundaries as established in July 2004;
- Reviewing the number and level of trauma centers needed for each trauma service area to provide a statewide integrated trauma system;
- Establishing criteria for determining the number and level of trauma centers needed to serve the population in a defined trauma service area or region; and

- Considering the inclusion of criteria within trauma center verification standards based upon the number of trauma victims served within a service area.

DOH, in conducting the comprehensive assessment of the existing trauma system and subsequent annual reviews, must consider the recommendations submitted by regional trauma agencies, stakeholder recommendations, the geographical compositions of an area to ensure rapid access to trauma care by patients, historical patterns of patient referral and transfer in an area, inventories of available trauma care resources, population growth characteristics, transportation capabilities, medically appropriate ground and air travel times, recommendations of the regional domestic security task force, the actual number of trauma victims currently being served by each trauma center, and other appropriate criteria.

### **Boundaries of Trauma Regions**

The House Amendment requires the boundaries of trauma regions administered by the DOH to be coterminous with the boundaries of the regional domestic security task forces established within the Florida Department of Law Enforcement. Exceptions are provided for the delivery of trauma services by or in coordination with a trauma agency established before July 1, 2004, which may continue in accordance with public and private agreements and operational procedures entered into as provided in s. 395.401, F.S.

### **Technical Clean-up**

The House Amendment makes various technical changes and deletes obsolete language and dates from part II, chapter 395, F.S., relating to trauma care. Hospitals and trauma centers are required to report specified information on persons who have moderate-to-severe brain or spinal cord injuries to the brain and spinal cord central registry in the DOH.

### **Trauma Center Applications**

The House Amendment deletes an exception that would allow a hospital to apply outside the time limits for approval as a trauma center. The House Amendment provides that until DOH has conducted the assessment of the trauma system that only hospitals located in trauma service areas where there is no existing trauma center may apply.

### **Trauma Funding Formula**

Effective July 1, 2004, the House Amendment, requires DOH to *make one-time payments* from the Administrative Trust Fund to trauma centers and a hospital with a pending application for Level I trauma center. Payments must be in equal amounts for trauma centers approved 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 DOH as of April 1, 2004.

### **Trauma Funding**

The House Amendment appropriates \$300,000 from the General Revenue Fund to the Administrative Trust Fund for DOH to contract with a state university to conduct the assessment of the trauma system. The sum of \$20.7 million is appropriated from the General Revenue Fund to the Administrative Trust Fund for DOH to provide \$1 million for each existing trauma center as of July 1, 2004, and \$700,000 for a hospital with a Level I trauma center application pending with DOH as of April 1, 2004. The House Amendment removes provisions from the Senate Bill that would fund trauma centers on a recurring basis with the proceeds of surcharges or penalties imposed on persons who are charged with traffic violations.