

GRIMSLEY TRAUMA LANGUAGE SB 1276 & SB 1354	CS/CS/HB 7113 ENGROSSED 1	COMMENTS
<p>GRANDFATHER OF VERIFIED: Grandfathers existing verified AND provisional trauma centers for 7 years with eligibility for renewal thereafter, if:</p> <ol style="list-style-type: none"> Hospital designated as provisional or verified Level I, Level II, or pediatric trauma center after the enactment of chapter 2004-259 Whose approval has not been revoked As long as the hospital continues to meet the Florida trauma care standards 	<p>Grandfathers existing <u>verified</u> trauma centers for 7 years with eligibility for renewal thereafter, if</p> <ol style="list-style-type: none"> The hospital after the enactment of chapter 2004-259, Laws of Florida, has operated continuously as a verified Level 1, Level II, or pediatric trauma center for a consecutive 12-month period, remains operational for the consecutive 12 month period immediately preceding the effective date of this act, Continues to meet the Florida trauma center standards. 	<ul style="list-style-type: none"> HB limits grandfathering to HCA's Blake Medical Center and Bayonet Point trauma centers SB limits without restriction the provisional HCA Ocala Regional trauma center, as well as, Blake Medical Center and Bayonet Point trauma centers
<p>GRANDFATHER OF PROVISIONALS: Grandfather's <u>provisional</u> trauma centers for 7 years with eligibility for renewal thereafter, if</p> <ol style="list-style-type: none"> The hospital after the enactment of chapter 2004-259, Laws of Florida, Whose approval has not been revoked As long as the hospital continues to meet the Florida trauma care standards 	<p>Grandfather's <u>provisional</u> trauma centers for 7 years with eligibility for renewal thereafter, if</p> <ol style="list-style-type: none"> The hospital after the enactment of chapter 2004-259, Laws of Florida, has operated continuously as a provisional Level 1, Level II, or pediatric trauma center for a consecutive 12-month period, remains operational for the consecutive 12 month period immediately preceding the effective date of this act, is determined to be verified by DOH on or before December 31, 2014, Continues to meet the Florida trauma center standards. 	<ul style="list-style-type: none"> HB permits HCA's Ocala Regional a provisional trauma center since 2012 to be grandfathered if Ocala achieves verified status on or before December 31, 2014 HB Ocala would not be "grandfathered" if it fails to achieve "verified" status by December 31, 2014. SB includes provisional Ocala full-grandfathered status with no conditions.
<p>STANDING REPEAL: provision in s 395.402 deleted in totality.</p>	<p>Standing provision in s 395.402 amended to limit standing to challenge a DOH decision to:</p> <ol style="list-style-type: none"> An existing trauma center or A hospital who submitted a trauma center application but was rejected in favor of another applicant in the same TSA 	<ul style="list-style-type: none"> HB Continues standing provision in s.395.402 HB Permits any trauma center to challenge a DOH decision HB Permits a non-trauma center hospital who has submitted an application to challenge DOH decision to approve another trauma center applicant within the same TSA SB removes all standing to challenge DOH from s.395.402
<p>MORATORIUM of verification, designation, or provisional approval of any hospital as a trauma center from effective date of this bill until July 1, 2015</p>	<p>Moratorium of verification, designation, or provisional approval of any hospital as a trauma center from effective date of this bill until July 1, 2015 or upon the effective date of a new trauma allocation rule is adopted by DOH</p>	<ul style="list-style-type: none"> HB ends moratorium the earlier of July 1, 2015 or upon adoption of a new trauma center apportionment rule. SB ends moratorium on July 1, 2015 with no difference to adoption of a new rule

2014 Trauma Legislation Bill Comparison
April 28, 2014

GRIMSLEY TRAUMA LANGUAGE SB 1276 & SB 1354	CS/CS/HB 7113 ENGROSSED 1	COMMENTS
<p><u>Florida Trauma System Plan Advisory Council</u> to reconvene no later than Oct. 1, 2014 for purpose of:</p> <ol style="list-style-type: none"> 1. Reviewing ACS-COT 2013 report and submitting recommendations for statutory changes to House and Senate by Feb. 1, 2015 2. Defines the composition of the Council ¹ 	<p>Silent</p>	<ul style="list-style-type: none"> • Potential for trauma planning with no representation by trauma experts. • NO requirement for inclusion of a Level I, Level II, or pediatric trauma center • Ignores ACS-COT 2013 report recommendation for Trauma Center inclusion
<p>Silent</p>	<p><u>Certification of compliance</u> within the grandfather section <u>requires all trauma</u> centers to certify to DOH on or before April 1, 2015 their compliance with Florida trauma standards.</p>	<ul style="list-style-type: none"> • Applies to all trauma centers • Self-certification replaces the prior language requiring all trauma centers to submit to ACS-COT an application for a consultative site visit
<p>Trauma Activation Fees are:</p> <ol style="list-style-type: none"> 1. Temporarily capped at a maximum of \$15,000, with a sunset of the cap on July 1, 2015 	<p>Trauma Activation Fees are:</p> <ol style="list-style-type: none"> 1. Temporarily capped at a maximum of \$15,000, with a sunset of the cap on July 1, 2015 2. Trauma centers required to post activation fees in trauma center and on internet website 	<ul style="list-style-type: none"> • SB & HB 1 year cap on trauma activation fees is symbolic • HB posting of activation fees is symbolic trauma patients do not shop for trauma services • HB posting requirement does not sunset and therefore, adds to the long list of hospital posting requirements.
<p>Silent</p>	<p>TSA number and location s 395.402 amended to delete the requirement for DOH to consider in its assessment of the effectiveness of the trauma system:</p> <ol style="list-style-type: none"> 1. Aligning the TSAs within the trauma region boundaries established in 2005 2. Review the Regional Domestic Security Task Force structure and <ol style="list-style-type: none"> a. determine whether integrating the trauma system planning with interagency regional emergency and disaster planning efforts is feasible, as well as, b. identify any duplication of efforts between the two entities 	<ul style="list-style-type: none"> • Florida and Medicine have come a long way since 1990 the failure to revise the 1990 TSA boundaries based on today's Florida increases the cost of trauma care and fails the citizens of Florida. • The deletions from statute of consideration for realignment and integration with RDSTF regions does not remove the requirement in s 395.4015 for DOH to align the TSAs with the RDSTF regions. • DOH is required by s 395.4015 to align the TSAs with the RDSTF regions.
<p>Silent</p>	<p>Trauma Service Areas (TSAs) composition revised reducing the number of TSAs from 19 to 18 by:</p> <ol style="list-style-type: none"> 1. Moving Collier County from TSA #17 to TSA #15. 2. Renumbers TSA #18 – Broward to TSA#17 3. Renumbers TSA#19 – Miami-Dade and Monroe Counties to TSA#18 	<ul style="list-style-type: none"> • The revised TSA #15 will include Charlotte, Collier, Glades, Hendry, and Lee Counties. • The realignment of Collier into TSA #15 is logical and consistent with a sound approach to focusing on sustaining high quality regional trauma care. • Realigning the 1990 TSA boundaries is essential to the accurate determination of trauma care need in FL. • Trauma planning through the use of 1990 TSA boundaries traps Florida in 24-year old time capsule.

¹ FTSPAC proposed senate Council composition includes a trauma patient or family member, as well as, members from – FL COT, Association of FL Trauma Coordinators, FHA member non-trauma center CEO, FL Chamber of Commerce, FL Health Insurance Advisory Board, and one person from the following DOH Advisory Councils– FL EMS, FL Injury Prevention, and Brain & Spinal Cord Injury Program.