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LEGISLATIVE ACTION

Senate . House

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Senator Diaz de la Portilla moved the following:

Senate Amendment (with title amendment)

Between lines 391 and 392

insert:

Section 6. Section 395.4027, Florida Statutes, is created to read:

395.4027 Florida Teletrauma Pilot Project.—

(1) DEFINITION.—As used in this section, the term "teletrauma health care" means the remote management or assistance in management of the care of a trauma patient using telemedicine technology to allow the remote presence of a health

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care provider from a Level I trauma center in geographic areas in which such trauma centers are not available.

(2) FLORIDA TELETRAUMA PILOT PROJECT.—

(a) A pilot project is created to allow a teaching hospital with multiple hospitals operating under a single license which is in a county with a population of more than two million people and also serves as the surgical training facility for branches of the United States military to provide trauma services at any of its hospitals through the use of telemedicine from its existing Level I trauma center, provided that the hospitals that provide these services meet the requirements for staffing and infrastructure of a Level II trauma center.

(b) Additional trauma centers may not apply or be verified in the impacted trauma service area for the duration of the pilot project.

(3) EXPIRATION.—The authorization for the pilot project and this section expire December 31, 2021.

Section 7. 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 or teletrauma hospitals; interfacility transfer.—

(1) Each emergency medical services provider licensed under chapter 401 shall transport trauma alert victims to hospitals approved as trauma centers or participating in the teletrauma pilot project pursuant to s. 395.4027, except as may be provided for either in the department-approved trauma transport protocol of the trauma agency for the geographical area in which the emergency medical services licensee provides services or, if no

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such department-approved 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, including hospitals participating in the teletrauma pilot project under s. 395.4027. Development of a uniform trauma protocol by a trauma agency 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; 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, teletrauma 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 emergency medical service provider's trauma transport protocol and shall approve or disapprove each such protocol. Trauma transport protocol rules pertaining to the air

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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(3) and 401.31(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) 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

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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.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete line 37

and insert:

website; creating s. 395.4027, F.S.; establishing the Florida Teletrauma Pilot Project; defining the term "teletrauma health care"; authorizing certain hospitals to provide remote care to trauma patients at

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satellite hospitals under certain circumstances; prohibiting the application or verification of additional trauma centers in the impacted trauma service area for the duration of the pilot project; providing for future expiration of the pilot project; amending s. 395.4045, F.S.; requiring emergency medical service providers to transport trauma alert victims to hospitals participating in the teletrauma pilot project; revising the authorized uniform trauma transport protocol; requiring the Department of Health to specify by rule certain subjects and criteria related to the transport of trauma victims to and from a teletrauma center; creating s. 456.47, F.S.; defining terms;