## Florida Senate - 2004

By Senator Pruitt

28-869-04 See HB A bill to be entitled 1 2 An act relating to health care; amending s. 3 408.036, F.S.; revising an exemption from 4 certificate-of-need requirements for certain 5 open-heart-surgery programs to apply the exemption to any hospital located within a 6 7 specified health service planning district or a specified acute care subdistrict; providing 8 9 criteria for qualifying for the exemption; requiring the Agency for Health Care 10 Administration to report to the Legislature 11 12 regarding the number of such exemptions requested and the number granted or denied each 13 14 year; providing an effective date. 15 WHEREAS, appropriate access to adult cardiac care is an 16 17 issue of critical state importance to all citizens of the state and to all health service planning districts of the 18 19 state, and 20 WHEREAS, the certificate-of-need process, for most 21 geographic areas in the state, has provided adequate access to 22 adult open-heart-surgery services to Floridians as well as tourists, business travelers, indigents, and migrant workers 23 who receive such services, and 24 25 WHEREAS, the Legislature has found an anomaly in the state's health care network of adult cardiac care which has 26 27 created a lack of geographic and temporal access to such care 28 within Health Service Planning District 9 and Acute Care 29 Subdistrict 6-2, and 30 WHEREAS, the assurance of timely and appropriate access 31 to adult cardiac care is critical not only to the citizens 1 CODING: Words stricken are deletions; words underlined are additions.

1 residing in Health Service Planning District 9 and Acute Care 2 Subdistrict 6-2, but also to the entire state, since it has a 3 direct effect on commerce, seasonal visitors, the tourist 4 industry, the migrant population, the working poor, and 5 indigents from all parts of the state as well as outside its б borders, and 7 WHEREAS, the number of adult open-heart-surgery 8 programs in Health Service Planning District 9 and Acute Care 9 Subdistrict 6-2 has not kept pace with the dramatic increase 10 in population in those areas, and 11 WHEREAS, the disparity in the number of adult open-heart-surgery programs has significantly contributed to 12 13 the lack of geographic and temporal access to adult cardiac care in Health Service Planning District 9 and Acute Care 14 15 Subdistrict 6-2, and WHEREAS, there have been numerous technological 16 17 advances in the area of primary angioplasty and stent procedures known collectively as percutaneous coronary 18 19 interventions, and these advanced interventional treatments 20 provide the highest standard of care for people suffering acute myocardial infarctions, and 21 WHEREAS, the success of these interventional treatments 22 requires immediate access (within 1 hour) to hospitals having 23 24 interventional technology and backup open-heart-surgery 25 programs, and WHEREAS, in Florida a hospital is prohibited from 26 performing these advanced interventional cardiac services 27 28 without having onsite adult open-heart-surgery capabilities, 29 and 30 WHEREAS, hospitals that cannot perform percutaneous 31 coronary interventions must resort to the use of 2 **CODING:**Words stricken are deletions; words underlined are additions.

1 thrombolytics, a less effective treatment in many instances; 2 therefore, adults in need of percutaneous coronary 3 interventions are being denied these procedures due to 4 artificial barriers to geographic and temporal access, and 5 WHEREAS, because a sufficient number of open-heart б procedures for adults are being performed by existing 7 open-heart providers, the addition of new open-heart units 8 through the exemption provided by this act will not reduce the 9 standard of care and quality associated with the standard 10 volume of procedures, and 11 WHEREAS, the lack of geographic and temporal access to adult cardiac care is caused not only by physical distance 12 13 between those hospitals that do not have open-heart programs 14 and those hospitals that have available open-heart programs, but also by the actual time taken to transfer an emergent 15 cardiac patient to a receiving facility, and 16 17 WHEREAS, diagnosis; discharge from the transferring hospital; transfer arrangements, including, but not limited 18 19 to, insurance and administrative approval; transportation 20 availability; admission to the receiving hospital; staff availability at the receiving hospital; and, most importantly, 21 22 bed availability at the receiving hospital as well as travel delays to the receiving hospital contribute to the time taken 23 24 to effectuate a transfer of a cardiac patient, and WHEREAS, these and other factors have contributed to 25 the inadequate geographic and temporal access to adult cardiac 26 27 care in Health Service Planning District 9 and Acute Care 28 Subdistrict 6-2, and 29 WHEREAS, particular to Acute Care Subdistrict 6-2 is 30 the added impediment to geographic and temporal access in that 31 the main transportation corridors to open-heart-surgery 3 **CODING:**Words stricken are deletions; words underlined are additions. 1 facilities in the subdistrict operate at extremely low to near 2 failure of transit, which contributes to failure to transfer 3 emergent cardiac patients within the recommended time in which 4 to receive the highest standard of care for people suffering 5 acute myocardial infarctions, and

6 WHEREAS, the Legislature finds that timely access and 7 availability for every adult citizen, regardless of 8 socioeconomic class or geographic location, to these 9 interventional treatments and open-heart surgery is of 10 critical state concern, especially because myocardial 11 infarctions and related coronary disease are no respecters of 12 location or time, and

13 WHEREAS, the Legislature finds that the exemption 14 provided by this act in Health Service Planning District 9 and Acute Care Subdistrict 6-2 will further serve an important 15 state interest by increasing access to the appropriate 16 17 life-saving treatment for all adults present in those areas, whether they are commercial visitors, seasonal visitors, 18 19 residents, tourists, migrant workers, indigents, or other 20 traditionally underserved individuals, and

21 WHEREAS, the Legislature further finds that the 22 exemption provided by this act will serve an issue of critical 23 state importance by reducing the cost of open-heart-surgery 24 and angioplasty services by increasing quality competition by 25 removing artificial barriers to entry amongst providers and 26 providing additional choices to those individuals needing 27 these services, and

28 WHEREAS, to ensure that it provides the quality of care 29 desired, each hospital that qualifies for the exemption 30 provided by this act will be subject to more stringent

31 criteria than those imposed by the current certificate-of-need

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1 process and will also be subject to continual monitoring by 2 the Agency for Health Care Administration, and 3 WHEREAS, the Legislature intends to ensure that 4 standards of quality are maintained while promoting 5 competition in the provision of adult cardiac care, NOW, б THEREFORE, 7 8 Be It Enacted by the Legislature of the State of Florida: 9 10 Section 1. Paragraph (t) of subsection (3) of section 11 408.036, Florida Statutes, is amended to read: 408.036 Projects subject to review; exemptions .--12 (3) EXEMPTIONS.--Upon request, the following projects 13 14 are subject to exemption from the provisions of subsection 15 (1):(t)1. For the provision of adult open-heart services 16 17 in a hospital located within the boundaries of Health Service Planning District 9, as defined in s. 408.032(5), or Acute 18 19 Care Subdistrict 6-2, as defined in Rule 59C-2.100(3)(f)2., 20 Florida Administrative Code Palm Beach, Polk, Martin, St. Lucie, and Indian River Counties if the following conditions 21 22 are met: The exemption must be based upon objective criteria and address and solve the twin problems of geographic and 23 24 temporal access. A hospital shall be exempt from the 25 certificate-of-need review for the establishment of an open-heart-surgery program when the application for exemption 26 submitted under this paragraph complies with the following 27 28 criteria: 29 The applicant must certify that it will meet and а. 30 continuously maintain the minimum licensure requirements 31 adopted by the agency governing adult open-heart programs, 5

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1 including the most current guidelines of the American College 2 of Cardiology and American Heart Association Guidelines for 3 Adult Open Heart Programs. The applicant must certify that it will maintain 4 b. 5 sufficient appropriate equipment and health personnel to б ensure quality and safety. 7 The applicant must certify that it will maintain с. 8 appropriate times of operation and protocols to ensure 9 availability and appropriate referrals in the event of 10 emergencies. 11 d. The applicant must certify can demonstrate that it is referring 300 or more patients per year from the hospital, 12 including the emergency room, for cardiac services at a 13 hospital with cardiac services, or that the average wait for 14 15 transfer for 50 percent or more of the cardiac patients exceeds 4 hours. 16 17 e. The applicant is a general acute care hospital that is in operation for 3 years or more. 18 19 f. The applicant is performing more than 300 20 diagnostic cardiac catheterization procedures per year, 21 combined inpatient and outpatient. The applicant's payor mix at a minimum reflects the 22 q. community average for Medicaid, charity care, and self-pay 23 24 patients or the applicant must certify that it will provide a 25 minimum of 5 percent of Medicaid, charity care, and self-pay to open-heart-surgery patients. 26 27 If the applicant fails to meet the established h. 28 criteria for open-heart programs or fails to reach 300 29 surgeries per year by the end of its third year of operation, it must show cause why its exemption should not be revoked. 30 31

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1	2. By December 31, 2004, and annually thereafter, the
2	agency for Health Care Administration shall submit a report to
3	the Legislature providing information concerning the number of
4	requests for exemption it has received under this paragraph
5	during the calendar year and the number of exemptions it has
6	granted or denied during the calendar year.
7	Section 2. This act shall take effect upon becoming a
8	law.
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