## Bill No. CS/HB 2339

Amendment No. \_\_\_\_

Ī	Senate House
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11	Senator Diaz-Balart moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 105, between lines 12 and 13,
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16	insert:
17	Section 64. Florida Commission on Excellence in Health
18	<u>Care</u>
19	(1) LEGISLATIVE FINDINGS AND INTENTThe Legislature
20	finds that the health care delivery industry is one of the
21	largest and most complex industries in Florida. The
22	Legislature finds that additional focus on strengthening
23	health care delivery systems by eliminating avoidable mistakes
24	in the diagnosis and treatment of Floridians holds tremendous
25	promise to increase the quality of health care services
26	available to Floridians. To achieve this enhanced focus, it is
27	the intent of the Legislature to create the Florida Commission
28	on Excellence in Health Care to facilitate the development of
29	a comprehensive statewide strategy for improving health care
30	delivery systems through meaningful reporting standards, data
31	collection and review, and quality measurement.
	1:48 DM 05/04/00 h2339c1c-37r4u

1	(2) DEFINITIONSAs used in this act, the term:
2	(a) "Agency" means the Agency for Health Care
3	Administration.
4	(b) "Commission" means the Florida Commission on
5	Excellence in Health Care.
6	(c) "Department" means the Department of Health.
7	(d) "Error," with respect to health care, means an
8	unintended act, by omission or commission.
9	(e) "Health care practitioner" means any person
10	licensed under chapter 457; chapter 458; chapter 459; chapter
11	460; chapter 461; chapter 462; chapter 463; chapter 464;
12	chapter 465; chapter 466; chapter 467; part I, part II, part
13	III, part V, part X, part XIII, or part XIV of chapter 468;
14	chapter 478; chapter 480; part III or part IV of chapter 483;
15	chapter 484; chapter 486; chapter 490; or chapter 491, Florida
16	Statutes.
17	(f) "Health care provider" means any health care
18	facility or other health care organization licensed or
19	certified to provide approved medical and allied health
20	services in this state.
21	(3) COMMISSION; DUTIES AND RESPONSIBILITIES There is
22	created the Florida Commission on Excellence in Health Care.
23	The commission shall:
24	(a) Identify existing data sources that evaluate
25	quality of care in Florida and collect, analyze, and evaluate
26	this data.
27	(b) Establish guidelines for data sharing and
28	coordination.
29	(c) Identify core sets of quality measures for
30	standardized reporting by appropriate components of the health
31	care continuum.

1	(d) Recommend a framework for quality measurement and
2	outcome reporting.
3	(e) Develop quality measures that enhance and improve
4	the ability to evaluate and improve care.
5	(f) Make recommendations regarding research and
6	development needed to advance quality measurement and
7	reporting.
8	(g) Evaluate regulatory issues relating to the
9	pharmacy profession and recommend changes necessary to
10	optimize patient safety.
11	(h) Facilitate open discussion of a process to ensure
12	that comparative information on health care quality is valid,
13	reliable, comprehensive, understandable, and widely available
14	in the public domain.
15	(i) Sponsor public hearings to share information and
16	expertise, identify "best practices," and recommend methods to
17	promote their acceptance.
18	(j) Evaluate current regulatory programs to determine
19	what changes, if any, need to be made to facilitate patient
20	safety.
21	(k) Review public and private health care purchasing
22	systems to determine if there are sufficient mandates and
23	incentives to facilitate continuous improvement in patient
24	safety.
25	(1) Analyze how effective existing regulatory systems
26	are in ensuring continuous competence and knowledge of
27	effective safety practices.
28	(m) Develop a framework for organizations that
29	license, accredit, or credential health care practitioners and

31 unsafe providers and practitioners and to take action

health care providers to more quickly and effectively identify

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necessary to remove the unsafe provider or practitioner from	m
practice or operation until such time as the practitioner of	r
provider has proven safe to practice or operate.	
(n) Recommend procedures for development of a	
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- curriculum on patient safety and methods of incorporating such curriculum into training, licensure, and certification requirements.
- (o) Develop a framework for regulatory bodies to disseminate information on patient safety to health care practitioners, health care providers, and consumers through conferences, journal articles and editorials, newsletters, publications, and Internet websites.
- (p) Recommend procedures to incorporate recognized patient safety considerations into practice guidelines and into standards related to the introduction and diffusion of new technologies, therapies, and drugs.
- (q) Recommend a framework for development of community-based collaborative initiatives for error reporting and analysis and implementation of patient safety improvements.
- (r) Evaluate the role of advertising in promoting or adversely affecting patient safety.
- (4) MEMBERSHIP, ORGANIZATION, MEETINGS, PROCEDURES, STAFF.--
  - (a) The commission shall consist of:
- 1. The Secretary of Health and the Director of Health Care Administration;
- 2. One representative each from the following agencies or organizations: the Board of Medicine, the Board of Osteopathic Medicine, the Board of Pharmacy, the Board of 31 Dentistry, the Board of Nursing, the Florida Dental

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1	Association, the Florida Medical Association, the Florida
2	Osteopathic Medical Association, the Florida Chiropractic
3	Association, the Florida Chiropractic Society, the Florida
4	Podiatric Medical Association, the Florida Nurses Association,
5	the Florida Organization of Nursing Executives, the Florida
6	Pharmacy Association, the Florida Society of Health System
7	Pharmacists, Inc., the Florida Hospital Association, the
8	Association of Community Hospitals and Health Systems of
9	Florida, Inc., the Florida League of Health Systems, the
10	Florida Health Care Risk Management Advisory Council, the
11	Florida Health Care Association, the Florida Statutory
12	Teaching Hospital Council, Inc., the Florida Statutory Rural
13	Hospital Council, the Florida Association of Homes for the
14	Aging, and the Florida Society for Respiratory Care;
15	3. Two health lawyers, appointed by the Secretary of
16	Health, one of whom must be a member of the Health Law Section

- Health, one of whom must be a member of the Health Law Section of The Florida Bar who defends physicians and one of whom must be a member of the Academy of Florida Trial Lawyers;
- 4. Two representatives of the health insurance industry, appointed by the Director of Health Care

  Administration, one of whom shall represent indemnity plans and one of whom shall represent managed care;
- 5. Five consumer advocates, consisting of one from the Association for Responsible Medicine, two appointed by the Governor, one appointed by the President of the Senate, and one appointed by the Speaker of the House of Representatives;
- 6. Two legislators, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives; and
- 7. One representative of a Florida medical school
   31 appointed by the Secretary of Health.

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Commission membership shall reflect the geographic and demographic diversity of the state.

(b) The Secretary of Health and the Director of Health Care Administration shall jointly chair the commission. Subcommittees shall be formed by the joint chairs, as needed, to make recommendations to the full commission on the subjects assigned. However, all votes on work products of the commission shall be at the full commission level, and all recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives must pass by a two-thirds vote of the full commission. Sponsoring agencies and organizations may designate an alternative member who may attend and vote on behalf of the sponsoring agency or organization in the event the appointed member is unable to 16 attend a meeting of the commission or any subcommittee. The commission shall be staffed by employees of the Department of 18 Health and the Agency for Health Care Administration. Sponsoring agencies or organizations must fund the travel and related expenses of their appointed members on the commission. Travel and related expenses for the consumer members of the commission shall be reimbursed by the state pursuant to section 112.061, Florida Statutes. The commission shall hold 23 24 its first meeting no later than July 15, 2000.

- (5) EVIDENTIARY PROHIBITIONS. --
- (a) The findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, and actions of the commission shall be available to the public, but may not be introduced into evidence at any civil, criminal, special, or administrative proceeding against a health care

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practitioner or health care provider arising out of the matters which are the subject of the findings of the 2 3 commission. Moreover, no member of the commission shall be 4 examined in any civil, criminal, special, or administrative proceeding against a health care practitioner or health care 5 6 provider as to any evidence or other matters produced or 7 presented during the proceedings of this commission or as to any findings, recommendations, evaluations, opinions, 8 investigations, proceedings, records, reports, minutes, 9 10 testimony, correspondence, work product, or other actions of the commission or any members thereof. However, nothing in 11 12 this section shall be construed to mean that information, 13 documents, or records otherwise available and obtained from original sources are immune from discovery or use in any 14 15 civil, criminal, special, or administrative proceeding merely 16 because they were presented during proceedings of the 17 commission. Nor shall any person who testifies before the 18 commission or who is a member of the commission be prevented from testifying as to matters within his or her knowledge in a 19 subsequent civil, criminal, special, or administrative 20 21 proceeding merely because such person testified in front of 22 the commission. The findings, recommendations, evaluations, 23 (b) opinions, investigations, proceedings, records, reports, 24 minutes, testimony, correspondence, work product, and actions 25 of the commission shall be used as a guide and resource and 26 27 shall not be construed as establishing or advocating the 28 standard of care for health care practitioners or health care providers unless subsequently enacted into law or adopted in 29 30 rule. Nor shall any findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports,

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minutes, testimony, correspondence, work product, or actions of the commission be admissible as evidence in any way, directly or indirectly, by introduction of documents or as a basis of an expert opinion as to the standard of care applicable to health care practitioners or health care providers in any civil, criminal, special, or administrative proceeding unless subsequently enacted into law or adopted in rule.
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- (c) No person who testifies before the commission or who is a member of the commission may specifically identify any patient, health care practitioner, or health care provider by name. Moreover, the findings, recommendations, evaluations, opinions, investigations, proceedings, records, reports, minutes, testimony, correspondence, work product, and actions of the commission may not specifically identify any patient, health care practitioner, or health care provider by name.
- (6) REPORT; TERMINATION.--The commission shall provide a report of its findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than February 1, 2001. After submission of the report, the commission shall continue to exist for the purpose of assisting the Department of Health, the Agency for Health Care Administration, and the regulatory boards in their drafting of proposed legislation and rules to implement its recommendations and for the purpose of providing information to the health care industry on its recommendations. The commission shall be terminated June 1, 2001.

Section 65. The sum of \$91,000 in nonrecurring general revenue is hereby appropriated from the General Revenue Fund to the Department of Health to cover costs of the Florida

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Commission on Excellence in Health Care relating to the travel
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    and related expenses of staff and consumer members and the
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    reproduction and dissemination of documents.
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    (Redesignate subsequent sections.)
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   ======== T I T L E A M E N D M E N T =========
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   And the title is amended as follows:
           On page 9, line 16, after the semicolon,
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    insert:
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           creating the Florida Commission on Excellence
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           in Health Care; providing legislative findings
           and intent; providing definitions; providing
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           duties and responsibilities; providing for
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           membership, organization, meetings, procedures,
           and staff; providing for reimbursement of
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           travel and related expenses of certain members;
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           providing certain evidentiary prohibitions;
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           requiring a report to the Governor, the
           President of the Senate, and the Speaker of the
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           House of Representatives; providing for
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           termination of the commission; providing an
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           appropriation;
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