

Amendment No. 1 (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

The Council for Healthy Communities offered the following:

**Amendment (with title amendment)**

Remove from the bill: Everything after the enacting clause  
and insert in lieu thereof:

Section 1.

(1)(a) The Legislature finds that despite continuing advances in medicine and technology, the demand for organs drastically outstrips the availability of organs. The national waiting list for organs increased dramatically in the 1990's to over 70,000 people for organ transplants, and during that time period, the number of available donor organs remained at less than 6,000 per year.

(b) The Legislature further finds that organ transplants are among the most complex and specialized of health care services and due to its high level of intensity, complexity, and cost, should be limited to, and concentrated in, a limited number of hospitals to ensure the quality, availability, and cost-effectiveness of this highly specialized service, and that multi-organ transplants are

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1 among the most complex and specialized of health care services  
2 and should be limited to teaching and research medical  
3 centers.

4 (2)(a) In addition, the Legislature finds that the  
5 creation of a successful organ transplantation program is a  
6 costly initiative including capital expenditures for physical  
7 plant improvements and acquisition of state-of-the-art medical  
8 equipment. The Legislature recognizes the importance of the  
9 recruitment, acquisition, and retention of qualified  
10 professional staff: surgeons, physicians, nurses, transplant  
11 coordinators, medical technicians, and assistants who require  
12 some of the highest level of training; and that these  
13 professionals are in high demand and of limited availability.

14 (b) The Legislature finds that the competition for  
15 organ transplantation programs should be based on quality as  
16 demonstrated by outcome data to maximize the number of  
17 patients who undergo successful transplant surgery with  
18 excellent patient and transplant survival rates. The  
19 Legislature recognizes that the proficiency of medical and  
20 nursing staff is maintained by participating in a higher  
21 volume of procedures, and thereby should limit the  
22 disbursement of the same type of transplantation programs to  
23 facilities.

24 Section 2. (1)(a) The Agency for Health Care  
25 Administration is directed to create an Organ Transplant Task  
26 Force within the Agency for Health Care Administration.

27 (b) Task Force participants shall be responsible for  
28 only the expenses that they generate individually through  
29 participation. The agency shall be responsible for expenses  
30 incidental to the production of any required data or reports.

31 (2) The Task Force shall consist of up to 15 members.

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1 The task force chairperson shall be selected by majority vote  
2 of a quorum present. Eight members shall constitute a quorum.  
3 The membership shall include, but not be limited to, a balance  
4 of members representing the Agency for Health Care  
5 Administration, health care facilities with an existing organ  
6 transplantation programs, health care facility with an  
7 existing pediatric organ transplantation program, individual  
8 organ transplant health care practitioners, organ procurement  
9 agencies and organ transplant recipients or family members.

10 (3) The Task Force shall meet for the purpose of  
11 studying and making recommendations regarding current and  
12 future supply of organs in relation to the number of existing  
13 organ transplantation programs and the future necessity of the  
14 issuance of a certificate of need for proposed organ  
15 transplantation programs. At a minimum, the Task Force shall  
16 report back to the Legislature: a summary of the method for  
17 the allocation and distribution of organs; a list of  
18 facilities performing multi-organ transplants and the volume  
19 of procedures being performed, the number of Medicaid and  
20 charity care patients who have received organ transplants by  
21 existing organ transplant programs, as well as exploring  
22 mechanisms to fund organ transplants which shall include but  
23 not limited to an organ transplant trust fund for the  
24 treatment of Medicaid and charity patients; the impact of  
25 trends in health care delivery and financing on organ  
26 transplantation; and the number of certificates of need  
27 applications reviewed by the Agency for Health Care  
28 Administration in the last five years, the number of  
29 certificates of need approved or denied, and the number  
30 litigated.

31 (4) The Task Force shall meet at the call of the

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1 chairperson. The Task Force shall submit a report to the  
2 Governor, President of the Senate, and the Speaker of the  
3 House by January 15, 2002. The Task Force is abolished  
4 effective December 31, 2002.

5 Section 3. This bill shall become effective July 1,  
6 2001.

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

10 And the title is amended as follows:

11 On page 1, lines 2-9,  
12 remove from the title of the bill: all of said lines

13  
14 and insert in lieu thereof:

15 An act relating to certificate of need/organ  
16 transplantation; providing legislative intent;  
17 providing for the creation of a task force to  
18 study organ transplantation programs and the  
19 necessity of the issuance of certificate of  
20 need for such programs and funding for organ  
21 transplantation; providing for the appointment  
22 of members to the Task Force; providing a date  
23 for the Task Force to convene and report to the  
24 Governor and Legislature; providing an  
25 effective date.