

Bill No. CS for SB 684

Amendment No.      Barcode 273274

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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11 Senator Cowin moved the following amendment:

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13 **Senate Amendment (with title amendment)**

14 Delete everything after the enacting clause

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16 and insert:

17 Section 1. The Legislature finds that despite

18 continuing advances in medicine and technology, the demand for

19 organs drastically outstrips the amount of organ donors, that

20 the waiting list for organs has grown dramatically in the

21 1990's to the point that over 70,000 people are on a waiting

22 list for organ transplants, and that during this period, the

23 number of available donor organs remained at 6,000 per year.

24 The Legislature further finds that organ transplants are among

25 the most complex and specialized of health care services and,

26 due to its high level of intensity, complexity, and cost,

27 should be limited to, and concentrated in, a limited number of

28 hospitals to ensure the quality, availability, and

29 cost-effectiveness of this highly specialized service, and

30 that multiple organ transplants are among the most complex and

31 specialized of health care services and should be limited to

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1 teaching and research medical centers. In addition, the  
2 Legislature finds that the creation of a successful organ  
3 transplantation program is a costly initiative, including  
4 capital expenditures for physical plant improvements and  
5 acquisition of state-of-the-art medical equipment, and also in  
6 the recruitment, acquisition, and retention of qualified  
7 professional staff, such as surgeons, physicians, nurses,  
8 transplant coordinators, medical technicians, and assistants,  
9 who require the highest level of training, and that these  
10 professionals are in high demand. The Legislature finds that  
11 competition for organ transplantation programs should be based  
12 on quality that is demonstrated by outcome data in order to  
13 maximize the number of patients who undergo successful  
14 transplant surgery with excellent patient and transplant  
15 survival rates, that adding new transplantation programs only  
16 dilutes the pool of available organs among a larger number of  
17 hospitals, that it does not increase the number of organs  
18 available to patients, and therefore, proliferation of new  
19 transplantation programs should be carefully considered, based  
20 on the fact that proficiency of medical and nursing staff is  
21 maintained by participating in a higher volume of procedures  
22 rather than a lower volume due to disbursement of the same  
23 type of transplantation programs to numerous facilities.

24 Section 2. (1)(a) The Agency for Health Care  
25 Administration shall create an Organ Transplant Task Force  
26 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 that have existing  
6 organ transplantation programs, individual organ transplant  
7 health care practitioners, pediatric organ transplantation  
8 programs, organ procurement agencies, and organ transplant  
9 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 submit a report to the Legislature which includes a summary of  
17 the method of allocation and distribution of organs; a list of  
18 facilities performing multiple organ transplants and the  
19 number being performed; the number of Medicaid and charity  
20 care patients who have received organ transplants by existing  
21 organ transplant programs; suggested mechanisms for funding  
22 organ transplants, which shall include, but need not limited  
23 to, an organ transplant trust fund for the treatment of  
24 Medicaid and charity patients; the impact of trends in health  
25 care delivery and financing on organ transplantation; and the  
26 number of certificates of need applications reviewed by the  
27 Agency for Health Care Administration in the last 5 years,  
28 including the number approved or denied and the number  
29 litigated.

30       (4) The task force shall meet at the call of the  
31 chairperson. The task force shall submit a report to the

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1 Governor, the President of the Senate, and the Speaker of the  
2 House of Representatives by January 15, 2002. The task force  
3 is abolished effective December 31, 2002.

4 Section 3. This act shall take effect July 1, 2001.

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

8 And the title is amended as follows:

9 Delete everything before the enacting clause

11 and insert:

12 A bill to be entitled

13 An act relating to organ transplantation;  
14 providing legislative intent; providing for the  
15 Agency for Health Care Administration to create  
16 the Organ Transplant Task Force to study organ  
17 transplantation programs; requiring the task  
18 force to study and make recommendations on the  
19 necessity of the issuance of certificates of  
20 need for such programs and funding for organ  
21 transplantation; providing a date for the task  
22 force to report to the Governor and the  
23 Legislature; providing an effective date.

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