## Bill No. CS/HB 913, 2nd Eng.

Amendment No. \_\_\_\_ Barcode 084092

## CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 Senator Campbell moved the following amendment to amendment 11 12 (913362): 13 14 Senate Amendment (with title amendment) 15 On page 79, between lines 14 and 15, 16 17 insert: 18 Section 27. Subsections (1) and (2) and paragraphs (c) 19 and (d) of subsection (3) of section 395.1041, Florida 20 Statutes, are amended to read: 395.1041 Access to emergency services and care.--21 22 (1) LEGISLATIVE INTENT. -- The Legislature finds and 23 declares it to be of vital importance that emergency services 24 and care be provided by hospitals and physicians to every person in need of such care. The Legislature finds that 25 26 persons have been denied emergency services and care by 27 hospitals. It is the intent of the Legislature that the agency 28 vigorously enforce the ability of persons to receive all 29 necessary and appropriate emergency services and care and that the agency act in a thorough and timely manner against 30

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29 30 and care. It is further the intent of the Legislature that hospitals, emergency medical services providers, and other health care providers work together in their local communities to enter into agreements or arrangements to ensure access to emergency services and care. The Legislature further recognizes that appropriate emergency services and care often require followup consultation and treatment in order to effectively care for emergency medical conditions.

(2) INVENTORY OF HOSPITAL EMERGENCY SERVICES.--The agency shall establish and maintain an inventory of hospitals with emergency services. The inventory shall list all services within the service capability of the hospital, and such services shall appear on the face of the hospital license. Each hospital having emergency services shall notify the agency of its service capability in the manner and form prescribed by the agency. The agency, in cooperation with the Department of Health shall provide use the inventory to assist emergency medical services providers and shall make the inventory available to others to assist in locating appropriate emergency medical care. The inventory shall also be made available to the general public. On or before August 1, 1992, the agency shall request that each hospital identify the services which are within its service capability. On or before November 1, 1992, the agency shall notify each hospital of the service capability to be included in the inventory. The hospital has 15 days from the date of receipt to respond to the notice. By December 1, 1992, the agency shall publish a final inventory. Each hospital shall reaffirm its service capability when its license is renewed and shall notify the agency of the addition of a new service or the termination of 31 a service prior to a change in its service capability.

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- (3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF FACILITY OR HEALTH CARE PERSONNEL.--
- (c) A patient that has not been stabilized, whether stabilized or not, may be transferred to another hospital which has the requisite service capability or is not at service capacity, if:
- 1. The patient, or a person who is legally responsible for the patient and acting on the patient's behalf, after being informed of the hospital's obligation under this section and of the risk of transfer, requests that the transfer be effected;
- 2. A physician has signed a certification that, based upon the reasonable risks and benefits to the patient, and based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another hospital outweigh the increased risks to the individual's medical condition from effecting the transfer; or
- 3. A physician is not physically present in the emergency services area at the time an individual is transferred and a qualified medical person signs a certification that a physician, in consultation with personnel, has determined that the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual's medical condition from effecting the transfer. The consulting physician must countersign the certification;
- provided that this paragraph shall not be construed to require acceptance of a transfer that is not medically necessary.

- (d)1. Every hospital shall ensure the provision of services within the service capability of the hospital, at all times, either directly or indirectly through an arrangement with another hospital, through an arrangement with one or more physicians, or as otherwise made through prior arrangements. A hospital may enter into an agreement with another hospital for purposes of meeting its service capability requirement, and appropriate compensation or other reasonable conditions may be negotiated for these backup services.
- 2. If any arrangement requires the provision of emergency medical transportation, such arrangement must be made in consultation with the applicable emergency medical service provider and may not require the emergency medical service provider to provide transportation that is outside the routine service area of that emergency medical service provider or in a manner that impairs the ability of the emergency medical service provider to timely respond to prehospital emergency calls. Emergency medical transportation provided under this subparagraph is considered to be emergency services and care as defined in s. 395.002.
- 3. A hospital shall not be required to ensure service capability at all times as required in subparagraph 1. if, prior to the receiving of any patient needing such service capability, such hospital has demonstrated to the agency that it lacks the ability to ensure such capability and it has exhausted all reasonable efforts to ensure such capability through backup arrangements. In reviewing a hospital's demonstration of lack of ability to ensure service capability, the agency shall consider factors relevant to the particular case, including the following:
  - a. Number and proximity of hospitals with the same

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service capability.

- b. Number, type, credentials, and privileges of specialists.
  - c. Frequency of procedures.
  - d. Size of hospital.
- 4. The agency shall publish proposed rules implementing a reasonable exemption procedure by November 1, 1992. Subparagraph 1. shall become effective upon the effective date of said rules or January 31, 1993, whichever is earlier. For a period not to exceed 1 year from the effective date of subparagraph 1., a hospital requesting an exemption shall be deemed to be exempt from offering the service until the agency initially acts to deny or grant the original request. The agency has 45 days from the date of receipt of the request for exemption to approve or deny the request. After the first year from the effective date of subparagraph 1., If the agency fails to initially act within the time period, the hospital is deemed to be exempt from offering the service until the agency initially acts to deny the request.
- 5. The agency shall convene a workgroup consisting of representatives from the Florida Hospital Association, the Florida Statutory Teaching Hospital Council, the Florida Medical Association, the Florida Osteopathic Medical Association, and the Florida College of Emergency Physicians to make recommendations to the Legislature for changes to this paragraph regarding:
- a. Services performed on an infrequent basis that would not be considered to be within the service capability of the hospital.
- b. Situations in which hospitals would be deemed exempt from providing services at all times that are within

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their service capability. (Redesignate subsequent sections.) ======= T I T L E A M E N D M E N T ========= And the title is amended as follows: On page 85, line 26, after the semicolon insert: amending s. 395.1041, F.S.; revising provisions relating to hospital service capability and access to emergency services and care; directing the Agency for Health Care Administration to convene a workgroup to report to the Legislature regarding hospital service capability requirements;