

By the Committee on Health, Aging, and Long-Term Care; and
Senators Pruitt and Klein

317-1834-03

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A bill to be entitled
An act relating to health care; amending s.
408.036, F.S.; providing an exemption from
certificate-of-need requirements for certain
open-heart-surgery programs; providing criteria
for qualifying for the exemption; requiring the
Agency for Health Care Administration to report
to the Legislature; providing for expiration of
the exemption; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (t) is added to subsection (3) of
section 408.036, Florida Statutes, to read:

408.036 Projects subject to review.--

(3) EXEMPTIONS.--Upon request, the following projects
are subject to exemption from the provisions of subsection
(1):

(t)1. For the provision of adult open-heart services
in a hospital located within the boundaries of Palm Beach,
Polk, Martin, St. Lucie, and Indian River Counties if the
following conditions are met: The exemption must be based upon
objective criteria and address and solve the twin problems of
geographic and temporal access. A hospital shall be exempt
from the certificate-of-need review for the establishment of
an open-heart-surgery program when the application for
exemption submitted under this paragraph complies with the
following criteria:

a. The applicant must certify that it will meet and
continuously maintain the minimum licensure requirements
adopted by the agency governing adult open-heart programs,

1 including the most current guidelines of the American College
2 of Cardiology and American Heart Association Guidelines for
3 Adult Open Heart Programs.

4 b. The applicant must certify that it will maintain
5 sufficient appropriate equipment and health personnel to
6 ensure quality and safety.

7 c. The applicant must certify that it will maintain
8 appropriate times of operation and protocols to ensure
9 availability and appropriate referrals in the event of
10 emergencies.

11 d. The applicant can demonstrate that it is referring
12 300 or more patients per year from the hospital, including the
13 emergency room, for cardiac services at a hospital with
14 cardiac services, or that the average wait for transfer for 50
15 percent or more of the cardiac patients exceeds 4 hours.

16 e. The applicant is a general acute care hospital that
17 is in operation for 3 years or more.

18 f. The applicant is performing more than 300
19 diagnostic cardiac catheterization procedures per year,
20 combined inpatient and outpatient.

21 g. The applicant's payor mix at a minimum reflects the
22 community average for Medicaid, charity care, and self-pay
23 patients or the applicant must certify that it will provide a
24 minimum of 5 percent of Medicaid, charity care, and self-pay
25 to open-heart-surgery patients.

26 h. If the applicant fails to meet the established
27 criteria for open-heart programs or fails to reach 300
28 surgeries per year by the end of its third year of operation,
29 it must show cause why its exemption should not be revoked.

30 2. By December 31, 2004, and annually thereafter, the
31 Agency for Health Care Administration shall submit a report to

1 the Legislature providing information concerning the number of
2 requests for exemption received under this paragraph and the
3 number of exemptions granted or denied.

4 3. This paragraph is repealed effective July 1, 2006.

5 Section 2. This act shall take effect upon becoming a
6 law.

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8 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
9 COMMITTEE SUBSTITUTE FOR
10 Senate Bill 460

11 The committee substitute differs from SB 460 in the following
12 ways:

13 1. The committee substitute does not authorize an exemption
14 from certificate-of-need review for open-heart surgery in
15 service districts 1, 6, and 9, but, rather, authorizes such an
16 exemption in Palm Beach, Polk, Martin, St. Lucie, and Indian
17 River Counties.

18 2. The committee substitute omits two introductory sentences
19 regarding when consideration must be given to creating an
20 exemption and why changing the specific need criteria would
21 not solve the problem of protracted appeals.
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