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A bill to be entitled

An act relating to health care; amending s. 408.036, F.S.; revising an exemption from certificate-of-need requirements for certain open-heart-surgery programs to apply the exemption to any hospital located within a specified health service planning district or a specified acute care subdistrict; providing criteria for qualifying for the exemption; requiring the Agency for Health Care Administration to report to the Legislature regarding the number of such exemptions requested and the number granted or denied each year; providing an effective date.

WHEREAS, appropriate access to adult cardiac care is an issue of critical state importance to all citizens of the state and to all health service planning districts of the state, and

WHEREAS, the certificate-of-need process, for most geographic areas in the state, has provided adequate access to adult open-heart-surgery services to Floridians as well as tourists, business travelers, indigents, and migrant workers who receive such services, and

WHEREAS, the Legislature has found an anomaly in the state's health care network of adult cardiac care which has created a lack of geographic and temporal access to such care within Health Service Planning District 9 and Acute Care Subdistrict 6-2, and

WHEREAS, the assurance of timely and appropriate access to adult cardiac care is critical not only to the citizens residing in Health Service Planning District 9 and Acute Care Subdistrict 6-2, but also to the entire state, since it has a direct effect

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30 on commerce, seasonal visitors, the tourist industry, the  
31 migrant population, the working poor, and indigents from all  
32 parts of the state as well as outside its borders, and

33 WHEREAS, the number of adult open-heart-surgery programs in  
34 Health Service Planning District 9 and Acute Care Subdistrict 6-  
35 2 has not kept pace with the dramatic increase in population in  
36 those areas, and

37 WHEREAS, the disparity in the number of adult open-heart-  
38 surgery programs has significantly contributed to the lack of  
39 geographic and temporal access to adult cardiac care in Health  
40 Service Planning District 9 and Acute Care Subdistrict 6-2, and

41 WHEREAS, there have been numerous technological advances in  
42 the area of primary angioplasty and stent procedures known  
43 collectively as percutaneous coronary interventions, and these  
44 advanced interventional treatments provide the highest standard  
45 of care for people suffering acute myocardial infarctions, and

46 WHEREAS, the success of these interventional treatments  
47 requires immediate access (within 1 hour) to hospitals having  
48 interventional technology and backup open-heart-surgery  
49 programs, and

50 WHEREAS, in Florida a hospital is prohibited from  
51 performing these advanced interventional cardiac services  
52 without having onsite adult open-heart-surgery capabilities, and

53 WHEREAS, hospitals that cannot perform percutaneous  
54 coronary interventions must resort to the use of thrombolytics,  
55 a less effective treatment in many instances; therefore, adults  
56 in need of percutaneous coronary interventions are being denied  
57 these procedures due to artificial barriers to geographic and  
58 temporal access, and

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59        WHEREAS, because a sufficient number of open-heart  
60 procedures for adults are being performed by existing open-heart  
61 providers, the addition of new open-heart units through the  
62 exemption provided by this act will not reduce the standard of  
63 care and quality associated with the standard volume of  
64 procedures, and

65        WHEREAS, the lack of geographic and temporal access to  
66 adult cardiac care is caused not only by physical distance  
67 between those hospitals that do not have open-heart programs and  
68 those hospitals that have available open-heart programs, but  
69 also by the actual time taken to transfer an emergent cardiac  
70 patient to a receiving facility, and

71        WHEREAS, diagnosis; discharge from the transferring  
72 hospital; transfer arrangements, including, but not limited to,  
73 insurance and administrative approval; transportation  
74 availability; admission to the receiving hospital; staff  
75 availability at the receiving hospital; and, most importantly,  
76 bed availability at the receiving hospital as well as travel  
77 delays to the receiving hospital contribute to the time taken to  
78 effectuate a transfer of a cardiac patient, and

79        WHEREAS, these and other factors have contributed to the  
80 inadequate geographic and temporal access to adult cardiac care  
81 in Health Service Planning District 9 and Acute Care Subdistrict  
82 6-2, and

83        WHEREAS, particular to Acute Care Subdistrict 6-2 is the  
84 added impediment to geographic and temporal access in that the  
85 main transportation corridors to open-heart-surgery facilities  
86 in the subdistrict operate at extremely low to near failure of  
87 transit, which contributes to failure to transfer emergent

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cardiac patients within the recommended time in which to receive the highest standard of care for people suffering acute myocardial infarctions, and

WHEREAS, the Legislature finds that timely access and availability for every adult citizen regardless of socioeconomic class or geographic location to these interventional treatments and open-heart surgery is of critical state concern, especially because myocardial infarctions and related coronary disease are no respecters of location or time, and

WHEREAS, the Legislature finds that the exemption provided by this act in Health Service Planning District 9 and Acute Care Subdistrict 6-2 will further serve an important state interest by increasing access to the appropriate life-saving treatment for all adults present in those areas, whether they are commercial visitors, seasonal visitors, residents, tourists, migrant workers, indigents, or other traditionally underserved individuals, and

WHEREAS, the Legislature further finds that the exemption provided by this act will serve an issue of critical state importance by reducing the cost of open-heart-surgery and angioplasty services by increasing quality competition by removing artificial barriers to entry amongst providers and providing additional choices to those individuals needing these services, and

WHEREAS, to ensure that it provides the quality of care desired, each hospital that qualifies for the exemption provided by this act will be subject to more stringent criteria than those imposed by the current certificate-of-need process and

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will also be subject to continual monitoring by the Agency for Health Care Administration, and

WHEREAS, the Legislature intends to ensure that standards of quality are maintained while promoting competition in the provision of adult cardiac care, NOW, THEREFORE,

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

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

408.036 Projects subject to review; exemptions.--

(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 Health Service Planning District 9, as defined in s. 408.032(5), or Acute Care Subdistrict 6-2, as defined in Rule 59C-2.100(3)(f)2., Florida Administrative Code ~~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, including the most current guidelines of the American College of Cardiology

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145 and American Heart Association Guidelines for Adult Open Heart  
146 Programs.

147 b. The applicant must certify that it will maintain  
148 sufficient appropriate equipment and health personnel to ensure  
149 quality and safety.

150 c. The applicant must certify that it will maintain  
151 appropriate times of operation and protocols to ensure  
152 availability and appropriate referrals in the event of  
153 emergencies.

154 d. The applicant must certify ~~can demonstrate~~ that it is  
155 referring 300 or more patients per year from the hospital,  
156 including the emergency room, for cardiac services at a hospital  
157 with cardiac services, or that the average wait for transfer for  
158 50 percent or more of the cardiac patients exceeds 4 hours.

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

161 f. The applicant is performing more than 300 diagnostic  
162 cardiac catheterization procedures per year, combined inpatient  
163 and outpatient.

164 g. The applicant's payor mix at a minimum reflects the  
165 community average for Medicaid, charity care, and self-pay  
166 patients or the applicant must certify that it will provide a  
167 minimum of 5 percent of Medicaid, charity care, and self-pay to  
168 open-heart-surgery patients.

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

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173        2. By December 31, 2004, and annually thereafter, the  
174        agency ~~for Health Care Administration~~ shall submit a report to  
175        the Legislature providing information concerning the number of  
176        requests for exemption it has received under this paragraph  
177        during the calendar year and the number of exemptions it has  
178        granted or denied during the calendar year.

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