

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 1264

INTRODUCER: Senator Flores

SUBJECT: Hospital Licensure

DATE: March 15, 2013 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	Pre-meeting
2.	_____	_____	CF	_____
3.	_____	_____	AHS	_____
4.	_____	_____	AP	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

SB 1264 allows specialty-licensed children’s hospitals that have neonatal intensive care beds to provide obstetrical (OB) services, including labor and delivery care, to up to 10 patients who have documentation by an examining physician that the woman’s fetus has at least one characteristic or condition that would characterize the pregnancy or delivery as high risk or that the fetus may require at least one perinatal intervention.

This bill substantially amends section 395.003 of the Florida Statutes.

II. Present Situation:

Presently, s. 395.003, F.S., states that a specialty hospital may not provide any service or regularly serve any population group beyond those that are specified in its license with an exception made for specialty-licensed children’s hospitals to allow them to treat certain adult patients with cardiovascular issues that the hospital treated as children. The Agency for Health Care Administration (AHCA) licenses all hospital types in the state of Florida. According to the AHCA, the options for a class II specialty hospital are a women’s hospital or a children’s hospital. To offer services to women and children, a hospital must be licensed as a class I general acute care hospital. A currently licensed children’s hospital wanting to offer services outside of their previously defined patient base would be required to obtain a Certificate of Need to establish a new hospital or apply to change their classification to a class I general acute care hospital. Three hospitals in Florida qualify as specialty-licensed children’s hospitals: All

Children's Hospital in Saint Petersburg, Miami Children's Hospital in Miami, and Nemours Children's Hospital in Orlando.¹

Presently, it is necessary for new-born infants that require emergency procedures performed by specialists at children's hospitals to be transported from their place of birth to the children's hospital for treatment. The number of new-born infants that require emergency transport is relatively small. For example, in Miami-Dade, Broward, and Palm Beach counties, between 2007 and 2012, a total of 1,526 of the neonatal admissions were diagnosed with conditions considered to be high risk before birth. Of these, 1,479 infants were air-lifted from surrounding hospitals to Miami Children's Hospital for emergency procedures.²

III. Effect of Proposed Changes:

Section 1 amends s. 395.003, F.S., to allow specialty-licensed children's hospitals that have neonatal intensive care beds to provide obstetrical services, including labor and delivery care, to up to 10 patients who have documentation by an examining physician that their fetus has at least one characteristic or condition that would characterize the pregnancy or delivery as high risk or that their fetus may require at least one perinatal intervention.

Section 2 provides an effective date of July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 1264 will have an indeterminate positive fiscal impact by removing the need to transfer some new-born infants to specialty-licensed children's hospitals.

¹ AHCA bill analysis for SB 1264, dated Mar. 15, 2013, on file with the Senate Health Policy Committee.

² Statistics from Miami Children's Hospital on High Risk Deliveries, on file with the Senate Health Policy Committee.

The bill may have a negative fiscal impact on general hospitals offering obstetrics and neonatal intensive care if their specialists stop or reduce their services at the general hospital. General hospitals offering obstetrics without neonatal intensive care may see no change or may strengthen their cooperation with the children's hospital, such as transfer agreements.³

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill allows OB for up to 10 patients, but does not specify a time frame. It would be beneficial to specify a time frame (such as "10 patients at the same time," or "10 patients per month") in order to clarify the effect of the bill. Also, the bill specifies that OB services may only be provided to patients whose fetuses display at least one characteristic or condition that would characterize the pregnancy or delivery as high risk, but the bill does not define the term high risk or reference a specified standard for determining what fetal conditions qualify as high risk.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

³Supra n. 1