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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/07/2017	.	
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The Committee on Governmental Oversight and Accountability
(Bean) recommended the following:

Senate Substitute for Amendment (883976) (with title amendment)

Delete lines 50 - 196
and insert:

(a) The council shall be composed of no more than 15 voting members with technical expertise in cardiac medicine, appointed by the State Surgeon General for staggered terms of 4 years. The State Surgeon General may appoint an alternate member for each voting member. An alternate member may participate in council



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11 discussions and subcommittees but is eligible to vote only in
12 those instances when the voting member for whom he or she is the
13 alternate cannot cast a vote. An employee of the department or a
14 contracted consultant paid by the department may not serve as an
15 appointed or ex officio member of the council. Council
16 membership must include the following voting members:

17 1. Pediatric cardiologists or pediatric cardiovascular
18 surgeons nominated by the chief executive officers of the
19 following hospitals:

20 a. Johns Hopkins All Children's Hospital in St. Petersburg.

21 b. Arnold Palmer Hospital for Children in Orlando.

22 c. Joe DiMaggio Children's Hospital in Hollywood.

23 d. Nicklaus Children's Hospital in Miami.

24 e. St. Joseph's Children's Hospital in Tampa.

25 f. University of Florida Health Shands Hospital in

26 Gainesville.

27 g. University of Miami Holtz Children's Hospital in Miami.

28 h. Wolfson Children's Hospital in Jacksonville.

29 i. Florida Hospital for Children in Orlando.

30 j. Nemours Children's Hospital in Orlando.

31 2. Pediatric cardiologists or pediatric cardiovascular

32 surgeons nominated by the chief executive officer of a hospital

33 that holds a current certificate of need for a pediatric cardiac

34 program and that meets state and national standards as

35 recommended by the council following an onsite visit by a panel

36 from the council.

37 3. Two physicians who are pediatric cardiologists or

38 subspecialists with expertise in congenital heart disease; who

39 are not associated with a facility otherwise represented by a



40 voting member of the council; and who are appointed in
41 consultation with the Deputy Secretary for Children's Medical
42 Services and the Director of Children's Medical Services.

43 4. A community physician who has ongoing involvement with
44 and special interest in the treatment of children with heart
45 disease and who is not associated with a facility represented in
46 the membership of the council pursuant to subparagraph 1. or
47 subparagraph 2. or a community-based medical internist who has
48 experience in treating adults with congenital heart disease.
49 Appointment of a community physician shall be made in
50 consultation with the Deputy Secretary for Children's Medical
51 Services and the Director of Children's Medical Services.

52 5. Appointments made under subparagraphs 1. and 2. are
53 contingent on the nominating hospital's maintenance of pediatric
54 certificates of need and the hospital's compliance with the
55 state and national standards identified by the council in
56 exercising its duties under subparagraph (f)5. A member whose
57 hospital fails to maintain such certificates or comply with such
58 standards during his or her term, as determined by the State
59 Surgeon General, may serve only in an advisory capacity as a
60 nonvoting member until such time as the maintenance of such
61 certificates and compliance with such standards are restored.

62 (b) The State Surgeon General may appoint nonvoting,
63 advisory members to the council in consultation with the Deputy
64 Secretary for Children's Medical Services and the Director of
65 Children's Medical Services. Such members may participate in
66 council discussions and subcommittees created by the council.

67 (c) The chair and vice chair of the council shall be
68 elected by the council members to 2-year terms and may not serve



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69 more than 2 consecutive terms.

70 (d) The council shall meet upon the call of the chair or
71 two or more voting members or upon the call of the State Surgeon
72 General, but must meet at least quarterly. Council meetings must
73 be conducted by teleconference or through other electronic means
74 when feasible.

75 (e) Council members shall serve without compensation, but
76 are entitled to reimbursement for per diem and travel expenses
77 in accordance with s. 112.061.

78 (f) The duties of the council include, but are not limited
79 to:

80 1. Recommending standards for personnel, clinics, and
81 facilities that provide cardiac services to clients of the
82 department and the program and for the diagnosis of cardiac
83 conditions.

84 2. Analyzing reports on the periodic review of cardiac care
85 personnel, clinics, facilities, and diagnoses to determine if
86 established state and national standards for cardiac services
87 are being met.

88 3. Making recommendations to the Director of Children's
89 Medical Services regarding determinations of whether reviewed
90 cardiac care personnel, clinics, facilities, and diagnoses meet
91 established state and national standards for cardiac services.

92 4. Making recommendations to the Director of Children's
93 Medical Services regarding the intervals for reinspection of
94 cardiac care personnel, clinics, facilities, and diagnoses
95 meeting established state and national standards for cardiac
96 services.

97 5. Reviewing and inspecting a hospital upon the request of



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98 the hospital, the department, or the Agency for Health Care
99 Administration to analyze its compliance with established state
100 and national standards for cardiac services.

101 6. Advising the department and the Agency for Health Care
102 Administration on all aspects of the provision of cardiac care
103 under the program, including rulemaking, and on all components
104 of providing care to adults and children with congenital heart
105 disease and children with acquired heart disease.

106 7. Reviewing and analyzing compliance by cardiac care
107 personnel, clinics, and facilities with the recognized state and
108 national professional standards of care for children with heart
109 disease.

110 8. Making recommendations to the State Surgeon General for
111 legislation regarding and appropriations for pediatric cardiac
112 services.

113 9. Providing advisory opinions to the Agency for Health
114 Care Administration before the agency approves a certificate of
115 need for pediatric cardiac services.

116 (3) DESIGNATION OF PEDIATRIC AND CONGENITAL CARDIOVASCULAR
117 CENTERS OF EXCELLENCE.—Upon the recommendation of the council
118 and the Director of Children’s Medical Services, the State
119 Surgeon General shall designate facilities that the council
120 recommends have met state and national professional standards of
121 care for children with heart disease as Pediatric and Congenital
122 Cardiovascular Centers of Excellence. The council shall
123 recommend measurable performance standards and evaluation tools
124 to be used in determining whether a facility qualifies for such
125 designation. The designation of a facility as a center of
126 excellence is automatically withdrawn if the facility no longer



127 meets, as determined by the State Surgeon General, the
128 performance standards that qualified it for such designation.
129 (4) ANNUAL REPORT.—Beginning in January 1, 2019, and by
130 each January 1 thereafter, the council shall submit an annual
131 report to the Governor, the President of the Senate, the Speaker
132 of the House of Representatives, and the State Surgeon General.
133 The report must summarize the council's activities during the
134 preceding fiscal year and include data and performance measures
135 on surgical morbidity and mortality for all the pediatric
136 cardiac facilities that participated in the program. The report
137 must also recommend any policy or procedural changes that would
138 increase the council's effectiveness in monitoring the
139 performance of such facilities.
140 (5) RULEMAKING.—
141 (a) The department, in coordination with the Agency for
142 Health Care Administration, shall develop rules related to
143 pediatric cardiac care and facilities that participate in the
144 program. The rules shall establish standards relating to the
145 training and credentialing of medical and surgical personnel,
146 minimum case volumes for facilities and physicians, and data
147 reporting requirements for monitoring and enhancing quality
148 assurance. The rules shall meet or exceed the standard of care
149 provided in Children's Medical Services Pediatric Cardiac
150 Facilities Standards established in October 2012.
151 (b) The department may also adopt rules relating to the
152 establishment, operation, and authority of the council and the
153 process, performance standards, and evaluation tools for
154 designating facilities as Pediatric and Congenital
155 Cardiovascular Centers of Excellence.



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

And the title is amended as follows:

Delete lines 22 - 23

and insert:

Excellence; providing