

By Senator Bean

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1 A bill to be entitled
 2 An act relating to pediatric cardiac care in the
 3 Children's Medical Services program; creating s.
 4 391.224, F.S.; providing legislative findings and
 5 intent; creating the Pediatric Cardiac Care Advisory
 6 Council within the Department of Health; specifying
 7 the council membership; providing for election of the
 8 council chair and vice chair; providing for per diem
 9 and travel expenses; specifying the duties of the
 10 council; requiring the State Surgeon General to
 11 designate certain facilities as Pediatric and
 12 Congenital Cardiovascular Centers of Excellence;
 13 establishing prerequisites for the designation of a
 14 facility as a center of excellence; requiring that the
 15 council provide an annual report to the Governor, the
 16 Legislature, and the State Surgeon General; requiring
 17 the department to develop rules relating to pediatric
 18 cardiac care and facilities in the program;
 19 authorizing the department to adopt rules relating to
 20 the council and the designation of facilities as
 21 Pediatric and Congenital Cardiovascular Centers of
 22 Excellence; reauthorizing specified rules relating to
 23 pediatric cardiac services and facilities; providing
 24 an effective date.

25
 26 Be It Enacted by the Legislature of the State of Florida:

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 28 Section 1. Section 391.224, Florida Statutes, is created to
 29 read:

30 391.224 Pediatric Cardiac Care Advisory Council.—

31 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
 32 significant benefits in the continued coordination of the

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33 activities of state agencies regarding the delivery of pediatric
34 cardiac care in this state. It is the intent of the Legislature
35 that the Department of Health and its cardiac consultants and
36 the Agency for Health Care Administration maintain their long-
37 standing interagency teams and agreements to support the
38 coordinated development and adoption of guidelines, standards,
39 and rules under the agencies' existing statutory authority for
40 the state pediatric cardiac care system to ensure the necessary
41 continuum of care for pediatric cardiac patients. The
42 Legislature also intends that the department take the lead in
43 this process.

44 (2) ESTABLISHMENT OF PEDIATRIC CARDIAC CARE ADVISORY
45 COUNCIL.—The Pediatric Cardiac Care Advisory Council, an
46 advisory council as defined in s. 20.03, is created within the
47 department to advise it on the delivery of all types of cardiac
48 care to children and adults with congenital heart disease. The
49 council is subject to s. 20.052.

50 (a) The council shall be composed of no more than 13 voting
51 members with technical expertise in cardiac medicine, appointed
52 by the State Surgeon General for staggered terms of 4 years. The
53 State Surgeon General may appoint an alternate member for each
54 voting member. An alternate member may participate in council
55 discussions and subcommittees but is eligible to vote only in
56 those instances when the voting member for whom he or she is the
57 alternate cannot cast a vote. An employee of the department or a
58 contracted consultant paid by the department may not serve as an
59 appointed or ex officio member of the council. Council
60 membership must include the following voting members:

61 1. Pediatric cardiologists or pediatric cardiovascular

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62 surgeons nominated by the chief executive officers of the
63 following hospitals:

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

65 b. Arnold Palmer Hospital for Children in Orlando.

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

67 d. Nicklaus Children's Hospital in Miami.

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

69 f. University of Florida Health Shands Hospital in
70 Gainesville.

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

72 h. Wolfson Children's Hospital in Jacksonville.

73 2. Pediatric cardiologists or pediatric cardiovascular
74 surgeons nominated by the chief executive officer of a hospital
75 that holds a current certificate of need for a pediatric cardiac
76 program and that meets state and national standards as
77 recommended by the council following an onsite visit by a panel
78 from the council.

79 3. Two physicians who are pediatric cardiologists or
80 subspecialists with expertise in congenital heart disease; who
81 are not associated with a facility otherwise represented by a
82 voting member of the council; and who are appointed in
83 consultation with the Deputy Secretary for Children's Medical
84 Services and the Director of Children's Medical Services.

85 4. A community physician who has ongoing involvement with
86 and special interest in the treatment of children with heart
87 disease and who is not associated with a facility represented in
88 the membership of the council pursuant to subparagraph 1. or
89 subparagraph 2. or a community-based medical internist who has
90 experience in treating adults with congenital heart disease.

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91 Appointment of a community physician shall be made in
92 consultation with the Deputy Secretary for Children's Medical
93 Services and the Director of Children's Medical Services.

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95 Appointments made under subparagraphs 1. and 2. are contingent
96 on the nominating hospital's maintenance of pediatric
97 certificates of need and the hospital's compliance with the
98 state and national standards identified by the council in
99 exercising its duties under subparagraph (f)5. A member whose
100 hospital fails to maintain such certificates or comply with such
101 standards during his or her term, as determined by the State
102 Surgeon General, may serve only in an advisory capacity as a
103 nonvoting member until such time as the maintenance of such
104 certificates and compliance with such standards are restored.

105 (b) The State Surgeon General may appoint nonvoting,
106 advisory members to the council in consultation with the Deputy
107 Secretary for Children's Medical Services and the Director of
108 Children's Medical Services. Such members may participate in
109 council discussions and subcommittees created by the council.

110 (c) The chair and vice chair of the council shall be
111 elected by the council members to 2-year terms and may not serve
112 more than two consecutive terms.

113 (d) The council shall meet upon the call of the chair or
114 two or more voting members or upon the call of the State Surgeon
115 General, but must meet at least quarterly. Council meetings must
116 be conducted by teleconference or through other electronic means
117 when feasible.

118 (e) Council members shall serve without compensation, but
119 are entitled to reimbursement for per diem and travel expenses

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120 in accordance with s. 112.061.

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

123 1. Recommending standards for personnel, clinics, and
124 facilities that provide cardiac services to clients of the
125 department and the program and for the diagnosis of cardiac
126 conditions.

127 2. Analyzing reports on the periodic review of cardiac care
128 personnel, clinics, facilities, and diagnoses to determine if
129 established state and national standards for cardiac services
130 are being met.

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

135 4. Making recommendations to the Director of Children's
136 Medical Services regarding the intervals for reinspection of
137 cardiac care personnel, clinics, facilities, and diagnoses
138 meeting established state and national standards for cardiac
139 services.

140 5. Reviewing and inspecting a hospital upon the request of
141 the hospital, the department, or the Agency for Health Care
142 Administration to analyze its compliance with established state
143 and national standards for cardiac services.

144 6. Advising the department and the Agency for Health Care
145 Administration on all aspects of the provision of cardiac care
146 under the program, including rulemaking, and on all components
147 of providing care to adults and children with congenital heart
148 disease and children with acquired heart disease.

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149 7. Reviewing and analyzing compliance by cardiac care
150 personnel, clinics, and facilities with the recognized state and
151 national professional standards of care for children with heart
152 disease.

153 8. Making recommendations to the State Surgeon General for
154 legislation regarding and appropriations for pediatric cardiac
155 services.

156 9. Providing advisory opinions to the Agency for Health
157 Care Administration before the agency approves a certificate of
158 need for pediatric cardiac services.

159 (3) DESIGNATION OF PEDIATRIC AND CONGENITAL CARDIOVASCULAR
160 CENTERS OF EXCELLENCE.—Upon the recommendation of the council
161 and the Director of Children’s Medical Services, the State
162 Surgeon General shall designate facilities that the council
163 recommends have met state and national professional standards of
164 care for children with heart disease as Pediatric and Congenital
165 Cardiovascular Centers of Excellence. The council shall
166 recommend measurable performance standards and evaluation tools
167 to be used in determining whether a facility qualifies for such
168 designation. The designation of a facility as a center of
169 excellence is automatically withdrawn if the facility no longer
170 meets, as determined by the State Surgeon General, the
171 performance standards that qualified it for such designation.

172 (4) ANNUAL REPORT.—Beginning in January 1, 2019, and by
173 each January 1 thereafter, the council shall submit an annual
174 report to the Governor, the President of the Senate, the Speaker
175 of the House of Representatives, and the State Surgeon General.
176 The report must summarize the council’s activities during the
177 preceding fiscal year and include data and performance measures

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178 on surgical morbidity and mortality for all the pediatric
179 cardiac facilities that participated in the program. The report
180 must also recommend any policy or procedural changes that would
181 increase the council's effectiveness in monitoring the
182 performance of such facilities.

183 (5) RULEMAKING.—The department, in coordination with the
184 Agency for Health Care Administration, shall develop rules
185 related to pediatric cardiac care and facilities that
186 participate in the program. The rules may establish standards
187 relating to the training and credentialing of medical and
188 surgical personnel, minimum case volumes for facilities and
189 physicians, and data reporting requirements for monitoring and
190 enhancing quality assurance. The department may also adopt rules
191 relating to the establishment, operation, and authority of the
192 council and the process, performance standards, and evaluation
193 tools for designating facilities as Pediatric and Congenital
194 Cardiovascular Centers of Excellence. The rules relating to
195 pediatric cardiac services and facilities in effect on October
196 1, 2015, are hereby reauthorized pursuant to this subsection.

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