

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Miller, A. offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsections (8) through (17) of section

8 408.032, Florida Statutes, are amended to read:

9 408.032 Definitions relating to Health Facility and

10 Services Development Act.—As used in ss. 408.031-408.045, the
 11 term:

12 (8) "Health care facility" means a ~~hospital, long-term~~
 13 ~~care hospital,~~ skilled nursing facility, hospice, or
 14 intermediate care facility for the developmentally disabled. A
 15 facility relying solely on spiritual means through prayer for
 16 healing is not included as a health care facility.

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17 ~~(9) "Health services" means inpatient diagnostic,~~
18 ~~curative, or comprehensive medical rehabilitative services and~~
19 ~~includes mental health services. Obstetric services are not~~
20 ~~health services for purposes of ss. 408.031-408.045.~~

21 (9)~~(10)~~ "Hospice" or "hospice program" means a hospice as
22 defined in part IV of chapter 400.

23 ~~(11) "Hospital" means a health care facility licensed~~
24 ~~under chapter 395.~~

25 (10)~~(12)~~ "Intermediate care facility for the
26 developmentally disabled" means a residential facility licensed
27 under part VIII of chapter 400.

28 ~~(13) "Long-term care hospital" means a hospital licensed~~
29 ~~under chapter 395 which meets the requirements of 42 C.F.R. s.~~
30 ~~412.23(e) and seeks exclusion from the acute care Medicare~~
31 ~~prospective payment system for inpatient hospital services.~~

32 ~~(14) "Mental health services" means inpatient services~~
33 ~~provided in a hospital licensed under chapter 395 and listed on~~
34 ~~the hospital license as psychiatric beds for adults; psychiatric~~
35 ~~beds for children and adolescents; intensive residential~~
36 ~~treatment beds for children and adolescents; substance abuse~~
37 ~~beds for adults; or substance abuse beds for children and~~
38 ~~adolescents.~~

39 (11)~~(15)~~ "Nursing home geographically underserved area"
40 means:

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- 41 (a) A county in which there is no existing or approved
42 nursing home;
- 43 (b) An area with a radius of at least 20 miles in which
44 there is no existing or approved nursing home; or
- 45 (c) An area with a radius of at least 20 miles in which
46 all existing nursing homes have maintained at least a 95 percent
47 occupancy rate for the most recent 6 months or a 90 percent
48 occupancy rate for the most recent 12 months.

49 ~~(12)-(16)~~ "Skilled nursing facility" means an institution,
50 or a distinct part of an institution, which is primarily engaged
51 in providing, to inpatients, skilled nursing care and related
52 services for patients who require medical or nursing care, or
53 rehabilitation services for the rehabilitation of injured,
54 disabled, or sick persons.

55 ~~(17) "Tertiary health service" means a health service~~
56 ~~which, due to its high level of intensity, complexity,~~
57 ~~specialized or limited applicability, and cost, should be~~
58 ~~limited to, and concentrated in, a limited number of hospitals~~
59 ~~to ensure the quality, availability, and cost-effectiveness of~~
60 ~~such service. Examples of such service include, but are not~~
61 ~~limited to, pediatric cardiac catheterization, pediatric open-~~
62 ~~heart surgery, organ transplantation, neonatal intensive care~~
63 ~~units, comprehensive rehabilitation, and medical or surgical~~
64 ~~services which are experimental or developmental in nature to~~
65 ~~the extent that the provision of such services is not yet~~

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66 ~~contemplated within the commonly accepted course of diagnosis or~~
67 ~~treatment for the condition addressed by a given service. The~~
68 ~~agency shall establish by rule a list of all tertiary health~~
69 ~~services.~~

70 Section 2. Subsection (2) of section 408.034, Florida
71 Statutes, is amended to read:

72 408.034 Duties and responsibilities of agency; rules.—

73 (2) In the exercise of its authority to issue licenses to
74 health care facilities and health service providers, as provided
75 under chapter ~~chapters~~ 393 and ~~395~~ and parts II, IV, and VIII of
76 chapter 400, the agency may not issue a license to any health
77 care facility or health service provider that fails to receive a
78 certificate of need or an exemption for the licensed facility or
79 service.

80 Section 3. Section 408.035, Florida Statutes, is amended
81 to read:

82 408.035 Review criteria.—

83 ~~(1)~~ The agency shall determine the reviewability of
84 applications and shall review applications for certificate-of-
85 need determinations for health care facilities and health
86 services in context with the following criteria, ~~except for~~
87 ~~general hospitals as defined in s. 395.002:~~

88 (1) ~~(a)~~ The need for the health care facilities and health
89 services being proposed.

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90 ~~(2)(b)~~ The availability, quality of care, accessibility,
91 and extent of utilization of existing health care facilities and
92 health services in the service district of the applicant.

93 ~~(3)(e)~~ The ability of the applicant to provide quality of
94 care and the applicant's record of providing quality of care.

95 ~~(4)(d)~~ The availability of resources, including health
96 personnel, management personnel, and funds for capital and
97 operating expenditures, for project accomplishment and
98 operation.

99 ~~(5)(e)~~ The extent to which the proposed services will
100 enhance access to health care for residents of the service
101 district.

102 ~~(6)(f)~~ The immediate and long-term financial feasibility
103 of the proposal.

104 ~~(7)(g)~~ The extent to which the proposal will foster
105 competition that promotes quality and cost-effectiveness.

106 ~~(8)(h)~~ The costs and methods of the proposed construction,
107 including the costs and methods of energy provision and the
108 availability of alternative, less costly, or more effective
109 methods of construction.

110 ~~(9)(i)~~ The applicant's past and proposed provision of
111 health care services to Medicaid patients and the medically
112 indigent.

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113 ~~(10)(j)~~ The applicant's designation as a Gold Seal Program
114 nursing facility pursuant to s. 400.235, when the applicant is
115 requesting additional nursing home beds at that facility.

116 ~~(2) For a general hospital, the agency shall consider only~~
117 ~~the criteria specified in paragraph (1)(a), paragraph (1)(b),~~
118 ~~except for quality of care in paragraph (1)(b), and paragraphs~~
119 ~~(1)(c), (g), and (i).~~

120 Section 4. Section 408.036, Florida Statutes, is amended
121 to read:

122 408.036 Projects subject to review; exemptions.-

123 (1) APPLICABILITY.—Unless exempt under subsection (3), all
124 health-care-related projects, as described in this subsection
125 ~~paragraphs (a)–(f)~~, are subject to review and must file an
126 application for a certificate of need with the agency. The
127 agency is exclusively responsible for determining whether a
128 health-care-related project is subject to review under ss.
129 408.031–408.045.

130 (a) The addition of beds in community nursing homes or
131 intermediate care facilities for the developmentally disabled by
132 new construction or alteration.

133 (b) The new construction or establishment of additional
134 health care facilities, including a replacement health care
135 facility when the proposed project site is not located on the
136 same site as or within 1 mile of the existing health care

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137 facility, if the number of beds in each licensed bed category
138 will not increase.

139 (c) The conversion from one type of health care facility
140 to another, ~~including the conversion from a general hospital, a~~
141 ~~specialty hospital, or a long-term care hospital.~~

142 (d) The establishment of a hospice or hospice inpatient
143 facility, except as provided in s. 408.043.

144 ~~(e) An increase in the number of beds for comprehensive~~
145 ~~rehabilitation.~~

146 ~~(f) The establishment of tertiary health services,~~
147 ~~including inpatient comprehensive rehabilitation services.~~

148 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.—Unless exempt
149 pursuant to subsection (3), the following projects are subject
150 to expedited review:

151 (a) Transfer of a certificate of need, ~~except that when an~~
152 ~~existing hospital is acquired by a purchaser, all certificates~~
153 ~~of need issued to the hospital which are not yet operational~~
154 ~~shall be acquired by the purchaser without need for a transfer.~~

155 (b) Replacement of a nursing home, if the proposed project
156 site is within a 30-mile radius of the replaced nursing home. If
157 the proposed project site is outside the subdistrict where the
158 replaced nursing home is located, the prior 6-month occupancy
159 rate for licensed community nursing homes in the proposed
160 subdistrict must be at least 85 percent in accordance with the
161 agency's most recently published inventory.

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162 (c) Replacement of a nursing home within the same
163 district, if the proposed project site is outside a 30-mile
164 radius of the replaced nursing home but within the same
165 subdistrict or a geographically contiguous subdistrict. If the
166 proposed project site is in the geographically contiguous
167 subdistrict, the prior 6-month occupancy rate for licensed
168 community nursing homes for that subdistrict must be at least 85
169 percent in accordance with the agency's most recently published
170 inventory.

171 (d) Relocation of a portion of a nursing home's licensed
172 beds to another facility or to establish a new facility within
173 the same district or within a geographically contiguous
174 district, if the relocation is within a 30-mile radius of the
175 existing facility and the total number of nursing home beds in
176 the state does not increase.

177 (e) New construction of a community nursing home in a
178 retirement community as further provided in this paragraph.

179 1. Expedited review under this paragraph is available if
180 all of the following criteria are met:

181 a. The residential use area of the retirement community is
182 deed-restricted as housing for older persons as defined in s.
183 760.29(4)(b).

184 b. The retirement community is located in a county in
185 which 25 percent or more of its population is age 65 and older.

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186 c. The retirement community is located in a county that
187 has a rate of no more than 16.1 beds per 1,000 persons age 65
188 years or older. The rate shall be determined by using the
189 current number of licensed and approved community nursing home
190 beds in the county per the agency's most recent published
191 inventory.

192 d. The retirement community has a population of at least
193 8,000 residents within the county, based on a population data
194 source accepted by the agency.

195 e. The number of proposed community nursing home beds in
196 an application does not exceed the projected bed need after
197 applying the rate of 16.1 beds per 1,000 persons aged 65 years
198 and older projected for the county 3 years into the future using
199 the estimates adopted by the agency reduced by the agency's most
200 recently published inventory of licensed and approved community
201 nursing home beds in the county.

202 2. No more than 120 community nursing home beds shall be
203 approved for a qualified retirement community under each request
204 for expedited review. Subsequent requests for expedited review
205 under this process may not be made until 2 years after
206 construction of the facility has commenced or 1 year after the
207 beds approved through the initial request are licensed,
208 whichever occurs first.

209 3. The total number of community nursing home beds which
210 may be approved for any single deed-restricted community

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211 pursuant to this paragraph may not exceed 240, regardless of
212 whether the retirement community is located in more than one
213 qualifying county.

214 4. Each nursing home facility approved under this
215 paragraph must be dually certified for participation in the
216 Medicare and Medicaid programs.

217 5. Each nursing home facility approved under this
218 paragraph must be at least 1 mile, as measured over publicly
219 owned roadways, from an existing approved and licensed community
220 nursing home.

221 6. A retirement community requesting expedited review
222 under this paragraph shall submit a written request to the
223 agency for expedited review. The request must include the number
224 of beds to be added and provide evidence of compliance with the
225 criteria specified in subparagraph 1.

226 7. After verifying that the retirement community meets the
227 criteria for expedited review specified in subparagraph 1., the
228 agency shall publicly notice in the Florida Administrative
229 Register that a request for an expedited review has been
230 submitted by a qualifying retirement community and that the
231 qualifying retirement community intends to make land available
232 for the construction and operation of a community nursing home.
233 The agency's notice must identify where potential applicants can
234 obtain information describing the sales price of, or terms of
235 the land lease for, the property on which the project will be

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236 located and the requirements established by the retirement
237 community. The agency notice must also specify the deadline for
238 submission of the certificate-of-need application, which may not
239 be earlier than the 91st day or later than the 125th day after
240 the date the notice appears in the Florida Administrative
241 Register.

242 8. The qualified retirement community shall make land
243 available to applicants it deems to have met its requirements
244 for the construction and operation of a community nursing home
245 but may sell or lease the land only to the applicant that is
246 issued a certificate of need by the agency under this paragraph.

247 a. A certificate-of-need application submitted under this
248 paragraph must identify the intended site for the project within
249 the retirement community and the anticipated costs for the
250 project based on that site. The application must also include
251 written evidence that the retirement community has determined
252 that both the provider submitting the application and the
253 project satisfy its requirements for the project.

254 b. If the retirement community determines that more than
255 one provider satisfies its requirements for the project, it may
256 notify the agency of the provider it prefers.

257 9. The agency shall review each submitted application. If
258 multiple applications are submitted for a project published
259 pursuant to subparagraph 7., the agency shall review the
260 competing applications.

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261
262 The agency shall develop rules to implement the expedited review
263 process, including time schedule, application content that may
264 be reduced from the full requirements of s. 408.037(1), and
265 application processing.

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

268 (a) For hospice services ~~or for swing beds in a rural~~
269 ~~hospital, as defined in s. 395.602, in a number that does not~~
270 ~~exceed one-half of its licensed beds.~~

271 ~~(b) For the conversion of licensed acute care hospital~~
272 ~~beds to Medicare and Medicaid certified skilled nursing beds in~~
273 ~~a rural hospital, as defined in s. 395.602, so long as the~~
274 ~~conversion of the beds does not involve the construction of new~~
275 ~~facilities. The total number of skilled nursing beds, including~~
276 ~~swing beds, may not exceed one-half of the total number of~~
277 ~~licensed beds in the rural hospital as of July 1, 1993.~~
278 ~~Certified skilled nursing beds designated under this paragraph,~~
279 ~~excluding swing beds, shall be included in the community nursing~~
280 ~~home bed inventory. A rural hospital that subsequently~~
281 ~~decertifies any acute care beds exempted under this paragraph~~
282 ~~shall notify the agency of the decertification, and the agency~~
283 ~~shall adjust the community nursing home bed inventory~~
284 ~~accordingly.~~

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285 (b)~~(e)~~ For the addition of nursing home beds at a skilled
286 nursing facility that is part of a retirement community that
287 provides a variety of residential settings and supportive
288 services and that has been incorporated and operated in this
289 state for at least 65 years on or before July 1, 1994. All
290 nursing home beds must not be available to the public but must
291 be for the exclusive use of the community residents.

292 (c)~~(d)~~ For an inmate health care facility built by or for
293 the exclusive use of the Department of Corrections as provided
294 in chapter 945. This exemption expires when such facility is
295 converted to other uses.

296 (d)~~(e)~~ For mobile surgical facilities and related health
297 care services provided under contract with the Department of
298 Corrections or a private correctional facility operating
299 pursuant to chapter 957.

300 (e)~~(f)~~ For the addition of nursing home beds licensed
301 under chapter 400 in a number not exceeding 30 total beds or 25
302 percent of the number of beds licensed in the facility being
303 replaced under paragraph (2)(b), paragraph (2)(c), or paragraph
304 (j)~~(p)~~, whichever is less.

305 (f)~~(g)~~ For state veterans' nursing homes operated by or on
306 behalf of the Florida Department of Veterans' Affairs in
307 accordance with part II of chapter 296 for which at least 50
308 percent of the construction cost is federally funded and for
309 which the Federal Government pays a per diem rate not to exceed

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310 one-half of the cost of the veterans' care in such state nursing
311 homes. These beds shall not be included in the nursing home bed
312 inventory.

313 ~~(g)~~ ~~(h)~~ For combination within one nursing home facility of
314 the beds or services authorized by two or more certificates of
315 need issued in the same planning subdistrict. An exemption
316 granted under this paragraph shall extend the validity period of
317 the certificates of need to be consolidated by the length of the
318 period beginning upon submission of the exemption request and
319 ending with issuance of the exemption. The longest validity
320 period among the certificates shall be applicable to each of the
321 combined certificates.

322 ~~(h)~~ ~~(i)~~ For division into two or more nursing home
323 facilities of beds or services authorized by one certificate of
324 need issued in the same planning subdistrict. An exemption
325 granted under this paragraph shall extend the validity period of
326 the certificate of need to be divided by the length of the
327 period beginning upon submission of the exemption request and
328 ending with issuance of the exemption.

329 ~~(j)~~ ~~For the addition of hospital beds licensed under~~
330 ~~chapter 395 for comprehensive rehabilitation in a number that~~
331 ~~may not exceed 10 total beds or 10 percent of the licensed~~
332 ~~capacity, whichever is greater.~~

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333 ~~1. In addition to any other documentation otherwise~~
334 ~~required by the agency, a request for exemption submitted under~~
335 ~~this paragraph must:~~

336 ~~a. Certify that the prior 12-month average occupancy rate~~
337 ~~for the licensed beds being expanded meets or exceeds 80~~
338 ~~percent.~~

339 ~~b. Certify that the beds have been licensed and~~
340 ~~operational for at least 12 months.~~

341 ~~2. The timeframes and monitoring process specified in s.~~
342 ~~408.040(2)(a)-(c) apply to any exemption issued under this~~
343 ~~paragraph.~~

344 ~~3. The agency shall count beds authorized under this~~
345 ~~paragraph as approved beds in the published inventory of~~
346 ~~hospital beds until the beds are licensed.~~

347 ~~(i)(k)~~ For the addition of nursing home beds licensed
348 under chapter 400 in a number not exceeding 10 total beds or 10
349 percent of the number of beds licensed in the facility being
350 expanded, whichever is greater; or, for the addition of nursing
351 home beds licensed under chapter 400 at a facility that has been
352 designated as a Gold Seal nursing home under s. 400.235 in a
353 number not exceeding 20 total beds or 10 percent of the number
354 of licensed beds in the facility being expanded, whichever is
355 greater.

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356 1. In addition to any other documentation required by the
357 agency, a request for exemption submitted under this paragraph
358 must certify that:

359 a. The facility has not had any class I or class II
360 deficiencies within the 30 months preceding the request.

361 b. The prior 12-month average occupancy rate for the
362 nursing home beds at the facility meets or exceeds 94 percent.

363 c. Any beds authorized for the facility under this
364 paragraph before the date of the current request for an
365 exemption have been licensed and operational for at least 12
366 months.

367 2. The timeframes and monitoring process specified in s.
368 408.040(2)(a)-(c) apply to any exemption issued under this
369 paragraph.

370 3. The agency shall count beds authorized under this
371 paragraph as approved beds in the published inventory of nursing
372 home beds until the beds are licensed.

373 ~~(1) For the establishment of:~~

374 ~~1. A Level II neonatal intensive care unit with at least~~
375 ~~10 beds, upon documentation to the agency that the applicant~~
376 ~~hospital had a minimum of 1,500 births during the previous 12~~
377 ~~months;~~

378 ~~2. A Level III neonatal intensive care unit with at least~~
379 ~~15 beds, upon documentation to the agency that the applicant~~
380 ~~hospital has a Level II neonatal intensive care unit of at least~~

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381 ~~10 beds and had a minimum of 3,500 births during the previous 12~~
382 ~~months; or~~

383 ~~3. A Level III neonatal intensive care unit with at least~~
384 ~~5 beds, upon documentation to the agency that the applicant~~
385 ~~hospital is a verified trauma center pursuant to s.~~
386 ~~395.4001(14), and has a Level II neonatal intensive care unit,~~
387
388 ~~if the applicant demonstrates that it meets the requirements for~~
389 ~~quality of care, nurse staffing, physician staffing, physical~~
390 ~~plant, equipment, emergency transportation, and data reporting~~
391 ~~found in agency certificate of need rules for Level II and Level~~
392 ~~III neonatal intensive care units and if the applicant commits~~
393 ~~to the provision of services to Medicaid and charity patients at~~
394 ~~a level equal to or greater than the district average. Such a~~
395 ~~commitment is subject to s. 408.040.~~

396 ~~(m)1. For the provision of adult open-heart services in a~~
397 ~~hospital located within the boundaries of a health service~~
398 ~~planning district, as defined in s. 408.032(5), which has~~
399 ~~experienced an annual net out-migration of at least 600 open-~~
400 ~~heart surgery cases for 3 consecutive years according to the~~
401 ~~most recent data reported to the agency, and the district's~~
402 ~~population per licensed and operational open-heart programs~~
403 ~~exceeds the state average of population per licensed and~~
404 ~~operational open-heart programs by at least 25 percent. All~~
405 ~~hospitals within a health service planning district which meet~~

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406 ~~the criteria reference in sub-subparagraphs 2.a.-h. shall be~~
407 ~~eligible for this exemption on July 1, 2004, and shall receive~~
408 ~~the exemption upon filing for it and subject to the following:~~

409 ~~a. A hospital that has received a notice of intent to~~
410 ~~grant a certificate of need or a final order of the agency~~
411 ~~granting a certificate of need for the establishment of an open-~~
412 ~~heart surgery program is entitled to receive a letter of~~
413 ~~exemption for the establishment of an adult open heart surgery~~
414 ~~program upon filing a request for exemption and complying with~~
415 ~~the criteria enumerated in sub-subparagraphs 2.a.-h., and is~~
416 ~~entitled to immediately commence operation of the program.~~

417 ~~b. An otherwise eligible hospital that has not received a~~
418 ~~notice of intent to grant a certificate of need or a final order~~
419 ~~of the agency granting a certificate of need for the~~
420 ~~establishment of an open heart surgery program is entitled to~~
421 ~~immediately receive a letter of exemption for the establishment~~
422 ~~of an adult open heart surgery program upon filing a request for~~
423 ~~exemption and complying with the criteria enumerated in sub-~~
424 ~~subparagraphs 2.a.-h., but is not entitled to commence operation~~
425 ~~of its program until December 31, 2006.~~

426 ~~2. A hospital shall be exempt from the certificate of need~~
427 ~~review for the establishment of an open heart surgery program~~
428 ~~when the application for exemption submitted under this~~
429 ~~paragraph complies with the following criteria:~~

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430 ~~a. The applicant must certify that it will meet and~~
431 ~~continuously maintain the minimum licensure requirements adopted~~
432 ~~by the agency governing adult open-heart programs, including the~~
433 ~~most current guidelines of the American College of Cardiology~~
434 ~~and American Heart Association Guidelines for Adult Open Heart~~
435 ~~Programs.~~

436 ~~b. The applicant must certify that it will maintain~~
437 ~~sufficient appropriate equipment and health personnel to ensure~~
438 ~~quality and safety.~~

439 ~~c. The applicant must certify that it will maintain~~
440 ~~appropriate times of operation and protocols to ensure~~
441 ~~availability and appropriate referrals in the event of~~
442 ~~emergencies.~~

443 ~~d. The applicant can demonstrate that it has discharged at~~
444 ~~least 300 inpatients with a principal diagnosis of ischemic~~
445 ~~heart disease for the most recent 12-month period as reported to~~
446 ~~the agency.~~

447 ~~e. The applicant is a general acute care hospital that is~~
448 ~~in operation for 3 years or more.~~

449 ~~f. The applicant is performing more than 300 diagnostic~~
450 ~~cardiac catheterization procedures per year, combined inpatient~~
451 ~~and outpatient.~~

452 ~~g. The applicant's payor mix at a minimum reflects the~~
453 ~~community average for Medicaid, charity care, and self-pay~~
454 ~~patients or the applicant must certify that it will provide a~~

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455 ~~minimum of 5 percent of Medicaid, charity care, and self-pay to~~
456 ~~open heart surgery patients.~~

457 ~~h. If the applicant fails to meet the established criteria~~
458 ~~for open heart programs or fails to reach 300 surgeries per year~~
459 ~~by the end of its third year of operation, it must show cause~~
460 ~~why its exemption should not be revoked.~~

461 ~~3. By December 31, 2004, and annually thereafter, the~~
462 ~~agency shall submit a report to the Legislature providing~~
463 ~~information concerning the number of requests for exemption it~~
464 ~~has received under this paragraph during the calendar year and~~
465 ~~the number of exemptions it has granted or denied during the~~
466 ~~calendar year.~~

467 ~~(n) For the provision of percutaneous coronary~~
468 ~~intervention for patients presenting with emergency myocardial~~
469 ~~infarctions in a hospital without an approved adult open heart-~~
470 ~~surgery program. In addition to any other documentation required~~
471 ~~by the agency, a request for an exemption submitted under this~~
472 ~~paragraph must comply with the following:~~

473 ~~1. The applicant must certify that it will meet and~~
474 ~~continuously maintain the requirements adopted by the agency for~~
475 ~~the provision of these services. These licensure requirements~~
476 ~~shall be adopted by rule and must be consistent with the~~
477 ~~guidelines published by the American College of Cardiology and~~
478 ~~the American Heart Association for the provision of percutaneous~~

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479 ~~coronary interventions in hospitals without adult open-heart~~
480 ~~services. At a minimum, the rules must require the following:~~
481 ~~a. Cardiologists must be experienced interventionalists~~
482 ~~who have performed a minimum of 75 interventions within the~~
483 ~~previous 12 months.~~
484 ~~b. The hospital must provide a minimum of 36 emergency~~
485 ~~interventions annually in order to continue to provide the~~
486 ~~service.~~
487 ~~e. The hospital must offer sufficient physician, nursing,~~
488 ~~and laboratory staff to provide the services 24 hours a day, 7~~
489 ~~days a week.~~
490 ~~d. Nursing and technical staff must have demonstrated~~
491 ~~experience in handling acutely ill patients requiring~~
492 ~~intervention based on previous experience in dedicated~~
493 ~~interventional laboratories or surgical centers.~~
494 ~~e. Cardiac care nursing staff must be adept in hemodynamic~~
495 ~~monitoring and Intra-aortic Balloon Pump (IABP) management.~~
496 ~~f. Formalized written transfer agreements must be~~
497 ~~developed with a hospital with an adult open-heart-surgery~~
498 ~~program, and written transport protocols must be in place to~~
499 ~~ensure safe and efficient transfer of a patient within 60~~
500 ~~minutes. Transfer and transport agreements must be reviewed and~~
501 ~~tested, with appropriate documentation maintained at least every~~
502 ~~3 months. However, a hospital located more than 100 road miles~~
503 ~~from the closest Level II adult cardiovascular services program~~

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504 ~~does not need to meet the 60-minute transfer time protocol if~~
505 ~~the hospital demonstrates that it has a formalized, written~~
506 ~~transfer agreement with a hospital that has a Level II program.~~
507 ~~The agreement must include written transport protocols that~~
508 ~~ensure the safe and efficient transfer of a patient, taking into~~
509 ~~consideration the patient's clinical and physical~~
510 ~~characteristics, road and weather conditions, and viability of~~
511 ~~ground and air ambulance service to transfer the patient.~~

512 ~~g. Hospitals implementing the service must first undertake~~
513 ~~a training program of 3 to 6 months' duration, which includes~~
514 ~~establishing standards and testing logistics, creating quality~~
515 ~~assessment and error management practices, and formalizing~~
516 ~~patient-selection criteria.~~

517 ~~2. The applicant must certify that it will use at all~~
518 ~~times the patient-selection criteria for the performance of~~
519 ~~primary angioplasty at hospitals without adult open-heart-~~
520 ~~surgery programs issued by the American College of Cardiology~~
521 ~~and the American Heart Association. At a minimum, these criteria~~
522 ~~would provide for the following:~~

523 ~~a. Avoidance of interventions in hemodynamically stable~~
524 ~~patients who have identified symptoms or medical histories.~~

525 ~~b. Transfer of patients who have a history of coronary~~
526 ~~disease and clinical presentation of hemodynamic instability.~~

527 ~~3. The applicant must agree to submit a quarterly report~~
528 ~~to the agency detailing patient characteristics, treatment, and~~

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529 ~~outcomes for all patients receiving emergency percutaneous~~
530 ~~coronary interventions pursuant to this paragraph. This report~~
531 ~~must be submitted within 15 days after the close of each~~
532 ~~calendar quarter.~~

533 ~~4. The exemption provided by this paragraph does not apply~~
534 ~~unless the agency determines that the hospital has taken all~~
535 ~~necessary steps to be in compliance with all requirements of~~
536 ~~this paragraph, including the training program required under~~
537 ~~sub-subparagraph 1.g.~~

538 ~~5. Failure of the hospital to continuously comply with the~~
539 ~~requirements of sub-subparagraphs 1.c. f. and subparagraphs 2.~~
540 ~~and 3. will result in the immediate expiration of this~~
541 ~~exemption.~~

542 ~~6. Failure of the hospital to meet the volume requirements~~
543 ~~of sub-subparagraphs 1.a. and b. within 18 months after the~~
544 ~~program begins offering the service will result in the immediate~~
545 ~~expiration of the exemption.~~

546
547 ~~If the exemption for this service expires under subparagraph 5.~~
548 ~~or subparagraph 6., the agency may not grant another exemption~~
549 ~~for this service to the same hospital for 2 years and then only~~
550 ~~upon a showing that the hospital will remain in compliance with~~
551 ~~the requirements of this paragraph through a demonstration of~~
552 ~~corrections to the deficiencies that caused expiration of the~~
553 ~~exemption. Compliance with the requirements of this paragraph~~

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554 ~~includes compliance with the rules adopted pursuant to this~~
555 ~~paragraph.~~

556 ~~(e) For the addition of mental health services or beds if~~
557 ~~the applicant commits to providing services to Medicaid or~~
558 ~~charity care patients at a level equal to or greater than the~~
559 ~~district average. Such a commitment is subject to s. 408.040.~~

560 (j) ~~(p)~~ For replacement of a licensed nursing home on the
561 same site, or within 5 miles of the same site if within the same
562 subdistrict, if the number of licensed beds does not increase
563 except as permitted under paragraph (e) ~~(f)~~.

564 (k) ~~(q)~~ For consolidation or combination of licensed
565 nursing homes or transfer of beds between licensed nursing homes
566 within the same planning district, by nursing homes with any
567 shared controlled interest within that planning district, if
568 there is no increase in the planning district total number of
569 nursing home beds and the site of the relocation is not more
570 than 30 miles from the original location.

571 (l) ~~(r)~~ For beds in state mental health treatment
572 facilities defined in s. 394.455 and state mental health
573 forensic facilities operated under chapter 916.

574 (m) ~~(s)~~ For beds in state developmental disabilities
575 centers as defined in s. 393.063.

576 (n) ~~(t)~~ For the establishment of a health care facility or
577 project that meets all of the following criteria:

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578 1. The applicant was previously licensed within the past
579 21 days as a health care facility or provider that is subject to
580 subsection (1).

581 2. The applicant failed to submit a renewal application
582 and the license expired on or after January 1, 2015.

583 3. The applicant does not have a license denial or
584 revocation action pending with the agency at the time of the
585 request.

586 4. The applicant's request is for the same service type,
587 district, service area, and site for which the applicant was
588 previously licensed.

589 5. The applicant's request, if applicable, includes the
590 same number and type of beds as were previously licensed.

591 6. The applicant agrees to the same conditions that were
592 previously imposed on the certificate of need or on an exemption
593 related to the applicant's previously licensed health care
594 facility or project.

595 7. The applicant applies for initial licensure as required
596 under s. 408.806 within 21 days after the agency approves the
597 exemption request. If the applicant fails to apply in a timely
598 manner, the exemption expires on the 22nd day following the
599 agency's approval of the exemption.

600
601 Notwithstanding subparagraph 1., an applicant whose license
602 expired between January 1, 2015, and the effective date of this

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603 act may apply for an exemption within 30 days of this act
604 becoming law.

605 (4) REQUESTS FOR EXEMPTION.—A request for exemption under
606 subsection (3) may be made at any time and is not subject to the
607 batching requirements of this section. The request shall be
608 supported by such documentation as the agency requires by rule.
609 The agency shall assess a fee of \$250 for each request for
610 exemption submitted under subsection (3).

611 (5) NOTIFICATION.—Health care facilities and providers
612 must provide to the agency notification of:

613 ~~(a) replacement of a health care facility when the~~
614 ~~proposed project site is located in the same district and on the~~
615 ~~existing site or within a 1-mile radius of the replaced health~~
616 ~~care facility, if the number and type of beds do not increase.~~

617 ~~(b) The termination of a health care service, upon 30~~
618 ~~days' written notice to the agency.~~

619 ~~(c) The addition or delicensure of beds.~~

620

621 Notification under this subsection may be made by electronic,
622 facsimile, or written means at any time before the described
623 action has been taken.

624 Section 5. Section 408.037, Florida Statutes, is amended
625 to read:

626 408.037 Application content.—

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627 (1) ~~Except as provided in subsection (2) for a general~~
628 ~~hospital,~~ An application for a certificate of need must contain:

629 (a) A detailed description of the proposed project and
630 statement of its purpose and need in relation to the district
631 health plan.

632 (b) A statement of the financial resources needed by and
633 available to the applicant to accomplish the proposed project.
634 This statement must include:

635 1. A complete listing of all capital projects, including
636 new health facility development projects and health facility
637 acquisitions applied for, pending, approved, or underway in any
638 state at the time of application, regardless of whether or not
639 that state has a certificate-of-need program or a capital
640 expenditure review program pursuant to s. 1122 of the Social
641 Security Act. The agency may, by rule, require less-detailed
642 information from major health care providers. This listing must
643 include the applicant's actual or proposed financial commitment
644 to those projects and an assessment of their impact on the
645 applicant's ability to provide the proposed project.

646 2. A detailed listing of the needed capital expenditures,
647 including sources of funds.

648 3. A detailed financial projection, including a statement
649 of the projected revenue and expenses for the first 2 years of
650 operation after completion of the proposed project. This
651 statement must include a detailed evaluation of the impact of

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652 the proposed project on the cost of other services provided by
653 the applicant.

654 (c) An audited financial statement of the applicant or the
655 applicant's parent corporation if audited financial statements
656 of the applicant do not exist. In an application submitted by an
657 existing health care facility, health maintenance organization,
658 or hospice, financial condition documentation must include, but
659 need not be limited to, a balance sheet and a profit-and-loss
660 statement of the 2 previous fiscal years' operation.

661 ~~(2) An application for a certificate of need for a general
662 hospital must contain a detailed description of the proposed
663 general hospital project and a statement of its purpose and the
664 needs it will meet. The proposed project's location, as well as
665 its primary and secondary service areas, must be identified by
666 zip code. Primary service area is defined as the zip codes from
667 which the applicant projects that it will draw 75 percent of its
668 discharges. Secondary service area is defined as the zip codes
669 from which the applicant projects that it will draw its
670 remaining discharges. If, subsequent to issuance of a final
671 order approving the certificate of need, the proposed location
672 of the general hospital changes or the primary service area
673 materially changes, the agency shall revoke the certificate of
674 need. However, if the agency determines that such changes are
675 deemed to enhance access to hospital services in the service
676 district, the agency may permit such changes to occur. A party~~

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677 ~~participating in the administrative hearing regarding the~~
678 ~~issuance of the certificate of need for a general hospital has~~
679 ~~standing to participate in any subsequent proceeding regarding~~
680 ~~the revocation of the certificate of need for a hospital for~~
681 ~~which the location has changed or for which the primary service~~
682 ~~area has materially changed. In addition, the application for~~
683 ~~the certificate of need for a general hospital must include a~~
684 ~~statement of intent that, if approved by final order of the~~
685 ~~agency, the applicant shall within 120 days after issuance of~~
686 ~~the final order or, if there is an appeal of the final order,~~
687 ~~within 120 days after the issuance of the court's mandate on~~
688 ~~appeal, furnish satisfactory proof of the applicant's financial~~
689 ~~ability to operate. The agency shall establish documentation~~
690 ~~requirements, to be completed by each applicant, which show~~
691 ~~anticipated provider revenues and expenditures, the basis for~~
692 ~~financing the anticipated cash-flow requirements of the~~
693 ~~provider, and an applicant's access to contingency financing. A~~
694 ~~party participating in the administrative hearing regarding the~~
695 ~~issuance of the certificate of need for a general hospital may~~
696 ~~provide written comments concerning the adequacy of the~~
697 ~~financial information provided, but such party does not have~~
698 ~~standing to participate in an administrative proceeding~~
699 ~~regarding proof of the applicant's financial ability to operate.~~
700 ~~The agency may require a licensee to provide proof of financial~~
701 ~~ability to operate at any time if there is evidence of financial~~

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702 ~~instability, including, but not limited to, unpaid expenses~~
703 ~~necessary for the basic operations of the provider.~~

704 ~~(2)-(3)~~ The applicant must certify that it will license and
705 operate the health care facility. For an existing health care
706 facility, the applicant must be the licenseholder of the
707 facility.

708 Section 6. Paragraphs (c) and (d) of subsection (3),
709 paragraphs (b) and (c) of subsection (5), and paragraph (d) of
710 subsection (6) of section 408.039, Florida Statutes, are amended
711 to read:

712 408.039 Review process.—The review process for
713 certificates of need shall be as follows:

714 (3) APPLICATION PROCESSING.—

715 ~~(c) Except for competing applicants, in order to be~~
716 ~~eligible to challenge the agency decision on a general hospital~~
717 ~~application under review pursuant to paragraph (5) (c), existing~~
718 ~~hospitals must submit a detailed written statement of opposition~~
719 ~~to the agency and to the applicant. The detailed written~~
720 ~~statement must be received by the agency and the applicant~~
721 ~~within 21 days after the general hospital application is deemed~~
722 ~~complete and made available to the public.~~

723 ~~(d) In those cases where a written statement of opposition~~
724 ~~has been timely filed regarding a certificate of need~~
725 ~~application for a general hospital, the applicant for the~~
726 ~~general hospital may submit a written response to the agency.~~

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727 ~~Such response must be received by the agency within 10 days of~~
728 ~~the written statement due date.~~

729 (5) ADMINISTRATIVE HEARINGS.—

730 (b) Hearings shall be held in Tallahassee unless the
731 administrative law judge determines that changing the location
732 will facilitate the proceedings. The agency shall assign
733 proceedings requiring hearings to the Division of Administrative
734 Hearings of the Department of Management Services within 10 days
735 after the time has expired for requesting a hearing. Except upon
736 unanimous consent of the parties or upon the granting by the
737 administrative law judge of a motion of continuance, hearings
738 shall commence within 60 days after the administrative law judge
739 has been assigned. ~~For an application for a general hospital,~~
740 ~~administrative hearings shall commence within 6 months after the~~
741 ~~administrative law judge has been assigned, and a continuance~~
742 ~~may not be granted absent a finding of extraordinary~~
743 ~~circumstances by the administrative law judge.~~ All parties,
744 except the agency, shall bear their own expense of preparing a
745 transcript. In any application for a certificate of need which
746 is referred to the Division of Administrative Hearings for
747 hearing, the administrative law judge shall complete and submit
748 to the parties a recommended order as provided in ss. 120.569
749 and 120.57. The recommended order shall be issued within 30 days
750 after the receipt of the proposed recommended orders or the
751 deadline for submission of such proposed recommended orders,

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752 | whichever is earlier. The division shall adopt procedures for
753 | administrative hearings which shall maximize the use of
754 | stipulated facts and shall provide for the admission of prepared
755 | testimony.

756 | (c) In administrative proceedings challenging the issuance
757 | or denial of a certificate of need, only applicants considered
758 | by the agency in the same batching cycle are entitled to a
759 | comparative hearing on their applications. Existing health care
760 | facilities may initiate or intervene in an administrative
761 | hearing upon a showing that an established program will be
762 | substantially affected by the issuance of any certificate of
763 | need, whether reviewed under s. 408.036(1) or (2), to a
764 | competing proposed facility or program within the same district.
765 | ~~With respect to an application for a general hospital, competing~~
766 | ~~applicants and only those existing hospitals that submitted a~~
767 | ~~detailed written statement of opposition to an application as~~
768 | ~~provided in this paragraph may initiate or intervene in an~~
769 | ~~administrative hearing. Such challenges to a general hospital~~
770 | ~~application shall be limited in scope to the issues raised in~~
771 | ~~the detailed written statement of opposition that was provided~~
772 | ~~to the agency. The administrative law judge may, upon a motion~~
773 | ~~showing good cause, expand the scope of the issues to be heard~~
774 | ~~at the hearing. Such motion shall include substantial and~~
775 | ~~detailed facts and reasons for failure to include such issues in~~
776 | ~~the original written statement of opposition.~~

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777 (6) JUDICIAL REVIEW.—

778 ~~(d) The party appealing a final order that grants a~~
779 ~~general hospital certificate of need shall pay the appellee's~~
780 ~~attorney's fees and costs, in an amount up to \$1 million, from~~
781 ~~the beginning of the original administrative action if the~~
782 ~~appealing party loses the appeal, subject to the following~~
783 ~~limitations and requirements:~~

784 ~~1. The party appealing a final order must post a bond in~~
785 ~~the amount of \$1 million in order to maintain the appeal.~~

786 ~~2. Except as provided under s. 120.595(5), in no event~~
787 ~~shall the agency be held liable for any other party's attorney's~~
788 ~~fees or costs.~~

789 Section 7. Subsection (1) of section 408.043, Florida
790 Statutes, is amended to read:

791 408.043 Special provisions.—

792 ~~(1) OSTEOPATHIC ACUTE CARE HOSPITALS.—When an application~~
793 ~~is made for a certificate of need to construct or to expand an~~
794 ~~osteopathic acute care hospital, the need for such hospital~~
795 ~~shall be determined on the basis of the need for and~~
796 ~~availability of osteopathic services and osteopathic acute care~~
797 ~~hospitals in the district. When a prior certificate of need to~~
798 ~~establish an osteopathic acute care hospital has been issued in~~
799 ~~a district, and the facility is no longer used for that purpose,~~
800 ~~the agency may continue to count such facility and beds as an~~

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801 ~~existing osteopathic facility in any subsequent application for~~
802 ~~construction of an osteopathic acute care hospital.~~

803 Section 8. Paragraph (f) of subsection (1) of section
804 395.1055, Florida Statutes, is amended to read:

805 395.1055 Rules and enforcement.—

806 (1) The agency shall adopt rules pursuant to ss.
807 120.536(1) and 120.54 to implement the provisions of this part,
808 which shall include reasonable and fair minimum standards for
809 ensuring that:

810 (f) All hospitals providing pediatric cardiac
811 catheterization, pediatric open-heart surgery, organ
812 transplantation, neonatal intensive care services, psychiatric
813 services, or comprehensive medical rehabilitation meet the
814 minimum licensure requirements adopted by the agency. Such
815 licensure requirements shall include quality of care, nurse
816 staffing, physician staffing, physical plant, equipment,
817 emergency transportation, and data reporting standards ~~submit~~
818 ~~such data as necessary to conduct certificate of need reviews~~
819 ~~required under part I of chapter 408. Such data shall include,~~
820 ~~but shall not be limited to, patient origin data, hospital~~
821 ~~utilization data, type of service reporting, and facility~~
822 ~~staffing data. The agency may not collect data that identifies~~
823 ~~or could disclose the identity of individual patients. The~~
824 ~~agency shall utilize existing uniform statewide data sources~~
825 ~~when available and shall minimize reporting costs to hospitals.~~

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826 Section 9. Section 395.6025, Florida Statutes, is
827 repealed.

828 Section 10. Subsection (1) of section 395.603, Florida
829 Statutes, is amended to read:

830 395.603 Deactivation of general hospital beds; rural
831 hospital impact statement.—

832 (1) The agency shall establish, by rule, a process by
833 which a rural hospital, as defined in s. 395.602, that seeks
834 licensure as a rural primary care hospital or as an emergency
835 care hospital, or becomes a certified rural health clinic as
836 defined in Pub. L. No. 95-210, or becomes a primary care program
837 such as a county health department, community health center, or
838 other similar outpatient program that provides preventive and
839 curative services, may deactivate general hospital beds. Rural
840 primary care hospitals and emergency care hospitals shall
841 maintain the number of actively licensed general hospital beds
842 necessary for the facility to be certified for Medicare
843 reimbursement. Hospitals that discontinue inpatient care to
844 become rural health care clinics or primary care programs shall
845 deactivate all licensed general hospital beds. All hospitals,
846 clinics, and programs with inactive beds shall provide 24-hour
847 emergency medical care by staffing an emergency room. Providers
848 with inactive beds shall be subject to the criteria in s.
849 395.1041. The agency shall specify in rule requirements for
850 making 24-hour emergency care available. ~~Inactive general~~

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851 ~~hospital beds shall be included in the acute care bed inventory,~~
852 ~~maintained by the agency for certificate of need purposes, for~~
853 ~~10 years from the date of deactivation of the beds. After 10~~
854 ~~years have elapsed, inactive beds shall be excluded from the~~
855 ~~inventory.~~ The agency shall, at the request of the licensee,
856 reactivate the inactive general beds upon a showing by the
857 licensee that licensure requirements for the inactive general
858 beds are met.

859 Section 11. Subsection (1) of section 395.604, Florida
860 Statutes, is amended to read:

861 395.604 Other rural hospital programs.—

862 (1) The agency may license rural primary care hospitals
863 subject to federal approval for participation in the Medicare
864 and Medicaid programs. Rural primary care hospitals shall be
865 treated in the same manner as emergency care hospitals and rural
866 hospitals with respect to ss. 395.605(2)-(7)(a) ~~395.605(2)-~~
867 ~~(8)(a)~~, 408.033(2)(b)3., and 408.038.

868 Section 12. Subsection (5) of section 395.605, Florida
869 Statutes, is amended to read:

870 395.605 Emergency care hospitals.—

871 ~~(5) Rural hospitals that make application under the~~
872 ~~certificate of need program to be licensed as emergency care~~
873 ~~hospitals shall receive expedited review as defined in s.~~
874 ~~408.032. Emergency care hospitals seeking relicensure as acute~~
875 ~~care general hospitals shall also receive expedited review.~~

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876 Section 13. Subsections (2) and (4) of section 408.0361,
877 Florida Statutes, are amended to read:
878 408.0361 Cardiovascular services and burn unit licensure.-
879 (2) Each provider of adult cardiovascular services or
880 operator of a burn unit shall comply with rules adopted by the
881 agency that establish licensure standards that govern the
882 provision of adult cardiovascular services or the operation of a
883 burn unit. Such rules shall consider, at a minimum, staffing,
884 equipment, physical plant, operating protocols, the provision of
885 services to Medicaid and charity care patients, accreditation,
886 licensure period and fees, and enforcement of minimum standards.
887 ~~The certificate-of-need rules for adult cardiovascular services~~
888 ~~and burn units in effect on June 30, 2004, are authorized~~
889 ~~pursuant to this subsection and shall remain in effect and shall~~
890 ~~be enforceable by the agency until the licensure rules are~~
891 ~~adopted.~~ Existing providers and any provider with a notice of
892 intent to grant a certificate of need or a final order of the
893 agency granting a certificate of need for adult cardiovascular
894 services or burn units shall be considered grandfathered and
895 receive a license for their programs effective on the effective
896 date of this act. The grandfathered licensure shall be for at
897 least 3 years or until July 1, 2008, whichever is longer, but
898 shall be required to meet licensure standards applicable to
899 existing programs for every subsequent licensure period.

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900 ~~(4) In order to ensure continuity of available services,~~
901 ~~the holder of a certificate of need for a newly licensed~~
902 ~~hospital that meets the requirements of this subsection may~~
903 ~~apply for and shall be granted Level I program status regardless~~
904 ~~of whether rules relating to Level I programs have been adopted.~~
905 ~~To qualify for a Level I program under this subsection, a~~
906 ~~hospital seeking a Level I program must be a newly licensed~~
907 ~~hospital established pursuant to a certificate of need in a~~
908 ~~physical location previously licensed and operated as a~~
909 ~~hospital, the former hospital must have provided a minimum of~~
910 ~~300 adult inpatient and outpatient diagnostic cardiac~~
911 ~~catheterizations for the most recent 12-month period as reported~~
912 ~~to the agency, and the newly licensed hospital must have a~~
913 ~~formalized, written transfer agreement with a hospital that has~~
914 ~~a Level II program, including written transport protocols to~~
915 ~~ensure safe and efficient transfer of a patient within 60~~
916 ~~minutes. A hospital meeting the requirements of this subsection~~
917 ~~may apply for certification of Level I program status before~~
918 ~~taking possession of the physical location of the former~~
919 ~~hospital, and the effective date of Level I program status shall~~
920 ~~be concurrent with the effective date of the newly issued~~
921 ~~hospital license.~~

922 Section 14. This act shall take effect July 1, 2017.

923 -----
924

Amendment No.

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

925
926 Remove everything before the enacting clause and insert:
927 An act relating to certificates of need for hospitals; amending
928 s. 408.032, F.S.; revising definitions; amending s. 408.034,
929 F.S.; revising duties and responsibilities of the Agency for
930 Health Care Administration in the exercise of its authority to
931 issue licenses to health care facilities and health service
932 providers; amending s. 408.035, F.S.; revising review criteria
933 for applications for certificate-of-need determinations for
934 health care facilities and health services; excluding general
935 hospitals from such review; amending s. 408.036, F.S.; revising
936 health-care-related projects subject to review for a certificate
937 of need and exemptions therefrom; amending s. 408.037, F.S.;
938 revising content requirements with respect to an application for
939 a certificate of need; amending s. 408.039, F.S.; revising the
940 review process for certificates of need; amending s. 408.043,
941 F.S.; revising special provisions to eliminate provisions
942 relating to osteopathic acute care hospitals; amending s.
943 395.1055, F.S.; revising the agency's rulemaking authority with
944 respect to minimum standards for hospitals; requiring hospitals
945 that provide certain services to meet specified licensure
946 requirements; deleting requirements for submitting data by
947 hospitals for certificate-of-need reviews, to conform to changes
948 made by the act; repealing s. 395.6025, F.S., relating to rural
949 hospital replacement facilities; amending ss. 395.603, 395.604,

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 7 (2017)

Amendment No.

950 | and 395.605, F.S.; conforming references; amending s. 408.0361,
951 | F.S.; deleting outdated licensure provisions for cardiovascular
952 | services and burn units; providing an effective date.