| COMMITTEE/SUBCOMMITTE | E ACTION |
|-----------------------|----------|
| ADOPTED | (Y/N) |
| ADOPTED AS AMENDED | (Y/N) |
| ADOPTED W/O OBJECTION | (Y/N) |
| FAILED TO ADOPT | (Y/N) |
| WITHDRAWN | (Y/N) |
| OTHER | |
| | |

Committee/Subcommittee hearing bill: Health & Human Services Committee

Representative Yarborough offered the following:

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Amendment (with title amendment)

Remove lines 885-919 and insert:

Section 31. Subsections (2), (3), (9), and (10) of section 395.1055, Florida Statutes, are amended, and paragraph (i) is added to subsection (1), to read:

395.1055 Rules and enforcement.

- (1) The agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part, which shall include reasonable and fair minimum standards for ensuring that:
- (i) All hospitals providing organ transplantation, neonatal intensive care services, inpatient psychiatric

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medical rehabilitation meet the minimum licensure requirements adopted by the agency. Such licensure requirements must include quality of care, nurse staffing, physician staffing, physical plant, equipment, emergency transportation, and data reporting standards.

- (2) Separate standards may be provided for general and specialty hospitals, ambulatory surgical centers, mobile surgical facilities, and statutory rural hospitals as defined in s. 395.602.
- The agency shall adopt rules with respect to the care (3) and treatment of patients residing in distinct part nursing units of hospitals which are certified for participation in Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act skilled nursing facility program. Such rules shall take into account the types of patients treated in hospital skilled nursing units, including typical patient acuity levels and the average length of stay in such units, and shall be limited to the appropriate portions of the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22, 1987), Title IV (Medicare, Medicaid, and Other Health-Related Programs), Subtitle C (Nursing Home Reform), as amended. The agency shall require level 2 background screening as specified in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for personnel of distinct part nursing units.

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- (9) The agency shall establish a technical advisory panel, pursuant to s. 20.052, to develop procedures and standards for measuring outcomes of pediatric cardiac catheterization programs and pediatric cardiovascular open-heart surgery programs.
- (a) Members of the panel must have technical expertise in pediatric cardiac medicine and shall serve without compensation and shall not be reimbursed for per diem and travel expenses.
- (b) Voting members of the panel shall include: (a) The panel must be composed of 3 at-large members, including 1 cardiologist who is board certified in caring for adults with congenital heart disease and 2 board-certified pediatric cardiologists, neither of whom may be employed by any of the hospitals specified in subparagraphs 1.-10. or their affiliates, each of whom is appointed by the Secretary of Health Care Administration, and 10 members, and an alternate for each member, each of whom is a pediatric cardiologist or a pediatric cardiovascular surgeon, each appointed by the chief executive officer of one of the following hospitals:
- 1. Johns Hopkins All Children's Hospital in St. Petersburg.
 - 2. Arnold Palmer Hospital for Children in Orlando.
 - 3. Joe DiMaggio Children's Hospital in Hollywood.
 - 4. Nicklaus Children's Hospital in Miami.
 - 5. St. Joseph's Children's Hospital in Tampa.

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| | 6. | University | of | Florida | Health | Shands | Hospital | in |
|--------------|----|------------|----|---------|--------|--------|----------|----|
| Gainesville. | | | | | | | | |

- 7. University of Miami Holtz Children's Hospital in Miami.
- 8. Wolfson Children's Hospital in Jacksonville.
- 9. Florida Hospital for Children in Orlando.
- 10. Nemours Children's Hospital in Orlando.

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Appointments made under subparagraphs 1.-10. are contingent upon the hospital's maintenance of pediatric certificates of need and the hospital's compliance with this section and rules adopted thereunder, as determined by the Secretary of Health Care Administration. A member appointed under subparagraphs 1.-10. whose hospital fails to maintain such certificates or comply with standards may serve only as a nonvoting member until the hospital restores such certificates or complies with such standards.

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- (c) The Secretary of Health Care Administration may appoint nonvoting members to the panel. Nonvoting members may include:
 - 1. The Secretary of Health Care Administration.
 - 2. The Surgeon General.
 - 3. The Deputy Secretary of Children's Medical Services.
- 4. Any current or past Division Director of Children's Medical Services.

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- 5. A parent of a child with congenital heart disease.
- 6. An adult with congenital heart disease.
- 7. A representative from each of the following organizations: the Florida Chapter of the American Academy of Pediatrics, the Florida Chapter of the American College of Cardiology, the Greater Southeast Affiliate of the American Heart Association, the Adult Congenital Heart Association, the March of Dimes, the Florida Association of Children's Hospitals, and the Florida Society of Thoracic and Cardiovascular Surgeons.
- (d) The panel shall meet biannually, or more frequently upon the call of the Secretary of Health Care Administration.

 Such meetings may be conducted telephonically, or by other electronic means.
- (e) The duties of the panel include recommending to the agency standards for quality of care, personnel, physical plant, equipment, emergency transportation, and data reporting for hospitals that provide pediatric cardiac services.
- (f) Beginning in January 1, 2020, and annually thereafter, the panel shall submit a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Secretary of Health Care Administration, and the State Surgeon General. The report must summarize the panel's activities during the preceding fiscal year and include data and performance measures on surgical morbidity and mortality for all pediatric cardiac programs.

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| 116 | (b) Based on the recommendations of the panel, the agency |
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| L17 | shall develop and adopt rules for pediatric cardiac |
| 118 | catheterization programs and pediatric open-heart surgery |
| L19 | programs which include at least the following: |
| 120 | 1. A risk adjustment procedure that accounts for the |
| L21 | variations in severity and case mix found in hospitals in this |
| L22 | state; |
| L23 | 2. Outcome standards specifying expected levels of |
| L24 | performance in pediatric cardiac programs. Such standards may |
| L25 | include, but are not limited to, in-hospital mortality, |
| L26 | infection rates, nonfatal myocardial infarctions, length of |
| L27 | postoperative bleeds, and returns to surgery; and |
| L28 | 3. Specific steps to be taken by the agency and licensed |
| L29 | facilities that do not meet the outcome standards within a |
| 130 | specified time, including time required for detailed case |
| 131 | reviews and development and implementation of corrective action |
| L32 | plans. |
| L33 | (c) This subsection is repealed on July 1, 2022. |
| L34 | (10) Based on the recommendations of the advisory panel in |
| L35 | subsection (9), the agency shall adopt rules for pediatric |
| L36 | cardiac programs that, at a minimum, include: |
| L37 | (a) Standards for pediatric cardiac catheterization |
| 138 | services and pediatric cardiovascular surgery including quality |
| L39 | of care, personnel, physical plant, equipment, emergency |

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| 140 | transportation, data reporting, and appropriate operating hours |
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| 141 | and timeframes for mobilization for emergency procedures. |
| 142 | (b) Outcome standards consistent with nationally |
| 143 | established levels of performance in pediatric cardiac programs. |
| 144 | (c) Specific steps to be taken by the agency and licensed |
| 145 | facilities when the facilities do not meet the outcome standards |
| 146 | within a specified time, including time required for detailed |
| 147 | case reviews and development and implementation of corrective |
| 148 | action plans. |
| 149 | (11) A pediatric cardiac program shall: |
| 150 | (a) Be located in a hospital licensed under this chapter |
| 151 | and include the following co-located components: a pediatric |
| 152 | cardiology clinic, a pediatric cardiac catheterization |
| 153 | laboratory, and a pediatric cardiovascular surgery program. |
| 154 | (b) Have a risk adjustment surgical procedure protocol |
| 155 | following the guidelines established by the Society of Thoracic |
| 156 | Surgeons. |
| 157 | (c) Have quality assurance and quality improvement |

(d) Participate in the clinical outcome reporting systems operated by the Society of Thoracic Surgeons and the American College of Cardiology.

processes in place to enhance clinical operation and patient

(12) (10) The agency may adopt rules to administer the requirements of part II of chapter 408.

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satisfaction with services.

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| Sed | ction 32 | . Paragi | raphs | (k) | is | added | to | subsection | (3) | of |
|---------|----------|----------|-------|------|----|-------|----|------------|-----|----|
| section | 408.05, | Florida | Statu | tes, | to | read: | | | | |

408.05 Florida Center for Health Information and Transparency.—

- (3) HEALTH INFORMATION TRANSPARENCY.—In order to disseminate and facilitate the availability of comparable and uniform health information, the agency shall perform the following functions:
- (k) Contract with the Society of Thoracic Surgeons and the American College of Cardiology to obtain data reported pursuant to s. 395.1055 for publication on the agency's website in a manner that will allow consumers to be informed of aggregate data and to compare pediatric cardiac programs.

TITLE AMENDMENT

181 Remove line 43 and insert:

nursing units; requiring the Agency for Health Care
Administration to adopt rules establishing standards for
pediatric cardiac catheterization and pediatric cardiovascular
surgery programs located in licensed hospitals; providing
requirements for such programs; establishing minimum standards
for rules for such pediatric cardiac programs; requiring
hospitals with pediatric cardiac programs to participate in the
clinical outcome reporting systems; revising duties and

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. CS/HB 597 (2018)

Amendment No. 1

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| member | rship of the pediatric cardiac technical advisory panel; |
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| amendi | ing s. 408.05, F.S.; requiring the agency to contract with |
| the Sc | ociety of Thoracic Surgeons and the American College of |
| Cardio | ology for collection of certain data for publication on the |
| agency | y's website for certain purposes; repealing ss. 395.10971 |
| and 39 | 95.10972, |

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