#### HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1207 Pediatric Cardiac Technical Advisory Panel

**SPONSOR(S):** Health Market Reform Subcommittee, Beltran

TIED BILLS: IDEN./SIM. BILLS: SB 1126

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Market Reform Subcommittee	13 Y, 1 N, As CS	Royal	Crosier
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

#### **SUMMARY ANALYSIS**

The certificate of need (CON) program, administered by the Agency for Health Care Administration (AHCA), requires certain health care facilities to obtain authorization from the state before constructing new facilities or offering certain new or expanded services. Currently, pediatric cardiac catheterization and pediatric open-heart surgery are subject to CON review and approval.

Licensure standards for pediatric cardiac services do not include pediatric cardiac service standards that exist within the CON process. In 2017, the Legislature created the Pediatric Cardiac Technical Advisory Panel (panel) to recommend licensure standards for pediatric cardiac programs to AHCA. The panel must serve without compensation or reimbursement for per diem and travel expenses. The panel must make recommendations to AHCA for standards for quality of care, personnel, physical plant, equipment, emergency transportation, and data reporting for hospitals that provide pediatric cardiac services. Based on these recommendations from the panel, AHCA must adopt rules for pediatric cardiac programs. The panel has provided its recommendations to AHCA and the agency is currently in the process of adopting rules for pediatric cardiac program standards.

The bill adds 3 alternate at-large members to the voting membership of the panel. The bill also allows the AHCA Secretary to consult with the panel for an advisory recommendation on all CON applications for pediatric cardiac surgical centers.

The bill provides for the repeal of the panel on September 30, 2019.

The bill has no fiscal impact on state or local governments.

The bill takes effect upon becoming law.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: h1207a.HMR

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## **FULL ANALYSIS**

## I. SUBSTANTIVE ANALYSIS

## A. EFFECT OF PROPOSED CHANGES:

## Background

## Pediatric Cardiac Services

Currently, pediatric cardiac catheterization<sup>1</sup> and pediatric open-heart surgery<sup>2</sup> are subject to certificate of need (CON)<sup>3</sup> review and approval prior to implementation of services pursuant to ss. 408.036(1) and 408.032(17), F.S. As conditions of CON approval, AHCA requires that:

- The program director for a pediatric cardiac catheterization program be board-eligible or boardcertified in pediatric cardiology;<sup>4</sup>
- Pediatric cardiac catheterization programs be located in a hospital in which pediatric open-heart surgery is being performed;5 and
- Pediatric open-heart surgery programs have at least one physician who is board-eligible or board-certified as a pediatric cardiac surgeon on the staff of a hospital.<sup>6</sup>

Pediatric cardiac programs must also:

- Have a pediatric cardiology clinic affiliated with a licensed hospital;
- Have a pediatric cardiac catheterization laboratory and a pediatric cardiovascular surgery program located in the hospital;
- Have a risk adjustment surgical procedure protocol that follows national guidelines;
- Have quality assurance and quality improvement processes in place to enhance clinical operation and patient satisfaction with services; and
- Participate in clinical outcome reporting systems.

Pediatric Cardiac Technical Advisory Panel

Licensure standards for pediatric cardiac services do not include pediatric cardiac service standards that exist within the CON process. In 2017, the Legislature created the Pediatric Cardiac Technical Advisory Panel (panel) to recommend licensure standards for pediatric cardiac programs to AHCA.7

Members of the panel must have technical expertise in pediatric cardiac medicine, serve without compensation, and not be reimbursed for per diem and travel expenses. The panel includes three atlarge members including one cardiologist who is board-certified in caring for adults with congenital heart disease and two board-certified pediatric cardiologists, appointed by the Secretary of AHCA, and

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<sup>1</sup> Pediatric cardiac catheterization is a nonsurgical procedure used in infants, children, and teens to determine if there is a problem with the heart or repair a problem. Nemours, Cardiac Catheterization in Children, https://www.nemours.org/service/medical/delaware-vallevpediatric-cardiac-center/treatment-and-testing/cardiac-catheterization-in-children.html?location=naidhc, (last visited on March 24, 2019).

<sup>&</sup>lt;sup>2</sup> Pediatric cardiovascular surgery may treat either congenital heart defects, which are heart diseases present at birth, or heart problems developed later in childhood, called acquired heart disease. Nemours, Pediatric Cardiac Surgery, https://www.nemours.org/service/medical/delaware-vallev-pediatric-cardiac-center/treatment-and-testing/pediatric-cardiac-surgery.html (last visited March 24, 2019).

A certificate of need is a written statement issued by AHCA evidencing community need for a new, converted, expanded, or otherwise significantly modified health care facility or health service. See S. 408.036, F.S.

<sup>&</sup>lt;sup>4</sup> Rule 59C-1.032(5)(b)1., F.A.C.

<sup>&</sup>lt;sup>5</sup> Rule 59C-1.032(6)(c)., F.A.C.

<sup>&</sup>lt;sup>6</sup> 59C-1.003(5)(b), F.A.C.

<sup>&</sup>lt;sup>7</sup> S. 395.1055, F.S.

10 members, each of whom is a pediatric cardiologist or a pediatric cardiovascular surgeon, from the following pediatric cardiac centers:

- Johns Hopkins All Children's Hospital in St. Petersburg;
- Arnold Palmer Hospital for Children in Orlando;
- Joe DiMaggio Children's Hospital in Hollywood;
- Nicklaus Children's Hospital in Miami;
- St. Joseph's Children's Hospital in Tampa;
- University of Florida Health Shands Hospital in Gainesville;
- University of Miami, Holtz Children's Hospital in Miami;
- Wolfson Children's Hospital in Jacksonville;
- Florida Hospital for Children in Orlando; and
- Nemours Children's Hospital in Orlando.

The AHCA Secretary may also appoint nonvoting members to the panel, which may include the AHCA Secretary, the Surgeon General, the Deputy Secretary of CMS, any current or past Division Director of CMS, a parent of a child with congenital heart disease, an adult with congenital heart disease, and a representative from each of the following organizations:

- Florida Chapter of the American Academy of Pediatrics;
- Florida Chapter of the American College of Cardiology;
- Greater Southeast Affiliate of the American Heart Association;
- Adult Congenital Heart Association;
- March of Dimes:
- Florida Association of Children's Hospitals; and
- Florida Society of Thoracic and Cardiovascular Surgeons.

The panel must meet at least biennially and meetings may be conducted telephonically or by other electronic means.

The panel must make recommendations to AHCA for standards for quality of care, personnel, physical plant, equipment, emergency transportation, and data reporting for hospitals that provide pediatric cardiac services. Based on these recommendations from the panel, AHCA must adopt rules for pediatric cardiac programs which, at a minimum, include:

- Standards for pediatric cardiac catheterization services and pediatric cardiovascular surgery
  including quality of care, personnel, physical plant, equipment, emergency transportation, data
  reporting, and appropriate operating hours and timeframes for mobilization for emergency
  procedures.
- Outcome standards consistent with nationally established levels of performance in pediatric cardiac programs.
- Specific steps to be taken by the agency and licensed facilities when the facilities do not meet
  the outcome standards within a specified time, including time required for detailed case reviews
  and the development and implementation of corrective action plans.

Beginning January 1, 2020, the panel must submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the AHCA Secretary, and the State Surgeon General that summarizes its activities and includes data and performance measures on surgical morbidity and mortality for all pediatric cardiac programs.

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The panel has provided its recommendations to AHCA<sup>8</sup> and the agency is currently in the process of adopting rules for pediatric cardiac program standards.9

## Effect of the Bill

The bill adds 3 alternate at-large members to the voting membership of the panel. The bill also allows the AHCA Secretary to consult with the panel for an advisory recommendation on all CON applications for pediatric cardiac surgical centers.

The bill provides for the sunset of the panel on September 30, 2019.

The bill takes effect upon becoming law.

## **B. SECTION DIRECTORY:**

**Section 1:** Amends s. 395.1055, F.S., relating to rules and enforcement.

Section 2: Provides an effective date.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

# A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues: None.

2. Expenditures:

None.

## **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

#### III. COMMENTS

## A. CONSTITUTIONAL ISSUES:

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<sup>&</sup>lt;sup>8</sup> Pediatric Cardiac Technical Advisory Program, Pediatric and Congenital Cardiovascular Center Standards (September 2018), available at http://www.ahca.myflorida.com/SCHS/PCTAP/docs/121318/DraftPCTAPWorkingDocument120418Revised.pdf (last visited March 24, 2019).

<sup>9</sup> Agency for Health Care Administration, *Notice of Development, Pediatric Cardiac Programs Rule 59A-3.248*, Florida Administrative

Registrar, Vol. 44/213 (October 31, 2018) available at: https://www.flrules.org/gateway/ruleNo.asp?id=59A-3.248 (last visited March 24,

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

N/A

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

## IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On March 26, 2019, the Health Market Reform adopted an amendment and reported HB 1207 favorably as amended. The amendment:

- Adds three alternate at-large members to the voting membership of the Pediatric Cardiac Technical Advisory Panel (panel).
- Allows the Secretary of the Agency for Health Care Administration to consult with the panel for an advisory recommendation on all certificate of need applications for pediatric cardiac surgical centers.
- Provides for the sunset of the panel on September 30, 2019.
- Provides that the bill becomes effective upon becoming law.

The analysis is drafted to the bill as amended by the Health Market Reform Subcommittee.

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