

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WITHDRAWN	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 Market Reform
 2 Subcommittee

3 Representative Burton offered the following:

4

5 **Amendment (with title amendment)**

6 Between lines 179 and 180, insert:

7 Section 1. Section 395.0062, Florida Statutes, is created
 8 to read:

9 395.0062 Ambulatory surgical centers that provide advanced
 10 birth services.—An ambulatory surgical center may provide
 11 advanced birth services if it meets the following requirements:

12 (1) Be operated and staffed 24 hours per day, 7 days per
 13 week.

14 (2) Employ or maintain an agreement with at least one
 15 board-certified obstetrician who must be present in the facility
 16 at all times during which a patient is in active labor in the

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17 facility to attend deliveries, respond to emergencies and, when
18 necessary, be available to perform cesarean deliveries.

19 (3) At a minimum, employ a registered nurse who is present
20 in the facility at all times and has the ability to stabilize
21 and facilitate the transfer of patients and newborn infants when
22 appropriate.

23 (4) Have at least one properly equipped, dedicated
24 surgical suite for the performance of cesarean deliveries.

25 (5) Enter into a written agreement with a blood bank for
26 emergency blood bank services and have written protocols for the
27 management of obstetrical hemorrhage that include provisions of
28 emergency blood transfusions. If a patient admitted to the
29 facility for obstetrical services receives an emergency blood
30 transfusion at the facility, the patient must immediately
31 thereafter be transferred to a hospital for further care.

32 (6) Have a clinical laboratory on site. The clinical
33 laboratory must, at a minimum, be capable of providing
34 laboratory testing for hematology, metabolic screening, liver
35 function, and coagulation studies. The facility may collect
36 specimens for those tests that are requested under protocol. The
37 facility may perform laboratory tests as defined by rule of the
38 agency. Laboratories located in the facility must be
39 appropriately certified by the Centers for Medicare and Medicaid
40 Services under the federal Clinical Laboratory Improvement
41 Amendments and the federal rules adopted thereunder.

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42 (7) In addition to surgical procedures authorized under s.
43 383.313, provide obstetrical surgical procedures for low-risk
44 cesarean deliveries and surgical management of immediate
45 complications. Postpartum sterilization may be performed before
46 discharge of the patient who has given birth during that
47 admission. Circumcisions may be performed before discharge of
48 the newborn infant.

49 (8) Ensure the administration of general, conduction, and
50 local anesthesia by personnel who have the statutory authority
51 to do so. All general anesthesia shall be administered by an
52 anesthesiologist or a certified registered nurse anesthetist.
53 When administering general anesthesia, a physician or a
54 certified registered nurse anesthetist shall be present in the
55 facility during the anesthesia and postanesthesia recovery
56 period until the patient is fully alert.

57 (9) Allow for labor to be inhibited, stimulated, or
58 augmented with chemical agents during the first or second stage
59 of labor if ordered by personnel who have the statutory
60 authority to do so. Labor may be electively induced beginning at
61 the 39th week of gestation for a patient with a documented Bishop
62 score of 8 or greater.

63 (10) Make arrangements with an ambulance service licensed
64 under chapter 401 for the transport of emergency patients to a
65 hospital, identify neonatal-specific transportation services,
66 including ground and air ambulances, and have the telephone

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67 numbers for access to these services immediately available to
68 facility staff. Such arrangements shall be documented in the
69 facility's policy and procedures manual. The facility's policy
70 and procedures manual shall also contain specific protocols for
71 the transfer of any patient to a hospital.

72 (11) Enter into a written transfer agreement with a
73 hospital for the transfer and admission of emergency patients
74 to the hospital or a written agreement with an obstetrician who
75 has clinical privileges to provide coverage at all times and who
76 has agreed to accept the transfer of the facility's patients.

77 (12) Discharge a mother and her infant from the facility
78 within 48 hours after a vaginal delivery of the infant or within
79 72 hours after a delivery by cesarean section, except in unusual
80 circumstances as defined by rule of the agency.

81 (13) File a report with the agency within 48 hours after a
82 scheduled discharge time if a mother or an infant is retained at
83 the facility for more than the timeframes set forth in paragraph
84 (1). The report must describe the circumstances and the reasons
85 for the decision to extend the discharge time.

86 (14) Provide the following postpartum care for the mother
87 and her infant:

88 (a) Instill a prophylactic in the eyes of each newborn
89 consistent with the provisions of s. 383.04.

90 (b) A postpartum evaluation and followup care consistent
91 with the provisions of 383.318(3).

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92 (15) Ensure that a patient provides written informed
93 consent, on a form adopted by the agency, prior to admission.
94 The form shall inform the patient of the benefits and risks
95 related to childbirth outside a hospital.

96 (16) Inform patients and their families of the facility's
97 policies and procedures for education and orientation consistent
98 with the provisions of 383.311.

99 (17) Require each patient have adequate prenatal care, as
100 defined in rule by the agency, and that serological tests are
101 administered as required in chapter 383.

102 (18) Ensure clinical records include, at a minimum, the
103 following information:

104 (a) Identifying information.

105 (b) Risk assessments.

106 (c) Information relating to prenatal visits.

107 (d) Information relating to the course of labor and
108 intrapartum care.

109 (e) Information relating to consultation, referral, and
110 transport to a hospital.

111 (f) Newborn assessment, APGAR score, treatments as
112 required, and followup.

113 (g) Postpartum followup.

114 (19) Require clinical records be available at the
115 facility:

116 (a) At the time of admission.

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- 117 (b) When transfer of care is necessary.
118 (c) For inspection by the agency.
119 (20) Audit clinical records periodically, but no less
120 frequently than every 3 months, to evaluate the process and
121 outcome of care.
122 (21) Analyze, at least semiannually, statistics on
123 maternal and perinatal morbidity and mortality, maternal risk,
124 consultant referrals, and transfers of care.
125 (22) Examine the results of the records audits and
126 statistical analyses and make such results available for
127 inspection by the public and licensing authorities.

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

131 Remove line 7 and insert:

132 Administration; creating s. 395.0062, F.S.; providing criteria
133 for ambulatory surgical centers that provide advanced birth
134 services; creating s. 395.0171, F.S.; providing