



898836

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/19/2019	.	
	.	
	.	
	.	

---

The Committee on Appropriations (Bean) recommended the following:

1           **Senate Amendment to Amendment (520116) (with title**  
2 **amendment)**

3  
4           Delete lines 46 - 206  
5 and insert:

6           Section 3. Subsection (3) of section 395.002, Florida  
7 Statutes, is amended to read:

8           395.002 Definitions.—As used in this chapter:

9           (3) "Ambulatory surgical center" means a facility the  
10 primary purpose of which is to provide elective surgical care,



898836

11 in which the patient is admitted to and discharged from such  
12 facility within 24 hours ~~the same working day and is not~~  
13 ~~permitted to stay overnight~~, and which is not part of a  
14 hospital. However, a facility existing for the primary purpose  
15 of performing terminations of pregnancy, an office maintained by  
16 a physician for the practice of medicine, or an office  
17 maintained for the practice of dentistry may not be construed to  
18 be an ambulatory surgical center, provided that any facility or  
19 office which is certified or seeks certification as a Medicare  
20 ambulatory surgical center shall be licensed as an ambulatory  
21 surgical center pursuant to s. 395.003.

22 Section 4. Section 395.1055, Florida Statutes, is amended  
23 to read:

24 395.1055 Rules and enforcement.—

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

28 (a) Sufficient numbers and qualified types of personnel and  
29 occupational disciplines are on duty and available at all times  
30 to provide necessary and adequate patient care and safety.

31 (b) Infection control, housekeeping, sanitary conditions,  
32 and medical record procedures that will adequately protect  
33 patient care and safety are established and implemented.

34 (c) A comprehensive emergency management plan is prepared  
35 and updated annually. Such standards must be included in the  
36 rules adopted by the agency after consulting with the Division  
37 of Emergency Management. At a minimum, the rules must provide  
38 for plan components that address emergency evacuation  
39 transportation; adequate sheltering arrangements; postdisaster



898836

40 activities, including emergency power, food, and water;  
41 postdisaster transportation; supplies; staffing; emergency  
42 equipment; individual identification of residents and transfer  
43 of records, and responding to family inquiries. The  
44 comprehensive emergency management plan is subject to review and  
45 approval by the local emergency management agency. During its  
46 review, the local emergency management agency shall ensure that  
47 the following agencies, at a minimum, are given the opportunity  
48 to review the plan: the Department of Elderly Affairs, the  
49 Department of Health, the Agency for Health Care Administration,  
50 and the Division of Emergency Management. Also, appropriate  
51 volunteer organizations must be given the opportunity to review  
52 the plan. The local emergency management agency shall complete  
53 its review within 60 days and either approve the plan or advise  
54 the facility of necessary revisions.

55 (d) Licensed facilities are established, organized, and  
56 operated consistent with established standards and rules.

57 (e) Licensed facility beds conform to minimum space,  
58 equipment, and furnishings standards as specified by the  
59 department.

60 (f) All hospitals submit such data as necessary to conduct  
61 certificate-of-need reviews required under part I of chapter  
62 408. Such data shall include, but shall not be limited to,  
63 patient origin data, hospital utilization data, type of service  
64 reporting, and facility staffing data. The agency may not  
65 collect data that identifies or could disclose the identity of  
66 individual patients. The agency shall utilize existing uniform  
67 statewide data sources when available and shall minimize  
68 reporting costs to hospitals.



898836

69 (g) Each hospital has a quality improvement program  
70 designed according to standards established by their current  
71 accrediting organization. This program will enhance quality of  
72 care and emphasize quality patient outcomes, corrective action  
73 for problems, governing board review, and reporting to the  
74 agency of standardized data elements necessary to analyze  
75 quality of care outcomes. The agency shall use existing data,  
76 when available, and shall not duplicate the efforts of other  
77 state agencies in order to obtain such data.

78 (h) Licensed facilities make available on their Internet  
79 websites, no later than October 1, 2004, and in a hard copy  
80 format upon request, a description of and a link to the patient  
81 charge and performance outcome data collected from licensed  
82 facilities pursuant to s. 408.061.

83 (i) All hospitals providing organ transplantation, neonatal  
84 intensive care services, inpatient psychiatric services,  
85 inpatient substance abuse services, or comprehensive medical  
86 rehabilitation meet the minimum licensure requirements adopted  
87 by the agency. Such licensure requirements must include quality  
88 of care, nurse staffing, physician staffing, physical plant,  
89 equipment, emergency transportation, and data reporting  
90 standards.

91 (2) Separate standards may be provided for general and  
92 specialty hospitals, ambulatory surgical centers, and statutory  
93 rural hospitals as defined in s. 395.602.

94 (3) (a) The agency, in consultation with the Board of  
95 Medicine and the Board of Osteopathic Medicine, shall adopt  
96 rules that establish requirements to ensure the safe and  
97 effective delivery of surgical care to children kept past



898836

98 midnight in ambulatory surgical centers. The rules must be  
99 consistent with the American College of Surgeons' 2015 standards  
100 document entitled "Optimal Resources for Children's Surgical  
101 Care" and must establish minimum standards for pediatric patient  
102 care in ambulatory surgical centers.

103 (b) Ambulatory surgical centers may provide operative  
104 procedures that require a length of stay past midnight on the  
105 day of surgery for children younger than 18 years of age only if  
106 the agency authorizes the performance of such procedures by  
107 rule.

108 (4)~~(3)~~ The agency shall adopt rules with respect to the  
109 care and treatment of patients residing in distinct part nursing  
110 units of hospitals which are certified for participation in  
111 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social  
112 Security Act skilled nursing facility program. Such rules shall  
113 take into account the types of patients treated in hospital  
114 skilled nursing units, including typical patient acuity levels  
115 and the average length of stay in such units, and shall be  
116 limited to the appropriate portions of the Omnibus Budget  
117 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,  
118 1987), Title IV (Medicare, Medicaid, and Other Health-Related  
119 Programs), Subtitle C (Nursing Home Reform), as amended. The  
120 agency shall require level 2 background screening as specified  
121 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for  
122 personnel of distinct part nursing units.

123 (5)~~(4)~~ The agency shall adopt rules with respect to the  
124 care and treatment of clients in intensive residential treatment  
125 programs for children and adolescents and with respect to the  
126 safe and healthful development, operation, and maintenance of



898836

127 such programs.

128 (6)~~(5)~~ The agency shall enforce the provisions of part I of  
129 chapter 394, and rules adopted thereunder, with respect to the  
130 rights, standards of care, and examination and placement  
131 procedures applicable to patients voluntarily or involuntarily  
132 admitted to hospitals providing psychiatric observation,  
133 evaluation, diagnosis, or treatment.

134 (7)~~(6)~~ No rule shall be adopted under this part by the  
135 agency which would have the effect of denying a license to a  
136 facility required to be licensed under this part, solely by  
137 reason of the school or system of practice employed or permitted  
138 to be employed by physicians therein, provided that such school  
139 or system of practice is recognized by the laws of this state.  
140 However, nothing in this subsection shall be construed to limit  
141 the powers of the agency to provide and require minimum  
142 standards for the maintenance and operation of, and for the  
143 treatment of patients in, those licensed facilities which  
144 receive federal aid, in order to meet minimum standards related  
145 to such matters in such licensed facilities which may now or  
146 hereafter be required by appropriate federal officers or  
147 agencies in pursuance of federal law or promulgated in pursuance  
148 of federal law.

149 (8)~~(7)~~ Any licensed facility which is in operation at the  
150 time of promulgation of any applicable rules under this part  
151 shall be given a reasonable time, under the particular  
152 circumstances, but not to exceed 1 year from the date of such  
153 promulgation, within which to comply with such rules.

154 (9)~~(8)~~ The agency may not adopt any rule governing the  
155 design, construction, erection, alteration, modification,



898836

156 repair, or demolition of any public or private hospital,  
157 intermediate residential treatment facility, or ambulatory  
158 surgical center. It is the intent of the Legislature to preempt  
159 that function to the Florida Building Commission and the State  
160 Fire Marshal through adoption and maintenance of the Florida  
161 Building Code and the Florida Fire Prevention Code. However, the  
162 agency shall provide technical assistance to the commission and  
163 the State Fire Marshal in updating the construction standards of  
164 the Florida Building Code and the Florida Fire Prevention Code  
165 which govern hospitals, intermediate residential treatment  
166 facilities, and ambulatory surgical centers.

167 (10) ~~(9)~~ The agency shall establish a pediatric cardiac  
168 technical advisory panel, pursuant to s. 20.052, to develop  
169 procedures and standards for measuring outcomes of pediatric  
170 cardiac catheterization programs and pediatric cardiovascular  
171 surgery programs.

172 (a) Members of the panel must have technical expertise in  
173 pediatric cardiac medicine, shall serve without compensation,  
174 and may ~~not~~ be reimbursed for per diem and travel expenses.

175 (b) Voting members of the panel shall include: 3 at-large  
176 members, and 3 alternate at-large members with different program  
177 affiliations, including 1 cardiologist who is board certified in  
178 caring for adults with congenital heart disease and 2 board-  
179 certified pediatric cardiologists, neither of whom may be  
180 employed by any of the hospitals specified in subparagraphs 1.-  
181 10. or their affiliates, each of whom is appointed by the  
182 Secretary of Health Care Administration, and 10 members, and an  
183 alternate for each member, each of whom is a pediatric  
184 cardiologist or a pediatric cardiovascular surgeon, each



898836

185 appointed by the chief executive officer of the following  
186 hospitals:

- 187 1. Johns Hopkins All Children's Hospital in St. Petersburg.
- 188 2. Arnold Palmer Hospital for Children in Orlando.
- 189 3. Joe DiMaggio Children's Hospital in Hollywood.
- 190 4. Nicklaus Children's Hospital in Miami.
- 191 5. St. Joseph's Children's Hospital in Tampa.
- 192 6. University of Florida Health Shands Hospital in  
193 Gainesville.
- 194 7. University of Miami Holtz Children's Hospital in Miami.
- 195 8. Wolfson Children's Hospital in Jacksonville.
- 196 9. Florida Hospital for Children in Orlando.
- 197 10. Nemours Children's Hospital in Orlando.

198  
199 Appointments made under subparagraphs 1.-10. are contingent upon  
200 the hospital's maintenance of pediatric certificates of need and  
201 the hospital's compliance with this section and rules adopted  
202 thereunder, as determined by the Secretary of Health Care  
203 Administration. A member appointed under subparagraphs 1.-10.  
204 whose hospital fails to maintain such certificates or comply  
205 with standards may serve only as a nonvoting member until the  
206 hospital restores such certificates or complies with such  
207 standards. A voting member may serve a maximum of two 2-year  
208 terms and may be reappointed to the panel after being retired  
209 from the panel for a full 2-year term.

210 (c) The Secretary of Health Care Administration may appoint  
211 nonvoting members to the panel. Nonvoting members may include:

- 212 1. The Secretary of Health Care Administration.
- 213 2. The Surgeon General.





898836

- 214           3. The Deputy Secretary of Children's Medical Services.  
215           4. Any current or past Division Director of Children's  
216 Medical Services.  
217           5. A parent of a child with congenital heart disease.  
218           6. An adult with congenital heart disease.  
219           7. A representative from each of the following  
220 organizations: the Florida Chapter of the American Academy of  
221 Pediatrics, the Florida Chapter of the American College of  
222 Cardiology, the Greater Southeast Affiliate of the American  
223 Heart Association, the Adult Congenital Heart Association, the  
224 March of Dimes, the Florida Association of Children's Hospitals,  
225 and the Florida Society of Thoracic and Cardiovascular Surgeons.  
226           (d) The panel shall meet biannually, or more frequently  
227 upon the call of the Secretary of Health Care Administration.  
228 Such meetings may be conducted telephonically, or by other  
229 electronic means.  
230           (e) The duties of the panel include recommending to the  
231 agency standards for quality of care, personnel, physical plant,  
232 equipment, emergency transportation, and data reporting for  
233 hospitals that provide pediatric cardiac services.  
234           (f) Beginning on January 1, 2020, and annually thereafter,  
235 the panel shall submit a report to the Governor, the President  
236 of the Senate, the Speaker of the House of Representatives, the  
237 Secretary of Health Care Administration, and the State Surgeon  
238 General. The report must summarize the panel's activities during  
239 the preceding fiscal year and include data and performance  
240 measures on surgical morbidity and mortality for all pediatric  
241 cardiac programs.  
242           (g) Panel members are agents of the state for purposes of



898836

243 s. 768.28 throughout the good faith performance of the duties  
244 assigned to them by the Secretary of Health Care Administration.

245 (11) The Secretary of Health Care Administration shall  
246 consult the pediatric cardiac technical advisory panel for an  
247 advisory recommendation on all certificate of need applications  
248 to establish pediatric cardiac surgical centers.

249 (12)~~(10)~~ Based on the recommendations of the pediatric  
250 cardiac technical advisory panel ~~in subsection (9)~~, the agency  
251 shall adopt rules for pediatric cardiac programs which, at a  
252 minimum, include:

253 (a) Standards for pediatric cardiac catheterization  
254 services and pediatric cardiovascular surgery including quality  
255 of care, personnel, physical plant, equipment, emergency  
256 transportation, data reporting, and appropriate operating hours  
257 and timeframes for mobilization for emergency procedures.

258 (b) Outcome standards consistent with nationally  
259 established levels of performance in pediatric cardiac programs.

260 (c) Specific steps to be taken by the agency and licensed  
261 facilities when the facilities do not meet the outcome standards  
262 within a specified time, including time required for detailed  
263 case reviews and the development and implementation of  
264 corrective action plans.

265 (13)~~(11)~~ A pediatric cardiac program shall:

266 (a) Have a pediatric cardiology clinic affiliated with a  
267 hospital licensed under this chapter.

268 (b) Have a pediatric cardiac catheterization laboratory and  
269 a pediatric cardiovascular surgical program located in the  
270 hospital.

271 (c) Have a risk adjustment surgical procedure protocol



898836

272 following the guidelines established by the Society of Thoracic  
273 Surgeons.

274 (d) Have quality assurance and quality improvement  
275 processes in place to enhance clinical operation and patient  
276 satisfaction with services.

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

280 (14) (a) The Secretary of Health Care Administration may  
281 request announced or unannounced site visits to any existing  
282 pediatric cardiac surgical center or facility seeking licensure  
283 as a pediatric cardiac surgical center through the certificate  
284 of need process, to ensure compliance with this section and  
285 rules adopted hereunder.

286 (b) At the request of the Secretary of Health Care  
287 Administration, the pediatric cardiac technical advisory panel  
288 shall recommend in-state physician experts to conduct an on-site  
289 visit. The Secretary may also appoint up to two out-of-state  
290 physician experts.

291 (c) A site visit team shall conduct an on-site inspection  
292 of the designated hospital's pediatric medical and surgical  
293 programs, and each member shall submit a written report of his  
294 or her findings to the panel. The panel shall discuss the  
295 written reports and present an advisory opinion to the Secretary  
296 of Health Care Administration which includes recommendations and  
297 any suggested actions for correction.

298 (d) Each on-site inspection must include all of the  
299 following:

300 1. An inspection of the program's physical facilities,



898836

301 clinics, and laboratories.  
302 2. Interviews with support staff and hospital  
303 administrators.  
304 3. A review of:  
305 a. Randomly selected medical records and reports,  
306 including, but not limited to, advanced cardiac imaging,  
307 computed tomography, magnetic resonance imaging, cardiac  
308 ultrasound, cardiac catheterization, and surgical operative  
309 notes.  
310 b. The program's clinical outcome data submitted to the  
311 Society of Thoracic Surgeons and the American College of  
312 Cardiology pursuant to s. 408.05(3)(k).  
313 c. Mortality reports from cardiac-related deaths that  
314 occurred in the previous year.  
315 d. Program volume data from the preceding year for  
316 interventional and electrophysiology catheterizations and  
317 surgical procedures.  
318 (15) The Surgeon General shall provide quarterly reports to  
319 the Secretary of Health Care Administration consisting of data  
320 from the Children's Medical Services' critical congenital heart  
321 disease screening program for review by the advisory panel.  
322 (16)-(12) The agency may adopt rules to administer the  
323  
324 ===== T I T L E A M E N D M E N T =====  
325 And the title is amended as follows:  
326 Delete line 382  
327 and insert:  
328 395.002, F.S.; revising the definition of the term  
329 "ambulatory surgical center"; amending s. 395.1055,



898836

330 F.S.; requiring the Agency for Health Care  
331 Administration, in consultation with the Board of  
332 Medicine and the Board of Osteopathic Medicine, to  
333 adopt rules that establish requirements related to the  
334 delivery of surgical care to children in ambulatory  
335 surgical centers, in accordance with specified  
336 standards; specifying that ambulatory surgical centers  
337 may provide certain procedures only if authorized by  
338 agency rule; authorizing the