A bill to be entitled

An act relating to adult cardiovascular services; amending s. 408.0361, F.S.; establishing additional criteria that must be included by the Agency for Health Care Administration in rules relating to adult cardiovascular services at hospitals seeking licensure for a Level I program; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (b) of subsection (3) of section 408.0361, Florida Statutes, is amended to read:

408.0361 Cardiovascular services and burn unit licensure.—
(3) In establishing rules for adult cardiovascular services, the agency shall include provisions that allow for:
(b) For a hospital seeking a Level I program, demonstration that, for the most recent 12-month period as reported to the agency, it has provided a minimum of 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has discharged or transferred at least 300 inpatients with the principal diagnosis of ischemic heart disease and that it has a formalized, written transfer agreement with a hospital that has a Level II program, including written transport protocols to ensure safe and efficient transfer of a patient within 60 minutes. However, a hospital located more than 100 road miles from the closest Level II adult cardiovascular services program does not need to meet the 60-minute transfer time protocol if the hospital demonstrates that it has a formalized, written transfer agreement with a hospital that has a Level II program. The agreement must include written transport protocols to ensure the safe and efficient transfer of a patient, taking into consideration the patient’s clinical and
physical characteristics, road and weather conditions, and viability of ground and air ambulance service to transfer the patient. At a minimum, the rules for adult cardiovascular services must require nursing and technical staff to have demonstrated experience in handling acutely ill patients requiring percutaneous cardiac intervention in dedicated cardiac interventional laboratories or surgical centers. If a staff member’s previous experience was in a dedicated cardiac interventional laboratory at a hospital that did not have an approved adult open-heart-surgery program, the staff member’s previous experience does not qualify unless, at the time the staff member acquired his or her experience, the dedicated cardiac interventional laboratory:

1. Had an annual volume of 500 or more percutaneous cardiac intervention procedures;
2. Achieved a demonstrated success rate of 95 percent or greater for percutaneous cardiac intervention procedures;
3. Experienced a complication rate of less than 5 percent for percutaneous cardiac intervention procedures; and
4. Performed diverse cardiac procedures, including, but not limited to, balloon angioplasty and stenting, rotational atherectomy, cutting balloon atheroma remodeling, and procedures relating to left ventricular support capability.

Section 2. This act shall take effect July 1, 2017.