COMMITTEE/SUBCOMMI	TTEE 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WITHDRAWN	(Y/N)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 Pigman offered the following:

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Amendment (with title amendment)

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Between lines 10 and 11, insert:

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Section 1. Subsection (9) of section 395.1055, Florida Statutes, is renumbered as subsection (11), and a new subsection (9) and (10) are created to read:

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(9) Pediatric cardiac programs.-

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services and pediatric open-heart surgery shall comply with rules adopted by the agency establishing licensure standards for

(a) Each provider of pediatric cardiac catheterization

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those programs.

15	(b) In establishing licensure standards for a pediatric
16	cardiac catheterization program, the rules, at a minimum, must
17	require:
18	1. The program to be located in a facility in which
19	pediatric open-heart surgery is being performed and which is
20	completely equipped to provide necessary medical and surgical
21	care to the patient. The facility must be accredited by the
22	Joint Commission.
23	2. The cardiac catheterization team to include sufficient
24	medical and support staff to provide necessary medical and
25	surgical care to the patient.
26	3. The program to mobilize the pediatric cardiac
27	catheterization team within a specified period of time for an
28	emergency procedure.
29	4. The facility where the program is located to offer a
30	range of non-invasive cardiac and diagnostic services,
31	including, but not limited to:
32	a. Hematology studies or coagulation studies;
33	b. Electrocardiography;
34	<pre>c. Chest x-ray;</pre>
35	d. Blood gas studies;
36	e. Clinical pathology studies and blood chemistry
37	analysis;

839413 - h0059-line10.docx

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f. A special procedure x-ray room;

39	g. A film storage and darkroom for proper processing of
40	films;
41	h. X-ray equipment with cineangiocardiography
42	capabilities;
43	i. An image intensifier;
44	j. An automatic injector;
45	k. A diagnostic x-ray examination table for special
46	procedures;
47	<pre>1. A blood gas analyzer;</pre>
48	m. A multichannel polygraph; and
49	n. Emergency equipment including a temporary pacemaker
50	unit with catheters, ventilator assistance devices, and a DC
51	defibrillator.
52	(c) In establishing licensure standards for a pediatric
53	open-heart surgery program, the rules, at a minimum, must
54	require:
55	a. The pediatric open-heart surgery team to include
56	sufficient surgical and support staff to provide necessary
57	medical and surgical care to the patient.
58	b. The program to:
59	1. Be available for nonemergent open-heart surgery 8 hours
60	per day, 5 days per week;
61	2. Be capable of mobilizing the surgical and medical
62	support teams within a specified period of time for emergency
63	cases; and

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3. Provide 24 hour coverage by a physician or	staii.	or staff	r stai	or	vsician	ph	а	Vd	coverage	hour	24	Provide	3.
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- c. Post-operative care to be provided under the direction of the cardiovascular surgeon who performed the surgery, in communication with and support of the post-operative cardiovascular team as prescribed by rule. Members of the team must be on call or otherwise available for an emergency. A patient must be cared for in an intensive care unit that provides 24 hour per day nursing care with at least one registered nurse for every two patients during the first hours of post-operative care. Post-operative care must also include coverage for operation of the cardiopulmonary bypass pump 24 hours per day.
- d. Each pediatric open-heart surgery program to have the capability to provide a full range of open-heart surgery operations, including:
 - 1. Repair or replacement of a heart valve;
 - 2. Repair of a congenital heart defect;
- 3. Repair or reconstruction of an intrathoracic vessel; and
 - 4. Treatment of cardiac trauma.
- e. A licensed facility with a pediatric open-heart surgery program to provide the following services:
- 1. Availability of consultation in cardiology, hematology, nephrology, pulmonary medicine, treatment of infectious diseases, and other appropriate pediatric subspecialties;

839413 - h0059-line10.docx

89	2. Pathology, including anatomical, clinical, blood bank,
90	and coagulation laboratory services;
91	3. Anesthesiology, including respiratory therapy;
92	4. Radiology, including diagnostic nuclear medicine;
93	5. Neurology;
94	6. Inpatient cardiac catheterization;
95	7. Non-invasive cardiographics, including
96	electrocardiography, exercise stress testing, and
97	echocardiography;
98	8. Intensive care; and
99	9. Emergency care available 24 hours per day for cardiac
100	emergencies.
101	(d) Hospitals licensed for pediatric cardiac
102	catheterization programs shall participate in the clinical
103	outcome report system operated by the Society of Thoracic
104	Surgeons.
105	(10) Pediatric cardiac technical advisory panel
106	(a) The agency shall establish a technical advisory panel
107	to develop procedures and standards for measuring outcomes of
108	pediatric cardiac catheterization programs and pediatric open-
109	heart surgery programs.
110	(b) Voting members of the panel shall include:
111	1. A pediatric cardiac surgeon or pediatric cardiologist,
112	or a designated alternate, from each of the following pediatric
113	cardiac centers:

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114	a. Johns Hopkins All Children's Hospital in St.
115	Petersburg;
116	b. Arnold Palmer Hospital for Children in Orlando;
117	c. Joe DiMaggio Children's Hospital in Hollywood;
118	d. Nicklaus Children's Hospital in Miami;
119	e. St. Joseph's Children's Hospital in Tampa;
120	f. University of Florida, Shands Children's Hospital in
121	Gainesville;
122	g. University of Miami, Holtz Children's Hospital in
123	Miami;
124	h. Wolfson Children's Hospital in Jacksonville;
125	i. Florida Hospital, Disney Children's Hospital in
126	Orlando; and
127	j. Nemours Children's Hospital in Orlando.
128	2. An at-large member appointed by the Secretary of the
129	Agency for Health Care Administration, who is either a pediatric
130	cardiologist or adult cardiologist with a special interest in
131	the care of adults with congenital heart disease.
132	(c) Nonvoting members of the panel shall include:
133	1. The Secretary of the Agency for Health Care
134	Administration, or designee;
135	2. The Surgeon General, or his or her designee;
136	3. The Deputy Secretary of Children's Medical Services, or
137	designee;

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138	(d) The Secretary of the Agency for Health Care
139	Administration may appoint up to four additional nonvoting
140	members from the following organizations:
141	1. The Florida Association of Children's Hospitals;
142	2. The Florida Chapter of the American Academy of
143	<pre>Pediatrics;</pre>
144	3. The Florida Society of Thoracic and Cardiovascular
145	Surgeons;
146	4. The Florida Chapter of the American College of
147	Cardiology; or
148	5. The Florida Chapter of the American Heart Association.
149	(e) Based on recommendations from the panel, the agency
150	shall develop and adopt rules for pediatric cardiac
151	catheterization programs and pediatric open-heart surgery
152	programs, consistent with the licensure requirements in
153	subsection (9), that include at least the following:
154	1. Outcome standards specifying expected levels of
155	performance in pediatric cardiac programs, using a risk
156	adjustment procedure that accounts for the variations in
157	severity and case mix. Such standards may include, but are not
158	limited to, in-hospital mortality, infection rates, and returns
159	to surgery.
160	2. Specific steps to be taken by the agency and licensed
161	facilities that do not meet the outcome standards within
162	specified time periods, including time periods for detailed case

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163	reviews and development and implementation of corrective action
164	plans.
165	Section 2. Paragraph (k) is added to subsection (3) of
166	section 408.05, Florida Statutes, to read:
167	408.05 Florida Center for Health Information and
168	Transparency.—
169	(3) HEALTH INFORMATION TRANSPARENCY.—In order to
170	disseminate and facilitate the availability of comparable and
171	uniform health information, the agency shall perform the
172	following functions:
173	(k) Contract with the Society of Thoracic Surgeons to
174	obtain data submitted pursuant to s. 395.1055(9)(d) for
175	publication on the agency's website in a manner that will allow
176	consumers to be informed of aggregate data and to compare
177	programs.
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180	TITLE AMENDMENT
181	Remove line 2 and insert:
182	An act relating to cardiac programs; amending s. 395.1055, F.S.;
183	requiring the Agency for Health Care Administration to adopt
184	rules establishing standards for pediatric cardiac programs
185	offered in licensed facilities, including, but not limited to,
186	pediatric cardiac catheterization and pediatric open-heart
187	surgery programs; establishing minimum standards for rules for

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. HB 59 (2017)

Amendment No.

pediatric cardiac catheterization programs and pediatric open-
heart surgery programs; requiring reporting of outcomes measure:
by pediatric cardiac catheterization programs; creating
pediatric cardiac technical advisory panel; specifying voting
and nonvoting membership of the panel; requiring the agency to
work with the panel to develop outcome measures for pediatric
cardiac catheterization programs; amending s. 408.05, F.S.;
requiring the agency to contract with the Society of Thoracic
Surgeons for collection of certain data for publication on the
agency's website for general and comparative purposes;

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