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LEGISLATIVE ACTION

Senate	.	House
Comm: RS	.	
02/07/2017	.	
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The Committee on Governmental Oversight and Accountability
(Bean) recommended the following:

Senate Amendment (with title amendment)

Delete lines 73 - 196

and insert:

i. Florida Hospital for Children in Orlando.

j. Nemours Children's Hospital in Orlando.

2. Pediatric cardiologists or pediatric cardiovascular
surgeons nominated by the chief executive officer of a hospital
that holds a current certificate of need for a pediatric cardiac
program and that meets state and national standards as



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11 recommended by the council following an onsite visit by a panel
12 from the council.

13 3. Two physicians who are pediatric cardiologists or
14 subspecialists with expertise in congenital heart disease; who
15 are not associated with a facility otherwise represented by a
16 voting member of the council; and who are appointed in
17 consultation with the Deputy Secretary for Children's Medical
18 Services and the Director of Children's Medical Services.

19 4. A community physician who has ongoing involvement with
20 and special interest in the treatment of children with heart
21 disease and who is not associated with a facility represented in
22 the membership of the council pursuant to subparagraph 1. or
23 subparagraph 2. or a community-based medical internist who has
24 experience in treating adults with congenital heart disease.
25 Appointment of a community physician shall be made in
26 consultation with the Deputy Secretary for Children's Medical
27 Services and the Director of Children's Medical Services.

28 5. Appointments made under subparagraphs 1. and 2. are
29 contingent on the nominating hospital's maintenance of pediatric
30 certificates of need and the hospital's compliance with the
31 state and national standards identified by the council in
32 exercising its duties under subparagraph (f)5. A member whose
33 hospital fails to maintain such certificates or comply with such
34 standards during his or her term, as determined by the State
35 Surgeon General, may serve only in an advisory capacity as a
36 nonvoting member until such time as the maintenance of such
37 certificates and compliance with such standards are restored.

38 (b) The State Surgeon General may appoint nonvoting,
39 advisory members to the council in consultation with the Deputy



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40 Secretary for Children's Medical Services and the Director of
41 Children's Medical Services. Such members may participate in
42 council discussions and subcommittees created by the council.

43 (c) The chair and vice chair of the council shall be
44 elected by the council members to 2-year terms and may not serve
45 more than two consecutive terms.

46 (d) The council shall meet upon the call of the chair or
47 two or more voting members or upon the call of the State Surgeon
48 General, but must meet at least quarterly. Council meetings must
49 be conducted by teleconference or through other electronic means
50 when feasible.

51 (e) Council members shall serve without compensation, but
52 are entitled to reimbursement for per diem and travel expenses
53 in accordance with s. 112.061.

54 (f) The duties of the council include, but are not limited
55 to:

56 1. Recommending standards for personnel, clinics, and
57 facilities that provide cardiac services to clients of the
58 department and the program and for the diagnosis of cardiac
59 conditions.

60 2. Analyzing reports on the periodic review of cardiac care
61 personnel, clinics, facilities, and diagnoses to determine if
62 established state and national standards for cardiac services
63 are being met.

64 3. Making recommendations to the Director of Children's
65 Medical Services regarding determinations of whether reviewed
66 cardiac care personnel, clinics, facilities, and diagnoses meet
67 established state and national standards for cardiac services.

68 4. Making recommendations to the Director of Children's



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69 Medical Services regarding the intervals for reinspection of
70 cardiac care personnel, clinics, facilities, and diagnoses
71 meeting established state and national standards for cardiac
72 services.

73 5. Reviewing and inspecting a hospital upon the request of
74 the hospital, the department, or the Agency for Health Care
75 Administration to analyze its compliance with established state
76 and national standards for cardiac services.

77 6. Advising the department and the Agency for Health Care
78 Administration on all aspects of the provision of cardiac care
79 under the program, including rulemaking, and on all components
80 of providing care to adults and children with congenital heart
81 disease and children with acquired heart disease.

82 7. Reviewing and analyzing compliance by cardiac care
83 personnel, clinics, and facilities with the recognized state and
84 national professional standards of care for children with heart
85 disease.

86 8. Making recommendations to the State Surgeon General for
87 legislation regarding and appropriations for pediatric cardiac
88 services.

89 9. Providing advisory opinions to the Agency for Health
90 Care Administration before the agency approves a certificate of
91 need for pediatric cardiac services.

92 (3) DESIGNATION OF PEDIATRIC AND CONGENITAL CARDIOVASCULAR
93 CENTERS OF EXCELLENCE.—Upon the recommendation of the council
94 and the Director of Children’s Medical Services, the State
95 Surgeon General shall designate facilities that the council
96 recommends have met state and national professional standards of
97 care for children with heart disease as Pediatric and Congenital



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98 Cardiovascular Centers of Excellence. The council shall
99 recommend measurable performance standards and evaluation tools
100 to be used in determining whether a facility qualifies for such
101 designation. The designation of a facility as a center of
102 excellence is automatically withdrawn if the facility no longer
103 meets, as determined by the State Surgeon General, the
104 performance standards that qualified it for such designation.

105 (4) ANNUAL REPORT.—Beginning in January 1, 2019, and by
106 each January 1 thereafter, the council shall submit an annual
107 report to the Governor, the President of the Senate, the Speaker
108 of the House of Representatives, and the State Surgeon General.
109 The report must summarize the council's activities during the
110 preceding fiscal year and include data and performance measures
111 on surgical morbidity and mortality for all the pediatric
112 cardiac facilities that participated in the program. The report
113 must also recommend any policy or procedural changes that would
114 increase the council's effectiveness in monitoring the
115 performance of such facilities.

116 (5) RULEMAKING.—

117 (a) The department, in coordination with the Agency for
118 Health Care Administration, shall develop rules related to
119 pediatric cardiac care and facilities that participate in the
120 program. The rules shall establish standards relating to the
121 training and credentialing of medical and surgical personnel,
122 minimum case volumes for facilities and physicians, and data
123 reporting requirements for monitoring and enhancing quality
124 assurance. The rules shall meet or exceed the standard of care
125 provided in Children's Medical Services Pediatric Cardiac
126 Facilities Standards established in October 2012.



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127 (b) The department may also adopt rules relating to the
128 establishment, operation, and authority of the council and the
129 process, performance standards, and evaluation tools for
130 designating facilities as Pediatric and Congenital
131 Cardiovascular Centers of Excellence.

132
133 ===== T I T L E A M E N D M E N T =====

134 And the title is amended as follows:

135 Delete lines 22 - 23

136 and insert:

137 Excellence; providing