Senator Baxley moved the following:

**Senate Amendment to Amendment (623018) (with title amendment)**

Delete lines 175 - 487

and insert:

Section 6. Present subsections (10), (11), and (12) of section 395.1055, Florida Statutes, are redesignated as sections (11), (12), and (15), respectively, new subsections (10), (13), and (14) are added to that section, and subsection (9) and present subsection (10) of that section are amended, to read:

395.1055 Rules and enforcement.—
(9) The agency shall establish a pediatric cardiac technical advisory panel, pursuant to s. 20.052, to develop procedures and standards for measuring outcomes of pediatric cardiac catheterization programs and pediatric cardiovascular surgery programs.

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

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

1. Johns Hopkins All Children’s Hospital in St. Petersburg.
2. Arnold Palmer Hospital for Children in Orlando.
4. Nicklaus Children’s Hospital in Miami.
5. St. Joseph’s Children’s Hospital in Tampa.
6. University of Florida Health Shands Hospital in Gainesville.
7. University of Miami Holtz Children’s Hospital in Miami.
8. Wolfson Children’s Hospital in Jacksonville.
9. Florida Hospital for Children in Orlando.
10. Nemours Children’s Hospital in Orlando.

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

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

1. The Secretary of Health Care Administration.
2. The Surgeon General.
3. The Deputy Secretary of Children’s Medical Services.
4. Any current or past Division Director of Children’s Medical Services.
5. A parent of a child with congenital heart disease.
6. An adult with congenital heart disease.
7. A representative from each of the following organizations: the Florida Chapter of the American Academy of Pediatrics, the Florida Chapter of the American College of Cardiology, the Greater Southeast Affiliate of the American Heart Association, the Adult Congenital Heart Association, the March of Dimes, the Florida Association of Children’s Hospitals,
(d) The panel shall meet biannually, or more frequently upon the call of the Secretary of Health Care Administration. Such meetings may be conducted telephonically, or by other electronic means.

(e) The duties of the panel include recommending to the agency standards for quality of care, personnel, physical plant, equipment, emergency transportation, and data reporting for hospitals that provide pediatric cardiac services.

(f) Beginning on January 1, 2020, and annually thereafter, the panel shall submit a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Secretary of Health Care Administration, and the State Surgeon General. The report must summarize the panel’s activities during the preceding fiscal year and include data and performance measures on surgical morbidity and mortality for all pediatric cardiac programs.

(g) Panel members are agents of the state for purposes of s. 768.28 throughout the good faith performance of the duties assigned to them by the Secretary of Health Care Administration.

(10) The Secretary of Health Care Administration shall consult the pediatric cardiac technical advisory panel for an advisory recommendation on any certificate of need applications to establish pediatric cardiac surgical centers.

(11) Based on the recommendations of the pediatric cardiac technical advisory panel in subsection (9), the agency shall adopt rules for pediatric cardiac programs which, at a minimum, include:

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

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

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

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

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

(c) A site visit team shall conduct an on-site inspection
of the designated hospital’s pediatric medical and surgical
programs, and each member shall submit a written report of his
or her findings to the panel. The panel shall discuss the
written reports and present an advisory opinion to the Secretary
of Health Care Administration which includes recommendations and
any suggested actions for correction.
(d) Each on-site inspection must include all of the following:

1. An inspection of the program’s physical facilities, clinics, and laboratories.
2. Interviews with support staff and hospital administrators.
3. A review of:
   a. Randomly selected medical records and reports, including, but not limited to, advanced cardiac imaging, computed tomography, magnetic resonance imaging, cardiac ultrasound, cardiac catheterization, and surgical operative notes.
   b. The program’s clinical outcome data submitted to the Society of Thoracic Surgeons and the American College of Cardiology pursuant to s. 408.05(3)(k).
   c. Mortality reports from cardiac-related deaths that occurred in the previous year.
   d. Program volume data from the preceding year for interventional and electrophysiology catheterizations and surgical procedures.

(14) The Surgeon General shall provide quarterly reports to the Secretary of Health Care Administration consisting of data from the Children’s Medical Services’ critical congenital heart disease screening program for review by the advisory panel.
discharge summary; amending s. 395.1055, F.S.;
authorizing the reimbursement of per diem