By Senator Harrell

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A bill to be entitled

An act relating to health care studies; requiring the Office of Program Policy Analysis and Government Accountability to conduct analyses of other states' use of the combined recovery care center and ambulatory surgical center model and the advanced birthing center model; providing requirements for such analyses; requiring the office to submit reports on its findings and any recommendations to the Governor and the Legislature by a specified date; requiring the office to contract with a certain entity to conduct an analysis of the impact of licensing specialty hospitals in this state and in other states; providing requirements for such analysis; requiring the office to submit a report to the Governor and the Legislature by a specified date; providing an effective date.

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

Section 1. (1) The Office of Program Policy Analysis and Government Accountability shall conduct an analysis of other states' use of the recovery care center (RCC) and ambulatory surgical center (ASC) model to allow for expanded types of surgeries to be performed outside of the hospital setting. The office may contract with an independent entity that has experience in health care economics and policy to conduct this study. The office shall do, at a minimum, all of the following:

(a) Determine which surgeries the other states allow an ASC using an RCC to perform which may not otherwise be performed by

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the ASC.

(b) Determine which payment methods are accepted by RCCs in other states, including the types of insurance accepted and whether the RCCs accept Medicaid and Medicare.

- (c) Compare the other states' requirements between hospitals, ASCs, and RCCs with respect to physical plant and building code requirements.
 - (d) Study the effect of the combined ASC and RCC model on:
 - 1. Costs to the patient;
 - 2. Costs to the state;
- 3. Quality of care, including, but not limited to, patient outcomes, adverse incidents, rates of infection, and hospital admission rates; and
- 4. Any other points of data the office determines to be relevant to the study.
- (2) The office shall submit a report of its findings and any recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2021.
- Section 2. (1) The Office of Program Policy Analysis and Government Accountability shall conduct an analysis of other states' use of the advanced birthing center (ABC) model that allows higher-risk pregnancies to be delivered outside of the hospital setting. The office may contract with an independent entity that has experience in health care economics and policy to conduct this study. The office shall do, at a minimum, all of the following:
- (a) Determine which payment methods are accepted by ABCs in other states, including the types of insurance accepted and

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whether the ABCs accept Medicaid.

(b) Review other states' requirements for physical plant and building code requirements imposed on ABCs, noting any differences compared to the requirements for hospitals offering birthing services.

- (c) Study the effect of the ABC model on:
- 1. Costs to the patient;
- 2. Costs to the state;
- 3. Quality of care, including, but not limited to, patient outcomes, adverse incidents, rates of infection, and hospital admission rates; and
- 4. Any other points of data the office determines to be relevant to the study.
- (2) The office shall submit a report of its findings and any recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2021.
- Section 3. (1) The Office of Program Policy Analysis and Government Accountability shall contract with an independent entity that has experience in health care economics and policy to conduct an analysis of the impact of licensing specialty hospitals in this state and in other states. The study must evaluate, at a minimum, all of the following:
- (a) The quality of care provided at specialty hospitals and the impact on the quality of care at other general hospitals.
- (b) The ability of specialty hospitals to maintain adequate staff and the effects that the licensure of specialty hospitals have on the ability of general hospitals to maintain adequate staff.

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(c) Patient volumes at specialty hospitals and at general hospitals, including patient referral and utilization patterns and changes in bed capacity and service volume.

- (d) The volume of charity care and Medicaid services provided by specialty hospitals compared to general hospitals and the effect that the licensure of specialty hospitals has on the ability of general hospitals to provide charity care.
- (e) The effect that the licensure of specialty hospitals has on the volume of charity care, Medicaid services, and Medicare services provided by general hospitals as percentages of total services, as well as a comparison of those percentages and profit margins between general hospitals and specialty hospitals.
- (f) The economic effects of licensing specialty hospitals, including their financial performance and the economic effects that the licensure of specialty hospitals have on general hospitals.
- (g) The effects that the licensure of specialty hospitals have on the cost of care provided by all hospitals.
- (2) The office shall submit a report of its findings and any recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2021.
 - Section 4. This act shall take effect upon becoming a law.