1	A bill to be entitled
2	An act relating to providers of cardiovascular
3	services; amending s. 395.1055, F.S.; revising
4	provisions relating to certain rules for providers of
5	specified cardiovascular services; requiring the
6	Agency for Health Care Administration to update agency
7	rules under certain circumstances; providing an
8	effective date.
9	
10	Be It Enacted by the Legislature of the State of Florida:
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12	Section 1. Subsections (17), (18), and (19) of section
13	395.1055, Florida Statutes, are renumbered as subsections (16),
14	(17), and (18), respectively, and paragraphs (a), (b), and (d)
15	of present subsection (18) and present subsection (19) are
16	amended to read:
17	395.1055 Rules and enforcement
18	(16) Each provider of diagnostic cardiac catheterization
19	services shall comply with rules adopted by the agency which
20	establish licensure standards governing the operation of adult
21	inpatient diagnostic cardiac catheterization programs. The rules
22	must ensure that such programs:
23	(a) Comply with the most recent guidelines of the American
24	College of Cardiology and American Heart Association Guidelines
25	for Cardiac Catheterization and Cardiac Catheterization
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Laboratories. 26 (b) Perform only adult inpatient diagnostic cardiac 27 28 catheterization services and will not provide therapeutic 29 cardiac catheterization or any other cardiology services. 30 (c) Maintain sufficient appropriate equipment and health 31 care personnel to ensure quality and safety. 32 (d) Maintain appropriate times of operation and protocols to ensure availability and appropriate referrals in the event of 33 34 emergencies. 35 (c) Demonstrate a plan to provide services to Medicaid and 36 charity care patients. 37 (17) (18) In establishing rules for adult cardiovascular 38 services, the agency shall include provisions that allow for: 39 The establishment of two hospital program licensure (a) levels, a Level I program that authorizes the performance of 40 41 adult percutaneous cardiac intervention without onsite cardiac 42 surgery, including rotational or other atherectomy devices, 43 electrophysiology, and treatment of chronic total occlusions, 44 and a Level II program that authorizes the performance of 45 percutaneous cardiac intervention with onsite cardiac surgery. 46 (b)1. For a hospital seeking a Level I program, have a 47 demonstration that, for the most recent 12-month period as 48 reported to the agency, the hospital has provided a minimum of 49 300 adult inpatient and outpatient diagnostic cardiac catheterizations or, for the most recent 12-month period, has 50

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51 discharged or transferred at least 300 patients with the 52 principal diagnosis of ischemic heart disease and that it has a 53 formalized, written transfer agreement with a hospital that has 54 a Level II program, including written transport protocols to 55 ensure safe and efficient transfer of a patient within 60 56 minutes.

57 2.a. A hospital located more than 100 road miles from the closest Level II adult cardiovascular services program is not 58 59 required to meet the diagnostic cardiac catheterization volume and ischemic heart disease diagnosis volume requirements in 60 61 subparagraph 1. if the hospital demonstrates that it has, for 62 the most recent 12-month period as reported to the agency, provided a minimum of 100 adult inpatient and outpatient 63 64 diagnostic cardiac catheterizations or that, for the most recent 65 12-month period, it has discharged or transferred at least 300 66 patients with the principal diagnosis of ischemic heart disease.

2.b. A hospital located more than 100 road miles from the 67 68 closest Level II adult cardiovascular services program must have 69 does not need to meet the 60-minute transfer time protocol 70 requirement in subparagraph 1. if the hospital demonstrates that 71 it has a formalized, written transfer agreement with a hospital 72 that has a Level II program which. The agreement must include 73 written transport protocols to ensure the safe and efficient 74 transfer of a patient, taking into consideration the patient's clinical and physical characteristics, road and weather 75

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76 conditions, and viability of ground and air ambulance service to 77 transfer the patient. 78 3. At a minimum, the rules for adult cardiovascular 79 services must require nursing and technical staff to have 80 demonstrated experience in handling acutely ill patients requiring intervention, based on the staff member's previous 81 82 experience in dedicated cardiac interventional laboratories or surgical centers. If a staff member's previous experience is in 83 84 a dedicated cardiac interventional laboratory at a hospital that 85 does not have an approved adult open heart surgery program, the 86 staff member's previous experience qualifies only if, at the time the staff member acquired his or her experience, the 87 dedicated cardiac interventional laboratory: 88 89 a. Had an annual volume of 500 or more percutaneous 90 cardiac intervention procedures. 91 b. Achieved a demonstrated success rate of 95 percent or 92 greater for percutaneous cardiac intervention procedures. 93 c. Experienced a complication rate of less than 5 percent 94 percutaneous cardiac intervention procedures. 95 d. Performed diverse cardiac procedures, including, but 96 not limited to, balloon angioplasty and stenting, rotational 97 atherectomy, cutting balloon atheroma remodeling, and procedures 98 relating to left ventricular support capability. 99 Compliance with the most recent guidelines of the (d) American College of Cardiology, and the American Heart 100

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101 Association, and the Society for Cardiac Angiography and 102 <u>Intervention</u> guidelines for staffing, physician training and 103 experience, operating procedures, equipment, physical plant, and 104 patient selection criteria, to ensure patient quality and 105 safety.

106 <u>(18) (19)</u> The agency may adopt rules to administer the 107 requirements of part II of chapter 408 <u>and shall update agency</u> 108 <u>rules as new standards and guidelines are published</u>.

Section 2. This act shall take effect July 1, 2024.

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