The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL:	SB 1602
INTRODUCER:	Senator Harrell
SUBJECT:	Health Care Patient Protection
DATE:	March 31, 2025
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	**Pre-meeting**
2.			AHS	
3.			FP	

I. Summary:

SB 1602 amends s. 395.1012, F.S., to require each hospital with an emergency department (ED) to develop and implement policies and procedures for pediatric patient care in the ED. Additionally, each such hospital ED must designate a pediatric emergency care coordinator and conduct the National Pediatric Readiness Assessment (NPRA) within a certain time frame.

The bill also amends ss. 395.1055 and 408.05, F.S., to require the AHCA to incorporate the needs of pediatric and neonatal patients in rules requiring an emergency management plan, to adopt rules that establish minimum standards for pediatric patient care in hospital EDs, and to collect the results of the NPRA and publish the overall assessment score for each hospital ED and provide a comparison to the national average score.

The bill provides an effective date of July 1, 2025.

II. Present Situation:

Hospital Licensure

Hospitals are regulated by the AHCA under ch. 395, F.S., and the general licensure provisions of part II, of ch. 408, F.S. In Florida, EDs are either located in a hospital or on separate premises of a licensed hospital. Any licensed hospital which has a dedicated ED may provide emergency services in a location separate from the hospital's main premises, known as a hospital-based off-campus emergency department.[1]

Current law requires each hospital with an ED to screen, examine, and evaluate a patient who presents to the ED to determine if an emergency medical condition exists and, if it does, provide

[1] Section 395.002(13), F.S.

care, treatment, or surgery to relieve or eliminate the emergency medical condition.[2] Each hospital with an ED must provide emergency services and care[3] 24 hours a day and must have at least one physician on-call and available within 30 minutes.[4]

Inventory of Hospital Emergency Services

Each hospital offering emergency services and care must report to the AHCA the services which are within the service capability of the hospital.[5] The AHCA is required to maintain an inventory of hospitals with emergency services, including a list of the services within the service capability of the hospital, to assist emergency medical services providers and the general public in locating appropriate emergency medical care.[6] If a hospital determines it is unable to provide a service on a 24 hour per day, 7 day per week, basis, either directly or indirectly through an arrangement with another hospital, the hospital must request a service exemption from the AHCA.[7]

Policies and Procedures

Each hospital offering emergency services and care is required to maintain written policies and procedures specifying the scope and conduct of their emergency services. The policies and procedures must be approved by the organized medical staff, reviewed at least annually, and must include:

- A process to designate a physician to serve as the director of the ED;
- A written description of the duties and responsibilities of all other health care personnel providing care within the ED;
- A planned formal training program on emergency access laws for all health care personnel working in the ED; and
- A control register to identify all persons seeking emergency care.[8]

Current law does not require EDs to have pediatric-specific policies and procedures.

Equipment and Supplies

Each hospital ED is required to provide diagnostic radiology services and clinical laboratory services and must ensure that an adequate supply of blood is available at all times. Hospitals EDs are also required to have certain equipment available for immediate use at all times, including:

- Oxygen and means of administration;

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[2] Section 395.1041, F.S.

[3] Section 395.002(9), F.S., "emergency services and care" means medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician necessary to relieve or eliminate the emergency medical condition, within the service capability of the facility.

[4] Rule 59A-3.255(6)(e), F.A.C.

[5] Section 395.1041(2), F.S.

[6] Medical services listed in the inventory include: anesthesia; burn; cardiology; cardiovascular surgery; colon & rectal surgery; emergency medicine; endocrinology; gastroenterology; general surgery; gynecology; hematology; hyperbaric medicine; internal medicine; nephrology; neurology; neurosurgery; obstetrics; ophthalmology; oral/maxilla-facial surgery; orthopedics; otolaryngology; plastic surgery; podiatry; psychiatry; pulmonary medicine; radiology; thoracic surgery; urology; and vascular surgery.

[7] Rule 59A-3.255(4), F.A.C. AHCA Form 3000-1 Emergency Services Exemption Request

[8] Rule 59A-3.255(6)(e), F.A.C.

- Mechanical ventilatory assistance equipment, including airways, manual breathing bags, and ventilators;
- Cardiac defibrillators with synchronization capability;
- Respiratory and cardiac monitoring equipment;
- Thoracentises and closed thoracotomy sets;
- Tracheostomy or cricothyrotomy sets;
- Tourniquets;
- Vascular cutdown sets;
- Laryngoscopes and endotracheal tubes;
- Urinary catheters with closed volume urinary systems;
- Pleural and pericardial drainage sets;
- Minor surgical instruments;
- Splinting devices;
- Emergency obstetrical packs;
- Standard drugs as determined by the facility;
- Common poison antidotes;
- Syringes, needles, and surgical supplies;
- Parenteral fluids and infusion sets;
- Refrigerated storage for biologicals and other supplies; and
- Stable examination tables.[9]

Currently, there are no pediatric-specific equipment or supply standards for EDs.

Comprehensive Emergency Management Plans

All hospitals are required to develop and adopt a comprehensive emergency management plan for emergency care during an internal or external disaster or an emergency.[10] Each hospital must review, update, and submit its plans annually to the respective county office of emergency management. A hospital's comprehensive emergency management plan must include the following:

- Provisions for the management of staff, including the distribution and assignment of responsibilities and functions;
- Education and training of personnel in carrying out their responsibilities in accordance with the adopted plan;
- Information about how the hospital plans to implement specific procedures outlined in the plan;
- Precautionary measures, including voluntary cessation of hospital admissions, to be taken in preparation and response to warnings of inclement weather, or other potential emergency conditions;
- Provisions for the management of patients, including the discharge of patients in the event of an evacuation order;
- Provisions for coordinating with other hospitals;

[9] Rule 59A-3.255(6)(g), F.A.C.
[10] Section 395.1055(1)(c), F.S.

- Provisions for the individual identification of patients, including the transfer of patient records;
- Provisions to ensure that relocated patients arrive at designated hospitals;
- Provisions to ensure that medication needs will be reviewed and advance medication for relocated patients will be forwarded to the appropriate hospitals;
- Provisions for essential care and services for patients who may be relocated to the facility during a disaster or an emergency, including staffing, supplies, and identification of patients;
- Provisions for the management of supplies, communications, power, emergency equipment, and security;
- Provisions for coordination with designated agencies including the Red Cross and the county emergency management office; and
- Plans for the recovery phase of the operation.[11]

Current law does not require hospitals to include any pediatric-specific provisions in their comprehensive emergency management plans.

Pediatric Care in Hospital Emergency Departments

Children represent approximately 25 percent of all ED visits in the U.S. each year.[12] According to a recent study conducted to evaluate the association between ED pediatric readiness and in-hospital mortality, pediatric patient deaths are 60 percent to 76 percent less likely to occur in an ED with high pediatric readiness. The study included 796,937 pediatric patient visits in 983 EDs over a six-year period (January 1, 2012, through December 31, 2017).

The study used the results of the 2013 National Pediatric Readiness Project Assessment to categorize each hospital ED in one of four levels of pediatric readiness (first quartile 0-58, second quartile 59-72, third quartile 73-87, and fourth quartile 88-100). Hospital EDs with an Assessment score of 88-100 were categorized as having high pediatric readiness. The study also concluded that if all 983 EDs had high pediatric readiness, an estimated 1,442 pediatric deaths may have been prevented.[13]

General hospital EDs (nonchildren's hospitals) primarily treat adults and may not be prepared to treat children because of low pediatric patient volume.[14] More than 97 percent of EDs caring for children are general hospital EDs, accounting for 82 percent of pediatric ED visits. Most of these hospitals see less than 15 pediatric patients per day.[15] Therefore, according to a joint policy statement issued by the American Academy of pediatrics (AAP), the American College of

[11] Rule 59A-3.078, F.A.C.
[12] Remick KE, Hewes HA, Ely M, et al. National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic. *JAMA Netw Open.* 2023. *Available at* National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic | Pediatrics | JAMA Network Open | JAMA Network, (last visited Mar. 28, 2025).
[13] Newgard CD, Lin A, Malveau S, et al. *Emergency Department Pediatric Readiness and Short-term and Long-term Mortality Among Children Receiving Emergency Care*. JAMA Network (January, 2023) *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800400 (last visited Mar. 28, 2025).
[14] *Id.*
[15] The National Pediatric Readiness Project, Pediatric Readiness Saves Lives, *available at* https://media.emscimprovement.center/documents/EMS220628_ReadinessByTheNumbers_220830_ZekNYVF.pdf (last visited Mar. 28, 2025).

Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA), "it is imperative that all hospital EDs have the appropriate resources (medications, equipment, policies, and education) and staff to provide effective emergency care for children."[16]

The 2009 joint policy statement also included guidelines for care of children in the emergency department. In 2012, the Emergency Medical Services for Children (EMSC) Program, under the U.S. Department of Health and Human Services, used the guidelines to launch the National Pediatric Readiness Project, in partnership with the AAP, ACEP, and ENA.[17]

The National Pediatric Readiness Project

The National Pediatric Readiness Project (NPRP) is a quality improvement initiative offering state partnership grants to state governments and accredited schools of medicine to expand and improve emergency medical services for children in hospital EDs.[18] The NPRP measures the performance of hospital EDs based on the following four metrics and includes program goals for each.[19]

- Pediatric Readiness Recognition Programs – Program Goal: To increase the percent of hospitals with an ED recognized through a statewide, territorial, or regional standardized program that are able to stabilize and manage pediatric emergencies.
- Pediatric Emergency Care Coordinators – Program Goal: To increase the percent of hospitals with an ED that have a designated nurse, physician, or both who coordinates pediatric emergency care.
- Disaster Plan Resources – Program Goal: To increase the percent of hospitals with an ED that have a disaster plan that addresses the needs of children.
- Weigh and Record Children's Weight in Kilograms – Program Goal: To increase the percent of hospitals with an ED that weigh and record children in kilograms.

The NPRP particularly focuses on weighing and recording children's weight in kilograms to avoid medication errors. Product labeling for medications with weight-based dosing utilize the metric system. Converting from pounds to kilograms is an error-prone process and can double the number of dosing errors made. Pediatric and neonatal patients are at greater risk for adverse drug events because they are more vulnerable to the effects of an error.[20]

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[16] American Academy of Pediatrics, Committee on Pediatric Emergency Medicine; American College of Emergency Physicians, Pediatric Committee; Emergency Nurses Association, Pediatric Committee. Joint policy statement--guidelines for care of children in the emergency department (Oct. 2009), *available at* https://doi.org/10.1542/peds.2009-1807 (last visited Mar. 28, 2025).

[17] *Id.*

[18] The program is also used to improve emergency medical care for children in prehospital settings and to advance family partnerships and leadership in efforts to improve EMSC systems of care, *see* https://www.grants.gov/search-results-detail/340371 (last visited Mar. 28, 2025).

[19] EMSC Innovation and Improvement Center, Performance Measures, *available at* https://emscimprovement.center/programs/partnerships/performance-measures/ (last visited Mar. 28, 2025).

[20] Emergency Nurses Association, *Weighing all Patients in Kilograms* (2020), *available a*t https://www.pedsnurses.org/assets/docs/Engage/Position-Statements/Weighing%20All%20Patients%20in%20Kilograms%20Final%20Web.pdf *see also* National Coordinating Council for Medication Error Reporting and Prevention, *Recommendations to Weigh Patients and Document Metric Weights to Ensure Accurate Medication Dosing* (Oct. 2018), *available at* https://www.nccmerp.org/recommendations-weigh-patients-and-document-metric-weights-ensure-accurate-medication-dosing-adopted (both last visited Mar. 28, 2025).

The National Pediatric Readiness Assessment

Emergency department performance is measured based on the NPRA,[21] a voluntary survey accessed via invitation from the NPRP. The NPRP has conducted two nationwide assessments. The first NPRA occurred in 2013 and the second was in 2021. According to current Program plans, the expectation is that the NPRA will occur every five years, so the next assessment will be in 2026.[22]

Not all hospitals choose to participate in the NPRA. Florida participation rates (58 percent) are below the national average (71 percent), and dropped from 2013 to 2021 (from 61 to 58 percent). Additionally, while over the national average, Florida hospital readiness scores dropped on average between 2013 (78) and 2021 (75).[23, 24]

Florida Emergency Medical Services for Children State Partnership Program

The Florida Emergency Medical Services for Children State Partnership Program[25] (program) is a quality improvement initiative administered by the University of Florida College of Medicine — Jacksonville, and is funded by a state partnership grant from the national EMSC Program.[26] The purpose of the program is to expand and improve emergency medical services for children who need treatment for trauma or critical care by partnering with EDs, emergency medical service agencies, and disaster preparedness organizations to enhance pediatric readiness. The program provides outreach and information to hospital EDs to help improve their pediatric readiness by, among other things, increasing awareness of, and participation in, the NPRP Assessment.

III. Effect of Proposed Changes:

SB 1602 amends s. 395.1012, F.S., to require each hospital with an ED to:

- Develop and implement policies and procedures for pediatric patient care in the ED which reflect evidence-based best practices relating to, at a minimum:
  - Triage.
  - Measuring and recording vital signs.
  - Weighing and recording weights in kilograms.

[21] National Pediatric Readiness Project, Pediatric Readiness Assessment, *available at* https://www.pedsready.org/home_docs/PedsReady%20Survey-OA%20Assessment.pdf (last visited Mar. 28, 2025).
[22] Emergency Medical Services for Children, National Pediatric Readiness Project Assessment, *available at* https://emscdatacenter.org/sp/pediatric-readiness/national-pediatric-readiness-project-nprp-assessment/ (last visited Mar. 28, 2025).
[23] Florida versus National Pediatric Readiness Project Results from 2013 Survey, *available at* https://www.floridahealth.gov/provider-and-partner-resources/emsc-program/_documents/fl-pediatricreadiness-summary091013.pdf (last visited Mar. 28, 2025).
[24] Florida Versus National Pediatric Readiness Project Results from 2021 Survey, *available at* https://emlrc.org/wp-content/uploads/National-Pediatric-Readiness-Assessment-2021-Results_07.19.2023_Final.pdf (last visited Mar. 28, 2025).
[25] Florida Emergency Medical Services for Children State Partnership Program (Florida PEDREADY), *available at* https://flemsc.emergency.med.jax.ufl.edu/ (last visited Mar. 28, 2025).
[26] EMSC Innovation and Improvement Center, EMSC State Partnership Grants Database, Florida – State Partnership, April 1, 2023 – March 31, 2027, *available at* https://emscimprovement.center/programs/grants/236/florida-state-partnership-20230401-20270331-emsc-state-partnership/ (last visited Mar. 28, 2025).

  - Calculating medication dosages.
  - Use of pediatric instruments.
- Conduct training at least annually on the policies and procedures developed under this subsection. The training must include, at a minimum:
  - The use of pediatric instruments, as applicable to each licensure type, using clinical simulation as defined in s. 464.003, F.S.
  - Drills that simulate emergency situations. Each ED must conduct drills at least annually.
- Designate a pediatric emergency care coordinator. The pediatric emergency care coordinator must be a physician or a physician assistant licensed under ch. 458 or ch. 459, F.S., a nurse licensed under ch. 464, F.S., or a paramedic licensed under ch. 401, F.S. The pediatric emergency care coordinator is responsible for implementation of and ensuring fidelity to the policies and procedures adopted as required above.
- Conduct the NPRA developed by the NPRP, in accordance with timelines established by the NPRP. Each hospital ED is required to submit the results of the assessment to the AHCA by December 31, 2026, and each December 31 during a year in which the NPRA is conducted thereafter.

The bill also amends ss. 395.1055 and 408.05, F.S., to require the AHCA to:
- Incorporate the needs of pediatric and neonatal patients in rules requiring an emergency management plan for hospitals and ambulatory surgical centers;
- Adopt rules, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, that establish minimum standards for pediatric patient care in hospital EDs, including, but not limited to, availability and immediate access to pediatric specific equipment and supplies; and
- To collect the results of the NPRA submitted by hospitals and, by April 1, 2027, and each April 1 following a year in which the APRA is conducted, publish the overall assessment score for each hospital ED and provide a comparison to the national average score when it becomes available.

The bill provides an effective date of July 1, 2025.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminate negative fiscal impact on hospitals related to incorporating additional requirements specific to pediatric readiness in the hospitals' EDs.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.1012, 395.1055, and 408.05.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.