HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1343 Health Care Patient Protection
SPONSOR(S): Select Committee on Health Innovation, Altman
TIED BILLS: **IDEN./SIM. BILLS:** SB 1418

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Select Committee on Health Innovation	11 Y, 0 N, As CS	Guzzo	Calamas
2) Health & Human Services Committee		Guzzo	Calamas

SUMMARY ANALYSIS

General hospital EDs (nonchildren's hospitals) primarily treat adults and may not be prepared to treat children because of low pediatric patient volume. More than 97 percent of EDs caring for children are general hospital EDs, accounting for 82 percent of pediatric ED visits. Currently, Florida laws do not require hospital EDs to meet minimum standards of care for pediatric patients.

The National Pediatric Readiness Project (NPRP) is a quality improvement initiative to empower all EDs to provide effective emergency care to children. The NPRP developed an assessment to measure a hospital ED's pediatric readiness. The NPRP Assessment is voluntary and is conducted every five years. Recent studies prove that hospital EDs with high pediatric readiness scores have lower mortality rates among children.

The bill requires all hospitals with EDs to develop and implement policies and procedures for pediatric patient care in the ED, which reflect evidence-based best practices related to, at a minimum: triage; measuring and recording vital signs; weighing and recording weights in kilograms; calculating medication dosages; and using pediatric instruments. Additionally, each hospital with an ED must conduct training on their policies and procedures, which must include, at a minimum: the use of pediatric instruments, as applicable to each licensure type, and using clinical simulation and drills that simulate emergency situations. Each ED must conduct drills at least annually and each clinical employee of the ED must receive training at least annually.

The bill requires each hospital with an ED to designate a physician or nurse to serve as the pediatric emergency care coordinator in the ED. The pediatric emergency care coordinator is responsible for implementation of, and ensuring fidelity to, the policies and procedures for pediatric patient care in the ED.

The bill requires AHCA, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, to adopt rules 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. The bill also requires AHCA to adopt rules to require a hospital's comprehensive emergency management plan to include components that address the needs of pediatric and neonatal patients.

The bill requires all hospital EDs to conduct the National Pediatric Readiness Assessment, in accordance with the timelines established by the National Pediatric Readiness Project. The next pediatric readiness assessment will be conducted in 2026 and every five years thereafter. Each hospital ED must submit the results of the assessment to AHCA by December 31, 2026. The bill requires AHCA to publish the results of the assessment score for each hospital ED and provide a comparison to the national average score. AHCA must publish the results of the 2026 assessment by April 1, 2027, and must publish the results of subsequent assessments by April 1 following a year in which the assessment is conducted.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Hospital Licensure

Hospitals are regulated by the Agency for Health Care Administration (AHCA) under chapter 395, F.S., and the general licensure provisions of part II, of chapter 408, F.S. In Florida, emergency departments (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 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 AHCA the services which are within the service capability of the hospital.[5] 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 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:[8]

- 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.

[1] S. 395.002(13), F.S.
[2] S. 395.1041, F.S.
[3] S. 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), F.A.C.
[5] S. 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 available at https://www.flrules.org/Gateway/reference.asp?No=Ref-04607 (last visited December 22, 2023).
[8] Rule 59A-3.255(6)(e), F.A.C.

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:[9]

- Oxygen and means of administration;
- 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.

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 their plans annually to their county office of emergency management. A hospital's comprehensive emergency management plan must include the following:[11]

- 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;
- Provisions for the individual identification of patients, including the transfer of patient records;

[9] Rule 59A-3.255(6)(g), F.A.C.
[10] S. 395.1055(1)(c), F.S.
[11] Rule 59A-3.078, F.A.C.

- 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.

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 emergency department visits in the U.S. each year.[12] A recent analysis by the Wall Street Journal indicated that general hospital EDs are often unprepared to care for children, citing examples of failures to have pediatric equipment and supplies on hand, drug dosing errors, and lack of staff training on pediatric implements.[13]

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.[14] 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.

General hospital EDs (nonchildren's hospitals) primarily treat adults and may not be prepared to treat children because of low pediatric patient volume. More than 97 percent of EDs caring for children are general hospital EDs, accounting for 82 percent of pediatric ED visits.[15] Most of these hospitals see less than 15 pediatric patients per day.[16] Therefore, according to a joint policy statement issued by the American Academy of pediatrics (AAP), the American College of 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."[17]

The 2009 joint policy statement by the AAP, ACEP, and ENA also included guidelines for care of children in the emergency department.[18] In 2012, the Emergency Medical Services for Children

[12] Remick KE, Hewes HA, Ely M, et al. *National Assessment of Pediatric Readiness of US Emergency Departments During the COVID-19 Pandemic.* JAMA Network (July, 2023) available at https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807059 (last visited December 22, 2023).
[13] Liz Essley Whyte and Melanie Evans, *Children are Dying in Ill-Prepared Emergency Rooms Across America*, Wall Street Journal (Oct. 2023), available at https://www.wsj.com/health/healthcare/hospitals-emergency-rooms-cost-childrens-lives-d6c9fc23 (last visited December 22, 2023).
[14] 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 December 22, 2023).
[15] *Id.*
[16] The National Pediatric Readiness Project, Pediatric Readiness Saves Lives, available at https://media.emscimprovement.center/documents/EMS220628_ReadinessByTheNumbers_220830_ZekNYVF.pdf (last visited December 22, 2023).
[17] 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 December 22, 2023).
[18] *Id.*

(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.

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.[19] The NPRP measures the performance of hospital EDs based on the following 4 metrics and includes program goals for each.[20]

- 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.[21]

ED performance is measured based on the NPRP Assessment,[22] a voluntary survey accessed via invitation from the NPRP. The NPRP has conducted two nationwide assessments. The first NPRP Assessment occurred in 2013 and the second was in 2021. According to current Program plans, the expectation is that the NPRP Assessment will occur every 5 years, so the next assessment will be in 2026.[23]

[19] 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 .
[20] EMSC Innovation and Improvement Center, Performance Measures, available at https://emscimprovement.center/programs/partnerships/performance-measures/ .
[21] Emergency Nurses Association, *Weighing all Patients in Kilograms* (2020), available at 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 (last visited December 22, 2023).
[22] National Pediatric Readiness Project, Pediatric Readiness Assessment, available at https://www.pedsready.org/docs/PedsReady%20Survey-QI%20Assessment.pdf (last visited December 22, 2023).
[23] 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 December 22, 2023).

Not all hospitals choose to participate in the NPRP Assessment. Florida Participation rates are below the national average, and dropped from 2013[24] to 2021[25], as indicated by the tables below.

Florida Participation Rates	
2013 Rate	2021 Rate
61 % 126 of 209	58% 170 of 295

National Participation Rates	
2013 Rate	2021 Rate
83 % 4,150 of 5,017	71 % 3,647 of 5,150

The average score for participating hospitals in Florida dropped slightly from 2013[26] to 2021,[27] while the average national score saw a slight increase, as indicated by the tables below.

Florida Average Score	
2013 Score	2021 Score
78 %	75 %

National Average Score	
2013 Score	2021 Score
69 %	71%

Recent studies associate high pediatric readiness scores with:[28]

- 76 percent lower mortality rate in ill children;
- 60 percent lower mortality rate in injured children; and
- 1,400 children's lives saved across the U.S. each year.

Florida Emergency Medical Services for Children State Partnership Program

The Florida Emergency Medical Services for Children State Partnership Program[29] (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.[30] 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.

[24] 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 December 22, 2023).
[25] 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 December 22, 2023).
[26] *Supra* note 23.
[27] *Supra* note 24.
[28] Stefanie G. Ames, MD, MS; Billie S. Davis, PhD; Jennifer R. Marin, MD, MSc; Ericka L. Fink, MD, MS; Lenora M. Olson, PhD, MA; Marianne Gausche-Hill, MD; Jeremy M. Kahn, MD, MS, Emergency Department Pediatric Readiness and Mortality in Critically Ill Children, *American Academy of Pediatrics* (Sept. 2019), available at https://doi.org/10.1542/peds.2019-0568 and 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 Netw Open. 2023;6(1):e2250941. doi:10.1001/jamanetworkopen.2022.50941 (last visited December 22, 2023).
[29] Florida Emergency Medical Services for Children State Partnership Program (Florida PEDREADY), available at https://emlrc.org/flpedready/ (last visited December 22, 2023).
[30] 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 December 22, 2023).

Effect of the Bill

The bill requires all hospitals with EDs to develop and implement policies and procedures for pediatric patient care in the ED, which reflect evidence-based best practices related to, at a minimum:

- Triage;
- Measuring and recording vital signs;
- Weighing and recording weights in kilograms;
- Calculating medication dosages; and
- Using pediatric instruments.

Further, each hospital with an ED must conduct training on their policies and procedures, which must include, at a minimum: the use of pediatric instruments, as applicable to each licensure type, and using clinical simulation and drills that simulate emergency situations. Each ED must conduct drills at least annually and each clinical employee of the ED must receive training at least annually.

The bill requires each hospital with an ED to designate a physician or nurse to serve as the pediatric emergency care coordinator in the ED. The pediatric emergency care coordinator is responsible for implementation of, and ensuring fidelity to, the policies and procedures for pediatric patient care in the ED.

The bill requires AHCA, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, to adopt rules 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. The bill also requires AHCA to adopt rules to require a hospital's comprehensive emergency management plan to include components that address the needs of pediatric and neonatal patients.

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The bill provides an effective date of July 1, 2024.

B. SECTION DIRECTORY:

Section 1: Amends s. 395.1012, F.S., relating to patient safety.
Section 2: Amends s. 395.1055, F.S., relating to rules and enforcement.
Section 3: Amends s. 408.05, F.S., relating to Florida Center for Health Information and Transparency.
Section 4: Provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Compliance with the operational requirements of the bill will have an indeterminate, yet likely insignificant, negative fiscal impact on hospitals.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rule-making authority to AHCA to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES