

**From:** [Paredes, Marco](#)  
**To:** [Apthorp, Ashley](#); [Fay, Megan](#)  
**Subject:** FW: URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**Date:** Friday, January 15, 2016 12:13:51 PM  
**Attachments:** [01-15-16 Letter to Dr. Armstrong re Quality Standards - FINAL.pdf](#)  
[ATT00001.htm](#)

---

FYI – We are drafting a response and will share with you once it is ready.

Marco

--

Marco T. Paredes, Jr.

Director | Office of Legislative Planning | Florida Department of Health | 2585 Merchants Row  
Blvd., Bin A-01 | Tallahassee, Florida 32399-1708 | Direct 850.245.4351 | Cell  
850.728.5474 | [marco.paredes@flhealth.gov](mailto:marco.paredes@flhealth.gov)

---

**From:** Armstrong, John H  
**Sent:** Friday, January 15, 2016 12:07 PM  
**To:** Lambert, Alexis <[Alexis.Lambert@flhealth.gov](mailto:Alexis.Lambert@flhealth.gov)>; Paredes, Marco <[Marco.Paredes@flhealth.gov](mailto:Marco.Paredes@flhealth.gov)>  
**Subject:** Fwd: URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.

Please address.

Sent from my iPhone

Begin forwarded message:

**From:** DEMARCO.MICHELLE <[DEMARCO.MICHELLE@flsenate.gov](mailto:DEMARCO.MICHELLE@flsenate.gov)>  
**Date:** January 15, 2016 at 11:21:07 AM EST  
**To:** ""[JOHN.ARMSTRONG@FLHEALTH.GOV](mailto:JOHN.ARMSTRONG@FLHEALTH.GOV)"" <[JOHN.ARMSTRONG@FLHEALTH.GOV](mailto:JOHN.ARMSTRONG@FLHEALTH.GOV)>  
**Cc:** ""[rick.scott@eog.myflorida.com](mailto:rick.scott@eog.myflorida.com)"" <[rick.scott@eog.myflorida.com](mailto:rick.scott@eog.myflorida.com)>, ""[kim.mcdougal@eog.myflorida.com](mailto:kim.mcdougal@eog.myflorida.com)"" <[kim.mcdougal@eog.myflorida.com](mailto:kim.mcdougal@eog.myflorida.com)>, ""[MARCO.PAREDES@FLHEALTH.GOV](mailto:MARCO.PAREDES@FLHEALTH.GOV)"" <[MARCO.PAREDES@FLHEALTH.GOV](mailto:MARCO.PAREDES@FLHEALTH.GOV)>  
**Subject:** URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.



**ARTHENIA L. JOYNER**  
*Democratic Leader*

## THE FLORIDA SENATE

### SENATE DEMOCRATIC OFFICE

**Location**

228 Senate Office Building

**Mailing Address**

404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5833

**Professional Staff:** David Cox, *Staff Director*

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**OSCAR BRAYNON II**  
*Democratic Leader Pro Tempore*

### Via Email

January 15, 2016

John Armstrong, M.D.  
State Surgeon General  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Dear Dr. Armstrong:

The Senate Democratic Caucus has recently learned of a troubling decision made by you to remove quality standards for pediatric heart surgery in Florida.

These standards of care which were designed to safeguard the health and safety of children with heart defects, have not only been in place for almost 40 years, but have served as a model for other states. They were the safety net to ensure accountability in surgical procedures, and responsible for triggering reviews when a physician or hospital failed to adhere to them. As you are well aware, these standards were the benchmark against which the performance of one hospital was measured in the wake of multiple deaths and one paralysis of children who underwent heart surgeries. Following news reports by CNN last year, the hospital's heart surgery program was finally closed and its CEO resigned.

Unfortunately, CNN just this week also reported that rather than applaud the standards for ensuring the integrity of medical care, a decision was made to jettison them - not only over the opposition of numerous cardiac physicians, but possibly as a result of political influence.

For the sake of the children of Florida, this letter is to demand that you immediately rescind your decision and reinstitute the quality standards for pediatric heart surgeries forthwith. In addition, this Caucus is seeking the drafting of, and passage of legislation as soon as possible in support of codifying these medical standards in state law.

**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

Dr. John Armstrong  
January 15, 2016  
Page 2

We anticipate your compliance and response.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthenia L. Joyner". The signature is written in a cursive style with a large initial "A".

Arthenia L. Joyner  
Senate Democratic Leader

Cc: Governor Rick Scott



**From:** [Rasmussen, Karl](#)  
**To:** [Vickers, Mary Beth](#)  
**Subject:** Fwd: URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**Date:** Friday, January 15, 2016 11:31:01 AM  
**Attachments:** [01-15-16 Letter to Dr. Armstrong re Quality Standards - FINAL.pdf](#)  
[ATT00001.htm](#)

---

Sent from [Outlook Mobile](#)

----- Forwarded message -----

**From:** "McDougal, Kim" <[Kim.McDougal@eog.myflorida.com](mailto:Kim.McDougal@eog.myflorida.com)>  
**Date:** Fri, Jan 15, 2016 at 8:27 AM -0800  
**Subject:** Fwd: URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**To:** "Rasmussen, Karl" <[Karl.Rasmussen@eog.myflorida.com](mailto:Karl.Rasmussen@eog.myflorida.com)>, "Fay, Megan" <[Megan.Fay@eog.myflorida.com](mailto:Megan.Fay@eog.myflorida.com)>

Sent from my iPhone

Begin forwarded message:

**From:** DEMARCO.MICHELLE <[DEMARCO.MICHELLE@flsenate.gov](mailto:DEMARCO.MICHELLE@flsenate.gov)>  
**Date:** January 15, 2016 at 11:21:07 AM EST  
**To:** "'[JOHN.ARMSTRONG@FLHEALTH.GOV](mailto:JOHN.ARMSTRONG@FLHEALTH.GOV)'"  
<[JOHN.ARMSTRONG@FLHEALTH.GOV](mailto:JOHN.ARMSTRONG@FLHEALTH.GOV)>  
**Cc:** "'[rick.scott@eog.myflorida.com](mailto:rick.scott@eog.myflorida.com)'" <[rick.scott@eog.myflorida.com](mailto:rick.scott@eog.myflorida.com)>,  
'"[kim.mcdougal@eog.myflorida.com](mailto:kim.mcdougal@eog.myflorida.com)'" <[kim.mcdougal@eog.myflorida.com](mailto:kim.mcdougal@eog.myflorida.com)>,  
'"[MARCO.PAREDES@FLHEALTH.GOV](mailto:MARCO.PAREDES@FLHEALTH.GOV)'"  
<[MARCO.PAREDES@FLHEALTH.GOV](mailto:MARCO.PAREDES@FLHEALTH.GOV)>  
**Subject:** URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.



**ARTHENIA L. JOYNER**  
*Democratic Leader*

**THE FLORIDA SENATE**  
**SENATE DEMOCRATIC OFFICE**

***Location***

228 Senate Office Building

***Mailing Address***

404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5833

***Professional Staff:*** David Cox, *Staff Director*

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**OSCAR BRAYNON II**  
*Democratic Leader Pro Tempore*

**Via Email**

January 15, 2016

John Armstrong, M.D.  
State Surgeon General  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Dear Dr. Armstrong:

The Senate Democratic Caucus has recently learned of a troubling decision made by you to remove quality standards for pediatric heart surgery in Florida.

These standards of care which were designed to safeguard the health and safety of children with heart defects, have not only been in place for almost 40 years, but have served as a model for other states. They were the safety net to ensure accountability in surgical procedures, and responsible for triggering reviews when a physician or hospital failed to adhere to them. As you are well aware, these standards were the benchmark against which the performance of one hospital was measured in the wake of multiple deaths and one paralysis of children who underwent heart surgeries. Following news reports by CNN last year, the hospital's heart surgery program was finally closed and its CEO resigned.

Unfortunately, CNN just this week also reported that rather than applaud the standards for ensuring the integrity of medical care, a decision was made to jettison them - not only over the opposition of numerous cardiac physicians, but possibly as a result of political influence.

For the sake of the children of Florida, this letter is to demand that you immediately rescind your decision and reinstitute the quality standards for pediatric heart surgeries forthwith. In addition, this Caucus is seeking the drafting of, and passage of legislation as soon as possible in support of codifying these medical standards in state law.

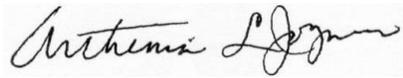
**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

Dr. John Armstrong  
January 15, 2016  
Page 2

We anticipate your compliance and response.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthenia L. Joyner". The signature is written in a cursive style with a large initial "A".

Arthenia L. Joyner  
Senate Democratic Leader

Cc: Governor Rick Scott



**From:** [McDougal, Kim](#)  
**To:** [Rasmussen, Karl](#); [Fay, Megan](#)  
**Subject:** Fwd: URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**Date:** Friday, January 15, 2016 11:27:23 AM  
**Attachments:** [01-15-16 Letter to Dr. Armstrong re Quality Standards - FINAL.pdf](#)  
[ATT00001.htm](#)

---

Sent from my iPhone

Begin forwarded message:

**From:** DEMARCO.MICHELLE <[DEMARCO.MICHELLE@flsenate.gov](mailto:DEMARCO.MICHELLE@flsenate.gov)>  
**Date:** January 15, 2016 at 11:21:07 AM EST  
**To:** ""[JOHN.ARMSTRONG@FLHEALTH.GOV](mailto:JOHN.ARMSTRONG@FLHEALTH.GOV)""  
<[JOHN.ARMSTRONG@FLHEALTH.GOV](mailto:JOHN.ARMSTRONG@FLHEALTH.GOV)>  
**Cc:** ""[rick.scott@eog.myflorida.com](mailto:rick.scott@eog.myflorida.com)"" <[rick.scott@eog.myflorida.com](mailto:rick.scott@eog.myflorida.com)>,  
""[kim.mcdougal@eog.myflorida.com](mailto:kim.mcdougal@eog.myflorida.com)"" <[kim.mcdougal@eog.myflorida.com](mailto:kim.mcdougal@eog.myflorida.com)>,  
""[MARCO.PAREDES@FLHEALTH.GOV](mailto:MARCO.PAREDES@FLHEALTH.GOV)""  
<[MARCO.PAREDES@FLHEALTH.GOV](mailto:MARCO.PAREDES@FLHEALTH.GOV)>  
**Subject:** URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.



**ARTHENIA L. JOYNER**  
*Democratic Leader*

**THE FLORIDA SENATE**  
**SENATE DEMOCRATIC OFFICE**

***Location***

228 Senate Office Building

***Mailing Address***

404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5833

***Professional Staff:*** David Cox, *Staff Director*

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**OSCAR BRAYNON II**  
*Democratic Leader Pro Tempore*

**Via Email**

January 15, 2016

John Armstrong, M.D.  
State Surgeon General  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Dear Dr. Armstrong:

The Senate Democratic Caucus has recently learned of a troubling decision made by you to remove quality standards for pediatric heart surgery in Florida.

These standards of care which were designed to safeguard the health and safety of children with heart defects, have not only been in place for almost 40 years, but have served as a model for other states. They were the safety net to ensure accountability in surgical procedures, and responsible for triggering reviews when a physician or hospital failed to adhere to them. As you are well aware, these standards were the benchmark against which the performance of one hospital was measured in the wake of multiple deaths and one paralysis of children who underwent heart surgeries. Following news reports by CNN last year, the hospital's heart surgery program was finally closed and its CEO resigned.

Unfortunately, CNN just this week also reported that rather than applaud the standards for ensuring the integrity of medical care, a decision was made to jettison them - not only over the opposition of numerous cardiac physicians, but possibly as a result of political influence.

For the sake of the children of Florida, this letter is to demand that you immediately rescind your decision and reinstitute the quality standards for pediatric heart surgeries forthwith. In addition, this Caucus is seeking the drafting of, and passage of legislation as soon as possible in support of codifying these medical standards in state law.

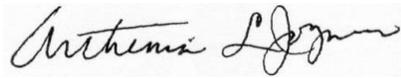
**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

Dr. John Armstrong  
January 15, 2016  
Page 2

We anticipate your compliance and response.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthenia L. Joyner". The signature is written in a cursive style with a large, stylized initial "A".

Arthenia L. Joyner  
Senate Democratic Leader

Cc: Governor Rick Scott



**From:** [Governor Rick Scott](#)  
**To:** [Vickers, Mary Beth](#); [Jenkins-Ford, Sharon](#)  
**Cc:** [Carey, Amanda](#); [Sunburst](#)  
**Subject:** FW: URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**Date:** Friday, January 15, 2016 11:26:01 AM  
**Attachments:** [01-15-16 Letter to Dr. Armstrong re Quality Standards - FINAL.pdf](#)  
**Importance:** High

---

---

**From:** DEMARCO.MICHELLE [mailto:DEMARCO.MICHELLE@flsenate.gov]  
**Sent:** Friday, January 15, 2016 11:21 AM  
**To:** Armstrong, John <John.Armstrong@flhealth.gov>  
**Cc:** Governor Rick Scott <GovernorRick.Scott@eog.myflorida.com>; McDougal, Kim <Kim.McDougal@eog.myflorida.com>; Paredes, Marco <Marco.Paredes@flhealth.gov>  
**Subject:** URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**Importance:** High



**ARTHENIA L. JOYNER**  
*Democratic Leader*

## THE FLORIDA SENATE

### SENATE DEMOCRATIC OFFICE

**Location**

228 Senate Office Building

**Mailing Address**

404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5833

**Professional Staff:** David Cox, *Staff Director*

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**OSCAR BRAYNON II**  
*Democratic Leader Pro Tempore*

### Via Email

January 15, 2016

John Armstrong, M.D.  
State Surgeon General  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Dear Dr. Armstrong:

The Senate Democratic Caucus has recently learned of a troubling decision made by you to remove quality standards for pediatric heart surgery in Florida.

These standards of care which were designed to safeguard the health and safety of children with heart defects, have not only been in place for almost 40 years, but have served as a model for other states. They were the safety net to ensure accountability in surgical procedures, and responsible for triggering reviews when a physician or hospital failed to adhere to them. As you are well aware, these standards were the benchmark against which the performance of one hospital was measured in the wake of multiple deaths and one paralysis of children who underwent heart surgeries. Following news reports by CNN last year, the hospital's heart surgery program was finally closed and its CEO resigned.

Unfortunately, CNN just this week also reported that rather than applaud the standards for ensuring the integrity of medical care, a decision was made to jettison them - not only over the opposition of numerous cardiac physicians, but possibly as a result of political influence.

For the sake of the children of Florida, this letter is to demand that you immediately rescind your decision and reinstitute the quality standards for pediatric heart surgeries forthwith. In addition, this Caucus is seeking the drafting of, and passage of legislation as soon as possible in support of codifying these medical standards in state law.

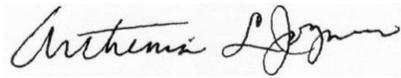
**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

Dr. John Armstrong  
January 15, 2016  
Page 2

We anticipate your compliance and response.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthenia L. Joyner". The signature is written in a cursive style with a large initial "A".

Arthenia L. Joyner  
Senate Democratic Leader

Cc: Governor Rick Scott

**From:** [Demarco, Michelle](#)  
**To:** [Armstrong, John](#)  
**Cc:** [Governor Rick Scott](#); [McDougal, Kim](#); [Paredes, Marco](#)  
**Subject:** URGENT! On behalf of Senate Democratic Leader Arthenia Joyner, please see the attached letter.  
**Date:** Friday, January 15, 2016 11:21:17 AM  
**Attachments:** [01-15-16 Letter to Dr. Armstrong re Quality Standards - FINAL.pdf](#)  
**Importance:** High

---



**ARTHENIA L. JOYNER**  
*Democratic Leader*

## THE FLORIDA SENATE

### SENATE DEMOCRATIC OFFICE

**Location**

228 Senate Office Building

**Mailing Address**

404 South Monroe Street  
Tallahassee, Florida 32399-1100  
(850) 487-5833

**Professional Staff:** David Cox, *Staff Director*

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**OSCAR BRAYNON II**  
*Democratic Leader Pro Tempore*

### Via Email

January 15, 2016

John Armstrong, M.D.  
State Surgeon General  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Dear Dr. Armstrong:

The Senate Democratic Caucus has recently learned of a troubling decision made by you to remove quality standards for pediatric heart surgery in Florida.

These standards of care which were designed to safeguard the health and safety of children with heart defects, have not only been in place for almost 40 years, but have served as a model for other states. They were the safety net to ensure accountability in surgical procedures, and responsible for triggering reviews when a physician or hospital failed to adhere to them. As you are well aware, these standards were the benchmark against which the performance of one hospital was measured in the wake of multiple deaths and one paralysis of children who underwent heart surgeries. Following news reports by CNN last year, the hospital's heart surgery program was finally closed and its CEO resigned.

Unfortunately, CNN just this week also reported that rather than applaud the standards for ensuring the integrity of medical care, a decision was made to jettison them - not only over the opposition of numerous cardiac physicians, but possibly as a result of political influence.

For the sake of the children of Florida, this letter is to demand that you immediately rescind your decision and reinstitute the quality standards for pediatric heart surgeries forthwith. In addition, this Caucus is seeking the drafting of, and passage of legislation as soon as possible in support of codifying these medical standards in state law.

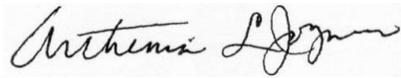
**ANDY GARDINER**  
President of the Senate

**GARRETT RICHTER**  
President Pro Tempore

Dr. John Armstrong  
January 15, 2016  
Page 2

We anticipate your compliance and response.

Sincerely,

A handwritten signature in black ink, appearing to read "Arthenia L. Joyner". The signature is written in a cursive style with a large initial "A".

Arthenia L. Joyner  
Senate Democratic Leader

Cc: Governor Rick Scott

**From:** [steven bradbury](#)  
**To:** [Governor Rick Scott](#)  
**Subject:** not good for the state poor decision ....time for your resignation  
**Date:** Friday, January 15, 2016 10:07:28 AM

---

From: steven bradbury <sbradb68@gmail.com>

County: Lee

Zip Code: 33919

Phone Number:

Message Body: Heart doctors outraged Florida dumps hospital standards after big gifts to GOP  
Elizabeth Cohen-Profile-Image  
By Elizabeth Cohen and Katherine Grise, CNN  
Updated 9:33 AM ET, Thu January 14, 2016  
Programs shutting down at St. Mary's Medical Center

Programs shutting down at St. Mary's Medical Center 04:13  
Story highlights

Florida officials got rid of a set of hospital standards for children's heart surgery  
Heart doctors say move came after hospital chain's contribution to Florida Republicans  
Representatives from Tenet and governor's office deny any talk on removing standards

(CNN)The state of Florida is putting thousands of children with heart defects at risk, a group of cardiac doctors say, because of a change in policy that came after Tenet Healthcare contributed \$200,000 to Florida Republicans.

In a widely publicized investigation in June, CNN revealed that a program at a Tenet hospital in Florida had failed to live up to state quality standards for children's heart surgery.

Less than two months later, the state decided to get rid of those standards.

That decision came after the giant for-profit hospital chain made contributions to Republican Gov. Rick Scott and his party that dwarfed those the company made to candidates or parties in other states.

"The whole situation is outrageous. It's just outrageous," said Louis St. Petery, a pediatric cardiologist in Tallahassee and former executive vice president of the Florida chapter of the American Academy of Pediatrics.

Doctors from around the state say the decision came right from the governor's office. Representatives for Tenet and Scott deny conversations took place between them about getting rid of the standards.

'Poor public policy and poor politics'

In the fall, cardiac doctors implored the state of Florida to keep the hospital standards. The doctors argued that the quality standards have been in place since 1977, saved children's lives and had become a model for other states.

When the standards were dropped anyway, the parents of four children with heart defects took the state to court.

After CNN investigation, a push to halt child heart surgery at some hospitals  
Are children's heart surgery hospitals up to the task?

Florida's Department of Health said the quality standards had to go because the Legislature had never given permission to put them in place.

The standards have been in place and uncontested for 38 years.

"Our number one priority is the health of all Floridians, especially children," Department of Health spokeswoman Mara Gambineri said in an email to CNN.

"We fully support best practices and high standards of care at Florida's hospitals. As an executive branch agency, the department's authority is limited to those functions statutorily delegated by the Legislature."

Pediatric heart experts appointed by the state to look out for children with heart defects took exception.

At a hearing, Dr. William Blanchard, chairman of the division of pediatric cardiology at Nemours Children's Hospital in Orlando, said getting rid of the standards is "both poor public policy and poor politics."

Dr. Jeffrey Jacobs, a professor of surgery at Johns Hopkins, argued that the standards "are necessary to protect the vulnerable children with heart disease."

'It is the failure of an entire team and system'

In 2014, Jacobs headed up the review by the state's expert panel that showed many vital tests and services for children's hearts were lacking at St. Mary's Medical Center in West Palm Beach. He wrote that the Tenet-owned hospital was not able to maintain proficiency in heart operations on children.

"It is the failure of an entire team and system," wrote Jacobs, chairman of the Society of Thoracic Surgeons National Database Workforce.

Jacobs recommended the hospital stop performing heart surgery on babies younger than 6 months.

Legally, the hospital could ignore his suggestion -- and it did.

The state did not step in.

Babies continued to die at St. Mary's.

Secret deaths: CNN finds high surgical death rate for children at a Florida hospital

CNN uncovers high surgical death rate at hospital

And, after CNN's investigation, the state rushed to the hospital's defense.

Within days, Department of Health spokeswoman Tiffany Cowie told reporters that state data showed St. Mary's mortality rate wasn't nearly as high as CNN had found.

But Cowie didn't mention a crucial detail: The state data she referred to didn't take into account half of the babies' deaths.

Those babies had surgery at St. Mary's, but when their health spiraled downward, they were transferred to other hospitals. Those hospitals could not save them.

The database Florida uses did not include those deaths, according to experts who manage that database.

Even though the state defended St. Mary's mortality rate, in August the hospital closed its pediatric heart surgery program and the CEO resigned.

Pediatric heart doctors were relieved. But they weren't prepared for what was ahead.

'A little hard to swallow'

In July, the state announced it would repeal hospital standards for children's heart surgery.

Doctors who care for children with congenital heart disease say they're suspicious about the timing, about two months after CNN's report showing St. Mary's failed to meet those state standards.

Florida Gov. Rick Scott

Florida Gov. Rick Scott

David Nykanen, a pediatric cardiologist and member of the state's Cardiac Technical Advisory Panel, points out that Scott has been in office since 2011, and his administration never objected to the standards until a Tenet hospital was found publicly not to meet them.

"The coincidence is just a little too much," said Nykanen, co-director of the Heart Center at Arnold Palmer Hospital for Children in Orlando. "It's just a little hard to swallow."

In an email to CNN, Scott's spokeswoman, Jeri Bustamante, said that to her knowledge, Tenet did not have conversations with the governor or anyone on his staff about the pediatric heart surgery standards.

A spokeswoman for Tenet concurred.

"At no time have we discussed the pediatric cardiac standards with the governor or his office, or with any elected official or anyone on their staff," Tenet's Shelly Weiss Friedberg wrote in an email to CNN. "Our opinion was not sought on the standards nor have we expressed a position on the possible repeal of the standards or the role of the Cardiac Technical Advisory Panel."

Giant contributions

While doctors interviewed for this article say they can't show a quid pro quo, they note Tenet's sizable contributions to Scott's campaigns in the two years preceding his administration's decision to get rid of standards that a Tenet hospital did not meet.

In 2013 and 2014, Tenet contributed \$50,000 each year to Let's Get to Work, Scott's political action committee. The next largest Tenet contribution those years to a state candidate's PAC was \$25,000.

Each of those two years, Tenet also contributed \$50,000 to the Republican Party of Florida, which dominates the state Legislature. The next largest Tenet contribution those years to a state political party was \$20,000 to the Democratic Party in Illinois.

What to know about St. Mary's children's heart surgery mortality rates

What to know about St. Mary's surgery mortality rates

CNN's analysis of Tenet's contributions was confirmed by the National Institute of Money in State Politics, a nonprofit, nonpartisan group that tracks campaign contributions.

"When a big organization like Tenet gives money, they expect access. They expect the politicians to give them everything they want," said Dr. Ira Gessner, professor emeritus of pediatric cardiology at the University of Florida College of Medicine and an advisory member of the state's Cardiac Technical Advisory Panel.

"If someone is contributing at that level, obviously they have to have some influence," said Nykanen, a member of the Food and Drug Administration's Pediatric Advisory Committee. "If Tenet Healthcare contributed so much money, you'd think they have the ear of the governor and the politicians."

Doctors outside the state said they were surprised that Florida would move to repeal its own safety standards for children.

"I can't think of anywhere else in the country where you have safety standards and someone doesn't like them, so you just have it repealed," said Dr. Peter Pronovost, senior vice president for patient safety and quality at Johns Hopkins Medicine.

"These standards have been in use for more than 30 years, and they're widely acknowledged to ensure safety -- why would you repeal them? If the state really felt it didn't have the legislative authority to have the standards, why wouldn't they go out and get that authority?"

A spokeswoman for the Florida Department of Health did not explain why the state didn't seek legislative authority for the standards.

An internationally renowned cardiac expert agreed that the standards are necessary.

"If we abandon medical standards, we create a free-for-all system in which any hospital or provider can perform any procedure without regard to the qualifications of the medical staff or capabilities of the program," said Dr. Steven Nissen, chairman of the department of cardiovascular medicine at the Cleveland Clinic.

Abandoning standards, he said, "puts the most vulnerable and precious patients at unacceptable risk."

Cutting off discussion

Children's heart doctors in Florida say they believe the directive to get rid of the standards came straight from Scott's office.

But they say Scott's defense of the Tenet hospital started even earlier.

CNN report on pediatric heart surgery spurs conference on transparency

Pediatric heart surgery conference on transparency

A doctor who asked not to be named because he feared state retribution said that in 2014, a high-ranking state official asked that the situation at St. Mary's not be discussed at a meeting of the state's Cardiac Technical Advisory Panel.

"She wanted to cut off any discussion of St. Mary's -- to take it off the agenda," he said. "I told her that was ridiculous, that the agenda had already been sent out."

The physician said, "I asked why she wanted St. Mary's off the agenda, and she said she had gotten orders from the surgeon general's office."

Members of the Cardiac Technical Advisory Panel said that after the panel wrote a scathing review of the pediatric heart surgery program at St. Mary's, the state asked to start editing their reviews.

"We told them no way," said one of the physicians, who also asked not to be named for fear of state retribution.

Then, the doctors said, those state officials suggested that hospital reviews shouldn't be in writing at all -- the doctors should instead give oral reports on what they had found.

"We were startled," said Blanchard, a member of the panel. "It was a system that had worked well for umpteen years."

Then Jennifer Tschetter, the Department of Health's chief of staff at the time and now its chief operating officer, said the state intended to repeal the standards, the doctors said.

The doctors said they were surprised as Tschetter had been supportive of the standards for years.

"We all felt like the directive came from much higher," said Blanchard, the statewide pediatric cardiology consultant for Florida's Children's Medical Services, a part of the Department of Health.

At a meeting, state officials said the decision came from the surgeon general, Blanchard said.

"He's Scott's appointee," Blanchard said. "So I assume this came from the governor, and if (state employees) didn't follow through on that directive, their jobs were in jeopardy."

Gessner, the cardiologist at the University of Florida, said in his experience, important decisions at the Department of Health come from the governor's office.

"I can't believe this came from anyone less than the governor," he said. "I think his message was clear: Get rid of the standards."

Nykanen, the cardiologist in Orlando, agrees.

"(Tschetter) was always very careful at every meeting to say there's no political agenda here, but we thought to ourselves, 'Do you think we're stupid?' " he said.

Ruling in the state's favor

In December, a judge ruled in the state's favor and said the standards for pediatric heart hospitals could be taken off the books.

Florida Administrative Law Judge John Van Laningham didn't base his ruling on the state's argument that it lacked the legislative authority to enact the standards.

Instead, he said the parents who took the state to court had failed to prove that getting rid of the standards would lower the quality of their children's care.

The judge wrote that the notion that hospitals "would suddenly stop providing quality pediatric cardiac services immediately upon repeal of the Standards rests on pure speculation -- and is a little insulting to the health care professionals who personally deliver those services.

"Many people derive personal satisfaction from doing a job well, whether the job is, e.g., painting a house or performing open-heart surgery, and they strive to deliver a quality product, not in obedience to the superintending guidance of the administrative state, but because they want to."

Van Laningham is no stranger to controversial opinions. In 2014, he said a doctor accused of beating and handcuffing a patient during a yearlong sexual relationship should be allowed to continue practicing medicine.

Now, the cardiac doctors are considering whether to appeal the judge's decision.

In the meantime, they said they're relieved St. Mary's is no longer operating on children's hearts.

CNN's John Bonifield contributed to this report.

Promoted Stories

**From:** [Charlotte Greenbarg](#)  
**To:** [Governor Rick Scott](#)  
**Subject:** Standards for babies" heart surgery need to be put back in place!  
**Date:** Thursday, January 14, 2016 2:39:49 PM

---

Dear Governor Scott,

The blood of these dead babies is on the hands of anyone who removed the standards. They need to be replaced.

Charlotte Greenbarg  
Lutz, FL  
33559

Heart doctors outraged Florida dumps hospital standards after big gifts to GOP

By Elizabeth Cohen and Katherine Grise, CNN

Updated 9:33 AM ET, Thu January 14, 2016

(CNN)—The state of Florida is putting thousands of children with heart defects at risk, a group of cardiac doctors say, because of a change in policy that came after Tenet Healthcare contributed \$200,000 to Florida Republicans.

In a widely publicized investigation in June, CNN revealed that a program at a Tenet hospital in Florida had failed to live up to state quality standards for children's heart surgery.

Less than two months later, the state decided to get rid of those standards.

That decision came after the giant for-profit hospital chain made contributions to Republican Gov. Rick Scott and his party that dwarfed those the company made to candidates or parties in other states.

"The whole situation is outrageous. It's just outrageous," said Louis St. Petery, a pediatric cardiologist in Tallahassee and former executive vice president of the Florida chapter of the American Academy of Pediatrics.

Doctors from around the state say the decision came right from the governor's office. Representatives for Tenet and Scott deny conversations took place between them about getting rid of the standards.

'Poor public policy and poor politics'

In the fall, cardiac doctors implored the state of Florida to keep the hospital standards. The doctors argued that the quality standards have been in place since 1977, saved children's lives and had become a model for other states.

When the standards were dropped anyway, the parents of four children with heart defects took the state to court.

After CNN investigation, a push to halt child heart surgery at some hospitals

Related Article: Are children's heart surgery hospitals up to the task?

Florida's Department of Health said the quality standards had to go because the Legislature had never given permission to put them in place.

The standards have been in place and uncontested for 38 years.

"Our number one priority is the health of all Floridians, especially children," Department of Health spokeswoman Mara Gambineri said in an email to CNN.

"We fully support best practices and high standards of care at Florida's hospitals. As an executive branch agency, the department's authority is limited to those functions statutorily delegated by the Legislature."

Pediatric heart experts appointed by the state to look out for children with heart defects took exception.

At a hearing, Dr. William Blanchard, chairman of the division of pediatric cardiology at Nemours Children's Hospital in Orlando, said getting rid of the standards is "both poor public policy and poor politics."

Dr. Jeffrey Jacobs, a professor of surgery at Johns Hopkins, argued that the standards "are necessary to protect the vulnerable children with heart disease."

'It is the failure of an entire team and system'

In 2014, Jacobs headed up the review by the state's expert panel that showed many vital tests and services for children's hearts were lacking at St. Mary's Medical Center in West Palm Beach. He wrote that the Tenet-owned hospital was not able to maintain proficiency in heart operations on children.

"It is the failure of an entire team and system," wrote Jacobs, chairman of the Society of Thoracic Surgeons National Database Workforce.

Jacobs recommended the hospital stop performing heart surgery on babies younger than 6 months.

Legally, the hospital could ignore his suggestion -- and it did.

The state did not step in.

Babies continued to die at St. Mary's.

And, after CNN's investigation, the state rushed to the hospital's defense.

Within days, Department of Health spokeswoman Tiffany Cowie told reporters that state data showed St. Mary's mortality rate wasn't nearly as high as CNN had found.

But Cowie didn't mention a crucial detail: The state data she referred to didn't take into account half of the babies' deaths.

Those babies had surgery at St. Mary's, but when their health spiraled downward, they were transferred to other hospitals. Those hospitals could not save them.

The database Florida uses did not include those deaths, according to experts who manage that database.

Even though the state defended St. Mary's mortality rate, in August the hospital closed its pediatric heart surgery program and the CEO resigned.

Pediatric heart doctors were relieved. But they weren't prepared for what was ahead.

'A little hard to swallow'

In July, the state announced it would repeal hospital standards for children's heart surgery.

Doctors who care for children with congenital heart disease say they're suspicious about the timing, about two months after CNN's report showing St. Mary's failed to meet those state standards.

David Nykanen, a pediatric cardiologist and member of the state's Cardiac Technical Advisory Panel, points out that Scott has been in office since 2011, and his administration never objected to the standards until a Tenet hospital was found publicly not to meet them.

"The coincidence is just a little too much," said Nykanen, co-director of the Heart Center at Arnold

Palmer Hospital for Children in Orlando. "It's just a little hard to swallow."

In an email to CNN, Scott's spokeswoman, Jeri Bustamante, said that to her knowledge, Tenet did not have conversations with the governor or anyone on his staff about the pediatric heart surgery standards.

A spokeswoman for Tenet concurred.

"At no time have we discussed the pediatric cardiac standards with the governor or his office, or with any elected official or anyone on their staff," Tenet's Shelly Weiss Friedberg wrote in an email to CNN. "Our opinion was not sought on the standards nor have we expressed a position on the possible repeal of the standards or the role of the Cardiac Technical Advisory Panel."

### Giant contributions

While doctors interviewed for this article say they can't show a quid pro quo, they note Tenet's sizable contributions to Scott's campaigns in the two years preceding his administration's decision to get rid of standards that a Tenet hospital did not meet.

In 2013 and 2014, Tenet contributed \$50,000 each year to Let's Get to Work, Scott's political action committee. The next largest Tenet contribution those years to a state candidate's PAC was \$25,000.

Each of those two years, Tenet also contributed \$50,000 to the Republican Party of Florida, which dominates the state Legislature. The next largest Tenet contribution those years to a state political party was \$20,000 to the Democratic Party in Illinois.

CNN's analysis of Tenet's contributions was confirmed by the National Institute of Money in State Politics, a nonprofit, nonpartisan group that tracks campaign contributions.

"When a big organization like Tenet gives money, they expect access. They expect the politicians to give them everything they want," said Dr. Ira Gessner, professor emeritus of pediatric cardiology at the University of Florida College of Medicine and an advisory member of the state's Cardiac Technical Advisory Panel.

"If someone is contributing at that level, obviously they have to have some influence," said Nykanen, a member of the Food and Drug Administration's Pediatric Advisory Committee. "If Tenet Healthcare contributed so much money, you'd think they have the ear of the governor and the politicians."

Doctors outside the state said they were surprised that Florida would move to repeal its own safety standards for children.

"I can't think of anywhere else in the country where you have safety standards and someone doesn't

like them, so you just have it repealed," said Dr. Peter Pronovost, senior vice president for patient safety and quality at Johns Hopkins Medicine.

"These standards have been in use for more than 30 years, and they're widely acknowledged to ensure safety -- why would you repeal them? If the state really felt it didn't have the legislative authority to have the standards, why wouldn't they go out and get that authority?"

A spokeswoman for the Florida Department of Health did not explain why the state didn't seek legislative authority for the standards.

An internationally renowned cardiac expert agreed that the standards are necessary.

"If we abandon medical standards, we create a free-for-all system in which any hospital or provider can perform any procedure without regard to the qualifications of the medical staff or capabilities of the program," said Dr. Steven Nissen, chairman of the department of cardiovascular medicine at the Cleveland Clinic.

Abandoning standards, he said, "puts the most vulnerable and precious patients at unacceptable risk."

Cutting off discussion

Children's heart doctors in Florida say they believe the directive to get rid of the standards came straight from Scott's office.

But they say Scott's defense of the Tenet hospital started even earlier.

A doctor who asked not to be named because he feared state retribution said that in 2014, a high-ranking state official asked that the situation at St. Mary's not be discussed at a meeting of the state's Cardiac Technical Advisory Panel.

"She wanted to cut off any discussion of St. Mary's -- to take it off the agenda," he said. "I told her that was ridiculous, that the agenda had already been sent out."

The physician said, "I asked why she wanted St. Mary's off the agenda, and she said she had gotten orders from the surgeon general's office."

Members of the Cardiac Technical Advisory Panel said that after the panel wrote a scathing review of the pediatric heart surgery program at St. Mary's, the state asked to start editing their reviews.

"We told them no way," said one of the physicians, who also asked not to be named for fear of state retribution.

Then, the doctors said, those state officials suggested that hospital reviews shouldn't be in writing at all -- the doctors should instead give oral reports on what they had found.

"We were startled," said Blanchard, a member of the panel. "It was a system that had worked well for umpteen years."

Then Jennifer Tschetter, the Department of Health's chief of staff at the time and now its chief operating officer, said the state intended to repeal the standards, the doctors said.

The doctors said they were surprised as Tschetter had been supportive of the standards for years.

"We all felt like the directive came from much higher," said Blanchard, the statewide pediatric cardiology consultant for Florida's Children's Medical Services, a part of the Department of Health.

At a meeting, state officials said the decision came from the surgeon general, Blanchard said.

"He's Scott's appointee," Blanchard said. "So I assume this came from the governor, and if (state employees) didn't follow through on that directive, their jobs were in jeopardy."

Gessner, the cardiologist at the University of Florida, said in his experience, important decisions at the Department of Health come from the governor's office.

"I can't believe this came from anyone less than the governor," he said. "I think his message was clear: Get rid of the standards."

Nykanen, the cardiologist in Orlando, agrees.

"(Tschetter) was always very careful at every meeting to say there's no political agenda here, but we thought to ourselves, 'Do you think we're stupid?' " he said.

Ruling in the state's favor

In December, a judge ruled in the state's favor and said the standards for pediatric heart hospitals could be taken off the books.

Florida Administrative Law Judge John Van Laningham didn't base his ruling on the state's argument that it lacked the legislative authority to enact the standards.

Instead, he said the parents who took the state to court had failed to prove that getting rid of the standards would lower the quality of their children's care.

The judge wrote that the notion that hospitals "would suddenly stop providing quality pediatric cardiac services immediately upon repeal of the Standards rests on pure speculation -- and is a little

insulting to the health care professionals who personally deliver those services.

"Many people derive personal satisfaction from doing a job well, whether the job is, e.g., painting a house or performing open-heart surgery, and they strive to deliver a quality product, not in obedience to the superintending guidance of the administrative state, but because they want to."

Van Laningham is no stranger to controversial opinions. In 2014, he said a doctor accused of beating and handcuffing a patient during a yearlong sexual relationship should be allowed to continue practicing medicine.

Now, the cardiac doctors are considering whether to appeal the judge's decision.

In the meantime, they said they're relieved St. Mary's is no longer operating on children's hearts.

From: [Bustamante, Jeri](#)  
To: [Schenone, Lauren](#)  
Subject: DRAFT  
Date: Thursday, January 14, 2016 8:06:57 AM

---

**Q: A group of doctors are blaming the state of Florida of putting thousands of children with heart defects at risk because of a change in policy that came after Tenet Healthcare contributed \$200,000 to Florida Republicans? Is that true?**

- Absolutely not.
- Our number one priority is the health of all Floridians, especially children and hold all Florida hospitals to high standards.

On Jan 13, 2016, at 1:07 PM, News Alerts <[NewsAlerts@eog.myflorida.com](mailto:NewsAlerts@eog.myflorida.com)> wrote:

**Note: In an email to CNN, Scott's spokeswoman, Jeri Bustamante, said that to her knowledge, Tenet did not have conversations with the governor or anyone on his staff about the pediatric heart surgery standards. A spokeswoman for Tenet concurred.**

**[Heart doctors outraged Florida dumps hospital standards after big gifts to GOP](#)**

CNN

Elizabeth Cohen and Katherine Grise

January 13, 2016

The state of Florida is putting thousands of children with heart defects at risk, a group of cardiac doctors say, because of a change in policy that came after Tenet Healthcare contributed \$200,000 to Florida Republicans.

In a widely publicized investigation in June, CNN revealed that a program at a Tenet hospital in Florida had failed to live up to state quality standards for children's heart surgery.

Less than two months later, the state decided to get rid of those standards.

That decision came after the giant for-profit hospital chain made contributions to Republican Gov. Rick Scott and his party that dwarfed those the company made to candidates or parties in other states.

"The whole situation is outrageous. It's just outrageous," said Louis St. Petery, a pediatric cardiologist in Tallahassee and former executive vice president of the Florida chapter of the American Academy of Pediatrics.

Doctors from around the state say the decision came right from the governor's office. Representatives for Tenet and Scott deny conversations took place between them about getting rid of the standards.

'Poor public policy and poor politics'

In the fall, cardiac doctors implored the state of Florida to keep the hospital standards. The doctors argued that the quality standards have been in place since 1977, saved children's lives and had become a model for other states.

When the standards were dropped anyway, the parents of four children with heart defects took the state to court.

Florida's Department of Health said the quality standards had to go because the Legislature had never given permission to put them in place.

The standards have been in place and uncontested for 38 years.

"Our number one priority is the health of all Floridians, especially children," Department of Health spokeswoman Mara Gambineri said in an email to CNN.

"We fully support best practices and high standards of care at Florida's hospitals. As an executive branch agency, the department's authority is limited to those functions statutorily delegated by the Legislature."

Pediatric heart experts appointed by the state to look out for children with heart defects took exception.

At a hearing, Dr. William Blanchard, chairman of the division of pediatric cardiology at Nemours Children's Hospital in Orlando, said getting rid of the standards is "both poor public policy and poor politics."

Dr. Jeffrey Jacobs, a professor of surgery at Johns Hopkins, argued that the standards "are necessary to protect the vulnerable children with heart disease."

'It is the failure of an entire team and system'

In 2014, Jacobs headed up the review by the state's expert panel that showed many vital tests and services for children's hearts were lacking at St. Mary's Medical Center in West Palm Beach. He wrote that the Tenet-owned hospital was not able to maintain proficiency in heart operations on children.

"It is the failure of an entire team and system," wrote Jacobs, chairman of the Society of Thoracic Surgeons National Database Workforce.

Jacobs recommended the hospital stop performing heart surgery on babies younger than 6 months.

Legally, the hospital could ignore his suggestion -- and it did.

The state did not step in.

Babies continued to die at St. Mary's.

And, after CNN's investigation, the state rushed to the hospital's defense.

Within days, Department of Health spokeswoman Tiffany Cowie told reporters that state data showed St. Mary's mortality rate wasn't nearly as high as CNN had found.

But Cowie didn't mention a crucial detail: The state data she referred to didn't take into account half of the babies' deaths.

Those babies had surgery at St. Mary's, but when their health spiraled downward, they were transferred to other hospitals. Those hospitals could not save them.

The database Florida uses did not include those deaths, according to experts who manage that database.

Even though the state defended St. Mary's mortality rate, in August the hospital closed its pediatric heart surgery program and the CEO resigned.

Pediatric heart doctors were relieved. But they weren't prepared for what was ahead.

'A little hard to swallow'

In July, the state announced it would repeal hospital standards for children's heart surgery.

Doctors who care for children with congenital heart disease say they're suspicious about the timing, about two months after CNN's report showing St. Mary's failed to meet those state standards.

David Nykanen, a pediatric cardiologist and member of the state's Cardiac Technical Advisory Panel, points out that Scott has been in office since 2011, and his administration never objected to the standards until a Tenet hospital was found publicly not to meet them.

"The coincidence is just a little too much," said Nykanen, co-director of the Heart Center at Arnold Palmer Hospital for Children in Orlando. "It's just a little hard to swallow."

In an email to CNN, Scott's spokeswoman, Jeri Bustamante, said that to her knowledge, Tenet did not have conversations with the governor or anyone on his staff about the pediatric heart surgery standards.

A spokeswoman for Tenet concurred.

"At no time have we discussed the pediatric cardiac standards with the governor or his office, or with any elected official or anyone on their staff," Tenet's Shelly Weiss Friedberg wrote in an email to CNN. "Our opinion was not sought on the standards nor have we expressed a position on the possible repeal of the standards or the role of the Cardiac Technical Advisory Panel."

While doctors interviewed for this article say they can't show a quid pro quo,

they note Tenet's sizable contributions to Scott's campaigns in the two years preceding his administration's decision to get rid of standards that a Tenet hospital did not meet.

In 2013 and 2014, Tenet contributed \$50,000 each year to Let's Get to Work, Scott's political action committee. The next largest Tenet contribution those years to a state candidate's PAC was \$25,000.

Each of those two years, Tenet also contributed \$50,000 to the Republican Party of Florida, which dominates the state Legislature. The next largest Tenet contribution those years to a state political party was \$20,000 to the Democratic Party in Illinois.

CNN's analysis of Tenet's contributions was confirmed by the National Institute of Money in State Politics, a nonprofit, nonpartisan group that tracks campaign contributions.

"When a big organization like Tenet gives money, they expect access. They expect the politicians to give them everything they want," said Dr. Ira Gessner, professor emeritus of pediatric cardiology at the University of Florida College of Medicine and an advisory member of the state's Cardiac Technical Advisory Panel.

"If someone is contributing at that level, obviously they have to have some influence," said Nykanen, a member of the Food and Drug Administration's Pediatric Advisory Committee. "If Tenet Healthcare contributed so much money, you'd think they have the ear of the governor and the politicians."

Doctors outside the state said they were surprised that Florida would move to repeal its own safety standards for children.

"I can't think of anywhere else in the country where you have safety standards and someone doesn't like them, so you just have it repealed," said Dr. Peter Pronovost, senior vice president for patient safety and quality at Johns Hopkins Medicine.

"These standards have been in use for more than 30 years, and they're widely acknowledged to ensure safety -- why would you repeal them? If the state really felt it didn't have the legislative authority to have the standards, why wouldn't they go out and get that authority?"

A spokeswoman for the Florida Department of Health did not explain why the state didn't seek legislative authority for the standards.

An internationally renowned cardiac expert agreed that the standards are necessary.

"If we abandon medical standards, we create a free-for-all system in which any hospital or provider can perform any procedure without regard to the qualifications of the medical staff or capabilities of the program," said Dr.

Steven Nissen, chairman of the department of cardiovascular medicine at the Cleveland Clinic.

Abandoning standards, he said, "puts the most vulnerable and precious patients at unacceptable risk."

Children's heart doctors in Florida say they believe the directive to get rid of the standards came straight from Scott's office.

But they say Scott's defense of the Tenet hospital started even earlier.

A doctor who asked not to be named because he feared state retribution said that in 2014, a high-ranking state official asked that the situation at St. Mary's not be discussed at a meeting of the state's Cardiac Technical Advisory Panel.

"She wanted to cut off any discussion of St. Mary's -- to take it off the agenda," he said. "I told her that was ridiculous, that the agenda had already been sent out."

The physician said, "I asked why she wanted St. Mary's off the agenda, and she said she had gotten orders from the surgeon general's office."

Members of the Cardiac Technical Advisory Panel said that after the panel wrote a scathing review of the pediatric heart surgery program at St. Mary's, the state asked to start editing their reviews.

"We told them no way," said one of the physicians, who also asked not to be named for fear of state retribution.

Then, the doctors said, those state officials suggested that hospital reviews shouldn't be in writing at all -- the doctors should instead give oral reports on what they had found.

"We were startled," said Blanchard, a member of the panel. "It was a system that had worked well for umpteen years."

Then Jennifer Tschetter, the Department of Health's chief of staff at the time and now its chief operating officer, said the state intended to repeal the standards, the doctors said.

The doctors said they were surprised as Tschetter had been supportive of the standards for years.

"We all felt like the directive came from much higher," said Blanchard, the statewide pediatric cardiology consultant for Florida's Children's Medical Services, a part of the Department of Health.

At a meeting, state officials said the decision came from the surgeon general, Blanchard said.

"He's Scott's appointee," Blanchard said. "So I assume this came from the governor, and if (state employees) didn't follow through on that directive, their jobs were in jeopardy."

Gessner, the cardiologist at the University of Florida, said in his experience, important decisions at the Department of Health come from the governor's office.

"I can't believe this came from anyone less than the governor," he said. "I think his message was clear: Get rid of the standards."

Nykanen, the cardiologist in Orlando, agrees.

"(Tschetter) was always very careful at every meeting to say there's no political agenda here, but we thought to ourselves, 'Do you think we're stupid?' " he said.

In December, a judge ruled in the state's favor and said the standards for pediatric heart hospitals could be taken off the books.

Florida Administrative Law Judge John Van Laningham didn't base his ruling on the state's argument that it lacked the legislative authority to enact the standards.

Instead, he said the parents who took the state to court had failed to prove that getting rid of the standards would lower the quality of their children's care.

The judge wrote that the notion that hospitals "would suddenly stop providing quality pediatric cardiac services immediately upon repeal of the Standards rests on pure speculation -- and is a little insulting to the health care professionals who personally deliver those services.

"Many people derive personal satisfaction from doing a job well, whether the job is, e.g., painting a house or performing open-heart surgery, and they strive to deliver a quality product, not in obedience to the superintending guidance of the administrative state, but because they want to."

Van Laningham is no stranger to controversial opinions. In 2014, he said a doctor accused of beating and handcuffing a patient during a yearlong sexual relationship should be allowed to continue practicing medicine.

Now, the cardiac doctors are considering whether to appeal the judge's decision.

In the meantime, they said they're relieved St. Mary's is no longer operating on children's hearts.

**From:** [Spagnola, Joshua](#)  
**To:** [Vickers, Mary Beth](#)  
**Cc:** [Hawkes, Kim](#); [Ungru, Jenn](#)  
**Subject:** Senate HP CON Presentation  
**Date:** Monday, June 08, 2015 10:26:58 AM  
**Attachments:** [CON Health Policy Workshop.pptx](#)  
[CON Minimum Standards.docx](#)

---

Mary Beth,

Attached is the CON presentation. All of this information, except the last two slides, have already been made public as part of the commission. The last two slides include some additional data that was pulled. The Secretary also requested that the attached document on minimum standards be sent to the Senate as well. I will send the ASC presentation as soon as it is complete. Again, we are hoping to get these to the Senate today.

Thanks,

Joshua Spagnola  
Legislative Affairs Director  
Agency for Health Care Administration  
C: (850) 321-9220  
W: (850) 412-3612

Privacy Statement: This e-mail may include confidential and/or proprietary information, and may be used only by the person or entity to which it is addressed. If the reader of this e-mail is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this e-mail is prohibited. If you have received this in error, please reply to the sender and delete it immediately.

# Certificate of Need (CON)

Presented by Elizabeth Dudek, Secretary  
Florida Agency for Health Care Administration

Florida Senate Committee on Health Policy

June 10, 2015



# CON Basics

- Currently regulates entry into the marketplace for state-licensed hospitals, nursing homes and hospices. There are two types of batching cycles and each are reviewed twice a year
  - Decisions for *applicable hospital programs* are made in **June and December**
  - Decisions for *applicable other beds and programs* are made in **February and August**
- Expedited reviews must meet statutory criteria and can be reviewed at any time
- Allows beds to be added to health services by exemption for certain programs:
  - Added to hospitals:
    - Comprehensive medical rehabilitation
    - Neonatal intensive care unit
    - Psychological services
  - Community nursing home beds
- Hospitals can add acute care beds by notification
- Publishes four books twice-a-year on the utilization of the services monitored



# CON History

## Initiation

1973--Nixon administration

Part of the federal health planning system

Repealed before nationwide implementation

Largely controlled by federal law until 1986-- federal health planning legislation repealed

## Reform

### Eliminating CON for:

- Local Health System Agencies
- All outpatient services
- Capital expenditures
- Acquisition of major medical equipment
- Home health agencies
- Cost overruns

### Deregulating:

- Acute care beds

### Imposing:

- Moratorium on addition of community nursing home beds

## Purview

-Originally under the Florida Department of Health and Rehabilitative Services

-Changed in July 1992 with the creation of the Florida Agency for Health Care Administration



# CON Timeline

**1973**

CON is created

**1987**

Obstetric services eliminated

**1982**

Elimination of local Health System Agencies-- eliminated local CON review

**1987**

Capital expenditure of inpatient projects under \$1 million eliminated

**1987**

Statutory authority provided CON the authority to levy fines for non-compliance of conditions

**1987**

Major medical equipment subject was reclassified as equipment which costs more than \$1 million and which has been approved by the FDA for less than three years

**1987**

Excluded outpatient services from CON review

# CON Timeline

**1987**

Specified tertiary services are now reviewable

**1997**

Acquisition of medical equipment, regardless of cost, are no longer reviewable

**1988**

A rule promulgated specified a list of tertiary services

**2000**

Eliminated CON review for all home health agencies

**2000**

A proposed increase of up to 10 beds or 10 percent of a hospital's or nursing home's licensed capacity can be done by exemption

**2001**

A moratorium is established on new community nursing home beds

**2000**

Cost overruns of approved projects of any kind are eliminated

**2003**

Rural hospitals no longer have to obtain CONs when they meet specific criteria

# CON Timeline

**2007**

Eliminated burn units from CON review--moved regulation to licensure

**2011**

Eliminated the ability to fine community nursing home beds on Medicaid conditions

**2007**

Eliminated adult cardiac catheterization and adult open heart surgery services from CON review--moved regulation to licensure

**2008**

Streamlined the approval process for new acute care hospitals

**2013**

Modified requirements to allow deed restricted communities to apply for nursing homes through expedited review

**2014**

Community nursing home bed moratorium lifted

**2014**

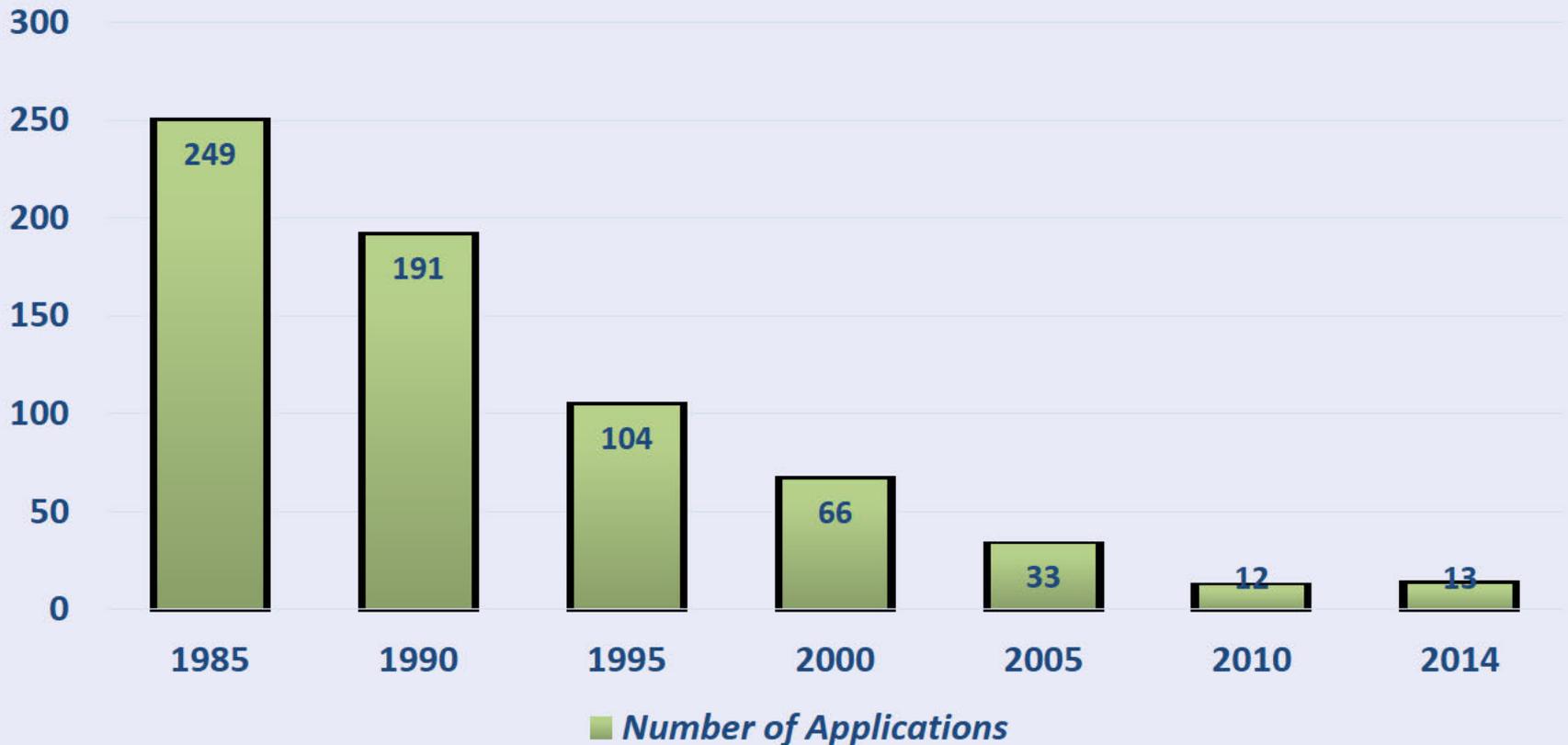
The Agency published need for new community nursing home beds for the first time since 1999

**Now**

The Unit is preparing for the first 2015 Other Beds and Programs batch--accepting 59 letters of intent



# Hospital Beds and Facilities Applications Received: A Snapshot



# Acute Care Bed Inventory by District

## July 1<sup>st</sup> of each year

Year	District												Statewide Occupancy	Percent Change*	
	1	2	3	4	5	6	7	8	9	10	11	Statewide			
2004	1,813	1,695	3,569	4,207	4,394	5,681	4,668	3,871	4,413	4,851	7,817	46,979	58.00%	Baseline	
2005	1,868	1,723	3,673	4,321	4,398	5,756	4,824	3,965	4,404	4,991	7,824	47,747	58.53%	1.63%	
2006	1,873	1,723	3,748	4,385	4,413	5,838	4,836	4,021	4,481	5,082	7,844	48,244	59.34%	1.04%	
2007	1,873	1,678	3,851	4,435	4,446	5,878	5,088	4,264	4,494	5,082	7,761	48,850	58.71%	1.26%	
2008	1,881	1,664	4,015	4,652	4,446	5,894	5,179	4,264	4,544	4,806	7,804	49,149	57.71%	0.61%	
2009	1,881	1,629	4,005	4,674	4,446	6,101	5,473	4,066	4,587	4,767	7,933	49,562	57.57%	0.84%	
2010	1,924	1,648	3,792	4,884	4,433	6,133	5,559	4,084	4,619	4,798	7,802	49,676	56.60%	0.23%	
2011	1,936	1,609	3,798	4,926	4,389	6,162	5,641	4,055	4,634	4,798	7,927	49,875	56.68%	0.40%	
2012	1,936	1,609	3,850	4,935	4,282	6,149	5,742	4,099	4,623	4,912	7,900	50,037	56.10%	0.32%	
2013	1,936	1,631	4,022	4,851	4,361	6,208	5,915	4,130	4,788	4,912	7,619	50,373	55.89%	0.67%	
2014	1,936	1,655	4,022	5,062	4,361	6,208	6,125	4,122	4,854	4,926	7,663	50,934	55.96%	1.11%	
2015	2,024	1,679	4,106	5,076	4,190	6,173	6,102	4,113	4,898	4,902	7,699	50,962	55.63%	0.05%	
*Percent change from previous year												Average Percent Change per Year		-0.37%	0.74%
Source: Florida Agency for Health Care Administration, Hospital Beds and Services List, July 2004-July 2015 and Florida Hospital Bed Need Projections and Service Utilization by District, July 2004-January 2015												Percent Change, 2004-2015		-4.09%	8.48%



# Statewide Occupancy by Bed Type

Bed Type	FY 2009-2010	# of Beds	FY 2013-2014	# of Beds	Total Increase In Occupancy	Total Increase in Beds
Long Term Care	62.64%	1,358	67.50%	1,421	4.86%	63
Level II NICU	77.84%	939	72.27%	1,032	-0.57%	93
Level III NICU	71.15%	681	65.57%	765	-5.58%	84
Adult Psychiatric	64.31%	3,347	69.50%	3,862	5.19%	515
Child Psychiatric	63.44%	795	60.31%	724	-3.13%	-71
Adult Substance Abuse	38.98%	432	58.27%	292	19.29%	-140
CMR	60.48%	2,311	65.52%	2,442	5.04%	131



# Statewide Procedures by Program

Type of Program	FY 2009-2010		FY 2013-2014		Total Increase in Program	Total Increase in Procedure
	# of programs	# of procedures	# of programs	# of procedures		
Pediatric Cath	8	2,607	10	1,984	2	-623
Pediatric Open Heart	8	1,139	10	1,159	2	20
Adult Transplantation Program	39	2,455	42	2,561	3	106
Pediatric Transplant Programs	20	174	21	182	1	8
Burn Units	4		5		1	





RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

# Certificate of Need (CON)

## *Minimum Statutory and Rule Requirements*

Applicants must attest to meeting certain minimum staffing, equipment, access and quality standards pinpointed in the Florida Statutes and the Florida Administrative Code (F.A.C.). Examples specifically related to each type of hospital or hospital service are illustrated in the table below.

Hospital or Hospital Service and Applicable Rule or Statute	Standards
<b>General Acute Care Hospitals</b> Florida Statute 408.035 and 59C-2.100 F.A.C. 59C-1.0365 F.A.C. (Repealed 7/19/2005)	<ul style="list-style-type: none"> <li>• The extent to which the proposed services will enhance access to health care for residents of the service district.</li> <li>• The extent to which the proposal will foster competition that promotes quality and cost-effectiveness.</li> <li>• The applicant's past and proposed provision of health care services to Medicaid patients and the medically indigent.</li> </ul>
<b>Psychiatric Hospitals</b> 59C-1.040 F.A.C.	<ul style="list-style-type: none"> <li>• Specialty hospital--minimum total capacity of 40 beds.</li> <li>• Shall include, at a minimum, emergency screening services, pharmacology, individual therapy, family therapy, activities therapy, discharge planning, and referral services.</li> <li>• Shall also provide outpatient services, either directly or through written agreements with community outpatient mental health programs, such as local psychiatrists, local psychologists, community mental health programs, or other local mental health outpatient programs.</li> <li>• Shall have a screening program to assess the most appropriate treatment for the patient.</li> <li>• Non-Competitive Applicants: A separately organized unit for adults and for children and adolescents shall have a minimum of 15 bed and 10 beds, respectively.</li> <li>• Should be available within a maximum ground travel time of 45 minutes under average travel conditions for at least 90% percent of the district's total population.</li> <li>• Compliance with Agency standards is required.</li> </ul>
<b>Substance Abuse Services</b> 59C-1.041 F.A.C.	<ul style="list-style-type: none"> <li>• Specialty hospital--minimum total capacity of 40 beds, which may include beds used for Hospital Inpatient General Psychiatric Services</li> <li>• Shall include, at a minimum, emergency screening services; treatment planning services; pharmacology, if appropriate; individual therapy; family therapy; discharge planning; referral services, including written referral agreements for educational</li> </ul>



	<p>and vocational services; and occupational and recreational therapies.</p> <ul style="list-style-type: none"> <li>• Shall also provide outpatient or referral services, either directly or through written agreements with community outpatient substance abuse programs, such as local psychiatrists, other physicians trained in the treatment of psychiatric or substance abuse disorders, local psychologists, community mental health programs, or other local substance abuse outpatient programs.</li> <li>• Shall have a screening program to assess the most appropriate treatment for the patient.</li> <li>• Non-Competitive Applicants: A separately organized unit for adults and for children and adolescents shall have a minimum of 10 beds and five beds, respectively.</li> <li>• Should be available within a maximum ground travel time of 45 minutes under average travel conditions for at least 90% percent of the district’s total population.</li> <li>• Compliance with Agency standards is required.</li> </ul>
<p><b>Comprehensive Medical Rehabilitation (CMR)</b> 59C-1.039 F.A.C.</p>	<ul style="list-style-type: none"> <li>• General hospital--Minimum of 20 CMR Inpatient Beds.</li> <li>• Specialty hospital--Minimum of 60 CMR Inpatient Beds.</li> <li>• Applicants shall state in their application that they will participate in the Medicare and Medicaid programs.</li> <li>• Services must be provided under a medical director of rehabilitation who is a Board certified or Board eligible physiatrist and has had at least 2 years of experience in the medical management of inpatients requiring rehabilitation services.</li> <li>• At least the following services provided by qualified personnel: <ol style="list-style-type: none"> <li>1. Rehabilitation nursing;</li> <li>2. Physical therapy;</li> <li>3. Occupational therapy;</li> <li>4. Speech therapy;</li> <li>5. Social services;</li> <li>6. Psychological services; or</li> <li>7. Orthotic and prosthetic services.</li> </ol> </li> </ul>
<p><b>Neonatal Intensive Care Unit (NICU)</b> 59C-1.042 F.A.C.</p>	<ul style="list-style-type: none"> <li>• New Level III NICU--at least 15 beds, and should have 15 or more Level II NICU beds.</li> <li>• New Level II NICU--minimum of 10 beds.</li> <li>• Level II and Level III NICU shall be available within 2 hours ground travel time under normal traffic conditions for 90% percent of the population in a service District.</li> <li>• Level II NICU shall be directed by a neonatologist or a group of neonatologists who are on active staff of the hospital with unlimited privileges and provide 24-hour coverage, and who are either board certified or board eligible in neonatal-perinatal medicine.</li> <li>• Level III NICU shall be directed by a neonatologist or a group of neonatologists who are on active staff of the hospital with</li> </ul>

unlimited privileges and provide 24 hours coverage, and who are either board certified or board eligible in neonatal-perinatal medicine. In addition, facilities with Level III NICU shall be required to maintain a maternal fetal medical specialist on active staff of the hospital with unlimited staff privileges.

- The nursing staff shall be under the supervision of a head nurse with experience and training in neonatal intensive care nursing. The head nurse shall be a registered professional nurse. At least one-half of the nursing personnel assigned to each work shift must be registered nurses.
- Nurses shall be trained to administer cardio-respiratory monitoring, assist in ventilation, administer I.V. fluids, provide pre-operative and post-operative care of newborns requiring surgery, manage neonates being transported, and provide emergency treatment of conditions such as apnea, seizures, and respiratory distress.
- At least one certified respiratory care practitioner therapist with expertise in the care of neonates shall be available at all times. There shall be at least one respiratory therapist technician for every four infants receiving assisted ventilation.
- Blood gas determination shall be available and accessible on a 24-hour basis in all hospitals with Level II or Level III NICU.
- Hospitals shall provide on-site, on a 24-hour basis, x-ray, obstetric ultrasound, and clinical laboratory services. Anesthesia shall be available on an on-call basis within 30 minutes. Clinical laboratory services shall have the capability to perform microstudies.
- Each hospital shall have a dietician or nutritionist to provide information on patient dietary needs while in the hospital and to provide the patient's family instruction or counseling regarding the appropriate nutritional and dietary needs of the patient after discharge.
- Each hospital shall make available the services of the hospital's social services department to patients' families which shall include, but not be limited to, family counseling and referral to appropriate agencies for services.
- Each hospital shall provide in-hospital intervention services for infants identified as being at high risk for developmental disabilities to include developmental assessment, intervention, and parental support and education.
- Each hospital shall have an interdisciplinary staff responsible for discharge planning.
- Level II NICU Standards:
  - Hospitals shall have a nurse to neonate ratio of at least 1:4 in Level II NICUs at all times. At least 50% percent of the nurses shall be registered nurses.

- Requirements for Level II NICU Patient Stations:
  1. Fifty square feet per infant;
  2. Two wall mounted suction outlets preferably equipped with a unit alarm to signal loss of vacuum;
  3. Eight electrical outlets;
  4. Two oxygen outlets and an equal number of compressed air outlets and adequate provisions for mixing these gases;
  5. An incubator or radiant warmer;
  6. One heated humidifier and oxyhood;
  7. One respiration or heart rate monitor;
  8. One resuscitation bag and mask;
  9. One infusion pump;
  10. At least one oxygen analyzer for every three beds;
  11. At least one non-invasive blood pressure monitoring device for every three beds;
  12. At least one portable suction device; and,
  13. Not less than one ventilator for every three beds.
- Equipment Required to be Available to Each Level II NICU:
  1. An EKG machine with print-out capability;
  2. Transcutaneous oxygen monitoring equipment; and,
  3. Availability of continuous blood pressure measurement.
- Level III NICU Standards.
  - Shall have a pediatric cardiologist, who is either board certified or board eligible in pediatric cardiology, available for consultation at all times.
  - Shall have a nurse to neonate ratio of at least 1:2 at all times. At least 50% percent of the nurses shall be registered nurses.
- Requirements for Level III NICU Patient Stations:
  1. Eighty square feet per infant;
  2. Two wall mounted suction outlets preferably equipped with an alarm to signal loss of vacuum;
  3. Twelve electrical outlets;
  4. Two oxygen outlets and an equal number of compressed air outlets with adequate provision for mixing these gases;
  5. An incubator and radiant warmer;
  6. One heated humidifier and oxyhood;
  7. One respiration or heart rate monitor;
  8. One resuscitation bag and mask;
  9. One infusion pump;
  10. At least one non-invasive blood pressure monitoring device for every three beds;
  11. At least one portable suction device; and,
  12. Availability of devices capable of measuring continuous arterial oxygenation in the patient.
- Equipment Required in Each Level III NICU:
  1. An EKG machine with print-out capability;
  2. Portable suction equipment; and,
  3. Not less than one ventilator for every three beds.

	<ul style="list-style-type: none"> <li>• Each hospital shall have or participate in an emergency 24-hour patient transportation system.</li> <li>• Hospitals must operate a 24-hour emergency transportation system directly, or contract for this service, or participate through a written financial or non-financial agreement with a provider of emergency transportation services.</li> <li>• A hospital providing only Level II NICU shall provide documentation of a transfer agreement with a facility providing Level III NICU in the same or nearest service District for patients in need of Level III services. Facilities providing Level III NICU shall not unreasonably withhold consent to transfer agreements which provide for transfers based upon availability of service in the Level III facility, and which will be applied uniformly to all patients requiring transfer to Level III.</li> </ul>
<p><b>Organ Transplantation</b> 59C-1.044 F.A.C.</p> <p><i>Note: This table provides an overview of requirements for all transplantation programs, regardless of the type. For specialized requirements related to each specific type of transplantation program, please see the Rule.</i></p>	<ul style="list-style-type: none"> <li>• Applicants for transplantation programs, shall have: <ul style="list-style-type: none"> <li>○ Staff and other resources necessary to care for the patient’s chronic illness prior to transplantation, during transplantation, and in the post-operative period. Services and facilities for inpatient and outpatient care shall be available on a 24-hour basis.</li> <li>○ If cadaveric transplantation will be part of the transplantation program, a written agreement with an organ acquisition center for organ procurement is required. A system by which 24-hour call can be maintained for assessment, management and retrieval of all referred donors, cadaver donors or organs shared by other transplant or organ procurement agencies is mandatory.</li> <li>○ An age-appropriate (adult or pediatric) intensive care unit which includes facilities for prolonged reverse isolation when required.</li> <li>○ A clinical review committee for evaluation and decision-making regarding the suitability of a transplant candidate.</li> <li>○ Written protocols for patient care for each type of organ transplantation program including, at a minimum, patient selection criteria for patient management and evaluation during the pre-hospital, in-hospital, and immediate post-discharge phases of the program.</li> <li>○ Detailed therapeutic and evaluative procedures for the acute and long term management of each transplant program patient, including the management of commonly encountered complications.</li> <li>○ Equipment for cooling, flushing, and transporting organs. If cadaveric transplants are performed, equipment for organ preservation through mechanical perfusion is necessary. Applicants for a bone marrow transplantation program are exempt from this requirement. This requirement may be met through an agreement with an organ procurement Agency.</li> <li>○ An on-site tissue-typing laboratory or a contractual</li> </ul> </li> </ul>

	<p>arrangement with an outside laboratory within the State of Florida, which meets the requirements of the American Society of Histocompatibility.</p> <ul style="list-style-type: none"> <li>○ Pathology services with the capability of studying and promptly reporting the patient’s response to the organ transplantation surgery, and analyzing appropriate biopsy material.</li> <li>○ Blood banking facilities.</li> <li>○ A program for the education and training of staff regarding the special care of transplantation patients.</li> <li>○ Education programs for patients, their families and the patient’s primary care physician regarding after-care for transplantation patients.</li> </ul> <ul style="list-style-type: none"> <li>● Applicants shall meet the following staffing requirements: <ul style="list-style-type: none"> <li>○ A staff of physicians with expertise in caring for patients with end-stage disease requiring transplantation. The staff shall have medical specialties or sub-specialties appropriate for the type of transplantation program to be established. The program shall employ a transplant physician, and a transplant surgeon, if applicable, as defined by the United Network for Organ Sharing (UNOS) June 1994. The UNOS definitions are incorporated herein by reference. A physician with one year experience in the management of infectious diseases in the transplant patient shall be a member of the transplant team;</li> <li>○ A program director who shall have a minimum of 1 year of formal training and 1 year of experience at a transplantation program for the same type of organ transplantation program proposed. (c) A staff with experience in the special needs of children if pediatric transplantations are performed;</li> <li>○ A staff of nurses, and nurse practitioners with experience in the care of chronically ill patients and their families;</li> <li>○ Contractual agreements with consultants who have expertise in blood banking and are capable of meeting the unique needs of transplant patients on a long term basis;</li> <li>○ Nutritionists with expertise in the nutritional needs of transplant patients;</li> <li>○ Respiratory therapists with expertise in the needs of transplant patients; and,</li> <li>○ Social workers, psychologists, psychiatrists, and other individuals skilled in performing comprehensive psychological assessments, counselling patients, and families of patients, providing assistance with financial arrangements, and making arrangements for use of community resources.</li> </ul> </li> </ul>
<p><b>Pediatric Cardiac Catheterization</b> 59C-1.032 F.A.C.</p>	<ul style="list-style-type: none"> <li>● Shall be capable of providing immediate endocardiac catheter pacemaking in cases of cardiac arrest, and pressure recording for monitoring and to evaluate valvular disease, or heart failure.</li> </ul>

- A range of non-invasive cardiac or circulatory diagnostic services must be available within the health care facility itself, including:
  1. Hematology studies or coagulation studies;
  2. Electrocardiography;
  3. Chest x-ray;
  4. Blood gas studies; and,
  5. Clinical pathology studies and blood chemistry analysis.
- At a minimum a cardiac catheterization program shall include:
  1. A special procedure x-ray room;
  2. A film storage and darkroom for proper processing of films;
  3. X-ray equipment with the capability in cineangiography, or equipment with similar capabilities;
  4. An image intensifier;
  5. An automatic injector;
  6. A diagnostic x-ray examination table for special procedures;
  7. An electrocardiograph;
  8. A blood gas analyzer;
  9. A multichannel polygraph; and,
  10. Emergency equipment including but not limited to a temporary pacemaker unit with catheters, ventilatory assistance devices, and a DC defibrillator.
- Shall have the capability of rapid mobilization of the study team within 30 minutes for emergency procedures 24 hours a day, 7 days a week.
- Shall indicate the projected number of medically indigent and Medicaid patients to be served annually.
- Must document that adequate numbers of properly trained personnel will be available. At a minimum, a team involved in Cardiac Catheterization consists of a physician, one nurse, and one or more technicians.
- Shall document that the following staff are available:
  1. A program director, board-certified or board-eligible in internal medicine, or radiology with subspecialty training in cardiology or cardiovascular, radiology; the program director for programs performing Pediatric Cardiac Catheterization shall be board-eligible or board-certified by the Sub-Board of Pediatric Cardiology of the American Board of Pediatrics or the American Osteopathic Association in the area of pediatric cardiology;
  2. A physician, board-certified or board-eligible in cardiology, radiology, or with specialized training in cardiac catheterization and angiographic techniques who will perform the examination;
  3. Support staff, specially trained in critical care of cardiac patients, with a knowledge of cardiovascular medication and an understanding of catheterization and angiographic equipment;
  4. Support staff, highly skilled in conventional radiographic techniques and angiographic principles, knowledgeable in every aspect of catheterization and angiographic instrumentation, with a thorough knowledge of the anatomy and physiology of the circulatory system;

	<p>5. Support staff for patient observation, handling blood samples and performing blood gas evaluation calculations;</p> <p>6. Support staff for monitoring physiologic data and alerting the physician of any changes;</p> <p>7. Support staff to perform systematic tests and routine maintenance on cardiac catheterization equipment, who must be available immediately in the event of equipment failure during a procedure;</p> <p>8. Support staff trained in photographic processing and in the operation of automatic processors used for both sheet and cine film; and,</p> <p>9. A Medical Review Committee which reviews medical invasive procedures such as endoscopy and cardiac catheterization.</p>
<p><b>Open Heart Surgery Program</b> 59C-1.033 F.A.C.</p>	<ul style="list-style-type: none"> <li>• Must have the capability to provide a full range of open heart surgery operations, including, at a minimum: <ol style="list-style-type: none"> <li>1. Repair or replacement of heart valves;</li> <li>2. Repair of congenital heart defects;</li> <li>3. Cardiac revascularization;</li> <li>4. Repair or reconstruction of intrathoracic vessels; and,</li> <li>5. Treatment of cardiac trauma.</li> </ol> </li> <li>• Must document its ability to implement and apply circulatory assist devices such as intra-aortic balloon assist and prolonged cardiopulmonary partial bypass.</li> <li>• Shall provide the following services: <ol style="list-style-type: none"> <li>1. Cardiology, hematology, nephrology, pulmonary medicine, and treatment of infectious diseases;</li> <li>2. Pathology, including anatomical, clinical, blood bank, and coagulation laboratory services;</li> <li>3. Anesthesiology, including respiratory therapy;</li> <li>4. Radiology, including diagnostic nuclear medicine;</li> <li>5. Neurology;</li> <li>6. Inpatient cardiac catheterization;</li> <li>7. Non-invasive cardiographics, including electrocardiography, exercise stress testing, and echocardiography;</li> <li>8. Intensive care; and,</li> <li>9. Emergency care available 24 hours per day for cardiac emergencies.</li> </ol> </li> <li>• Shall be available within a maximum automobile travel time of 2 hours under average travel conditions for at least 90% percent of the district's population.</li> <li>• Shall be available for elective open heart operations 8 hours per day, 5 days a week. Each open heart surgery program shall possess the capability for rapid mobilization of the surgical and medical support teams for emergency cases 24 hours per day, 7 days a week.</li> <li>• Shall be available for emergency open heart surgery operations within a maximum waiting period of 2 hours.</li> <li>• Shall be available to all persons in need. A patient's eligibility for open heart surgery shall be independent of his or her ability to</li> </ul>

pay.

- Must document that adequate numbers of properly trained personnel will be available to perform in the following capacities during open heart surgery:
  1. A cardiovascular surgeon, board-certified by the American Board of Thoracic Surgery, or board-eligible;
  2. A physician to assist the operating surgeon;
  3. A board-certified or board-eligible anesthesiologist trained in open heart surgery;
  4. A registered nurse or certified operating room technician trained to serve in open heart surgery operations and perform circulating duties; and,
  5. A perfusionist to perform extracorporeal perfusion, or a physician or a specially trained nurse, technician, or physician assistant under the supervision of the operating surgeon to operate the heart-lung machine.
- Following an open heart surgery operation, patients shall be cared for in an intensive care unit that provides 24 hour nursing coverage with at least one registered nurse for every two patients during the first hours of post-operative care for both adult and pediatric cases. There shall be at least two cardiac surgeons on the staff of a hospital with an Adult Open Heart Surgery Program, at least one of whom is board-certified and the other at least board-eligible. One of these surgeons must be on call at all times. There shall be at least one board certified or board eligible pediatric cardiac surgeon on the staff of a hospital with a Pediatric Open Heart Surgery Program. A clinical cardiologist must be available for consultation to the surgical team and responsible for the medical management of patients as well as the selection of suitable candidates for surgery along with the cardiovascular surgical team. Backup personnel in cardiology, anesthesiology, pathology, thoracic surgery and radiology shall be on call in case of an emergency. Twenty-four hour per day coverage must be arranged for the operation of the cardiopulmonary bypass pump. All members of the team caring for cardiovascular surgical patients must be proficient in cardiopulmonary resuscitation.
- Charges for open heart surgery operations in a hospital shall be comparable with the charges established by similar institutions in the service area, when patient mix, reimbursement methods, cost accounting methods, labor market differences and other extenuating factors are taken into account.

**From:** [Marowski, Michelle](#)  
**To:** [Coppola, Courtney](#)  
**Subject:** FW: 2015-05-18\_RuleReviewAnswersPivot.xlsx  
**Date:** Monday, May 18, 2015 2:01:32 PM  
**Attachments:** [2015-05-18\\_RuleReviewAnswersPivot.xlsx](#)

---

Courtney – Charles has worked his magic once again. He has provided an excel spreadsheet/pivot table for you to review since you can't review our uat links. In the meanwhile, we have one item I wanted to discuss. If you approve this to be migrated to production tonight we can do so but the answers will show. I know we discussed they wouldn't show. If you still wish for them not to show we can do so but it will take another day or so.

Just let me know.

Thanks!

---

**From:** Byrne, Charles  
**Sent:** Monday, May 18, 2015 12:14 PM  
**To:** Marowski, Michelle  
**Cc:** Cantrell, David  
**Subject:** 2015-05-18\_RuleReviewAnswersPivot.xlsx

Michelle,

As per our discussion. Here is the Pivot I created. This is production data as of today at Noon, so it may change.

But it should give a place to start at to make sure it is working as needed.

The pivot is setup by Department No then Chapter Level for each agency. As I stated the sort is excel default

so 61-11 will come before 61-5 since these are alpha fields and not considered numeric.

**AgencyName**

Commission for the Transportation Disadvantaged

Commission on Ethics

Department of Agriculture and Consumer Services

Department of Banking and Finance

Department of Business and Professional Regulation

Department of Children and Family Services

**DeptNo**

61

61A

61B

61C

61D

61E1

DeptNo	Chapter	Values		
		Rule Count	Analysis Started	Analysis Completed
<b>61</b>	61-11	15	-	15
	61-15	7	-	7
	61-16	1	-	1
	61-19	10	-	10
	61-20	8	-	8
	61-24	4	-	4
	61-30	23	-	23
	61-31	12	-	12
	61-32	2	-	2
	61-35	10	9	1
	61-36	2	-	2
	61-37	3	3	-
	61-38	3	1	2
	61-40	1	-	1
	61-41	20	-	20
	61-42	4	-	4
	61-5	5	-	5
61-6	11	-	11	
61-9	11	-	11	
<b>61 Total</b>		<b>152</b>	<b>13</b>	<b>139</b>
<b>61A</b>	61A-1	29	29	-
	61A-10	33	33	-
	61A-2	9	9	-
	61A-3	18	18	-
	61A-4	23	23	-
	61A-5	13	13	-
	61A-7	14	14	-
<b>61A Total</b>		<b>139</b>	<b>139</b>	-
<b>61B</b>	61B-15	2	2	-
	61B-17	8	8	-
	61B-18	6	6	-
	61B-19	1	1	-
	61B-20	4	4	-
	61B-21	3	3	-

<b>61B</b>	61B-22	7	7	-
	61B-23	11	9	2
	61B-24	5	5	-
	61B-25	4	-	4
	61B-29	1	1	-
	61B-30	3	3	-
	61B-31	1	1	-
	61B-32	4	4	-
	61B-35	4	4	-
	61B-37	3	3	-
	61B-39	8	8	-
	61B-40	9	9	-
	61B-41	3	3	-
	61B-45	25	25	-
	61B-50	20	20	-
	61B-60	7	7	-
	61B-75	7	5	2
	61B-76	6	6	-
	61B-77	3	3	-
	61B-78	4	4	-
	61B-79	5	5	-
	61B-80	25	20	5
	61B-81	3	3	-
	61B-85	1	1	-
<b>61B Total</b>		<b>193</b>	<b>180</b>	<b>13</b>
<b>61C</b>	61C-1	5	5	-
	61C-3	2	2	-
	61C-4	5	5	-
	61C-5	12	12	-
	61C-8	1	1	-
<b>61C Total</b>		<b>25</b>	<b>25</b>	<b>-</b>
<b>61D</b>	61D-10	1	1	-
	61D-11	30	30	-
	61D-12	1	1	-
	61D-14	74	74	-
	61D-15	1	1	-
	61D-2	15	15	-
	61D-3	4	4	-
	61D-4	2	2	-
	61D-5	6	6	-
	61D-6	11	11	-
	61D-7	21	21	-
	61D-8	6	6	-
	61D-9	5	5	-
<b>61D Total</b>		<b>177</b>	<b>177</b>	<b>-</b>
<b>61E1</b>	61E1-1	2	-	2
	61E1-2	5	-	5

<b>61E1</b>	61E1-3	1	-	1
	61E1-4	3	-	3
	61E1-5	1	-	1
<b>61E1 Total</b>		<b>12</b>	-	<b>12</b>
<b>61E14</b>	61E14-1	4	-	4
	61E14-2	1	-	1
	61E14-3	2	-	2
	61E14-4	5	-	5
	61E14-5	1	-	1
<b>61E14 Total</b>		<b>13</b>	-	<b>13</b>
<b>61G1</b>	61G1-11	7	7	-
	61G1-12	7	7	-
	61G1-13	1	1	-
	61G1-14	1	1	-
	61G1-16	5	5	-
	61G1-17	2	2	-
	61G1-18	1	1	-
	61G1-20	1	1	-
	61G1-21	3	3	-
	61G1-22	3	3	-
	61G1-23	8	8	-
	61G1-24	4	4	-
	61G1-25	4	4	-
<b>61G1 Total</b>		<b>47</b>	<b>47</b>	-
<b>61G10</b>	61G10-10	1	-	1
	61G10-11	7	-	7
	61G10-12	2	-	2
	61G10-13	5	-	5
	61G10-14	6	-	6
	61G10-15	4	-	4
	61G10-17	2	-	2
	61G10-18	7	-	7
<b>61G10 Total</b>		<b>34</b>	-	<b>34</b>
<b>61G14</b>	61G14-10	3	-	3
	61G14-11	9	-	9
	61G14-12	2	-	2
	61G14-13	1	-	1
	61G14-14	8	-	8
	61G14-15	6	-	6
	61G14-16	1	-	1
	61G14-17	5	-	5
	61G14-19	1	-	1
	61G14-20	1	-	1
	61G14-21	2	-	2
	61G14-22	6	-	6
<b>61G14 Total</b>		<b>45</b>	-	<b>45</b>
<b>61G15</b>	61G15-18	5	-	5

<b>61G15</b>	61G15-19	7	-	7
	61G15-20	9	3	6
	61G15-21	3	-	3
	61G15-22	17	3	14
	61G15-23	3	-	3
	61G15-24	1	-	1
	61G15-26	1	-	1
	61G15-27	1	-	1
	61G15-29	1	-	1
	61G15-30	9	-	9
	61G15-31	9	1	8
	61G15-32	9	1	8
	61G15-33	9	-	9
	61G15-34	9	-	9
	61G15-35	2	-	2
	61G15-36	3	-	3
	61G15-37	1	-	1
<b>61G15 Total</b>		<b>99</b>	<b>8</b>	<b>91</b>
<b>61G16</b>	61G16-1	5	-	5
	61G16-2	3	-	3
	61G16-3	2	-	2
	61G16-4	1	-	1
	61G16-5	3	-	3
	61G16-6	2	-	2
	61G16-8	1	-	1
	61G16-9	1	-	1
<b>61G16 Total</b>		<b>18</b>	<b>-</b>	<b>18</b>
<b>61G18</b>	61G18-10	4	-	4
	61G18-11	2	-	2
	61G18-12	17	-	17
	61G18-14	2	-	2
	61G18-15	13	5	8
	61G18-16	5	5	-
	61G18-17	2	2	-
	61G18-18	3	3	-
	61G18-19	2	2	-
	61G18-20	1	1	-
	61G18-21	1	1	-
	61G18-22	1	1	-
	61G18-23	2	2	-
	61G18-24	1	1	-
	61G18-25	1	1	-
	61G18-30	6	6	-
<b>61G18 Total</b>		<b>63</b>	<b>30</b>	<b>33</b>
<b>61G19</b>	61G19-1	2	-	2
	61G19-10	3	-	3
	61G19-11	1	-	1

<b>61G19</b>	61G19-2	3	-	3
	61G19-5	6	-	6
	61G19-6	14	-	14
	61G19-7	9	-	9
	61G19-9	11	-	11
<b>61G19 Total</b>		<b>49</b>	-	<b>49</b>
<b>61G2</b>	61G2-1	2	-	2
	61G2-2	5	-	5
	61G2-3	1	-	1
	61G2-4	2	-	2
	61G2-5	3	-	3
	61G2-6	1	-	1
	61G2-7	5	-	5
	61G2-8	2	-	2
<b>61G2 Total</b>		<b>21</b>	-	<b>21</b>
<b>61G20</b>	61G20-1	2	2	-
	61G20-2	7	7	-
	61G20-3	16	16	-
	61G20-4	2	2	-
	61G20-6	1	1	-
<b>61G20 Total</b>		<b>28</b>	<b>28</b>	-
<b>61G3</b>	61G3-15	6	-	6
	61G3-16	11	-	11
	61G3-18	1	-	1
	61G3-19	9	-	9
	61G3-20	18	-	18
	61G3-21	11	-	11
	61G3-25	3	-	3
<b>61G3 Total</b>		<b>59</b>	-	<b>59</b>
<b>61G4</b>	61G4-12	9	-	9
	61G4-14	1	-	1
	61G4-15	31	-	31
	61G4-16	9	-	9
	61G4-17	6	-	6
	61G4-18	12	-	12
	61G4-19	1	-	1
	61G4-20	1	-	1
	61G4-21	5	-	5
	61G4-22	1	-	1
	61G4-23	1	-	1
	<b>61G4 Total</b>		<b>77</b>	-
<b>61G5</b>	61G5-17	5	-	5
	61G5-18	7	-	7
	61G5-20	10	-	10
	61G5-22	16	-	16
	61G5-24	12	-	12
61G5-25	3	-	3	

<b>61G5</b>	61G5-29	4	-	4
	61G5-30	4	-	4
	61G5-31	4	-	4
	61G5-32	1	-	1
<b>61G5 Total</b>		<b>66</b>	<b>-</b>	<b>66</b>
<b>61G6</b>	61G6-10	9	-	9
	61G6-11	1	-	1
	61G6-12	5	5	-
	61G6-2	1	-	1
	61G6-3	1	-	1
	61G6-4	4	-	4
	61G6-5	13	-	13
	61G6-6	5	-	5
	61G6-7	2	-	2
	61G6-8	2	-	2
	61G6-9	13	9	4
<b>61G6 Total</b>		<b>56</b>	<b>14</b>	<b>42</b>
<b>61G7</b>	61G7-10	8	-	8
	61G7-11	1	-	1
	61G7-12	1	-	1
	61G7-2	2	-	2
	61G7-4	1	-	1
	61G7-5	13	1	12
	61G7-6	1	-	1
	61G7-7	3	-	3
	61G7-9	1	-	1
<b>61G7 Total</b>		<b>31</b>	<b>1</b>	<b>30</b>
<b>61G8</b>	61G8-23	1	1	-
	61G8-26	5	5	-
	61G8-30	1	1	-
<b>61G8 Total</b>		<b>7</b>	<b>7</b>	<b>-</b>
<b>61H1</b>	61H1-19	4	-	4
	61H1-20	21	21	-
	61H1-21	5	-	5
	61H1-22	1	-	1
	61H1-23	2	-	2
	61H1-24	2	-	2
	61H1-25	1	-	1
	61H1-26	5	-	5
	61H1-27	4	-	4
	61H1-28	3	-	3
	61H1-29	4	-	4
	61H1-31	16	-	16
	61H1-33	12	-	12
	61H1-34	2	-	2
	61H1-35	1	-	1
	61H1-36	5	-	5

<b>61H1</b>	61H1-38	7	-	7
	61H1-39	5	-	5
<b>61H1 Total</b>		<b>100</b>	<b>21</b>	<b>79</b>
<b>61J1</b>	61J1-1	1	-	1
	61J1-10	4	-	4
	61J1-11	1	1	-
	61J1-2	7	-	7
	61J1-3	2	-	2
	61J1-4	8	2	6
	61J1-5	1	-	1
	61J1-6	1	-	1
	61J1-7	8	-	8
	61J1-8	6	-	6
	61J1-9	2	-	2
<b>61J1 Total</b>		<b>41</b>	<b>3</b>	<b>38</b>
<b>61J2</b>	61J2-1	5	-	5
	61J2-10	10	10	-
	61J2-14	6	-	6
	61J2-17	6	-	6
	61J2-2	6	-	6
	61J2-20	7	-	7
	61J2-23	2	2	-
	61J2-24	5	3	2
	61J2-26	3	-	3
	61J2-3	8	-	8
	61J2-4	3	3	-
	61J2-5	9	-	9
	61J2-6	1	-	1
	61J2-9	1	-	1
<b>61J2 Total</b>		<b>72</b>	<b>18</b>	<b>54</b>
<b>61K1</b>	61K1-1	17	-	17
	61K1-3	16	-	16
	61K1-4	24	-	24
<b>61K1 Total</b>		<b>57</b>	-	<b>57</b>
<b>61L</b>	61L-1	4	-	4
	61L-2	9	-	9
<b>61L Total</b>		<b>13</b>	-	<b>13</b>
<b>61M</b>	61M-1	6	6	-
<b>61M Total</b>		<b>6</b>	<b>6</b>	-
<b>61N</b>	61N-1	22	1	21
<b>61N Total</b>		<b>22</b>	<b>1</b>	<b>21</b>
<b>Grand Total</b>		<b>1,722</b>	<b>718</b>	<b>1,004</b>

**Chapter**

61-11

61-15

61-16

61-19

61-20

61-24

**Identified For Repeal**

-

-

-

3

-

1

-

-

-

-

-

-

-

-

-

-

-

-

-

---

**4**

-

-

-

-

-

-

-

---

-

---

-

-

-

-

-

-



-  
-  
-

---

-  
**1**

-  
-  
-  
-

---

**1**

-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-

---

---

-  
-  
-  
-  
-  
-  
-  
-  
-  
-

---

**1**

**1**

-  
-  
**3**

**4**

**1**

-  
-  
-

**1**

-

---

**11**

-



-  
-  
4

-  
-

---

**4**

---

-  
1

-

1

1

-

-

-

---

**3**

---

-

-

-

-

---

-

---

-

-

-

1

3

-

---

1

---

---

**5**

---

-

-

-

-

-

-

-

-

-

---

-

---

-

-

1

-

1

-



-  
-

---

**1**

---

-  
-  
-  
-  
-

**1**

-  
-  
-  
-  
-

---

**1**

---

-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-  
-

---

**2**

---

-  
-

---

**2**

---

-  
-  
-  
-  
-  
-  
-

---

**1**

---

---

**1**

---

---

**39**

---