

Health Care Patient Protection Act: Pediatric Readiness in Florida Emergency Departments



SB 68 (Harrell) / HB 355 (Oliver) - 2026 Legislative Session

Why This Matters

- Florida has 366 emergency departments, including 144 freestanding EDs, which now care for large numbers of children and newborns.
- Nearly 30 million children visit EDs nationwide each year—85% in general EDs, not children's hospitals.
- Critically ill or injured children often arrive by private vehicle, giving EDs no advance notice to prepare.
- Pediatric and maternity unit closures across Florida have increased emergency newborn deliveries in EDs, ambulances, and even homes.

Current Standards & Gaps

EMTALA requires all EDs to provide medical screening and stabilization for all ages, including newborns.

The Joint Commission requires pediatric supplies, triage processes, weight-based dosing, and vital-sign policies.

All emergency physicians are ready and fully trained to provide pediatric training, but unit readiness varies widely across Florida.

Momentum is Growing

Several large Florida hospital systems—including their community hospitals and freestanding EDs—along with national emergency physician groups have already adopted NPRP assessments and PECC requirements.

Why Legislative Action is Needed

Florida has statewide systems for trauma, stroke, and cardiac care—but no statewide system for the emergency care of children, our most vulnerable population.

This bill establishes consistent, evidence-based pediatric readiness standards for all EDs, ensuring every child receives timely, safe, high-quality care in an emergency.

This could be your child, grandchild, or neighbor. Pediatric readiness protects Florida families.

Pediatric Readiness Saves Lives

In Florida, improved readiness would save ~30 lives per 1 million children at a cost of just \$2.48 per child resident.

The National Pediatric Readiness Project (NPRP) provides a validated pediatric readiness assessment and improvement plan for EDs.

Improving an ED's readiness score from the 1st to 2nd quartile reduces pediatric mortality from 11% to 5%—a dramatic impact from minor, low-cost improvements.

EDs scoring >87 on the NPRP assessment have a 76% lower mortality risk for ill or injured children.

What Works

The most impactful action is designating a Pediatric Emergency Care Coordinator (PECC)—not a full-time role, often an ED nurse manager or educator.

Pediatric measures can be incorporated into existing quality improvement processes with minimal cost.

One adverse pediatric outcome can far exceed readiness costs.

Please Support SB 68 / HB 355

Help make Florida PEDReady.

State and national resources are available to ensure smooth implementation.