By the Committees on Fiscal Resource; Health, Aging and Long-Term Care; Comprehensive Planning, Local and Military Affairs; and Senators Saunders and Silver

314-2218-00

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A bill to be entitled An act relating to the county public hospital surtax; amending s. 212.055, F.S.; expanding the authorized use of the indigent care surtax to include trauma centers; renaming the surtax; requiring the plan set out in the ordinance to include additional provisions concerning Level I trauma centers; providing requirements for annual disbursements to hospitals on October 1 to be in recognition of the Level I trauma center status and to be in addition to a base contract amount, plus any negotiated additions to indigent care funding; authorizing funds received to be used to generate federal matching funds under certain conditions and authorizing payment by the clerk of the court; revising provisions that require the counties authorized to levy the surtax to annually appropriate a specified minimum amount for operation, administration, and maintenance of the county public general hospital; providing procedure for disbursement of funds by certain counties; creating a governing board, agency, or authority; requiring the governing board, agency, or authority in such counties to adopt and implement a health care plan for indigent health care services; providing for reimbursement to service providers for certain services; specifying provisions of the plan; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

 Section 1. Subsection (4) of section 212.055, Florida Statutes, is amended, and paragraph (d) of subsection (5) of that section is amended, present paragraph (e) of subsection (5) is redesignated as paragraph (f), and a new paragraph (e) is added to that subsection, to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

- (4) INDIGENT CARE AND TRAUMA CENTER SURTAX. --
- (a) The governing body in each county the government of which is not consolidated with that of one or more municipalities, which has a population of at least 800,000 residents and is not authorized to levy a surtax under subsection (5) or subsection (6), may levy, pursuant to an ordinance either approved by an extraordinary vote of the governing body or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum, a discretionary sales surtax at a rate that may not exceed 0.5 percent.

purposes to be funded by the surtax and that conforms to the requirements of s. 101.161 shall be placed on the ballot by the governing body of the county. The following questions shall be placed on the ballot:

statement that includes a brief and general description of the

(b) If the ordinance is conditioned on a referendum, a

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(c) The ordinance adopted by the governing body providing for the imposition of the surtax shall set forth a plan for providing health care services to qualified residents, as defined in paragraph (d). Such plan and subsequent amendments to it shall fund a broad range of health care services for both indigent persons and the medically poor, including, but not limited to, primary care and preventive care as well as hospital care. The plan must also address the services to be provided by the Level I trauma center.It shall emphasize a continuity of care in the most cost-effective setting, taking into consideration both a high quality of care and geographic access. Where consistent with these objectives, it shall include, without limitation, services rendered by physicians, clinics, community hospitals, mental health centers, and alternative delivery sites, as well as at least one regional referral hospital where appropriate. It shall provide that agreements negotiated between the county and providers, including hospitals with a Level I trauma center, will include reimbursement methodologies that take into account the cost of services rendered to eligible 31 patients, recognize hospitals that render a disproportionate

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share of indigent care, provide other incentives to promote the delivery of charity care, promote the advancement of technology in medical services, recognize the level of responsiveness to medical needs in trauma cases, and require cost containment including, but not limited to, case management. It must also provide that any hospitals that are owned and operated by government entities on May 21, 1991, must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to meetings of the governing board, the subject of which is budgeting resources for the rendition of charity care as that term is defined in the Florida Hospital Uniform Reporting System (FHURS) manual referenced in s. 408.07. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service delivery and funding.

- (d) For the purpose of this subsection, the term "qualified resident" means residents of the authorizing county who are:
- 1. Qualified as indigent persons as certified by the authorizing county;
- Certified by the authorizing county as meeting the definition of the medically poor, defined as persons having insufficient income, resources, and assets to provide the needed medical care without using resources required to meet basic needs for shelter, food, clothing, and personal expenses; or not being eligible for any other state or federal program, or having medical needs that are not covered by any such program; or having insufficient third-party insurance coverage. In all cases, the authorizing county is intended to 31 serve as the payor of last resort; or

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- 3. Participating in innovative, cost-effective programs approved by the authorizing county.
- (e) Moneys collected pursuant to this subsection remain the property of the state and shall be distributed by the Department of Revenue on a regular and periodic basis to the clerk of the circuit court as ex officio custodian of the funds of the authorizing county. The clerk of the circuit court shall:
- 1. Maintain the moneys in an indigent health care trust fund;
- 2. Invest any funds held on deposit in the trust fund pursuant to general law; and
- 3. Disburse the funds, including any interest earned, to any provider of health care services, as provided in paragraphs (c) and (d), upon directive from the authorizing county. However, if a county has a population of at least 800,000 residents and has levied the surtax authorized in this subsection, notwithstanding any directive from the authorizing county, on October 1 of each calendar year, the clerk of the court shall issue a check in the amount of \$6.5 million to a hospital in its jurisdiction that has a Level I trauma center or shall issue a check in the amount of \$3.5 million to a hospital in its jurisdiction that has a Level I trauma center if that county enacts and implements a hospital lien law in accordance with chapter 98-499, Laws of Florida. The issuance of the checks on October 1 of each year is provided in recognition of the Level I trauma center status and shall be in addition to the base contract amount received during fiscal year 1999-2000 and any additional amount negotiated to the base contract. If the hospital receiving funds for its Level I trauma center status requests such funds to be used to

generate federal matching funds under Medicaid, the clerk of the court shall instead issue a check to the Agency for Health Care Administration to accomplish that purpose to the extent that it is allowed through the General Appropriations Act.

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- (f) Notwithstanding any other provision of this section, a county shall not levy local option sales surtaxes authorized in this subsection and subsections (2) and (3) in excess of a combined rate of 1 percent.
  - (g) This subsection expires October 1, 2005.
- (5) COUNTY PUBLIC HOSPITAL SURTAX. -- Any county as defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.
- (d) As provided in subparagraphs 1. and 2., the county must shall continue to contribute each year an amount equal to at least 80 percent of that percentage of the total county budget appropriated for the operation, administration, and maintenance of the county public general hospital from the county's general revenues in the fiscal year of the county ending September 30, 1991, as follows:
- 1. Sixty-five percent of such amount must be promptly and irrevocably remitted to the public health trust, agency, or authority responsible for the county public general

hospital, to be used solely for the purpose of operating and maintaining such hospital.

2. Thirty-five percent of such amount must be promptly and irrevocably remitted to a governing board, agency, or authority that is wholly independent from the public health trust, agency, or authority responsible for the county public general hospital, to be used solely for the purpose of funding the plan for indigent health care services provided for in paragraph (e).

The county shall not direct the public health trust, agency, or authority responsible for the county public general hospital to assume or revise the budget of the county public general hospital to include financial responsibilities for any health or nonhealth programs unrelated to the operation, maintenance, or administration of the county public general hospital or in any other manner divert funds of the county public general hospital from the operation, administration, or maintenance of the county public general hospital as of July 1, 2000.

(e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services. The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority must be at least 18 years of age and residents of the county. No member may be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the

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county public general hospital. Until the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

- 1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. The plan shall also provide for a children's pediatric hospital to provide services on a county-wide basis. Services shall be provided through participants' primary acute care facility.
- 2.a. The plan and subsequent amendments to it shall fund a broad range of health care services for both indigent persons and the medically poor, including, but not limited to, primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. As used in this subparagraph, the term "stabilize" means to accomplish stabilization as defined in s. 397.311. Where consistent with these objectives, the plan shall include, without limitation, services rendered by physicians, clinics, community hospitals, mental health centers, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and the providers will recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. Service providers will receive a

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per member per month fee or capitation for those members enrolled in their service area as compensation for the 2 3 services rendered pursuant to this subparagraph. Upon determination of eligibility, enrollment shall be deemed to have occurred when the services were rendered. The capitation amount or rate shall be determined by an independent actuarial consultant prior to program implementation. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act 10 11 must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 12 as to any meeting of the governing board, agency, or authority 13 the subject of which is budgeting resources for the retention 14 15 of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service 18 19 and delivery funding. b. From the funds specified in sub-subparagraph a., 20 service providers will receive reimbursement, on a 21 fee-for-service basis at a rate, not to exceed the rate for 22 Medicaid, to be determined by the governing board, agency, or 23 24 authority created under this paragraph, for the initial 25 emergency room visit and a per member per month fee or capitation for those members enrolled in their service area as 26 27 compensation for the services rendered following the initial 28 emergency visit. Except for provisions of emergency services,

upon determination of eligibility, enrollment shall be deemed

to have occurred at the time services were rendered. This

sub-subparagraph expires July 1, 2001.

1	3. Post-stabilization services shall be provided to		
2	all plan members by the county public general hospital. If the		
3	post-stabilization services cannot be provided by the county		
4	public general hospital and such services are provided instead		
5	by the participant hospital, the public health trust, agency,		
6	or authority responsible for the county public general		
7	hospital shall compensate the participant hospital for such		
8	post-stabilization services at a rate not to exceed the		
9	federal Medicaid rate.		
10	4. The plan's benefits shall be made available to all		
11	county residents currently eligible to receive health care		
12	services as indigents or medically poor as defined in		
13	paragraph (4)(d).		
14	5. Eligible residents who participate in the health		
15	care plan shall receive coverage for a period of 12 months or		
16	the period extending from the time of enrollment to the end of		
17	the current fiscal year, per enrollment period, whichever is		
18	less.		
19	Section 2. This act shall take effect July 1, 2000.		
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1		STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2		CS/CS/SB 802
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4		Increases the amount of money the clerk of the court must issue a county that has levied the indigent health and trauma center surtax to a help fund its Level I trauma center from \$6.0 million to \$6.5 million and the
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6		alternative amount from \$3.0 million to \$3.5 million.
7	L	Provides that if the hospital receiving funds for its Level I trauma center status requests such funds to be
8 used to generate federal matching the clerk of the court shall inste	used to generate federal matching funds under Medicaid, the clerk of the court shall instead issue a check to	
9	0.	the AHCA to accomplish that purpose.
10 3) Requires service providers to real a fee-for-service basis at a rate	Requires service providers to receive reimbursement, on a fee-for-service basis at a rate, not to exceed the rate for Medicaid, for the initial emergency room visit	
	and a per member per member per member per member services rendered foll	d a per member per month fee for those members rolled in their service area as compensation for
13		services rendered following the initial emergency visit.
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