

	LEGISLATIVE ACTION	
Senate		House
Comm: FAV		
02/17/2016		
	•	
	•	
	•	

Appropriations Subcommittee on Health and Human Services (Richter) recommended the following:

## Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Present paragraphs (a) through (t) of subsection (3) of section 408.036, Florida Statutes, are redesignated as paragraphs (c) through (v), respectively, new paragraphs (a) and (b) are added to that subsection, present subsections (4) and (5) of that section are redesignated as subsections (5) and (6), respectively, and a new subsection (4) is added to that section,

1

2 3

4

5

6

7

8

9

10



to read:

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

26

27

28

29

30

31 32

33

34 35

36

37

38

39

408.036 Projects subject to review; exemptions.-

- (3) EXEMPTIONS.-Upon request, the following projects are subject to exemption from the provisions of subsection (1):
- (a) Except for projects described in paragraphs (b) and (c), any project conditioned upon a significant, active, and continuing commitment to improved access to care for uninsured and low-income residents of the applicable service district. Such commitment is demonstrated by compliance with the following conditions and requirements which the project applicant must accept in a signed agreement with the agency:
- 1. The project licensee must contribute, once the project is operational and at the end of each of the first four calendar quarters of the project's operations, an amount equal to 1.5 percent of the gross revenues earned by the exempt project. Contributions shall be made to the agency and deposited in the Public Medical Assistance Trust Fund.
- 2.a. Beginning in the fifth calendar quarter of the exempt project's operations, the licensee must provide charity care in an amount equal to twice the applicable district average among licensed providers of similar services. For purposes of this section, the term "charity care" means uncompensated care delivered to uninsured patients having incomes at or below 200 percent of the federal poverty level when such services are preauthorized by the licensee and not subject to collection procedures. The valuation of charity care must be based on Medicaid reimbursement rates.
- b. Alternatively, if the licensee provides less charity care than is required by sub-subparagraph a., the licensee must



## donate:

40

41

42 43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

6.3

64

65

66

67

68

(I) Pursuant to a written agreement with a charity care provider in the service district, payments for charity care provided to residents of the service district in total amounts equal to or greater than the difference between the value of the charity care provided in sub-subparagraph a. and the applicable district average among licensed providers of similar services; or

- (II) Payments to Florida Health Choices for health care coverage financial assistance in total amounts equal to or greater than the difference between the value of the charity care provided in sub-subparagraph a. and the applicable district average among licensed providers of similar services. The payments for financial assistance must be made in increments sufficient to purchase silver-level health care coverage for an individual for at least 1 year. The individual receiving this assistance must have been uninsured during the previous 12 months. The licensee and Florida Health Choices shall cooperate to identify individuals from the service district who are qualified to receive the available assistance.
- c. The agreement between the agency and the applicant for an exemption must require the licensee to submit reports and data necessary to monitor compliance with the charity care threshold.
- (b) Any project to construct or establish a new skilled nursing facility or increase the licensed bed capacity of an existing skilled nursing facility conditioned on a significant, active, and continuing commitment by the facility to improved access to Medicaid long-term care services. Such commitment is

69

70

71 72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92 93

94

95

96

97



demonstrated by an applicant by compliance with a signed agreement between the applicant and the agency which, upon the project becoming operational, requires the project licensee to contribute an amount equal to the state share of one-fourth of the cost of enrolling a person in the long-term care waiver program established pursuant to Part IV of Chapter 409 times twice the number of new beds included in the project. The contribution shall be paid by the project licensee to the agency at the end of each calendar quarter that the project is operational and deposited in the Public Medical Assistance Trust Fund. The agreement between the agency and the applicant must require the licensee to submit reports and data necessary to monitor compliance with the charity care threshold.

- (4) PENALTIES.—A facility licensed based on the exemption established in subsection (3)(a)-(b) is subject to the following penalties for noncompliance with its specific commitment to improve access to care for uninsured and low-income persons in the service district:
- (a) For the first quarter in which the value of services, donations, and financial assistance falls below the specified threshold, the fine is equal to twice the amount of the shortfall. The fine is doubled in each subsequent quarter of noncompliance up to a maximum of four quarters.
- (b) Following a fifth quarter of noncompliance, the exempt license shall be suspended until the licensee implements a corrective action plan that the agency has approved.
- (c) Failure by the facility to maintain compliance following the implementation of a corrective action plan shall result in revocation of the exempt license.



98 Section 2. This act shall take effect July 1, 2016. 99 ======== T I T L E A M E N D M E N T ========= 100 And the title is amended as follows: 101 102 Delete everything before the enacting clause 103 and insert: 104 A bill to be entitled 105 An act relating to certificates of need for health care-related projects; amending s. 408.036, F.S.; 106 107 providing an exemption from certificate of need review for certain health care-related projects; specifying 108 109 conditions and requirements for the exemption; 110 requiring that project applicants enter into an 111 agreement with the Agency for Health Care 112 Administration as a condition of eligibility for the 113 exemption; requiring specified monetary contributions; 114 providing penalties for failure to comply with the 115 terms of the agreement; providing an effective date.