By Senator Dudley

25-508-98

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A bill to be entitled 1 2 An act relating to assessments on health care entities; amending s. 395.701, F.S.; exempting 3 4 outpatient radiation therapy services provided 5 by certain hospitals from the annual assessment 6 on net operating revenues of such hospitals; 7 amending s. 395.7015, F.S.; exempting freestanding radiation therapy centers from the 8 9 annual assessment on net operating revenues of 10 certain health care entities; providing an effective date. 11 12 13 Be It Enacted by the Legislature of the State of Florida: 14 Section 1. Section 395.701, Florida Statutes, is 15 16 amended to read: 17 395.701 Annual assessments on net operating revenues to fund public medical assistance; administrative fines for 18 19 failure to pay assessments when due; exemption .--20 (1) For the purposes of this section, the term: 21 "Gross operating revenue" or "gross revenue" means (a) 22 the sum of daily hospital service charges, ambulatory service 23 charges, ancillary service charges, and other operating 24 revenue. "Health Care Board" or "board" means the Health 25 (b) Care Board created by s. 20.42. 26 27 "Hospital" means a health care institution as 28 defined in s. 395.002(12), but does not include any hospital 29 operated by the agency or the Department of Corrections.

"Net operating revenue" or "net revenue" means

gross revenue less deductions from revenue.

- (e) "Total deductions from gross revenue" or "deductions from revenue" means reductions from gross revenue resulting from inability to collect payment of charges. Such reductions include bad debts; contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions, but also includes the offset of restricted donations and grants for indigent care.
- (2) There is hereby imposed upon each hospital an assessment in an amount equal to 1.5 percent of the annual net operating revenue for each hospital, such revenue to be determined by the department, based on the actual experience of the hospital as reported to the department. Within 6 months after the end of each hospital fiscal year, the department shall certify the amount of the assessment for each hospital. The assessment shall be payable to and collected by the department in equal quarterly amounts, on or before the first day of each calendar quarter, beginning with the first full calendar quarter that occurs after the department certifies the amount of the assessment for each hospital. All moneys collected pursuant to this subsection shall be deposited into the Public Medical Assistance Trust Fund.
- (3) The department shall impose an administrative fine, not to exceed \$500 per day, for failure of any hospital to pay its assessment by the first day of the calendar quarter on which it is due. The failure of a hospital to pay its assessment within 30 days after the assessment is due is ground for the department to impose an administrative fine not to exceed \$5,000 per day.
- (4) The purchaser, successor, or assignee of a facility subject to the board's jurisdiction shall assume full

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liability for any assessments, fines, or penalties of the facility or its employees, regardless of when identified. Such assessments, fines, or penalties shall be paid by the employee, owner, or licensee who incurred them, within 15 days of the sale, transfer, or assignment. However, the purchaser, successor, or assignee of the facility may withhold such assessments, fines, or penalties from purchase moneys or payment due to the seller, transferor, or employee, and shall make such payment on behalf of the seller, transferor, or employee. Any employer, purchaser, successor, or assignee who fails to withhold sufficient funds to pay assessments, fines, or penalties arising under the provisions of chapter 408 shall make such payments within 15 days of the date of the transfer, purchase, or assignment. Failure by the transferee to make payments as provided in this subsection shall subject such transferee to the penalties and assessments provided in chapter 408. Further, in the event of sale, transfer, or assignment of any facility under the board's jurisdiction, future assessments shall be based upon the most recently available prior year report or audited actual experience for the facility. It shall be the responsibility of the new owner or licensee to require the production of the audited financial data for the period of operation of the prior owner. transferee fails to obtain current audited financial data from the previous owner or licensee, the new owner shall be assessed based upon the most recent year of operation for which 12 months of audited actual experience are available or upon a reasonable estimate of 12 months of full operation as calculated by the board.

(5) A statutory teaching hospital that had 100,000 or

may elect to have its assessment imposed pursuant to subsection (2) deducted from any Medicaid disproportionate share payment due to such hospital for the quarter ending 6 months after the assessment due date. If the assessment is greater than the disproportionate share payment, or if no disproportionate share payment is due the hospital, the difference, or full amount of the assessment in cases in which no payment is due, shall be paid on or before the date the disproportionate share payment is made or would have been made.

(6) Outpatient radiation therapy services provided by a hospital subject to this section are exempt from the provisions of this section.

Section 2. Subsection (2) of section 395.7015, Florida Statutes, is amended to read:

395.7015 Annual assessment on health care entities.--

- (2) There is hereby imposed an annual assessment against certain health care entities as described in this section:
- (a) The assessment shall be equal to 1.5 percent of the annual net operating revenues of health care entities.
- 1. The first assessment shall be due on April 30, 1992, and the second on April 30, 1993, and each shall be based on the appropriate reports filed with the agency no later than March 31 of the year the assessment is due. By January 1, 1992, the health care entity shall make a one-time election to base the assessments on net operating revenue received in the health care entity's latest fiscal year ending on or before December 31, 1991, or December 31, 1992, respectively, or in the 12-month period ending March 31 of the

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year the assessment is due. The assessment shall be payable to and collected by the agency.

- 2. Beginning July 1, 1993, assessments shall be based on annual net operating revenues for the entity's most recently completed fiscal year as provided in subsection (3).
- (b) For the purpose of this section, "health care
 entities" include the following:
- 1. Ambulatory surgical centers licensed under s. 395.003.
- Clinical laboratories licensed under s. 483.091, excluding any hospital laboratory defined under s. 483.041(5), any clinical laboratory operated by the state or a political subdivision of the state, any clinical laboratory which qualifies as an exempt organization under s. 501(c)(3) of the Internal Revenue Code of 1986, as amended, and which receives 70 percent or more of its gross revenues from services to charity patients or Medicaid patients, and any blood, plasma, or tissue bank procuring, storing, or distributing blood, plasma, or tissue either for future manufacture or research or distributed on a nonprofit basis, and further excluding any clinical laboratory which is wholly owned and operated by 6 or fewer physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice, and at which no clinical laboratory work is performed for patients referred by any health care provider who is not a member of the same group.
- 3. Freestanding radiation therapy centers providing treatment through the use of radiation therapy machines that are registered under s. 404.22 and rules 10D-91.902, 10D-91.903, and 10D-91.904 of the Florida Administrative Code.

1 3.4. Diagnostic-imaging centers that are freestanding 2 outpatient facilities that provide specialized services for 3 the identification or determination of a disease through 4 examination and also provide sophisticated radiological 5 services, and in which services are rendered by a physician 6 licensed by the Board of Medicine under s. 458.311, s. 7 458.313, or s. 458.317, or by an osteopathic physician licensed by the Board of Osteopathic Medicine under s. 8 459.006, s. 459.007, or s. 459.0075. For purposes of this 9 paragraph, "sophisticated radiological services" means the 10 11 following: magnetic resonance imaging; nuclear medicine; angiography; arteriography; computed tomography; positron 12 emission tomography; digital vascular imaging; bronchography; 13 14 lymphangiography; splenography; ultrasound, excluding ultrasound providers that are part of a private physician's 15 office practice or when ultrasound is provided by two or more 16 17 physicians licensed under chapter 458 or chapter 459 who are members of the same professional association and who practice 18 19 in the same medical specialties; and such other sophisticated 20 radiological services, excluding mammography, as adopted in rule by the board. 21 22 Section 3. This act shall take effect July 1, 1998. 23 *********** 24 25 SENATE SUMMARY 26 Exempts outpatient radiation therapy services provided by a hospital and freestanding radiation therapy centers from annual assessments on net operating revenues which are deposited into the Public Medical Assistance Trust 27 28 Fund. 29