

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 587 Mental Health Facilities
SPONSOR(S): Healthcare Council and Grimsley
TIED BILLS: **IDEN./SIM. BILLS:** SB 430

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Committee on Health Innovation</u>	<u>7 Y, 0 N</u>	<u>Ciccone</u>	<u>Calamas</u>
2) <u>Healthcare Council</u>	<u>13 Y, 0 N, As CS</u>	<u>Ciccone</u>	<u>Gormley</u>
3) <u>Policy & Budget Council</u>	<u>(W/D)</u>	<u></u>	<u></u>
4) <u></u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

SUMMARY ANALYSIS

CS/HB 587 establishes data reporting requirements for mental health receiving and treatment facilities. The bill specifies that these facilities are required to annually report the following data to the Department of Children and Families (DCF):

- the number of licensed beds;
- the number of contract days;
- the number of admissions by payer class and diagnoses;
- the number of bed days by payer class;
- the average length of stay by payer class;
- the total revenues by payer class.

The DCF is required to issue an annual report based on these data to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The bill may have an insignificant fiscal impact, which can be absorbed within existing resources.

The bill provides an effective date of July 1, 2007.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government—The bill establishes data reporting requirements for licensed mental health receiving and treatment facilities and requires the Department of Children and Families to submit a report to the Governor, the President of the Senate and the Speaker of the House of Representatives.

B. EFFECT OF PROPOSED CHANGES:

Background

Florida's Baker Act¹ requires that people who, because of mental illness, appear to a law enforcement officer to be a danger to themselves or others, be taken to the nearest receiving facility for emergency evaluation and/or treatment. Individuals may also present themselves voluntarily for evaluation or treatment. Many of those who are taken for or seek mental health treatment under the Baker Act are indigent or uninsured.

Effect of Proposed Legislation

CS/HB 587 amends s. 394.461, F.S., to require licensed mental health licensed receiving and treatment facilities to report financial and health service data to DCF as follows:

- the number of licensed beds;
- the number of contract days;
- the number of admissions by payer class and diagnoses;
- the number of bed days by payer class;
- the average length of stay by payer class;
- the total revenues by payer class.

Payer class means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-pay health insurance, private-pay health maintenance organization, private preferred provider organization, the Department of children and Family Services, other government programs, self-pay patients, and charity care.

These data are currently not collected.

C. SECTION DIRECTORY:

Section 1. Amends s. 394.461, F.S.; relating to receiving and treatment facilities.

Section 2. Provides an effective date of July 1, 2007.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

¹ Section 394.451, F.S., *et seq.*; also known as the Florida Mental Health Act.

The Department of Child and Families may incur costs associated with the data collection and reporting requirements associated with this proposal and would have to absorb such costs within existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Licensed mental health receiving and treatment facilities would be required to report specified data to the DCF and would incur costs as such.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Lines 47-49: The amendment to s. 394.461, F.S., requires that data required pursuant to s. 408.061, F.S., be reported to DCF. However, s. 408.061, F.S., relates to data collection and the uniform system of financial reporting required of providers by AHCA.

D. STATEMENT OF THE SPONSOR

None.

IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES

On **March 20, 2007**, the Health Innovation Committee adopted a strike-all amendment. The amendment:

- Removed the fiscal impact in the original bill.
- Provided specific reporting requirements of public receiving and treatment facilities by the Department of Children and Families and coordinated data collection with the Agency for Health Care Administration.

The bill was reported favorably with one amendment.

On **April 4, 2007**, the Healthcare Council adopted the strike-all amendment approved by the Health Innovation Committee on March 20, 2007.

The analysis reflects the Council Substitute.