

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Community Affairs Committee

BILL: CS/SB 452

INTRODUCER: Community Affairs Committee and Senator Jones

SUBJECT: Financial Responsibility for Medical Expenses of Pretrial Detainees and Sentenced Inmates

DATE: January 12, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Toman	Yeatman	CA	Fav/CS
2.				
3.				
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE.....	<input checked="" type="checkbox"/>	Statement of Substantial Changes
B. AMENDMENTS.....	<input type="checkbox"/>	Technical amendments were recommended
	<input type="checkbox"/>	Amendments were recommended
	<input type="checkbox"/>	Significant amendments were recommended

I. Summary:

This CS limits county or municipal medical costs of an in-custody pretrial detainee or sentenced inmate to 110 percent of the Medicare allowable rate if no formal written agreement exists between the governmental entity and the third-party medical care provider. However, if the provider reports a negative operating margin to the Agency for Health Care Administration, it would be paid at a rate not to exceed 125 percent of the Medicare rate. The CS also limits remuneration for emergency room services to 75 percent of the hospitals' billed charges.

The CS requires that before a third-party provider can seek reimbursement from a county or municipal general fund, it must show that a "good faith effort" was made to collect payment for medical care expenses from an in-custody pretrial detainee or sentenced inmate.

In addition, the CS specifies responsibility of the governmental body for payment of any in-custody medical costs ceases upon release of the in-custody pretrial detainee or sentenced inmate.

The CS also changes language to state that the responsibility of paying for an injury that occurred “as a result of arrest” is on the person receiving care (current law uses the language “at the time of arrest”).

The CS defines the term “in-custody pretrial detainee or sentenced inmate” and specifies that law enforcement or the county or municipal detention facility is responsible for restricting the personal freedom of these persons receiving medical treatment or services from third-party providers.

The CS exempts certain charter counties from the provisions and specified reimbursement rate obligations of the act.

This CS substantially amends sections 901.35 and 951.032 of the Florida Statutes and creates an undesignated section of law.

II. Present Situation:

Financial Responsibility for Medical Expenses

Pre-trial detainees have a constitutional right to “reasonable and adequate nourishment and medical care,”¹ but the cost of the medical care is the primary responsibility of the person receiving the medical care.² A medical services provider shall recover the expenses of medical care, treatment, hospitalization, and transportation (hereinafter referred to simply as “medical care”) for a person ill, wounded, or otherwise injured during or at the time of arrest for any violation of state law or a county or municipal ordinance from the following sources in the following order:

- (1) Insurance of the person receiving the medical care;
- (2) The person receiving medical care;
- (3) A financial settlement for the medical care.³

When reimbursement from these sources is unavailable, the cost of medical care shall be paid from the general fund of the county in which the person was arrested. If the arrest was for violation of a municipal ordinance then the municipality shall pay the medical service provider.⁴ Section 951.032, F.S., articulates the local government’s rights to reimbursement from the person seeking medical attention.⁵

The injury or illness need not be caused by the arrest.⁶ The responsibility for payment of medical costs exists until the arrested person is released from the custody of the arresting agency. The

¹ *Williams v. Ergle*, 698 So. 2d 1294 (Fla. 5th DCA 1997).

² Section 901.35, F.S.

³ *Id.*

⁴ *Id.*

⁵ See *Williams v. Ergle*, 698 So. 2d 1294 (Fla. 5th DCA 1997) (stating that pretrial detainees are prisoners for the purposes of state statutes allowing recovery of certain medical expenses from prisoners).

⁶ See *North Brevard County Hospital District v. Brevard County Bd. of County Commissioners*, 899 So. 2d 1200, 1202-03 (Fla. 5th DCA 2005) (“One cannot fault Brevard County or the trial court in its attempt to circumvent s. 901.35, F.S. The implications of the statute can be financially devastating to a local government in view of the ever increasing cost of medical

rates medical service providers can charge local governments are not capped.⁷ At least one Florida appellate court has held that the costs of medical services are not among the costs covered by the constitutional provision that prohibits compelling persons charged with a crime to pay costs before a judgment of conviction has become final.⁸

A county detention facility or municipal detention facility incurring expenses for providing medical care may seek reimbursement for the expenses incurred in the following order:

- From the prisoner or person receiving care, including authorizing a lien against a prisoner's cash account for medical care by deducting the cost from the prisoner's cash account; and
- From an insurance company, health care corporation, or other source if the prisoner or person is covered by an insurance policy or subscribes to a health care corporation or other source for those expenses.⁹

Section 951.23, F.S., provides the following relevant definitions:

- “County prisoner” means a person who is detained in a county detention facility by reason of being charged with or convicted of either a felony or misdemeanor¹⁰;
- “Municipal prisoner” means a person who is detained in a municipal detention facility by reason of being charged with or convicted of violation of municipal law or ordinance;
- “County detention facility” means a county jail, a county stockade, a county work camp, a county residential probation center, and any other place except a municipal detention facility used by a county or county officer for the detention of persons charged with or convicted of either a felony or misdemeanor; and
- “Municipal detention facility” means a city jail, a city stockade, a city prison camp, and any other place except a county detention facility used by a municipality or municipal officer for the detention of persons charged with or convicted of violation of municipal laws or ordinances.

Medicare Rates

The Social Security Act, 42 U.S.C. § 1395, addresses Medicare. Medicare is federal health insurance for people age 65 or older, people under age 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). Medicare consists of Part A (hospital insurance), Part B (medical insurance), and Part D (prescription drug coverage).

Medicare reimburses providers based on the type of service they provide. The Federal Centers for Medicare and Medicaid Services (CMS) develops annual fee schedules for physicians, ambulance services, clinical laboratory services, and durable medical equipment, prosthetics,

care, especially when the Legislature has not placed a cap on the liability of government.”) (citing Joseph G. Jarret, *The High Cost of Arrestee Medical Treatment: The Effects of F.S. § 901.35 on Local Government Coeffers*, 78 FLA. B.J. 46 (Nov. 2004)); Fla. Atty. Gen. Op. 85-6, (Feb. 4, 1985).

⁷ Joseph G. Jarret, *The High Cost of Arrestee Medical Treatment: The Effects of F.S. § 901.35 on Local Government Coeffers*, 78 FLA. B.J. 46 (Nov. 2004).

⁸ *Williams v. Ergle*, 698 So. 2d 1294 (Fla. 5th DCA 1997) (citing Art. I, s. 19, Fla. Const.).

⁹ See s. 951.032, F.S.

¹⁰ Note that case law has held that pretrial detainees are “prisoners” for purposes of state statutes allowing recovery of subsistence costs and certain medical expenses from prisoners. *Williams v. Ergle*, 698 So. 2d 1294 (Fla. 5th DCA 1997).

orthotics, and supplies. Other Medicare providers are paid via a prospective payment system (PPS). The PPS is a method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services). The CMS uses separate PPSs for reimbursement to acute inpatient hospitals, home health agencies, hospices, hospital outpatient departments, inpatient psychiatric facilities, inpatient rehabilitation facilities, long-term care hospitals, and skilled nursing facilities.

Medicare rates are generally higher than Medicaid rates, but could be lower than rates charged by a medical services provider. In 2008, the General Appropriations Implementing Bill, chapter 2008-153, Laws of Florida, capped medical payment rates the Department of Corrections (DOC) could pay to a hospital, or a health care provider providing services at a hospital. Payments were capped at 110 percent of the Medicare allowable rate for inmate medical care when no contract existed between the department and a hospital, or a health care provider providing services at a hospital. However, the DOC was allowed to pay a hospital up to 125 percent of the Medicare allowable rate if the hospital had reported a negative operating margin to the Agency for Health Care Administration for the previous year.

In 2009, s. 945.6041, F.S., created by chapter 2009-63, Laws of Florida, codified the payment caps. Section 945.6041, F.S., also made other medical service providers, defined in s. 766.105, F.S., and medical transportation services subject to the medical payment cap. The DOC saved \$20 million in the year after payment caps were implemented.¹¹ The DOC expenditures from the Inmate Health Services appropriation category, from which hospital and physician services are paid, totaled \$170 million in FY 2008-09.

Indigent Health Care

Federal¹² and state law, as well as hospital collection policies, manage the way that medical care providers handle indigent patients. The Florida Health Care Responsibility Act¹³ places the ultimate financial obligation for the out-of-county hospital care of qualified indigent patients on the county in which the indigent patient resides.¹⁴ This part of ch. 154, F.S., defines “qualified indigent person” or “qualified indigent patient” as:

a person who has been determined pursuant to s. 154.308 to have an average family income, for the 12 months preceding the determination, which is below 100 percent of the federal nonfarm poverty level; who is not eligible to participate in any other government program that provides hospital care; who has no private insurance or has inadequate private insurance; and who does not reside in a public institution as defined under the medical assistance program for the needy under Title XIX of the Social Security Act, as amended.¹⁵

¹¹ Senate Policy and Steering Committee on Ways and Means, *CS/CS/CS/SB 218 Bill Analysis* (April 8, 2010).

¹² Title XIX of the Social Security Act, 42 U.S.C §§ 1396 et seq.

¹³ Sections 154.301-154.331, F.S.

¹⁴ Section 154.302, F.S.

¹⁵ Section 154.304, F.S.

Charter County Hospitals

There are currently 20 charter counties in Florida, two of which, Broward County and Miami-Dade County, have populations over 1.7 million persons. Broward County, Brevard County, and Volusia County are the charter counties that have two hospital districts within their geographical boundaries.¹⁶ Miami-Dade County is the sole charter county with a county public hospital.¹⁷

III. Effect of Proposed Changes:

Section 1 of the CS amends s. 901.35(1), F.S., to specify that except as provided in s. 951.032, F.S., a person is responsible for paying any medical care expenses if he or she is ill, wounded, or otherwise injured during or “as a result of an arrest” for any state law or county or municipal ordinance. This specification, “as a result of an arrest,” replaces current language, “at the time of an arrest.” The CS removes all language regarding how a medical care provider can recover medical care expenses from arrestees from s. 901.35(2), F.S., and adds it to s. 951.032, F.S., (which relates to how county and municipal detention facilities recover medical costs from prisoners).

Section 2 of the CS amends s. 951.032, F.S., by replacing each use of the term “prisoner” with the term “in-custody pretrial detainee or sentenced inmate.” However, the process by which county and municipal facilities recover medical care expenses from such persons remains unchanged.

The CS defines an “in-custody pretrial detainee or sentenced inmate” as a person whose physical freedom is restricted by a certified law enforcement officer or certified correctional officer pending disposition of an arrest or completion of a county court sentence. The term also includes a person who is furloughed by a criminal court for the express purpose of receiving medical treatment if a condition of the furlough is the immediate return to the custody of a county or municipal detention facility following completion of such treatment.

The CS moves language regarding how a medical care service provider can recover medical care expenses from s. 901.35, F.S., to s. 951.032, F.S. This language specifies that a third-party provider shall recover the expenses of medical care from an in-custody pretrial detainee or sentenced inmate from the following sources in the following order:

- (1) Insurance of the person receiving the medical care;
- (2) The person receiving medical care;
- (3) A financial settlement for the medical care;
- (4) The general fund of the county or municipality.

The CS requires the third-party provider to make a “good faith effort” to recover the payment before it can seek reimbursement from the general fund of a county or municipality in which a

¹⁶ According to the Department of Economic Opportunity’s Special District Information Program website, there are 32 special hospital districts of which 30 are currently active. Available at <http://dca.deo.myflorida.com/fhcd/sdip/OfficialListdeo/criteria.cfm> (last visited Jan. 6, 2012).

¹⁷ E-mail from Ashley James, Legislative Affairs Office, Agency for Health Care Administration (Jan. 6, 2012) (on file with the Senate Committee on Community Affairs).

person was arrested. A “good faith effort” is described as one that is consistent with that provider’s usual policies and procedures related to the collection of fees from indigent patients who are not in the custody of a county or municipal detention facility.

The CS requires that, in the absence of a written agreement, remuneration for hospital services, excluding emergency room services, made from county or municipal general funds for an in-custody pretrial detainee or sentenced inmate’s medical care, must be paid at a rate not to exceed 110 percent of the Medicare allowable rate. Emergency room services and care must be paid at a rate not to exceed more than 75 percent of the hospital’s billed charges. In addition, the CS provides that compensation may not exceed 125 percent of the Medicare allowable rate if the third-party provider has reported a negative operating margin for the previous year to the Agency of Health Care Administration through hospital-audited financial data. However, the CS does not apply the maximum limits to amounts billed and paid for medical physicians, osteopathic physicians, or dentists licensed under ch. 458, F.S., ch. 459, F.S., or ch. 466, F.S., respectively, for emergency services provided within a hospital emergency department.

The CS specifies that the responsibility of a governmental body (a county or municipality) for payment of medical costs ceases upon release of the in-custody pretrial detainee or sentenced inmate.¹⁸

The CS requires an in-custody pretrial detainee or sentenced inmate who has health insurance, subscribes to a health care corporation, or receives health care benefits from any other source to assign such benefits to the health care provider.

The CS specifies that law enforcement or the county or municipal detention facility is responsible for restricting the personal freedom of in-custody pretrial detainees or sentenced inmates receiving medical treatment or services from third-party providers.

Section 3 of the CS creates an undesignated section of law providing that this act does not apply to a charter county that has a population of more than 1.7 million. A charter county that has two hospital districts within its boundaries is not obligated to reimburse third-party providers for an in-custody pretrial detainee or sentenced inmate of a county detention facility at a rate exceeding the rate paid, as of July 1, 2012, to the hospital districts located within its boundaries for similar medical costs, regardless of whether such reimbursement rate has been established through policy, practice, or contract. In addition, a charter county that has a county public hospital is not obligated to reimburse third party providers for like detainee and inmate care at a rate exceeding the rate paid as July 1, 2012, to a private or not-for-profit hospital located within the charter county regardless of an existing, established reimbursement rate.

Section 4 of the CS provides an effective date of July 1, 2012.

¹⁸ This applies even if those costs were incurred while the pretrial detainee or sentenced inmate was in custody. *See Jones v. Jenne*, 2008 WL 2323890 (S.D. Fla. 2008) (interpreting similar language in s. 901.35, F.S.).

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

With the exception of certain physician services provided within hospital emergency departments, providers of medical care will be limited regarding the rates they are allowed to charge for services provided to arrested parties when: (1) the person receiving the services cannot provide for payment of the costs and (2) the provider does not have a formal written agreement with the county or municipality in which the person was arrested. To the extent such providers are currently charging and being paid more than 75 percent of hospital billed emergency room services, 110 percent of Medicare rates or more than 125 percent of Medicare rates under certain conditions, the CS could result in decreased revenue for providers.

C. Government Sector Impact:

To the extent counties and municipalities are currently paying more than 75 percent of hospital billed charges for emergency room services; 110 percent of Medicare rates; or more than 125 percent of Medicare rates under certain conditions for medical services, not including certain physician services provided within hospital emergency departments, that are provided to persons ill, wounded, or otherwise injured during or at the time of arrest, the CS could result in cost savings for counties and municipalities.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Community Affairs on January 12, 2012:

The committee substitute adds dentists licensed under chapter 466, Florida Statutes, to the list of physicians not affected by the emergency service remuneration limits of the bill.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
