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Amendment No. CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 Senator Diaz de la Portilla moved the following amendment: 11 12 13 Senate Amendment (with title amendment) On page 9, between lines 13 and 14, 14 15 16 insert: 17 Section 6. Paragraph (d) of subsection (5) of section 212.055, Florida Statutes, is amended, paragraph (e) is 18 19 redesignated as paragraph (f), and a new paragraph (e) is added to said subsection, to read: 20 212.055 Discretionary sales surtaxes; legislative 21 22 intent; authorization and use of proceeds.--It is the 23 legislative intent that any authorization for imposition of a 24 discretionary sales surtax shall be published in the Florida 25 Statutes as a subsection of this section, irrespective of the 26 duration of the levy. Each enactment shall specify the types 27 of counties authorized to levy; the rate or rates which may be 28 imposed; the maximum length of time the surtax may be imposed, 29 if any; the procedure which must be followed to secure voter 30 approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature 31 1 3:44 PM 05/02/00 h0509c-34b1t Bill No. HB 509, 1st Eng.

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may provide. Taxable transactions and administrative 1 procedures shall be as provided in s. 212.054. 2 3 (5) COUNTY PUBLIC HOSPITAL SURTAX. -- Any county as 4 defined in s. 125.011(1) may levy the surtax authorized in 5 this subsection pursuant to an ordinance either approved by 6 extraordinary vote of the county commission or conditioned to 7 take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as 8 defined in s. 125.011(1), for the purposes of this subsection, 9 10 "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or 11 12 governed by the county or its agency, authority, or public health trust. 13 14 (d) Except as provided in subparagraphs 1. and 2., the 15 county must shall continue to contribute each year an amount 16 equal to at least 80 percent of that percentage of the total 17 county budget appropriated for the operation, administration, and maintenance of the county public general hospital from the 18 county's general revenues in the fiscal year of the county 19 20 ending September 30, 1991: Twenty percent of such amount must be remitted to a 21 1. governing board, agency, or authority that is wholly 22 independent from the public health trust, agency, or authority 23 24 responsible for the county public general hospital, to be used solely for the purpose of funding the plan for indigent health 25 26 care services provided for in paragraph (e); 27 2. However, in the first year of the plan, a total of 28 \$7 million shall be remitted to such governing board, agency, or authority, to be used solely for the purpose of funding the 29 30 plan for indigent health care services provided for in paragraph (e), and in the second year of the plan, a total of 31 2

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\$10 million shall be so remitted and used. 1

2 (e) A governing board, agency, or authority shall be 3 chartered by the county commission upon this act becoming law. 4 The governing board, agency, or authority shall adopt and 5 implement a health care plan for indigent health care 6 The governing board, agency, or authority shall services. 7 consist of nine no more than seven and no fewer than five members appointed by the county commission. The members of 8 9 the governing board, agency, or authority shall be at least 18 10 years of age and residents of the county. No member or 11 immediate family member of a member may be employed by or 12 affiliated with a health care provider or the public health 13 trust, agency, or authority responsible for the county public general hospital. The Governor, the President of the Senate, 14 15 and the Speaker of the House of Representatives shall each 16 submit a list of six names to the county commission for 17 appointment to the governing board, agency, or authority. The 18 commission shall appoint, by a two-thirds majority vote, two members from each list of names submitted. In addition, the 19 20 South Florida Hospital and Health Care Association, the 21 Miami-Dade County Public Health Trust, and the Miami-Dade County Homeless Trust shall each submit a list of four names 22 for appointment. The commission shall appoint one member, by a 23 two-thirds majority vote, from each list of names submitted. 24 25 The following community organizations shall each appoint a representative to a nominating committee: the South Florida 26 27 Hospital and Healthcare Association, the Miami-Dade County 28 Public Health Trust, the Dade County Medical Association, the 29 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade 30 County. This committee shall nominate between 10 and 14 31 county citizens for the governing board, agency, or authority. 3

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The slate shall be presented to the county commission and the 1 2 county commission shall confirm the top five to seven 3 nominees, depending on the size of the governing board.Until 4 such time as the governing board, agency, or authority is 5 created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county 6 7 funds and not disbursed by the county for any other purpose. The plan shall divide the county into a minimum of 8 1. four and maximum of six service areas, with at least two no 9 10 more than one participant hospitals hospital per service area. The county public general hospital shall be designated as the 11 12 provider for one of the service areas. Services shall be 13 provided through participants' primary acute care facilities. 2. The plan and subsequent amendments to it shall fund 14 15 a defined range of health care services for both indigent persons and the medically poor, including primary care, 16 17 preventive care, hospital emergency room care, and hospital 18 care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined 19 in s. 397.311(30). Where consistent with these objectives, the 20 21 plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well 22 as at least two regional referral hospitals per service area. 23 24 The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall 25 recognize hospitals that render a disproportionate share of 26 27 indigent care, provide other incentives to promote the 28 delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not 29 30 limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, 31

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service providers shall receive reimbursement at a Medicaid 1 2 rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial 3 4 emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, 5 6 as compensation for the services rendered following the 7 initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall 8 be deemed to have occurred at the time services were rendered. 9 10 The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise 11 12 reenacted by the Legislature. The capitation amount or rate 13 shall be determined prior to program implementation by an independent actuarial consultant. In no event shall such 14 15 reimbursement rates exceed the Medicaid rate. The plan must 16 also provide that any hospitals owned and operated by 17 government entities on or after the effective date of this act 18 must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 19 as to any meeting of the governing board, agency, or authority 20 the subject of which is budgeting resources for the retention 21 of charity care, as that term is defined in the rules of the 22 Agency for Health Care Administration. The plan shall also 23 24 include innovative health care programs that provide 25 cost-effective alternatives to traditional methods of service and delivery funding. 26 27 3. The plan's benefits shall be made available to all county residents currently eligible to receive health care 28 29 services as indigents or medically poor as defined in 30 paragraph (4)(d). 4. Eligible residents who participate in the health 31 5 3:44 PM 05/02/00 h0509c-34b1t

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care plan shall receive coverage for a period of 12 months or 1 2 the period extending from the time of enrollment to the end of 3 the current fiscal year, per enrollment period, whichever is 4 less. 5 5. At the end of each fiscal year, the governing 6 board, agency, or authority shall prepare an audit that 7 reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the 8 plan's efficiency. The audit shall take into account 9 10 participant hospital satisfaction with the plan and assess the 11 amount of poststabilization patient transfers requested, and 12 accepted or denied, by the county public general hospital. 13 Section 7. The amendments to section 212.055(5), Florida Statutes, made by this act shall be reviewed by the 14 15 Legislature prior to October 1, 2004, and shall be repealed on 16 that date unless otherwise reenacted by the Legislature. 17 18 (Redesignate subsequent sections.) 19 20 21 And the title is amended as follows: 22 On page 1, line 21, after the second semicolon, 23 24 25 insert: 26 amending s. 212.055, F.S.; revising provisions 27 that require the counties authorized to levy the surtax to annually appropriate a specified 28 minimum amount for operation, administration, 29 30 and maintenance of the county public general 31 hospital; providing procedure for disbursement

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1	of funds; requiring a governing board, agency,
2	or authority in such counties to adopt and
3	implement a health care plan for indigent
4	health care services; providing for appointment
5	of members of such entity; specifying
6	provisions of the plan; providing for annual
7	audit; providing for compensation to service
8	providers; providing for future review and
9	repeal;
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