By the Committees on Health & Human Services Appropriations, Community Affairs, Health Care Licensing & Regulation and Representatives Lacasa, Cosgrove, Rubio, Sorensen, Villalobos, Betancourt, Garcia, Prieguez, Wilson and Cantens

A bill to be entitled An act relating to the county public hospital surtax; amending s. 212.055, F.S.; revising provisions that require the counties authorized to levy the surtax to annually appropriate a specified minimum amount for operation, administration, and maintenance of the county public general hospital; providing procedure for disbursement of funds; requiring a governing board, agency, or authority in such counties to adopt and implement a health care plan for indigent health care services; providing for appointment of members of such entity; specifying provisions of the plan; providing for annual audit; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Paragraph (d) of subsection (5) of section 212.055, Florida Statutes, is amended, paragraph (e) is redesignated as paragraph (f), and a new paragraph (e) is added to said subsection, to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed,

if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

- defined in s. 125.011(1) may levy the surtax authorized in this subsection pursuant to an ordinance either approved by extraordinary vote of the county commission or conditioned to take effect only upon approval by a majority vote of the electors of the county voting in a referendum. In a county as defined in s. 125.011(1), for the purposes of this subsection, "county public general hospital" means a general hospital as defined in s. 395.002 which is owned, operated, maintained, or governed by the county or its agency, authority, or public health trust.
- (d) As provided in subparagraphs 1. and 2., the county must shall continue to contribute each year an amount equal to at least 80 percent of that percentage of the total county budget appropriated for the operation, administration, and maintenance of the county public general hospital from the county's general revenues in the fiscal year of the county ending September 30, 1991, as follows:
- 1. Sixty-five percent of such amount must be promptly and irrevocably remitted to the public health trust, agency, or authority responsible for the county public general hospital, to be used solely for the purpose of operating and maintaining such hospital.
- 2. Thirty-five percent of such amount must be promptly and irrevocably remitted to a governing board, agency, or authority that is wholly independent from the public health

trust, agency, or authority responsible for the county public 1 2 general hospital, to be used solely for the purpose of funding 3 the plan for indigent health care services provided for in paragraph (e). The county shall not direct the public health 4 5 trust, agency, or authority responsible for the county public 6 general hospital to assume or revise the budget of the county 7 public general hospital to include financial responsibilities 8 for any health or nonhealth programs unrelated to the operation, maintenance, or administration of the county public 9 general hospital or in any other manner divert funds of the 10 county public general hospital from the operation, 11 12 administration, or maintenance of the county public general 13 hospital, effective October 1, 2000. 14 (e) A governing board, agency, or authority shall be 15 chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and 16 implement a health care plan for indigent health care 17 services. The governing board, agency, or authority shall 18 19 consist of no more than seven and no fewer than five members 20 appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 21 years of age and residents of the county. No member may be 22 23 employed by or affiliated with a health care provider or the 24 public health trust, agency, or authority responsible for the county public general hospital. The following community 25 26 organizations shall each appoint a representative to a 27 nominating committee: the South Florida Hospital and 28 Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade 29 County Homeless Trust, and the Mayor of Miami-Dade County. 30 This committee shall nominate between 10 and 14 county

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citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

- 1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the service areas. Services shall be provided through participants' primary acute care facilities.
- 2. The plan and subsequent amendments to it shall fund a broad range of health care services for both indigent persons and the medically poor, including, but not limited to, primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311(30). Where consistent with these objectives, the plan shall include, without limitation, services rendered by physicians, clinics, community hospitals, mental health centers, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not

limited to, case management. Service providers shall receive 1 2 a per member per month fee or capitation for those members enrolled in their service area as compensation for the 3 4 services rendered pursuant to this subparagraph. Upon 5 determination of eligibility, enrollment shall be deemed to 6 have occurred at the time services were rendered. The 7 capitation amount or rate shall be determined prior to program 8 implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. 9 The plan must also provide that any hospitals owned and 10 operated by government entities on or after the effective date 11 12 of this act must, as a condition of receiving funds under this 13 subsection, afford public access equal to that provided under 14 s. 286.011 as to any meeting of the governing board, agency, 15 or authority the subject of which is budgeting resources for 16 the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan 17 shall also include innovative health care programs that 18 19 provide cost-effective alternatives to traditional methods of 20 service and delivery funding. 21

3. The plan's benefits shall be made available to all county residents currently eligible to receive health care services as indigents or medically poor as defined in paragraph (4)(d).

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- 4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.
- 5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that

reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital. Section 2. This act shall take effect July 1, 2000.