

By the Committees on Health, Aging and Long-Term Care;
 Comprehensive Planning, Local and Military Affairs; and
 Senators Saunders and Silver

317-1970-00

1 A bill to be entitled
 2 An act relating to the county public hospital
 3 surtax; amending s. 212.055, F.S.; expanding
 4 the authorized use of the indigent care surtax
 5 to include trauma centers; renaming the surtax;
 6 requiring the plan set out in the ordinance to
 7 include additional provisions concerning Level
 8 I trauma centers; providing requirements for
 9 annual disbursements to hospitals on October 1
 10 to be in recognition of the Level I trauma
 11 center status and to be in addition to a base
 12 contract amount, plus any negotiated additions
 13 to indigent care funding; revising provisions
 14 that require the counties authorized to levy
 15 the surtax to annually appropriate a specified
 16 minimum amount for operation, administration,
 17 and maintenance of the county public general
 18 hospital; providing procedure for disbursement
 19 of funds by certain counties; creating a
 20 governing board, agency, or authority;
 21 requiring the governing board, agency, or
 22 authority in such counties to adopt and
 23 implement a health care plan for indigent
 24 health care services; specifying provisions of
 25 the plan; providing an effective date.

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

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 29 Section 1. Subsection (4) of section 212.055, Florida
 30 Statutes, is amended, and paragraph (d) of subsection (5) of
 31 that section is amended, present paragraph (e) of subsection

1 (5) is redesignated as paragraph (f), and a new paragraph (e)
2 is added to that subsection, to read:

3 212.055 Discretionary sales surtaxes; legislative
4 intent; authorization and use of proceeds.--It is the
5 legislative intent that any authorization for imposition of a
6 discretionary sales surtax shall be published in the Florida
7 Statutes as a subsection of this section, irrespective of the
8 duration of the levy. Each enactment shall specify the types
9 of counties authorized to levy; the rate or rates which may be
10 imposed; the maximum length of time the surtax may be imposed,
11 if any; the procedure which must be followed to secure voter
12 approval, if required; the purpose for which the proceeds may
13 be expended; and such other requirements as the Legislature
14 may provide. Taxable transactions and administrative
15 procedures shall be as provided in s. 212.054.

16 (4) INDIGENT CARE AND TRAUMA CENTER SURTAX.--

17 (a) The governing body in each county the government
18 of which is not consolidated with that of one or more
19 municipalities, which has a population of at least 800,000
20 residents and is not authorized to levy a surtax under
21 subsection (5) or subsection (6), may levy, pursuant to an
22 ordinance either approved by an extraordinary vote of the
23 governing body or conditioned to take effect only upon
24 approval by a majority vote of the electors of the county
25 voting in a referendum, a discretionary sales surtax at a rate
26 that may not exceed 0.5 percent.

27 (b) If the ordinance is conditioned on a referendum, a
28 statement that includes a brief and general description of the
29 purposes to be funded by the surtax and that conforms to the
30 requirements of s. 101.161 shall be placed on the ballot by
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1 the governing body of the county. The following questions
2 shall be placed on the ballot:

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4 FOR THE . . . CENTS TAX

5 AGAINST THE . . . CENTS TAX

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7 (c) The ordinance adopted by the governing body
8 providing for the imposition of the surtax shall set forth a
9 plan for providing health care services to qualified
10 residents, as defined in paragraph (d). Such plan and
11 subsequent amendments to it shall fund a broad range of health
12 care services for both indigent persons and the medically
13 poor, including, but not limited to, primary care and
14 preventive care as well as hospital care. The plan must also
15 address the services to be provided by the Level I trauma
16 center.It shall emphasize a continuity of care in the most
17 cost-effective setting, taking into consideration both a high
18 quality of care and geographic access. Where consistent with
19 these objectives, it shall include, without limitation,
20 services rendered by physicians, clinics, community hospitals,
21 mental health centers, and alternative delivery sites, as well
22 as at least one regional referral hospital where appropriate.
23 It shall provide that agreements negotiated between the county
24 and providers, including hospitals with a Level I trauma
25 center,will include reimbursement methodologies that take
26 into account the cost of services rendered to eligible
27 patients, recognize hospitals that render a disproportionate
28 share of indigent care, provide other incentives to promote
29 the delivery of charity care, promote the advancement of
30 technology in medical services, recognize the level of
31 responsiveness to medical needs in trauma cases,and require

1 cost containment including, but not limited to, case
2 management. It must also provide that any hospitals that are
3 owned and operated by government entities on May 21, 1991,
4 must, as a condition of receiving funds under this subsection,
5 afford public access equal to that provided under s. 286.011
6 as to meetings of the governing board, the subject of which is
7 budgeting resources for the rendition of charity care as that
8 term is defined in the Florida Hospital Uniform Reporting
9 System (FHURS) manual referenced in s. 408.07. The plan shall
10 also include innovative health care programs that provide
11 cost-effective alternatives to traditional methods of service
12 delivery and funding.

13 (d) For the purpose of this subsection, the term
14 "qualified resident" means residents of the authorizing county
15 who are:

16 1. Qualified as indigent persons as certified by the
17 authorizing county;

18 2. Certified by the authorizing county as meeting the
19 definition of the medically poor, defined as persons having
20 insufficient income, resources, and assets to provide the
21 needed medical care without using resources required to meet
22 basic needs for shelter, food, clothing, and personal
23 expenses; or not being eligible for any other state or federal
24 program, or having medical needs that are not covered by any
25 such program; or having insufficient third-party insurance
26 coverage. In all cases, the authorizing county is intended to
27 serve as the payor of last resort; or

28 3. Participating in innovative, cost-effective
29 programs approved by the authorizing county.

30 (e) Moneys collected pursuant to this subsection
31 remain the property of the state and shall be distributed by

1 the Department of Revenue on a regular and periodic basis to
2 the clerk of the circuit court as ex officio custodian of the
3 funds of the authorizing county. The clerk of the circuit
4 court shall:

5 1. Maintain the moneys in an indigent health care
6 trust fund;

7 2. Invest any funds held on deposit in the trust fund
8 pursuant to general law; and

9 3. Disburse the funds, including any interest earned,
10 to any provider of health care services, as provided in
11 paragraphs (c) and (d), upon directive from the authorizing
12 county. However, if a county has a population of at least
13 800,000 residents and has levied the surtax authorized in this
14 subsection, notwithstanding any directive from the authorizing
15 county, on October 1 of each calendar year, the clerk of the
16 court shall issue a check in the amount of \$6 million to a
17 hospital in its jurisdiction that has a Level I trauma center
18 or shall issue a check in the amount of \$3 million to a
19 hospital in its jurisdiction that has a Level I trauma center
20 if that county enacts and implements a hospital lien law in
21 accordance with chapter 98-499, Laws of Florida. The issuance
22 of the checks on October 1 of each year is provided in
23 recognition of the Level I trauma center status and shall be
24 in addition to the base contract amount received during fiscal
25 year 1999-2000 and any additional amount negotiated to the
26 base contract.

27 (f) Notwithstanding any other provision of this
28 section, a county shall not levy local option sales surtaxes
29 authorized in this subsection and subsections (2) and (3) in
30 excess of a combined rate of 1 percent.

31 (g) This subsection expires October 1, 2005.

1 (5) COUNTY PUBLIC HOSPITAL SURTAX.--Any county as
2 defined in s. 125.011(1) may levy the surtax authorized in
3 this subsection pursuant to an ordinance either approved by
4 extraordinary vote of the county commission or conditioned to
5 take effect only upon approval by a majority vote of the
6 electors of the county voting in a referendum. In a county as
7 defined in s. 125.011(1), for the purposes of this subsection,
8 "county public general hospital" means a general hospital as
9 defined in s. 395.002 which is owned, operated, maintained, or
10 governed by the county or its agency, authority, or public
11 health trust.

12 (d) As provided in subparagraphs 1. and 2., the county
13 must ~~shall~~ continue to contribute each year an amount equal to
14 at least 80 percent of that percentage of the total county
15 budget appropriated for the operation, administration, and
16 maintenance of the county public general hospital from the
17 county's general revenues in the fiscal year of the county
18 ending September 30, 1991, as follows:

19 1. Sixty-five percent of such amount must be promptly
20 and irrevocably remitted to the public health trust, agency,
21 or authority responsible for the county public general
22 hospital, to be used solely for the purpose of operating and
23 maintaining such hospital.

24 2. Thirty-five percent of such amount must be promptly
25 and irrevocably remitted to a governing board, agency, or
26 authority that is wholly independent from the public health
27 trust, agency, or authority responsible for the county public
28 general hospital, to be used solely for the purpose of funding
29 the plan for indigent health care services provided for in
30 paragraph (e).

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1 The county shall not direct the public health trust, agency,
2 or authority responsible for the county public general
3 hospital to assume or revise the budget of the county public
4 general hospital to include financial responsibilities for any
5 health or nonhealth programs unrelated to the operation,
6 maintenance, or administration of the county public general
7 hospital or in any other manner divert funds of the county
8 public general hospital from the operation, administration, or
9 maintenance of the county public general hospital as of July
10 1, 2000.

11 (e) A governing board, agency, or authority shall be
12 chartered by the county commission upon this act becoming law.
13 The governing board, agency, or authority shall adopt and
14 implement a health care plan for indigent health care
15 services. The governing board, agency, or authority shall
16 consist of no more than seven and no fewer than five members
17 appointed by the county commission. The members of the
18 governing board, agency, or authority must be at least 18
19 years of age and residents of the county. No member may be
20 employed by or affiliated with a health care provider or the
21 public health trust, agency, or authority responsible for the
22 county public general hospital. Until the governing board,
23 agency, or authority is created, the funds provided for in
24 subparagraph (d)2. shall be placed in a restricted account set
25 aside from other county funds and not disbursed by the county
26 for any other purpose.

27 1. The plan shall divide the county into a minimum of
28 four and maximum of six service areas, with no more than one
29 participant hospital per service area. The county public
30 general hospital shall be designated as the provider for one
31 of the service areas. The plan shall also provide for a

1 children's pediatric hospital to provide services on a
2 county-wide basis. Services shall be provided through
3 participants' primary acute care facility.

4 2. The plan and subsequent amendments to it shall fund
5 a broad range of health care services for both indigent
6 persons and the medically poor, including, but not limited to,
7 primary care, preventive care, hospital emergency room care,
8 and hospital care necessary to stabilize the patient. As used
9 in this subparagraph, the term "stabilize" means to accomplish
10 stabilization as defined in s. 397.311. Where consistent with
11 these objectives, the plan shall include, without limitation,
12 services rendered by physicians, clinics, community hospitals,
13 mental health centers, and alternative delivery sites, as well
14 as at least one regional referral hospital per service area.
15 The plan shall provide that agreements negotiated between the
16 governing board, agency, or authority and the providers will
17 recognize hospitals that render a disproportionate share of
18 indigent care, provide other incentives to promote the
19 delivery of charity care to draw down federal funds where
20 appropriate, and require cost containment, including, but not
21 limited to, case management. Service providers will receive a
22 per member per month fee or capitation for those members
23 enrolled in their service area as compensation for the
24 services rendered pursuant to this subparagraph. Upon
25 determination of eligibility, enrollment shall be deemed to
26 have occurred when the services were rendered. The capitation
27 amount or rate shall be determined by an independent actuarial
28 consultant prior to program implementation. In no event shall
29 such reimbursement rates exceed the Medicaid rate. The plan
30 must also provide that any hospitals owned and operated by
31 government entities on or after the effective date of this act

1 must, as a condition of receiving funds under this subsection,
2 afford public access equal to that provided under s. 286.011
3 as to any meeting of the governing board, agency, or authority
4 the subject of which is budgeting resources for the retention
5 of charity care, as that term is defined in the rules of the
6 Agency for Health Care Administration. The plan shall also
7 include innovative health care programs that provide
8 cost-effective alternatives to traditional methods of service
9 and delivery funding.

10 3. Post-stabilization services shall be provided to
11 all plan members by the county public general hospital. If the
12 post-stabilization services cannot be provided by the county
13 public general hospital and such services are provided instead
14 by the participant hospital, the public health trust, agency,
15 or authority responsible for the county public general
16 hospital shall compensate the participant hospital for such
17 post-stabilization services at a rate not to exceed the
18 federal Medicaid rate.

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

23 5. Eligible residents who participate in the health
24 care plan shall receive coverage for a period of 12 months or
25 the period extending from the time of enrollment to the end of
26 the current fiscal year, per enrollment period, whichever is
27 less.

28 Section 2. This act shall take effect July 1, 2000.
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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
CS for Senate Bill 0802

The Committee Substitute for Committee Substitute for SB 802 revises the requirements of the indigent health surtax to also fund a trauma center and directs the clerk of the court of the county with a population of at least 800,000 residents that has levied the indigent care surtax to annually disburse \$6 million to fund a hospital in the county's jurisdiction that has a Level I trauma center or to annually disburse \$3 million to fund a hospital in the county's jurisdiction that has a Level I trauma center if that county enacts a hospital lien law in accordance with ch. 98-499, L.O.F. The bill revises requirements for Miami-Dade County, as a condition of levying the half-cent County Public Hospital Surtax, to reallocate 35% of the funds which the county must budget for the operation, maintenance, and administration of the county public general hospital, Jackson Memorial Hospital, to a separate governing board, agency or authority to be established to provide indigent care to the residents of Miami-Dade County.