

HB 0441 2003 **CS**

CHAMBER ACTION

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The Committee on State Administration recommends the following:

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Committee Substitute

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Remove the entire bill and insert:

10 11 A bill to be entitled

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An act relating to hospitals; amending ss. 395.602 and 408.07, F.S.; revising the definition of the term "rural hospital"; declaring and continuing such designation for certain hospitals for a specified period; authorizing the granting of such designation for certain other hospitals upon application with supporting documentation; creating s. 395.6025, F.S.; providing exemption for a statutory rural hospital or a not-for-profit operator of rural hospitals from certificate-of-need review for the construction of a new or replacement facility; providing conditions for eligibility for the exemption; creating s. 395.6063, F.S.; permitting any statutory rural hospital to contract with the Department of Management Services in order to purchase coverage in the state group health insurance plan for the hospital's employees; requiring a participating hospital to make the employer contributions required and pay an annual administrative fee; providing

exemption from nonprofit multiple-employer welfare

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arrangements; requiring the request of an Internal Revenue Service private letter ruling; providing for contingent effect; amending s. 766.314, F.S.; excluding infants born in certain family practice teaching hospitals from assessments used to fund the Florida Birth-Related Neurological Injury Compensation Plan; providing an effective date.

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

Section 1. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.--

- (2) DEFINITIONS. -- As used in this part:
- (e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:
- 1. The sole provider within a county with a population density of no greater than 100 persons per square mile;
- 2. An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;
- 3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;



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4. A hospital in a constitutional charter county with a population of over 1 million persons that has imposed a local option health service tax pursuant to law and in an area that was directly impacted by a catastrophic event on August 24, 1992, for which the Governor of Florida declared a state of emergency pursuant to chapter 125, and has 120 beds or less that serves an agricultural community with an emergency room utilization of no less than 20,000 visits and a Medicaid inpatient utilization rate greater than 15 percent;

- 5. A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this subparagraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the State Center for Health Statistics at the Agency for Health Care Administration; or
- 6. A hospital designated as a Critical Access Hospital by the Department of Health in accordance with federal regulations and state requirements.

Population densities used in this paragraph must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2012, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of

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subparagraph 4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon application, including supporting documentation, to the Agency for Health Care Administration.

- Section 2. Subsection (42) of section 408.07, Florida Statutes, is amended to read:
- 408.07 Definitions.--As used in this chapter, with the exception of ss. 408.031-408.045, the term:
- (42) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:
- (a) The sole provider within a county with a population density of no greater than 100 persons per square mile;
- (b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;
- (c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;
- (d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge



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database in the State Center for Health Statistics at the Agency for Health Care Administration; or

(e) A hospital designated as a Critical Access Hospital by the Department of Health in accordance with federal regulations and state requirements.

to read:

Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2012, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of s. 395.602(2)(e)4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon

129 <u>for Health Care Administration.</u>

130 Section 3. Section 395.6025, Florida Statutes, is created

application, including supporting documentation, to the Agency

395.6025 Rural hospitals; new or replacement
facilities.--Notwithstanding the provisions of s. 408.036, a
hospital defined as a statutory rural hospital in accordance
with s. 395.602, or a not-for-profit operator of rural
hospitals, is not required to obtain a certificate of need for
the construction of a new or replacement facility, provided that
the new or replacement facility is located within 10 miles of
the site of the currently licensed rural hospital and within the

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current primary service area. As used in this section, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the State Center for Health Statistics at the Agency for Health Care Administration.

Section 4. Section 395.6063, Florida Statutes, is created to read:

395.6063 Rural hospital employee health insurance.--

- (1) Effective July 1, 2003, any statutory rural hospital may contract with the Department of Management Services in order to purchase coverage in the state group health insurance plan for the hospital's employees and qualified family members at the same premium cost as that for retirees and surviving spouses.

 The hospital shall collect payroll deductions or other remuneration from qualified employees as may be required for the employee contribution in accordance with the department's regulations. The hospital shall also make the employer contributions required and pay an annual administrative fee of not less than \$2.61 per enrollee per month.
- (2) The provisions of ss. 624.436-624.446 do not apply to the state group insurance program for purposes of this section.
- (3) The Department of Management Services shall request a private letter ruling from the Internal Revenue Service determining whether the inclusion of employees of rural hospitals in the state group insurance program, in accordance with this section, jeopardizes the qualified tax status of the state group insurance program. The department shall request this



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determination no later than July 31, 2003. Implementation of this section is contingent upon receipt of a favorable ruling by the Internal Revenue Service.

Section 5. Paragraph (a) of subsection (4) of section 766.314, Florida Statutes, is amended to read:

766.314 Assessments; plan of operation. --

- (4) The following persons and entities shall pay into the association an initial assessment in accordance with the plan of operation:
- (a) On or before October 1, 1988, each hospital licensed under chapter 395 shall pay an initial assessment of \$50 per infant delivered in the hospital during the prior calendar year, as reported to the Agency for Health Care Administration; provided, however, that a hospital owned or operated by the state or a county, special taxing district, or other political subdivision of the state shall not be required to pay the initial assessment or any assessment required by subsection (5). The term "infant delivered" includes live births and not stillbirths, but the term does not include infants delivered by employees or agents of the Board of Regents, or those born in a teaching hospital as defined in s. 408.07, or those born in a family practice teaching hospital designated pursuant to s. 395.806 that was exempted by the association from assessments for fiscal years 1997-1998 through 2001-2002. The initial assessment and any assessment imposed pursuant to subsection (5) may not include any infant born to a charity patient (as defined by rule of the Agency for Health Care Administration) or born to a patient for whom the hospital receives Medicaid reimbursement,



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if the sum of the annual charges for charity patients plus the annual Medicaid contractuals of the hospital exceeds 10 percent of the total annual gross operating revenues of the hospital. The hospital is responsible for documenting, to the satisfaction of the association, the exclusion of any birth from the computation of the assessment. Upon demonstration of financial need by a hospital, the association may provide for installment payments of assessments.

Section 6. This act shall take effect July 1, 2003.