

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 151 Access to Health Care Act
SPONSOR(S): Sorensen and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 1032

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Appropriations Committee	15 Y, 0 N	Money	Massengale
2) Health Care Regulation Committee	10 Y, 0 N	Hamrick	Mitchell
3) Fiscal Council			
4)			
5)			

SUMMARY ANALYSIS

House Bill 151 amends s. 766.1115, F. S., the "Access to Health Care Act," that provides criteria under which health care providers can deliver free medical care to low-income persons under the doctrine of sovereign immunity.

House Bill 151 expands the definition of low income from 150 percent to 200 percent of the federal poverty level, increasing the number of persons potentially eligible for the program by an additional 468,637 persons. According to the Department of Health, the revision in eligibility is not expected to significantly increase the number of people statewide participating in the program because there is no expectation of a significant increase in the number of health care providers donating free services.

This bill has an effective date of July 1, 2005.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government/Safeguard individual liberty - The bill increases the number of persons potentially receiving free medical care under the provisions of sovereign immunity in section 766.1115, Florida Statutes, related to medical negligence.

Promote personal responsibility/Empower families - The bill expands the definition of low-income, which will enable additional persons and their family members to become eligible to receive free medical care donated by physicians and other health professionals.

B. EFFECT OF PROPOSED CHANGES:

Section 766.1115, Florida Statutes, entitled "The Access to Health Care Act," was enacted in 1992 to encourage health care providers to provide free medical care to low-income persons. The act extends sovereign immunity to health care providers who execute a contract with a governmental contractor and who provide volunteer, uncompensated health care services to low-income individuals as an agent of the state. The Department of Health was authorized to administer the provisions of the act; as a result, the department established the Volunteer Health Care Provider Program.

The program operates in 55 of Florida's 67 counties and uses local health care providers who volunteer their services free of charge. The various health care providers include, but are not limited to, physicians, nurses, dentists, free clinics, birth centers, health maintenance organizations, and hospitals.

Section 766.1115, Florida Statutes, defines low income as: 1) A person who is Medicaid-eligible under Florida law; 2) A person who is without health insurance and whose family income does not exceed 150 percent of the federal poverty level as defined annually by the federal Office of Management and Budget; or 3) Any client of the department who voluntarily chooses to participate in a program offered or approved by the department and meets the program eligibility guidelines of the department.

House Bill 151 expands the definition of low income from 150 percent to 200 percent of the federal poverty level, which will increase the number of persons potentially eligible for the program. The Department of Health program staff estimate that an additional 468,637 persons would qualify for the program. According to the Department of Health, however, the proposed revision in eligibility is not expected to significantly increase the number of clients participating statewide in the program because there is no expectation of a significant increase in the number health care providers donating services.

C. SECTION DIRECTORY:

Section 1: Amends s. 766.1115, F.S., relating to the definition of low income.

Section 2: Provides effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

According to the Department of Health program staff, during the reporting year from July 1, 2002 to June 30, 2003, a total of 17,088 volunteers participated in the program, patient visits totaled 609,924, and the value of services was estimated to be \$107,850,000. Even with these numbers, the department reports that there are not enough health care professionals or clinics statewide in the program to treat the number of patients needing health care services.

D. FISCAL COMMENTS:

The chart below shows the 2005 federal poverty guidelines for persons in family units of one to four persons.

Family Size	150%	200%
1	\$14,355	\$19,140
2	\$19,245	\$25,660
3	\$24,135	\$32,180
4	\$29,025	\$38,700

Source: Derived from data in the Federal Register, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375. Add \$4,890 for additional family members with incomes below 150 percent of poverty and \$6,520 for additional family members with incomes below 200 percent of poverty.

The Florida Health Insurance Study published in November 2004 found that health insurance coverage increases as family income increases. The study found that 38.8 percent of persons with incomes below 100 percent of the federal poverty level were uninsured in contrast to 38.0 percent with incomes between 100 percent and 150 percent, 28.3 percent with incomes between 151 percent and 200 percent, 21.8 percent with incomes between 201 percent and 250 percent and 8.7 percent with incomes greater than 251 percent.

Using the 2000 census data adjusted for population growth through April, 2004, and the Florida Health Insurance study figure of 28.3 percent for uninsured persons in the 150 percent to 200 percent of the poverty family income range, the Department of Health estimates that 468,637 additional persons would qualify for the Volunteer Health Care Provider Program.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Health already has rulemaking authority to administer the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES