

The Florida Senate
PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Policy Committee

BILL: SB 1732
 INTRODUCER: Senators Webster and Fasano
 SUBJECT: The Primary Care Access Network
 DATE: March 16, 2007 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Bedford	Wilson	HP	Favorable
2.	_____	_____	HA	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

This bill creates a 2-year pilot program to provide extended operating hours for the purpose of offering health care services at overcrowded clinics in the Primary Care Access Network (PCAN) in Orange and Pasco counties. The Agency for Health Care Administration (AHCA or agency) is directed to establish and develop procedures for operating the pilot program. The agency is required to submit an annual report on the successes and outcomes of the pilot program and recommendations on continuation, termination, or expansion of the program. The report must be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The bill makes an appropriation of \$2.3 million from the General Revenue Fund to the agency for the 2007-08 fiscal year.

This bill creates one undesignated section of law.

II. Present Situation:

Emergency Department Overcrowding and Inappropriate Utilization

Studies have shown that the uninsured are more likely to delay care, typically waiting until their condition is life- or limb-threatening, before they seek treatment. Since state and federal laws require hospitals to treat everyone that presents at the hospital Emergency Department (ED), without regard to his/her ability to pay, the hospital ED serves as a “safety net” for healthcare to Florida’s uninsured population. In addition, according to a 2002 national survey, more than 90 percent of large hospitals in the US report EDs operating “at” or “over” capacity.

Unfortunately, patients often utilize the ED for non-emergencies as an alternative site for after-hours, non-emergency care. This is because physicians are often unable to accommodate a patient's need for an appointment during typical office hours. Thus, patients are likely to access the hospital's ED if they want to see a physician sooner than when an appointment is available. As a result, uninsured patients seeking after-hours treatment, view the EDs as one of the few remaining dependable primary care options.

Primary Care Access Networks

Primary care access networks have been established in Orange and Pasco Counties to provide access to health care services to persons who are not eligible for Medicaid coverage and who do not have other health care insurance. These networks have been established by existing health care provider organizations in Orange and Pasco counties.

The PCAN is a collaborative effort between local government and representatives of the health community. The PCAN Board consists of member agencies that include: County Government, the County Health Department, three local hospital systems, federally qualified community health centers, mental health and substance abuse providers, non-profit organizations, and business and community coalitions.

The PCAN has been successful in establishing medical clinics in communities of high need, for the uninsured and those who are medically needy. The system of care is comprehensive including; primary, secondary, dental, pharmacy, and behavioral health care services. Since the PCAN became operational, there has been a decrease in the number of uninsured individuals receiving care in the local emergency department for non-urgent care. Analysis of the data indicated a 32.2 percent decrease in non-urgent utilization of the emergency departments by the uninsured. Decreasing unnecessary utilization of the emergency department saves money for the providers and the public and allows the emergency departments to do what they are intended to do – provide fast access to care for urgent and emergent care.

Demand for primary care continues to outpace supply in key areas of Orange County as many of the PCAN clinics have exceeded capacity. Wait times for new patients average 6 months and provider utilization of space has also reached maximum capacity. The most viable strategy to attack this problem is to expand clinic hours to offer evening and weekend access to care for both new and existing patients.

III. Effect of Proposed Changes:

The bill expresses legislative findings regarding the PCAN. The Legislature finds that the PCAN was founded to address the needs of the uninsured and the medically needy and there has been a 32 percent decrease in the use of non-urgent emergency room services by the uninsured where these clinics are in operation. Because of this success, a 2-year pilot program in Pasco and Orange counties will be established by the agency to offer health care services during the weekend and after hours during the week. If funds are available, the pilot program will provide the funding to operate the PCAN clinics during these extended hours and pay the employees. The agency is responsible for developing procedures to operate the pilot program. An annual report is due each January 1, to the Governor, the President of the Senate, and the Speaker of the House of

Representatives detailing the success and outcomes achieved by the pilot program including a recommendation as to the program's future.

The bill provides an appropriation of \$2.3 million from the General Revenue Fund to the agency for the purpose of implementing this act during the 2007-08 fiscal year.

The effective date of the bill is July 1, 2007.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

There is a benefit for hospitals and the public in decreasing non-urgent utilization of the emergency department by the uninsured. There is a benefit to the uninsured and medically needy in increasing the availability of health care services.

C. Government Sector Impact:

Appropriation of funds in support of programs for uninsured and underinsured persons will address health care access problems that are often presented to county government officials.

The bill appropriates \$2.3 million from the General Revenue Fund for the 2007-08 fiscal year. It is assumed that the needed amount will be the same for the second year of the two-year pilot program.

The provisions of this bill would require additional staff at the Agency to develop procedures for the pilot program, to establish the data and reporting system required to

track progress of the pilot program and to prepare the annual report on the program. One additional FTE is needed, requiring \$70,559 for expenses in Year 1 and \$67,559 in Year 2.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill does not authorize adoption of administrative rules for the purpose of developing the procedures for operating the pilot program.

This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

VIII. Summary of Amendments:

None.

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