

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 283 Florida 211 Network  
**SPONSOR(S):** Healthcare Council; Chestnut and others  
**TIED BILLS:** **IDEN./SIM. BILLS:** SB 212

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REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Committee on Health Innovation</u>	<u>9 Y, 0 N</u>	<u>Cicccone</u>	<u>Calamas</u>
2) <u>Healthcare Council</u>	<u>13 Y, 0 N, As CS</u>	<u>Cicccone</u>	<u>Gormley</u>
3) <u>Policy &amp; Budget Council</u>	<u>27 Y, 0 N</u>	<u>Edwards</u>	<u>Hansen</u>
4) _____	_____	_____	_____
5) _____	_____	_____	_____

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### SUMMARY ANALYSIS

CS/HB 283 amends section 409.918, Florida Statutes, to expand the Florida 211 Network to provide information and referral services in each county. The bill includes new language to emphasize the benefit of the 211 network, particularly during a disaster. The bill revises the network's objectives to include collaboration among information and referral systems, including those serving persons with disabilities and special health care needs. The bill requires Florida 211 Network providers to coordinate with county emergency management agencies regarding using the 211 Network in the event of a disaster.

The bill designates the Agency for Health Care Administration (agency) as the lead entity to receive and distribute any funds received from the federal government to support the Florida 211 Network. The bill directs the agency to distribute these funds to the Florida Alliance of Information & Referral Services (alliance). The alliance is to make these funds available to 211 providers on a matching basis, with each 211 provider required to match \$1 for \$1 the amount that it is provided from the alliance.

The bill establishes three reporting requirements related to the network as follows:

- By December 15, 2007, 211 providers receiving state funds are required to report the expenditure of their funds to the alliance;
- By January 1, 2008, the alliance is required to provide a statewide report to the agency; and
- No later than February 15, 2008, the agency is required to submit a statewide expenditure report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

The bill takes effect July 1, 2007, subject to a specific appropriation to the agency to fund the provisions of the bill. Currently there is no such specific appropriation in the House proposal for the General Appropriations Act for fiscal year 2007-08.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

**Provide limited government** – The bill provides for the statewide expansion of the Florida 211 Network. The bill also designates the Agency for Health Care Administration as the lead entity to receive and distribute funds that may become available from the federal government to support the Florida 211 Network.

**Empower Families**—The bill provides for the statewide expansion of the Florida 211 Network to provide increased access for information and referral for health and human services.

**Maintain Public Security**—The bill requires that 211 service providers coordinate with county emergency management agencies to determine how the 211 Network may be used during a disaster, including a plan to respond with information to assist individuals in the event of a disaster.

#### B. EFFECT OF PROPOSED CHANGES:

House Bill 283 amends section 409.918, Florida Statutes, to expand the Florida 211 Network to provide information and referral services in each county. The bill includes new language to emphasize the benefit of the 211 Network, particularly during a disaster. The bill revises the network's objectives to include collaboration among information and referral systems, including those serving persons with disabilities and special health care needs. The bill requires Florida 211 Network providers to coordinate with county emergency management agencies regarding using the 211 Network in the event of a disaster. The intended effect of the enhanced coordination and collaboration among entities is a more efficient and effective information referral and assistance system to persons in need of these services, including persons with disabilities and special health needs.

The bill designates the agency as the lead entity to receive and distribute funds that may become available from the federal government to support the Florida 211 Network. Current legislation pending before Congress (S. 211 and H.R. 896) would allocate \$150,000 to all 50 states to support 211 and requires each state to identify a lead agency for receipt and distribution of those federal funds, should the bill pass.

There are three reporting requirements in the bill that should provide timely fiscal information. These reporting requirements are: December 15, 2007, each 211 provider that receives funding under this subsection is required to report fund expenditures; January 1, 2008, the Florida Alliance of Information & Referral Services is required to provide a statewide report to the agency, which includes the individual reports and aggregate data provided by the 211 providers; and February 15, 2008, the Agency for Health Care Administration is required to submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives detailing the expenditure of the funds appropriated for 211 purposes.

#### Background

On July 21, 2000, the Federal Communications Commission (FCC) adopted Order No. FCC 00-256, in CC Docket No. 92-105, relating to the 211 dialing code. The FCC reserved the 211 dialing code for community information and referral services. The 211 code is intended to be an easy-to-remember and universally-recognizable number that would enable a critical connection between individuals and families in need and the appropriate community-based organizations and government agencies. Dialing 211 helps, for example, the elderly, the disabled, those who do not speak English, those who

are having personal crises, the illiterate, or those who are new to communities, by providing referrals to and information about health and human services organizations and agencies.

In 2002, the Legislature established the Florida Health and Human Services Access Act (Act) and authorized the Agency for Health Care Administration (agency) to develop a comprehensive, automated system for access to health care services. The system, known as the Florida 211 Network was implemented as a pilot project and was intended to serve as a single entry point for information and referrals to publicly funded health and human service programs.<sup>1</sup> The 2002 legislation further authorized the planning, development and implementation of a statewide Florida 211 network to serve as a single entry point for information and referrals to publicly funded health and human service programs.<sup>2</sup>

Due to loss of funding, the pilot project, scheduled to be completed on December 31, 2003, was terminated on June 30, 2003. The agency was required to develop criteria that organizations must satisfy to become certified Florida 211 Network providers.<sup>3</sup> Previously, any organization could obtain a 211 number without meeting specific standards or qualifications.

The agency developed the Florida 211 Network Provider Certification Rule (Chapter 59G-11, Florida Administrative Code), adopted April 28, 2003, to ensure, through certification, that quality, consistent information and services are provided to persons seeking health and human services. Prior to receiving certification, candidates must be able to effectively demonstrate that their organization works collaboratively and have written agreements with specialized information and referral systems, including crisis centers, child care resource and referral programs, elder help-lines, homeless coalitions, designated emergency management systems, 911 and 211 systems.<sup>4</sup>

According to the agency, as of December 2006, 16 organizations have been certified as Florida 211 Network Providers. According to the United Way of Florida, 211 is currently available to more than 15.5 million people in 50 counties, or about 87 percent of the state's population. Florida 211 Network providers can receive funding from the United Way, county and local city governments, nonprofit agencies, corporations, grants, or private donations.

#### C. SECTION DIRECTORY:

Section 1. Amends s. 408.918, F.S., relating to legislative intent; providing for the expansion of the Florida 211 Network; and creating reporting requirements.

Section 2. Provides an effective date subject to appropriation.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

##### 1. Revenues:

None.

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<sup>1</sup> Chapter 2002-223, LOF; Passed as SB 1276

<sup>2</sup> Section 408.918, F.S.

<sup>3</sup> Section 418.918(2), F.S.

<sup>4</sup> See the Agency for Health Care Administration Bill Analysis, February 12, 2007, on file with the Committee

2. Expenditures:  
See Fiscal Comments.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:  
None.

2. Expenditures:

Local governments could be impacted if new 211 Network Providers use city or county funds to match state funds. 211 Network Providers are required to match \$1 for each state dollar provided to the provider.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

This bill expands the Florida 211 network system, which provides an easy-to-remember and universally-recognizable number that would enable a critical connection between individuals and families in need of services from community-based organizations or government agencies.

**D. FISCAL COMMENTS:**

This bill expands the Florida 211 network system statewide only if a specific appropriation to the Agency for Health Care Administration to fund section 408.918, F.S., as amended by this act, is made in the General Appropriations Act for fiscal year 2007-2008.

### **III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take any action requiring the expenditure of funds; reduce the authority that municipalities or counties have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities

2. Other:  
None.

**B. RULE-MAKING AUTHORITY:**

None.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**D. STATEMENT OF THE SPONSOR**

No statement submitted.

#### IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES

On **March 6, 2007**, the Health Innovation Committee adopted three amendments to the bill. These amendments:

- Removes redundant language;
- Provides three full-time equivalent positions and related costs requested by the Agency for Health Care Administration; and
- Provides an effective date subject to an appropriation.

The bill was reported favorable with three amendments.

On **April 17, 2007**, the Healthcare Council adopted four amendments to the bill. These amendments:

- Removes redundant language;
- Removes the appropriation related to three full-time equivalent positions and related costs requested by the Agency for Health Care Administration;
- Removes \$5 million nonrecurring general revenue for statewide 211 network expansion;
- Provides an effective date subject to an appropriation.

The bill was reported favorable as a Council Substitute. The analysis reflects the Council Substitute.