

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

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

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Prepared By: The Professional Staff of the Health Regulation Committee

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BILL: SB 548

INTRODUCER: Senator Hays

SUBJECT: Obsolete Health Care Provisions

DATE: March 4, 2011

REVISED: \_\_\_\_\_

|    | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION             |
|----|---------|----------------|-----------|--------------------|
| 1. | Brown   | Stovall        | HR        | <b>Pre-meeting</b> |
| 2. | _____   | _____          | BC        | _____              |
| 3. | _____   | _____          | _____     | _____              |
| 4. | _____   | _____          | _____     | _____              |
| 5. | _____   | _____          | _____     | _____              |
| 6. | _____   | _____          | _____     | _____              |

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**I. Summary:**

The bill repeals provisions from Florida Statutes relating to the designation of separate restrooms and separate dressing rooms for males and females, the Florida Healthy People 2010 program, and the MedAccess program.

This bill repeals the following sections of the Florida Statutes: 381.0091, 381.736, 408.90, 408.901, 408.902, 408.903, 408.904, 408.905, 408.906, 408.907, and 408.908.

**II. Present Situation:**

***Separate Restrooms and Separate Dressing Rooms for Males and Females***

Current law provides that any business may designate separate restrooms and separate dressing rooms for males and females and may prohibit the use of such designated restrooms or dressing rooms by persons of the opposite gender.<sup>1</sup>

In buildings or facilities owned or operated by the state or any political subdivision of the state that contain more than one restroom, the restrooms for males must be separate from those for females and each restroom that has capacity for more than one occupant must be designated by appropriate signage as a restroom for males or for females.<sup>2</sup>

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<sup>1</sup> See s. 381.0091(1), F.S.

<sup>2</sup> See s. 381.0091(2), F.S.

***The Florida Healthy People 2010 Program***

In 2004 the Legislature created the Florida Healthy People 2010 program.<sup>3</sup> Under the program, the Department of Health (DOH) is directed to, with existing resources, monitor and report Florida's status regarding the federal Healthy People 2010 program's goals and objectives that were being tracked and were available to the DOH on July 1, 2004. The goals and objectives of the federal program are described in Florida Statutes as being designed to measure and help improve the health of all Americans by increasing the quality and years of healthy life and eliminating health disparities among different segments of the population.<sup>4</sup>

The DOH is further required under the program to:

- Provide a report by December 31 of each year to the Legislature on the status of health disparities among minorities and non-minorities using health indicators consistent with those identified by the federal program;
- Work with minority physician networks to develop programs to educate health care professionals about the importance of culture in health status, for the purpose of reducing negative health consequences that result from ignoring racial and ethnic cultures;
- Work with and promote the establishment of public and private partnerships with charitable organizations, hospitals, and minority physician networks to increase the proportion of health care professionals from minority backgrounds; and
- Promote research at colleges and universities that have historically large minority enrollments on methods for reducing health disparities by working with such colleges and universities and with community representatives to encourage local minority students to pursue professions in health care.<sup>5</sup>

In December 2010, the Federal Government replaced the Healthy People 2010 program with the Healthy People 2020 program for health promotion and disease prevention.

***Minority Physician Networks***

In 2004, the Legislature required the Agency for Health Care Administration (AHCA) to contract for Medicaid services with established minority physician networks that provide services to historically underserved minority patients.<sup>6</sup> A minority physician network is defined as a network of primary care physicians with experience managing Medicaid or Medicare recipients that is predominantly owned by minorities and which may have a collaborative partnership with a public college or university and a tax-exempt charitable corporation.<sup>7</sup>

The AHCA first began contracting with two minority physician networks in 2003 and by June 2006, the networks were serving over 137,000 Medicaid recipients. However, by October 2010,

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<sup>3</sup> See s. 1, ch. 2004-365, Laws of Florida.

<sup>4</sup> See s. 381.736(1), F.S.

<sup>5</sup> See s. 381.736(2)-(5), F.S.

<sup>6</sup> See s. 3, ch. 2004-365, Laws of Florida.

<sup>7</sup> See s. 409.901(24), F.S.

both minority physician networks had been acquired or had entered into acquisition agreements with two Medicaid health maintenance organizations, and Florida's minority physician network enrollees transitioned into Medicaid HMO membership during 2009 and 2010.<sup>8</sup>

### ***The MedAccess Program***

In 1993 the Legislature created the MedAccess program, which became statutorily effective July 1, 1994, to be administered by the AHCA.<sup>9</sup> The program is designed for the state to provide certain health care benefits to uninsured Floridians with a gross family income equal to or less than 250 percent of the federal poverty level who also meet other eligibility requirements. The AHCA is authorized to pay health care providers under the program at the same reimbursement rates and fees in effect under the Medicaid program.<sup>10</sup>

Despite being statutorily authorized by the Legislature, effective July 1, 1994, the MedAccess program has never been funded and therefore has never been implemented by the AHCA.

## **III. Effect of Proposed Changes:**

The bill:

- Repeals statutory provisions relating to separate restrooms and dressing rooms for males and females. The provisions in s. 381.0091, F.S., relating to restrooms and dressing rooms at private-sector business are permissive in nature and do not require businesses to comply. However, that same statute contains requirements for government buildings and facilities relating to separate restrooms for men and women, and those requirements are eliminated under the bill.
- Repeals statutory provisions for the creation and administration of the Florida Healthy People 2010 program. The provisions in s. 381.736, F.S., requiring certain monitoring and reporting activities by the DOH regarding health disparities and other DOH activities to address cultural diversity are eliminated under the bill.
- Repeals statutory provisions for the creation and administration of the MedAccess program. Without funding the program has been defunct since it was created in 1993, and the bill eliminates the program from Florida Statutes.

The bill's effective date is July 1, 2011.

## **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.

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<sup>8</sup> Issue Brief 2011-221, *Overview of Medicaid Managed Care Programs in Florida*, Senate Committee on Health Regulation, November 2010, p. 4.

<sup>9</sup> See s. 39, ch. 93-129, Laws of Florida.

<sup>10</sup> See ss. 408.90-408.908, F.S.

**B. Public Records/Open Meetings Issues:**

The provisions of the 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. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.