

1989

Session Law 89-275

Florida Senate & House of Representatives

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S 255 GENERAL BILL/1ST ENG by Malchon (Similar CS/H 934, CS/S 1428, Compare CS/H 745, 1ST ENG/H 961, CS/H 1027, 1ST ENG/H 1326, CS/1ST ENG/H 1427, 1ST ENG/S 675, CS/S 850, CS/1ST ENG/S 1133, CS/S 1304)

Health Care/General Revision: provides public disclosure exemption for certain patient records obtained by H.R.S. Dept.; requires dept. to investigate certain complaints against hospitals; authorizes dept. to establish state trauma system plan; revises requirements for licensure as basic life support or advanced life support ground service; provides immunity from liability for emergency treatment of incapacitated persons, etc. Amends F.S. Appropriation: \$550,830. Effective Date: 07/05/89.

02/13/89 SENATE Prefiled
02/17/89 SENATE Referred to Health Care; Appropriations
04/04/89 SENATE Introduced, referred to Health Care; Appropriations -SJ 29
04/14/89 SENATE Extension of time granted Committee Health Care
04/28/89 SENATE Extension of time granted Committee Health Care
05/12/89 SENATE Extension of time granted Committee Health Care
05/18/89 SENATE On Committee agenda—Health Care, 05/22/89, 11:00 am, Room-A-(LL-37)
05/22/89 SENATE Comm. Report: Favorable by Health Care -SJ 402; Now in Appropriations -SJ 402
06/01/89 SENATE Withdrawn from Appropriations -SJ 732; Placed on Calendar
06/02/89 SENATE Placed on Special Order Calendar -SJ 1213; Was taken up -SJ 1253; Passed as amended; YEAS 36 NAYS 0 -SJ 1261
06/02/89 HOUSE In Messages; Received, placed on Calendar; Read second time; Read third time; Passed; YEAS 110 NAYS 0 -HJ 1461
06/03/89 Ordered enrolled -SJ 1406
06/20/89 Signed by Officers and presented to Governor
07/05/89 Approved by Governor; Chapter No. 89-275; See also: SB 675 (Ch. 89-283), HB 1326 (Ch. 89-336), CS/SB 1133 (Ch. 89-85) & CS/HB 1427 (Ch. 89-374)

NOTES: Above bill history from Division of Legislative Information's *FINAL LEGISLATIVE BILL INFORMATION, 1989 SESSIONS*. Staff Analyses for bills amended beyond final committee action may not be in accordance with the enacted law. Journal page numbers (HJ & SJ) refer to daily Journals and may not be the same as final bound Journals.

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

<u>ANALYST</u>	<u>STAFF DIRECTOR</u>	<u>REFERENCE</u>	<u>ACTION</u>
1. <u>Williams</u>	<u>Wilson</u>	1. <u>HC</u>	<u>Favorable</u>
2. _____	_____	2. <u>AP</u>	<u>Withdrawn</u>
3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____

SUBJECT:

Medicaid/Infants and Pregnant Women

BILL NO. AND SPONSOR:

SB 255 by Senator Malchon

I. SUMMARY:

A. Present Situation:

The 1987 Federal Omnibus Budget Reconciliation Act amended Medicaid legislation to authorize states to increase the family income eligibility for purposes of qualifying pregnant women and children for Medicaid. This expansion of the income eligibility threshold came about in response to high levels of infant mortality and morbidity as well as to the lack of affordable health insurance and medical providers for this segment of the population.

Section 409.266, Florida Statutes, authorizes Florida's participation in the Medicaid Program, designates the Department of Health and Rehabilitative Services (HRS) as the responsible agency, and establishes the eligibility and coverage guidelines for the program. Currently, Medicaid services are covered for qualified pregnant women and children up to age 5 with family income up to 100 percent of the federal nonfarm poverty level. The current federal nonfarm poverty level for a family of four is \$11,650, annually. There are many pregnant women and infants whose family incomes are above 100 percent of poverty who are in great need of prenatal, neonatal, and infant health care. These women and infants, because of their current economic situation, are unable to obtain adequate health care, resulting in unacceptably high levels of infant mortality and low birth weight complications.

B. Effect of Proposed Changes:

Senate Bill 255 amends subsection (7) of section 409.266, Florida Statutes, 1988 Supplement, to require HRS by rule to provide Medicaid services to qualified pregnant women and infants whose family incomes are not more than 150 percent of the federal nonfarm poverty level, beginning July 1, 1989, subject to legislative appropriation. This will raise the income eligibility from \$11,650 to \$17,475 for a family of four.

The bill's effective date is July 1, 1989.

II. ECONOMIC IMPACT AND FISCAL NOTE:

A. Public:

The bill will make available increased funds to hospitals and physicians, who may already be providing services to these women and infants with little or no reimbursement.

This bill will provide additional health care services to those who do not currently qualify for Medicaid and are unable to pay for their own health care. The Department of Health and

Rehabilitative Services has estimated that 8,035 women and 12,052 children will benefit from this expansion.

B. Government:

The state's share of the fiscal impact of the Medicaid expansion authorized by this bill is as follows:

FY 89-90	FY 90-91
\$19.4 million	\$34.5 million

Both the Senate and House Appropriations bills as well as the Governor's budget provide for this increase, but from different funding sources. This bill does not specify a funding source.

III. COMMENTS:

None.

IV. AMENDMENTS:

None.

STORAGE NAME: s255-f.hc
DATE: June 7, 1989

**HOUSE OF REPRESENTATIVES
HEALTH CARE COMMITTEE
FINAL STAFF ANALYSIS & ECONOMIC IMPACT STATEMENT**

BILL #: SB 255

RELATING TO: Trauma/Indigent Health Care

SPONSOR(S): Sen. Malchon

EFFECTIVE DATE: Upon Becoming Law

DATE BECAME LAW: July 5, 1989

CHAPTER #: 89-275, Laws of Florida

COMPANION BILL(S): HB 934, SB 1428, SB 675, HB 745, and SB 1304

OTHER COMMITTEES OF REFERENCE: (1) Appropriations
(2)

I. SUMMARY:

Senate Bill 255 directs the Department of Health and Rehabilitative Services to submit to the Legislature a report on trauma care, creates a Committee on State-Sponsored Trauma Centers, directs the department to establish a statewide trauma system plan, establishes emergency medical review committees, refines existing statutes related to trauma care, continues the indigent care initiatives implemented in Chapters 87-92 and 88-294, Laws of Florida, creates a Commission on the Funding of Indigent Health Care, and provides for disproportionate share payments under Medicaid.

A. PRESENT SITUATION:

TRAUMA CARE

Trauma Network: Legislation establishing trauma center verification procedures was first enacted in 1982. The purpose of this legislation was to develop a network of trauma centers throughout the state so that victims of trauma would receive the best possible medical care, thus reducing the possibility of permanent disability or death. Chapter 87-399, Laws of Florida, added a provision which allowed the department to delegate to local or regional trauma agencies its trauma center verification responsibility. Since 1986, the number of verified trauma centers has declined from 29 to 16. As of August 1989, the number is expected to drop to 10 or fewer trauma centers. The high cost of establishing and maintaining a trauma center that meets the verification standards, the difficulty in recruiting staff, and the malpractice crisis are cited as causes for the decline.

Trauma Plans: Current statutes permit, but do not require, the department to establish trauma regions where there are no local or regional trauma agencies and the department determines there is a need for organized trauma services. At the present time, there are approximately five local or regional trauma plans in the state and not all of those have been implemented.

Confidentiality: Patient records have a confidential status and are not released except under specific circumstances stated in s. 395.017(3), Florida Statutes, and by the department to access patient records in order to ensure compliance with s. 395.031(5) which relates to the verification of trauma centers. The department's authority to access patient records for other reasons related to emergency medical services is limited.

Section 395.0142, Florida Statutes, directs all hospitals that have emergency departments to provide emergency care to any person requesting emergency services. There have been alleged complaints against hospitals for violating this statute and these complaints have been aired publicly, often before probable cause has been found.

INDIGENT HEALTH CARE

Public Medical Assistance Trust Fund: Beginning in FY 1984-85 and continuing through the present time, the state has imposed an assessment upon each hospital equal to 1.5 percent (1 percent in the first year) of its annual net operating revenues for the purpose of ensuring the adequate health care is available to all Floridians. These assessments have been deposited in the Public Medical Assistance Trust Fund and have been used to finance health care services to the uninsured population in the state. The increase in the number of uninsured persons has resulted in a declining balance in the fund to a point where a deficit of \$47.7 million has been projected for the end of FY 1990-91.

Medicaid Coverage: Currently, Medicaid coverage in Florida is provided for families who qualify under Aid to Families with Dependent Children whose incomes are approximately 34% of poverty. Coverage is also available for pregnant women and children up to the age of 5 whose family incomes are below 100 percent of the poverty level. There are approximately 45,594 pregnant women in Florida whose incomes are between 100 and 150 percent of poverty who are in need of prenatal and neonatal care. These women and infants, because of their current economic situation, are unable to get adequate health care resulting in high levels of infant mortality and low birth weight complications.

Disproportionate Share: During 1985, patients with incomes below poverty accounted for 60 percent of hospitals' uncompensated care. Medicaid eligibility enhancements have contributed to a reduction in the rate of increase in uncompensated care, but have not eliminated the burden experienced by certain hospitals with disproportionately high charity care levels. The 1987

Legislature authorized a one-time \$69.5 million direct subsidy to hospitals that had contributed to the PMATF. In 1988, the Legislature authorized \$77.7 million in state and federal dollars for increased Medicaid reimbursement for hospitals providing a disproportionate share of Medicaid and charity care inpatient days.

There is evidence that the Regional Perinatal Intensive Care Centers in the state are compensated less than the full cost of providing care. Some providers are unhappy with the current reimbursement methodology and have expressed concerns about the ability of being able to continue in the program.

B. EFFECT OF PROPOSED CHANGES:

TRAUMA CARE

Trauma Network and Plans: Senate Bill 255 directs the Department of Health and Rehabilitative Services to prepare and submit to the Legislature by February 1, 1990, a report and proposal on state-sponsored trauma centers. The bill creates a Committee on State-Sponsored Trauma Centers to provide recommendations to the department in the preparation of the report. The focus of the report is the development of network of trauma centers throughout the state. The bill directs the department to establish a statewide trauma system plan with trauma regions and it prohibits local agencies from operating trauma plans without the approval of the department.

Confidentiality: Senate bill 255 permits the department to have access to patient records for the purpose of reviewing trauma registry data and to be exempt from the Public Records law in investigating complaints against hospitals.

Quality Assurance: Senate bill 255 directs medical directors to establish quality reviews of paramedics and emergency medical technicians. It establishes emergency medical review committees and provides immunity from monetary liability for persons while they are performing within the scope of functions of the committee. In addition, an inconsistency in current law is clarified by having medical directors document and report only those actions taken by a paramedic or emergency medical technician that constitute "grounds for disciplinary action." The department has statutory authority to take action in such cases pursuant to s. 401.111, Florida Statutes.

Guidance is also provided to paramedics and emergency medical technicians in the examination and treatment of incapacitated persons.

INDIGENT HEALTH CARE

Public Medical Assistance Trust Fund: Senate Bill 255 creates the Florida Commission for the Funding of Indigent Health Care and directs the Commission to submit to the Governor, the Speaker

of the House and the President of the Senate, its recommendations of sources of funding of health care for the poor, the continued existence of the Public Medical Assistance Trust Fund and the adequacy of existing reimbursement methodologies for hospitals participating in the Medicaid program.

Medicaid Coverage: Medicaid coverage for pregnant women and children under the age of one is extended to those whose family incomes is equal or less than 150% of the poverty guideline. Also, the bill eliminates the 45 day inpatient cap for children under one in accordance with federal law.

Disproportionate Share: Senate Bill 255 directs the department to distribute \$44.3 million in state and federal funds appropriated under the disproportionate share program to those hospitals serving a disproportionate share of charity care and Medicaid patients. The department is also directed to distribute disproportionate share payments equal to \$10 million in state and federal funds to regional perinatal intensive care centers. The bill also provides reimbursement to physicians working in regional perinatal intensive care centers based on obstetrical and neonatal care groupings.

C. SECTION-BY-SECTION ANALYSIS:

Section 1. Amends s. 119.07, Florida Statutes, to exempt patient records obtained by the department for the trauma registry not only from hospitals, but also from other health care providers.

Section 2. Amends s. 395.017, Florida Statutes, to permit disclosure of information in patient records so that the department can ensure trauma centers are in compliance with trauma standards and rules.

Section 3. Creates s. 395.0175, Florida Statutes, to allow the department to investigate complaints against hospitals that provide emergency services, but prohibits public disclosure of the complaint and the investigation until 10 days after probable cause has been found.

Section 4. Amends s. 395.031, Florida Statutes, 1988 Supplement, by adding definitions of Levels I and II and State-Sponsored trauma centers. Also, eliminates the right of the department to delegate its authority for trauma center verification to the local or regional trauma agencies. Instructs local or regional agencies to contract only with verified trauma centers and to insure that trauma system arrangements are consistent with regional trauma system plans. Prevents trauma agencies from operating unless the department has approved the trauma system plan of the agency.

Section 5. Amends s. 395.032, Florida Statutes, and directs the department to establish a state trauma system plan including trauma regions which cover all geographical areas of the state. The trauma regions may serve as the basis for the development of

regional trauma system plans. Instructs the department to consider the recommendations of local or regional trauma agencies in developing the state trauma systems plan. Allows the department to accept local or regional trauma plans as part of the state trauma systems plan.

Section 6. Directs the department to submit to the Legislature by February 1, 1990, a report and proposal for funding trauma centers. The report will estimate the needed funding level, the approximate number and generalized location of state-sponsored trauma centers needed to ensure adequate trauma care in the state, the selection criteria to be used in a request for proposal or other selection procedure for selecting state-sponsored trauma centers, and the recommended methodology for reimbursing state-sponsored trauma centers.

Creates a Committee on State-Sponsored Trauma Centers to assist the department in developing the report and proposal. The committee will be composed of a cross-section of persons representing trauma care service providers.

Section 7. Authorizes the department to adopt rules implementing provisions in the bill related to trauma care.

Section 8. Amends s. 401.101, Florida Statutes, to eliminate the reference date and renames it the Florida Emergency Medical Services Grant Act.

Section 9. Amends s. 401.107, Florida Statutes, to provide a definition for emergency medical services organizations.

Section 10. Amends s. 401.111, Florida Statutes, to clarify the types of entities that may receive grants from the department for assistance in providing emergency medical services.

Section 11. Amends s. 401.113, Florida Statutes to add that local agencies are eligible to receive grant money from the department to conduct research, increase existing levels of emergency medical services, and to perform other services.

Section 12. Amends s. 401.211, Florida Statutes, to eliminate intent language that the department contract with the Department of Professional Regulation for certain services such as investigation, examination, licensing and technical assistance. This is currently being done by the Department of Health and Rehabilitative Services.

Section 13. Amends s. 401.245, Florida Statutes, to delete a representative from the Department of Professional Regulation from the Emergency Medical Services Advisory Council.

Section 14. Amends subsection (2) of s. 401.25, Florida Statutes, to make as a requirement for a basic life support or advance life support ground service license a Certificate of Public Convenience only from those counties where the applicant will operate.

Section 15. Amends subsection (2) of s. 401.265, Florida Statutes, requiring that each medical director in an emergency medical services system provide for a quality assurance review of all emergency medical technicians and paramedics operating under his supervision. Requires the medical director to report any emergency medical technician or paramedic whose actions might constitute grounds for disciplinary action.

Section 16. Creates s. 401.425, Florida Statutes, and establishes emergency medical review committees. This section permits these committees to review and evaluate the professional medical competence of emergency medical technicians and paramedics. Prohibits any monetary liability of the medical director, emergency medical services provider, hospital or person acting as a witness for an emergency medical review committee. Immunity from liability is limited only to those services directly related to the emergency medical services review committee. In addition, quality assurance activities are not subject to discovery or introduction into evidence in any civil action against an emergency medical services provider.

Section 17. Creates s. 401.445, Florida Statutes, and prohibits recovery against any emergency medical technician who treats a patient without his informed consent if the person was intoxicated, on drugs, or experiencing a medical condition and would have reasonably undergone such an examination under the advice of the emergency medical technician. Directs the technician to proceed with an examination of a person who may or may not give his consent but stipulates that unreasonable force should not be used.

Section 18. Amends s. 458.331, Florida Statutes, and adds paramedics to the list of persons whose activities must be supervised by physicians. Failure to do so is grounds for disciplinary action.

Section 19. Provides that \$450,830 be appropriated from the Emergency Medical Services Trust Fund for four positions to develop a state trauma plan and to prepare the report for the Legislature.

Section 20. Amends subsection (7) of s. 409.266, Florida Statutes, 1988 Supplement, to require the department to provide Medicaid services authorized by the Federal Sixth Omnibus Budget Reconciliation Act or the Federal Seventh Omnibus Budget Reconciliation Act and provided for in the General Appropriations Act to qualified pregnant women and children under the age of one whose family incomes are less than 150 percent of the federal nonfarm poverty level.

Directs the department to reimburse certain physicians working in Regional Perinatal Intensive Care Centers according to obstetrical and neonatal care groupings, subject to approval by the Health Care Financing Administration. Lacking such approval, the department is authorized to distribute not more than \$1

million from the base grant provided to physicians in the Regional Perinatal Intensive Care program.

Eliminates the 45 day hospital inpatient cap for children under one whose family income is below 150 percent of the federal poverty level.

Section 21. Continues the Medicaid Disproportionate Share program for an additional year. Provides a methodology to distribute monies to hospitals providing a disproportionate share of Medicaid and charity care. A hospital must have provided at least 7 percent of its inpatient hospital days to Medicaid and charity care patients and the additional disproportionate share amount can not exceed 50 percent of the base Medicaid per diem rate. Provides for additional disproportionate share payments to Regional Perinatal Intensive Care Centers equal to \$10 million.

Section 22. Establishes a grant program for reimbursing Regional Perinatal Intensive Care Centers whose total revenues from the expansion of Medicaid eligibility and disproportionate share payments do not equal revenues from the Regional Perinatal Intensive Care Center Program in FY 1988-89.

Section 23. Prohibits funds distributed under either Disproportionate Share programs from being considered as net revenues in determining whether or not a hospital's approved budget or previous year's actual experience has exceeded its maximum allowable rate of increase pursuant to s. 407.51, Florida Statutes.

Section 24. Repeals the Sunset review of the Medicaid medically needy program.

Section 25. Provides legislative findings and intent regarding the Public Medical Assistance Trust Fund.

Section 26. Creates the Florida Commission for the Funding of Indigent Health Care, a 19 member committee composed of six persons to be appointed by the Governor, six by the Speaker of the House, six by the President of the Senate, and the Commissioner of Insurance. Directs the Commission to submit by December 15, 1989, to the Governor, the Speaker and the President, its recommendations on sources of funding of health care for the poor, the continued existence of the Public Medical Assistance Trust Fund and the adequacy of existing reimbursement methodologies for hospitals participating in Medicaid. Appropriates \$100,000 to cover Commission expenses.

Section 27. Provides an effective date of July 1, 1989, or upon becoming a law, whichever occurs later.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

Expansion of Medicaid eligibility to pregnant women and children under age one whose family incomes are below 150 percent of poverty is expected to reach \$19,356,308 in FY 1989-90. Included in this appropriation are funds to cover the elimination of the inpatient hospital cap for children under one whose family incomes are between 100 - 150 percent of poverty.

Also, provided for in the bill is a Disproportionate Share Program with an appropriation from the Public Medical Assistance Trust Fund of an amount equal to \$20,000,000 to be matched with \$24,300,000 from the Medical Care Trust Fund. There is an additional disproportionate share payment to Regional Perinatal Intensive Care Centers equal to \$4,530,000 in general revenue and \$5,470,000 in federal dollars. The bill provides for Medicaid payment to physicians in Regional Perinatal Intensive Care Centers according to obstetrical and neonatal groupings equal to \$841,117 in general revenue and \$1,015,653 in federal dollars.

The bill appropriates \$450,830 from the Emergency Medical Services Trust Fund to cover expenses incurred to fund four positions to develop a statewide trauma services plan and to prepare the report to the Legislature on State-Sponsored Trauma Centers.

The bill also appropriates \$100,000 from the Public Medical Assistance Trust Fund to cover expenses incurred by the Commission on the Funding of Indigent Health Care.

2. Recurring or Annualized Continuation Effects:

Expenditures:		FY90-91	FY91-92
Pregnant women to 150% including elim. IP cap children under 1	GR	\$34,204,142	\$36,829,483
	MCTF/ATF	\$41,301,690	\$44,471,803
	TOTAL	\$75,505,832	\$81,301,286

3. Long Run Effects Other Than Normal Growth:

The state should realize savings from the Medicaid expansion in that babies born to pregnant women eligible for Medicaid who have access to prenatal care will be less likely to have low birth weights or other high risk conditions which lead to infant mortality and morbidity.

4. Appropriations Consequences:

Expenditures	89-90	90-91	91-92
PMATF	\$39,456,308	\$34,204,142	\$36,829,483
General Revenue	5,371,117		
MCTF	54,261,599	41,301,690	44,471,803
EMSTF	450,830		
TOTAL	<u>\$99,539,854</u>	<u>\$75,505,832</u>	<u>\$81,301,286</u>

NOTE: FY90-91 and FY91-92 do not include Disproportionate Share or RPICC Disproportionate share figures.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:

The bill exempts counties from contributing to the inpatient days for the new Medicaid eligibility group of pregnant women and children under one whose incomes are below 150 percent of poverty. This should result in a cost avoidance of approximately \$1 million.

2. Recurring or Annualized Continuation Effects:

The cost avoidance figure is not available, but it is recognized that federal dollars will result in a decrease in the amount spent by counties on inpatient hospitalization.

3. Long Run Effects Other Than Normal Growth:

Not determined.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

Not determined.

2. Direct Private Sector Benefits: (Estimate)

Hospitals

Disproportionate Share Program	\$44,300,000
Pregnant women & infants	32,426,891
RPICC Disproportionate Share	<u>10,000,000</u>
Total	\$86,726,891

Physicians

Pregnant women & infants	\$ 8,500,432
RPICC/Medicaid NCG & OBCG	<u>1,856,770</u>
Total	\$10,357,202

Other Providers

Pregnant women & infants

\$ 1,904,178

3. Effects on Competition, Private Enterprise, and Employment Markets:

Not determined.

D. FISCAL COMMENTS:

AGENCY IMPACT

Within the Department of Health and Rehabilitative Services, the Office of Emergency Medical Services will need additional staff to prepare the report on State-Sponsored Trauma Centers that is due on February 1, 1990. Funds have been appropriated to cover two OPS staff positions for that purpose and to cover travel expenses for Committee members. Funds have also been appropriated to cover two staff positions in the Emergency Medical Services Office, data collection, and a contract for the development of a state trauma system plan.

III. LONG RANGE CONSEQUENCES:

Trauma

The creation of the Committee on State-Sponsored Trauma Centers provides the foundation for establishing a comprehensive trauma services network in Florida. The Committee will provide valuable expertise to the Department of Health and Rehabilitative Services regarding the desirable number and location of state-sponsored trauma centers as well as the criteria for selecting them. The Committee, the subsequent department report to the Legislature, and the directive that the department establish a state trauma system plan, are critical organizational steps that should provide the structure for a well integrated trauma system available to all Floridians regardless where a trauma occurs.

Indigent Health Care

The expansion of Medicaid eligibility and the elimination of the inpatient hospital cap for children under one whose family incomes are below 150 percent of poverty will improve access to health care services for indigent persons. As such, these sections of the bill continue to build on the initiatives implemented in chapter 87-92 and 88-294, Laws of Florida. When the Medicaid expansions are added to appropriations for the Primary Care and Shared State/County programs, the result is continued strengthening of an integrated indigent health care program that targets the uninsured poor. In addition, the creation of a Commission for the Funding of Indigent Health Care provides a vehicle for establishing long range plans for financing health care services for indigent persons.

IV. COMMENTS:

This legislation which promotes access to necessary health care services is consistent with the Committee Mission Statement, the Issues Conference Policy Statements and the Comprehensive State Plan.

V. BILL HISTORY

- 4/4/89 Introduced to Senate; referred to Health Care Committee and Appropriations Committee.
- 5/22/89 Passed out of Health Care Committee.
- 6/1/89 Withdrawn from Appropriations Committee; place on Calendar.
- 6/2/89 Placed on Special Order Calendar. Passed as amended (36 yeas, 0 nays). Amendments included components of HB 745 (Indigent Health Care) and HB 934 (Trauma Care). The amendments also included the establishment of a Commission on the Funding of Indigent Health Care, a Medicaid disproportionate share methodology, and a disproportionate share methodology for Regional Perinatal Intensive Care Centers.
- 6/2/89 Passed House (110 yeas, 0 nays).

VI. SIGNATURES:

SUBSTANTIVE COMMITTEE:

Prepared by:



Kate C. Morgan

Staff Director:



Mike Hansen

SECOND COMMITTEE OF REFERENCE:

Prepared by:

Staff Director:

APPROPRIATIONS:

Prepared by:

Staff Director:
