

Health Care Appropriations Subcommittee

Meeting Packet

**March 8, 2011
3:15 p.m. – 5:15 p.m.
Webster Hall**



AGENDA

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
- I. Call to Order/Roll Call
- II. Opening Remarks
- III. HB 13—Onsite Sewage Treatment and Disposal Systems by Coley
- IV. HB 465—Florida Veterans' Hall of Fame by Harrell
- V. Budget Balancing Exercise
- VI. Overview of the Correctional Medical Authority
 - John Bailey, D.O., Chair, Correctional Medical Authority
- VII. Closing Remarks/Adjournment

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 13 Onsite Sewage Treatment and Disposal Systems

SPONSOR(S): Coley and others

TIED BILLS: None **IDEN./SIM. BILLS:** SB 82, SB 130, SB 168

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Agriculture & Natural Resources Subcommittee	12 Y, 1 N	Deslatte	Blalock
2) Health Care Appropriations Subcommittee		Clark 	Pridgeon 
3) State Affairs Committee			

SUMMARY ANALYSIS

During the 2010 regular legislative session, the Legislature passed HB 550, which, in part, created an onsite sewage treatment and disposal system evaluation program (program) to be administered by the Department of Health (DOH) beginning January 1, 2011. During the 2010 November special session, the Legislature extended the beginning date for implementing the program from January 1, 2011 to July 1, 2011.

Under current law, all onsite sewage systems must undergo an inspection by the DOH once every five years, starting July 1, 2011. The evaluation must include a tank and drainfield evaluation, a written assessment of the condition of the system, and, if necessary, a disclosure statement. A septic system owner must pay the cost of the evaluation as well as a 5-year evaluation report fee of not less than \$15, or more than \$30, which is collected by the person conducting the septic system evaluation and remitted to the DOH. A pump-out of a septic system is not required if documentation of a pump-out or a permitted new installation, repair, or modification of the system within the previous 5 years is provided, and the documentation states the capacity of the tank and indicates that the condition of the tank is not a sanitary or public health nuisance as defined by DOH rule. Each evaluation or pump-out must be performed by a registered septic tank contractor or master septic tank contractor, a licensed professional engineer with wastewater treatment system experience, or an environmental health professional certified in the area of onsite sewage treatment and disposal system evaluation. Owners of septic systems are responsible for paying the cost of any required pump-out, repair, or replacement, and cannot request partial evaluation or the omission of portions of the evaluation. Beginning January 1, 2012, the DOH must administer a grant program to assist owners of onsite systems. A grant may be awarded to an owner only for the purpose of inspecting, pumping, repairing, or replacing a system serving a single family residence occupied by an owner with a family income of less than or equal to 133 percent of the federal poverty level at the time of application. A portion of the report fee (at least \$1 and not more than \$5) must be used to fund a grant program.

The bill amends current law to remove language that directs the DOH to create and administer the statewide septic tank evaluation program and eliminates procedures and criteria for the evaluation program. The bill also repeals current law to terminate the grant program for repair of onsite sewage treatment disposal systems identified pursuant to the evaluation program, and eliminates provisions authorizing the DOH to collect an evaluation report fee. Finally, the bill eliminates provisions relating to disposition of fee proceeds and a revenue-neutral fee schedule.

This bill will eliminate the DOH's workload associated with implementation of the program, thereby resulting in no fiscal impact to the state. Additionally, there will be no fiscal impact on local governments. The bill will eliminate the anticipated positive economic impact on private businesses performing inspections and repairs expected to result from implementation of the program, and will eliminate the costs to septic tank owners that would be required to incur program compliance costs. According to the DOH analysis¹, projected revenue for Fiscal Year 2011-2012 would have been \$3.12 million to implement the program beginning July 1, 2011; however these revenues would have offset the cost to administer program.

¹ On file with staff.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

The Department of Health (DOH) oversees an environmental health program as part of fulfilling the state's public health mission. The purpose of this program is to detect and prevent disease caused by natural and manmade factors in the environment. One component of the program is oversight of sewage treatment and disposal systems, i.e., septic tanks.² The DOH estimates there are 2.6 million septic tanks in use statewide.

The Bureau of Onsite Sewage Programs develops statewide rules and provides training and standardization for County Health Department employees responsible for issuing permits for the installation and repair of onsite septic systems within the state. The bureau also licenses septic system contractors, approves continuing education courses and courses provided for septic tank contractors, funds a hands-on training center, and mediates onsite sewage treatment and disposal system contracting complaints. In addition, the bureau manages a state-funded research program, prepares research grants, and reviews and approves innovative products and septic system designs.³

In 2008, the DOH submitted a report on the range of costs to implement a mandatory statewide 5-year septic tank inspection program.⁴ Of the 2.6 million septic tanks statewide, the report stated that over half of the systems are over 30 years old and were installed under standards less stringent than current standards. The report further stated that less than one percent of these active systems has operating permits and receives annual inspections by the DOH and routine maintenance from private maintenance entities. Repairs of onsite systems were not regulated until 1987, so many of the older systems have been unlawfully modified.

According to the report, although there was no statewide septic tank inspection program, three Florida counties, Charlotte, Escambia and Santa Rosa, have implemented mandatory septic tank inspections at a cost of \$83.93 to \$215 per inspection. In 2008, approximately 0.5 percent of septic tanks were inspected and pumped out. The report concluded that "a mandatory statewide 5-year septic tank inspection program to be phased in over 10 years, based on the DOH's existing procedure for voluntary inspection, would be a significant upgrade to Florida's onsite system management practices. The mandatory inspections would initially be phased in through inspection and inclusion of onsite systems that are already inspected by the DOH (i.e., county ordained mandatory inspection programs, systems applying for modifications or repairs and for systems subject to real estate transactions). A mandatory septic inspection program would result in greater environmental and public health protection by increasing system owner awareness, prolonging system life and delaying or eliminating costly system repairs."

During the 2010 legislative session, the Legislature passed HB 550, which, in part, created an onsite sewage treatment and disposal system evaluation program (program) to be administered by the DOH beginning January 1, 2011. The purpose of the program is to assess the fundamental operational condition of septic systems and identify failures within the systems. Section 381.0065(5), F.S., directs the DOH to adopt rules implementing the program standards, procedures, and requirements, including a schedule for a 5-year evaluation cycle, requirements for the pump-out of a system or repair of a

² Section 381.006, F.S. (2009).

³ Description of the Bureau of Onsite Sewage from the DOH website. Available at: <http://www.doh.state.fl.us/environment/ostds/OSTDSdescription.html>.

⁴ The report was submitted in compliance with HB 5001, General Appropriations Act, for Fiscal Year 2008-2009. The report was submitted to the Speaker of the House of Representatives, the President of the Senate, and the Executive Office of the Governor. The report can be found at: <http://www.myfloridaeh.com/ostds/pdffiles/forms/MSIP.pdf>

failing system, enforcement procedures for failure of a system owner to obtain an evaluation of the system, and failure of a contractor to timely submit evaluation results to the DOH and the system owner. The DOH must ensure statewide implementation of the program by January 1, 2016.

The program requires the owner of a septic system, excluding a system that is required to obtain an operating permit,⁵ to have the system evaluated at least once every 5 years to assess the fundamental operational condition of the system, and identify any system failures. The evaluation must include a tank and drainfield evaluation, a written assessment of the condition of the system, and, if necessary, a disclosure statement. A septic system owner must pay the cost of the evaluation as well as a 5-year evaluation report fee of not less than \$15, or more than \$30, which is collected by the person conducting the septic system evaluation and remitted to the DOH. The actual cost of an evaluation, as well as the cost of any necessary remedial actions, is one of the issues currently under review by the DOH.

Owners of septic systems are responsible for paying the cost of any required pump-out, repair, or replacement, and cannot request partial evaluation or the omission of portions of the evaluation. Each evaluation or pump-out must be performed by a registered septic tank contractor or master septic tank contractor, a licensed professional engineer with wastewater treatment system experience, or an environmental health professional certified in the area of onsite sewage treatment and disposal system evaluation. Prior to any evaluation deadline, the DOH must provide a minimum 60 days notice to owners that their systems must be evaluated by that deadline.

Systems being evaluated that were installed prior to January 1, 1983, must meet a minimum 6-inch separation from the bottom of the drainfield to the wettest season water table elevation. All drainfield repairs, replacements, or modifications to systems installed prior to January 1, 1983, must meet a minimum 12-inch separation from the bottom of the drainfield to the wettest season water table elevation. Systems being evaluated that were installed after January 1, 1983, must meet a minimum 12-inch separation from bottom of drainfield to the wettest season water table elevation, and all drainfield repairs, replacements, or modifications to these systems must meet a minimum 24-inch separation from bottom of drainfield to the wettest season water table elevation.

A pump-out of a septic system is not required if documentation of a pump-out or a permitted new installation, repair, or modification of the system within the previous 5 years is provided, and the documentation states the capacity of the tank and indicates that the condition of the tank is not a sanitary or public health nuisance as defined by DOH rule.

Beginning on January 1, 2012, the DOH will administer a grant program to assist low-income owners of septic systems to defray some of the cost of complying with the requirements of the evaluation program. A grant can be awarded to an owner for the purpose of inspecting, pumping, repairing, or replacing a system serving a single-family residence occupied by an owner with a family income of less than or equal to 133% of the federal poverty level.⁶ At least \$1, but no more than \$5, of the evaluation report fee described above must be used to fund the grant program.

The DOH has begun the rulemaking process to implement the evaluation program, but has encountered delays. Concerns have been expressed by the DOH, its Technical Review and Advisory Panel, and the public regarding the unknown costs associated with implementation of the program, including costs to property owners required to pay for the inspection and any remedial activities, as well as implementation costs to the state.

During the 2010 November special session, SB 2A was passed to change the implementation date of the statewide septic tank evaluation program from January 1, 2011 to July 1, 2011.

⁵ Systems that require an operating permit are typically large scale complex commercial systems and anaerobic systems. Typical residential septic systems require a permit for installation, but not an annual operating permit.

⁶ Depending on the size of a family, 133% of the federal poverty level equals a yearly income of between \$14,404 and \$49,223. https://www.cms.gov/MedicaidEligibility/07_IncomeandResourceGuidelines.asp.

Effect of Proposed Changes

The bill eliminates provisions directing the DOH to create and administer a statewide septic tank evaluation program and eliminates procedures and criteria for the evaluation program. The bill also repeals s. 381.00656, F.S., to terminate the grant program for repair of onsite sewage treatment disposal systems identified pursuant to the evaluation program. In addition, the bill eliminates provisions authorizing the DOH to collect an evaluation report fee. Finally, the bill eliminates provisions relating to disposition of fee proceeds and a revenue-neutral fee schedule.

B. SECTION DIRECTORY:

Section 1. Amends s. 381.0065, F.S., revising legislative intent; eliminating provisions directing the Department of Health to create and administer a statewide septic tank evaluation program; eliminating procedures and criteria for the evaluation program.

Section 2. Repeals s. 381.00656, F.S., terminating the grant program for repair of onsite sewage treatment disposal systems identified pursuant to the evaluation program, to conform.

Section 3. Amends s. 381.0066, F.S., eliminating provisions authorizing the department to collect an evaluation report fee; eliminating provisions relating to disposition of fee proceeds and a revenue-neutral fee schedule.

Section 4. Provides an effective date.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

According to the DOH analysis, the projected revenues would have been \$3.12 million for Fiscal Year 2011-2012, based on a July 1, 2011 implementation date. These projected revenues would have offset the costs to the DOH to administer the evaluation program, including providing assistance to low income families for septic systems needing repair. However, this bill eliminates the requirement to implement the statewide septic tank evaluation and grant programs, and therefore results in no fiscal impact to the DOH.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The septic system evaluation program, once implemented, will likely increase revenues of persons or businesses in the private sector who are authorized to perform the required evaluations and any pump-out, repairs, replacements, or modifications identified during the evaluation of a septic system. The bill will eliminate this increase in revenues. Conversely, property owners who use a septic system will bear the costs of an evaluation and any necessary remedial activities. The bill will eliminate those costs to septic tank owners.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None

B. RULE-MAKING AUTHORITY:

None

C. DRAFTING ISSUES OR OTHER COMMENTS:

None

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to onsite sewage treatment and disposal
 3 systems; amending s. 381.0065, F.S.; revising legislative
 4 intent; eliminating provisions directing the Department of
 5 Health to create and administer a statewide septic tank
 6 evaluation program; eliminating procedures and criteria
 7 for the evaluation program; repealing s. 381.00656, F.S.,
 8 to terminate the grant program for repair of onsite sewage
 9 treatment disposal systems identified pursuant to the
 10 evaluation program, to conform; amending s. 381.0066,
 11 F.S.; eliminating provisions authorizing the department to
 12 collect an evaluation report fee; eliminating provisions
 13 relating to disposition of fee proceeds and a revenue-
 14 neutral fee schedule; providing an effective date.

15
 16 Be It Enacted by the Legislature of the State of Florida:

17
 18 Section 1. Subsections (1), (5), (6), and (7) of section
 19 381.0065, Florida Statutes, are amended to read:

20 381.0065 Onsite sewage treatment and disposal systems;
 21 regulation.-

22 (1) LEGISLATIVE INTENT.-

23 (a) It is the intent of the Legislature that proper
 24 management of onsite sewage treatment and disposal systems is
 25 paramount to the health, safety, and welfare of the public. ~~It~~
 26 ~~is further the intent of the Legislature that the department~~
 27 ~~shall administer an evaluation program to ensure the operational~~
 28 ~~condition of the system and identify any failure with the~~

29 | ~~system.~~

30 | (b) It is the intent of the Legislature that where a
 31 | publicly owned or investor-owned sewerage system is not
 32 | available, the department shall issue permits for the
 33 | construction, installation, modification, abandonment, or repair
 34 | of onsite sewage treatment and disposal systems under conditions
 35 | as described in this section and rules adopted under this
 36 | section. It is further the intent of the Legislature that the
 37 | installation and use of onsite sewage treatment and disposal
 38 | systems not adversely affect the public health or significantly
 39 | degrade the groundwater or surface water.

40 | ~~(5) EVALUATION AND ASSESSMENT.—~~

41 | ~~(a) Beginning January 1, 2011, the department shall~~
 42 | ~~administer an onsite sewage treatment and disposal system~~
 43 | ~~evaluation program for the purpose of assessing the fundamental~~
 44 | ~~operational condition of systems and identifying any failures~~
 45 | ~~within the systems. The department shall adopt rules~~
 46 | ~~implementing the program standards, procedures, and~~
 47 | ~~requirements, including, but not limited to, a schedule for a 5-~~
 48 | ~~year evaluation cycle, requirements for the pump-out of a system~~
 49 | ~~or repair of a failing system, enforcement procedures for~~
 50 | ~~failure of a system owner to obtain an evaluation of the system,~~
 51 | ~~and failure of a contractor to timely submit evaluation results~~
 52 | ~~to the department and the system owner. The department shall~~
 53 | ~~ensure statewide implementation of the evaluation and assessment~~
 54 | ~~program by January 1, 2016.~~

55 | ~~(b) Owners of an onsite sewage treatment and disposal~~
 56 | ~~system, excluding a system that is required to obtain an~~

57 | ~~operating permit, shall have the system evaluated at least once~~
 58 | ~~every 5 years to assess the fundamental operational condition of~~
 59 | ~~the system, and identify any failure within the system.~~

60 | ~~(c) All evaluation procedures must be documented and~~
 61 | ~~nothing in this subsection limits the amount of detail an~~
 62 | ~~evaluator may provide at his or her professional discretion. The~~
 63 | ~~evaluation must include a tank and drainfield evaluation, a~~
 64 | ~~written assessment of the condition of the system, and, if~~
 65 | ~~necessary, a disclosure statement pursuant to the department's~~
 66 | ~~procedure.~~

67 | ~~(d)1. Systems being evaluated that were installed prior to~~
 68 | ~~January 1, 1983, shall meet a minimum 6-inch separation from the~~
 69 | ~~bottom of the drainfield to the wettest season water table~~
 70 | ~~elevation as defined by department rule. All drainfield repairs,~~
 71 | ~~replacements or modifications to systems installed prior to~~
 72 | ~~January 1, 1983, shall meet a minimum 12-inch separation from~~
 73 | ~~the bottom of the drainfield to the wettest season water table~~
 74 | ~~elevation as defined by department rule.~~

75 | ~~2. Systems being evaluated that were installed on or after~~
 76 | ~~January 1, 1983, shall meet a minimum 12-inch separation from~~
 77 | ~~the bottom of the drainfield to the wettest season water table~~
 78 | ~~elevation as defined by department rule. All drainfield repairs,~~
 79 | ~~replacements or modification to systems developed on or after~~
 80 | ~~January 1, 1983, shall meet a minimum 24-inch separation from~~
 81 | ~~the bottom of the drainfield to the wettest season water table~~
 82 | ~~elevation.~~

83 | ~~(e) If documentation of a tank pump-out or a permitted new~~
 84 | ~~installation, repair, or modification of the system within the~~

85 ~~previous 5 years is provided, and states the capacity of the~~
 86 ~~tank and indicates that the condition of the tank is not a~~
 87 ~~sanitary or public health nuisance pursuant to department rule,~~
 88 ~~a pump-out of the system is not required.~~

89 ~~(f) Owners are responsible for paying the cost of any~~
 90 ~~required pump-out, repair, or replacement pursuant to department~~
 91 ~~rule, and may not request partial evaluation or the omission of~~
 92 ~~portions of the evaluation.~~

93 ~~(g) Each evaluation or pump-out required under this~~
 94 ~~subsection must be performed by a septic tank contractor or~~
 95 ~~master septic tank contractor registered under part III of~~
 96 ~~chapter 489, a professional engineer with wastewater treatment~~
 97 ~~system experience licensed pursuant to chapter 471, or an~~
 98 ~~environmental health professional certified under chapter 381 in~~
 99 ~~the area of onsite sewage treatment and disposal system~~
 100 ~~evaluation.~~

101 ~~(h) The evaluation report fee collected pursuant to s.~~
 102 ~~381.0066(2)(b) shall be remitted to the department by the~~
 103 ~~evaluator at the time the report is submitted.~~

104 ~~(i) Prior to any evaluation deadline, the department must~~
 105 ~~provide a minimum of 60 days' notice to owners that their~~
 106 ~~systems must be evaluated by that deadline. The department may~~
 107 ~~include a copy of any homeowner educational materials developed~~
 108 ~~pursuant to this section which provides information on the~~
 109 ~~proper maintenance of onsite sewage treatment and disposal~~
 110 ~~systems.~~

111 (5) ~~(6)~~ ENFORCEMENT; RIGHT OF ENTRY; CITATIONS.-

112 (a) Department personnel who have reason to believe

113 noncompliance exists, may at any reasonable time, enter the
 114 premises permitted under ss. 381.0065-381.0066, or the business
 115 premises of any septic tank contractor or master septic tank
 116 contractor registered under part III of chapter 489, or any
 117 premises that the department has reason to believe is being
 118 operated or maintained not in compliance, to determine
 119 compliance with the provisions of this section, part I of
 120 chapter 386, or part III of chapter 489 or rules or standards
 121 adopted under ss. 381.0065-381.0067, part I of chapter 386, or
 122 part III of chapter 489. As used in this paragraph, the term
 123 "premises" does not include a residence or private building. To
 124 gain entry to a residence or private building, the department
 125 must obtain permission from the owner or occupant or secure an
 126 inspection warrant from a court of competent jurisdiction.

127 (b)1. The department may issue citations that may contain
 128 an order of correction or an order to pay a fine, or both, for
 129 violations of ss. 381.0065-381.0067, part I of chapter 386, or
 130 part III of chapter 489 or the rules adopted by the department,
 131 when a violation of these sections or rules is enforceable by an
 132 administrative or civil remedy, or when a violation of these
 133 sections or rules is a misdemeanor of the second degree. A
 134 citation issued under ss. 381.0065-381.0067, part I of chapter
 135 386, or part III of chapter 489 constitutes a notice of proposed
 136 agency action.

137 2. A citation must be in writing and must describe the
 138 particular nature of the violation, including specific reference
 139 to the provisions of law or rule allegedly violated.

140 3. The fines imposed by a citation issued by the

141 department may not exceed \$500 for each violation. Each day the
 142 violation exists constitutes a separate violation for which a
 143 citation may be issued.

144 4. The department shall inform the recipient, by written
 145 notice pursuant to ss. 120.569 and 120.57, of the right to an
 146 administrative hearing to contest the citation within 21 days
 147 after the date the citation is received. The citation must
 148 contain a conspicuous statement that if the recipient fails to
 149 pay the fine within the time allowed, or fails to appear to
 150 contest the citation after having requested a hearing, the
 151 recipient has waived the recipient's right to contest the
 152 citation and must pay an amount up to the maximum fine.

153 5. The department may reduce or waive the fine imposed by
 154 the citation. In determining whether to reduce or waive the
 155 fine, the department must consider the gravity of the violation,
 156 the person's attempts at correcting the violation, and the
 157 person's history of previous violations including violations for
 158 which enforcement actions were taken under ss. 381.0065-
 159 381.0067, part I of chapter 386, part III of chapter 489, or
 160 other provisions of law or rule.

161 6. Any person who willfully refuses to sign and accept a
 162 citation issued by the department commits a misdemeanor of the
 163 second degree, punishable as provided in s. 775.082 or s.
 164 775.083.

165 7. The department, pursuant to ss. 381.0065-381.0067, part
 166 I of chapter 386, or part III of chapter 489, shall deposit any
 167 fines it collects in the county health department trust fund for
 168 use in providing services specified in those sections.

169 8. This section provides an alternative means of enforcing
 170 ss. 381.0065-381.0067, part I of chapter 386, and part III of
 171 chapter 489. This section does not prohibit the department from
 172 enforcing ss. 381.0065-381.0067, part I of chapter 386, or part
 173 III of chapter 489, or its rules, by any other means. However,
 174 the department must elect to use only a single method of
 175 enforcement for each violation.

176 (6)~~(7)~~ LAND APPLICATION OF SEPTAGE PROHIBITED.—Effective
 177 January 1, 2016, the land application of septage from onsite
 178 sewage treatment and disposal systems is prohibited. By February
 179 1, 2011, the department, in consultation with the Department of
 180 Environmental Protection, shall provide a report to the
 181 Governor, the President of the Senate, and the Speaker of the
 182 House of Representatives, recommending alternative methods to
 183 establish enhanced treatment levels for the land application of
 184 septage from onsite sewage and disposal systems. The report
 185 shall include, but is not limited to, a schedule for the
 186 reduction in land application, appropriate treatment levels,
 187 alternative methods for treatment and disposal, enhanced
 188 application site permitting requirements including any
 189 requirements for nutrient management plans, and the range of
 190 costs to local governments, affected businesses, and individuals
 191 for alternative treatment and disposal methods. The report shall
 192 also include any recommendations for legislation or rule
 193 authority needed to reduce land application of septage.

194 Section 2. Section 381.00656, Florida Statutes, is
 195 repealed:

196 ~~381.00656 Grant program for repair of onsite sewage~~
 197 ~~treatment disposal systems. Effective January 1, 2012, the~~
 198 ~~department shall administer a grant program to assist owners of~~
 199 ~~onsite sewage treatment and disposal systems identified pursuant~~
 200 ~~to s. 381.0065 or the rules adopted thereunder. A grant under~~
 201 ~~the program may be awarded to an owner only for the purpose of~~
 202 ~~inspecting, pumping, repairing, or replacing a system serving a~~
 203 ~~single-family residence occupied by an owner with a family~~
 204 ~~income of less than or equal to 133 percent of the federal~~
 205 ~~poverty level at the time of application. The department may~~
 206 ~~prioritize applications for an award of grant funds based upon~~
 207 ~~the severity of a system's failure, its relative environmental~~
 208 ~~impact, the income of the family, or any combination thereof.~~
 209 ~~The department shall adopt rules establishing the grant~~
 210 ~~application and award process, including an application form.~~
 211 ~~The department shall seek to make grants in each fiscal year~~
 212 ~~equal to the total amount of grant funds available, with any~~
 213 ~~excess funds used for grant awards in subsequent fiscal years.~~

214 Section 3. Subsection (2) of section 381.0066, Florida
 215 Statutes, is amended to read:

216 381.0066 Onsite sewage treatment and disposal systems;
 217 fees.—

218 (2) The minimum fees in the following fee schedule apply
 219 until changed by rule by the department within the following
 220 limits:

221 (a) Application review, permit issuance, or system
 222 inspection, including repair of a subsurface, mound, filled, or
 223 other alternative system or permitting of an abandoned system: a

224 fee of not less than \$25, or more than \$125.

225 ~~(b) A 5-year evaluation report submitted pursuant to s.~~
 226 ~~381.0065(5): a fee not less than \$15, or more than \$30. At least~~
 227 ~~\$1 and no more than \$5 collected pursuant to this paragraph~~
 228 ~~shall be used to fund a grant program established under s.~~
 229 ~~381.00656.~~

230 (b)~~(e)~~ Site evaluation, site reevaluation, evaluation of a
 231 system previously in use, or a per annum septage disposal site
 232 evaluation: a fee of not less than \$40, or more than \$115.

233 (c)~~(d)~~ Biennial Operating permit for aerobic treatment
 234 units or performance-based treatment systems: a fee of not more
 235 than \$100.

236 (d)~~(e)~~ Annual operating permit for systems located in
 237 areas zoned for industrial manufacturing or equivalent uses or
 238 where the system is expected to receive wastewater which is not
 239 domestic in nature: a fee of not less than \$150, or more than
 240 \$300.

241 (e)~~(f)~~ Innovative technology: a fee not to exceed \$25,000.

242 (f)~~(g)~~ Septage disposal service, septage stabilization
 243 facility, portable or temporary toilet service, tank
 244 manufacturer inspection: a fee of not less than \$25, or more
 245 than \$200, per year.

246 (g)~~(h)~~ Application for variance: a fee of not less than
 247 \$150, or more than \$300.

248 (h)~~(i)~~ Annual operating permit for waterless,
 249 incinerating, or organic waste composting toilets: a fee of not
 250 less than \$50, or more than \$150.

251 (i)~~(j)~~ Aerobic treatment unit or performance-based

252 treatment system maintenance entity permit: a fee of not less
 253 than \$25, or more than \$150, per year.

254 (j)~~(k)~~ Reinspection fee per visit for site inspection
 255 after system construction approval or for noncompliant system
 256 installation per site visit: a fee of not less than \$25, or more
 257 than \$100.

258 (k)~~(l)~~ Research: An additional \$5 fee shall be added to
 259 each new system construction permit issued to be used to fund
 260 onsite sewage treatment and disposal system research,
 261 demonstration, and training projects. Five dollars from any
 262 repair permit fee collected under this section shall be used for
 263 funding the hands-on training centers described in s.
 264 381.0065(3)(j).

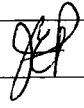
265 (l)~~(m)~~ Annual operating permit, including annual
 266 inspection and any required sampling and laboratory analysis of
 267 effluent, for an engineer-designed performance-based system: a
 268 fee of not less than \$150, or more than \$300.

269
 270 ~~On or before January 1, 2011, the Surgeon General, after~~
 271 ~~consultation with the Revenue Estimating Conference, shall~~
 272 ~~determine a revenue neutral fee schedule for services provided~~
 273 ~~pursuant to s. 381.0065(5) within the parameters set in~~
 274 ~~paragraph (b). Such determination is not subject to the~~
 275 ~~provisions of chapter 120. The funds collected pursuant to this~~
 276 subsection must be deposited in a trust fund administered by the
 277 department, to be used for the purposes stated in this section
 278 and ss. 381.0065 and 381.00655.

279 Section 4. This act shall take effect upon becoming a law.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 465 Florida Veterans' Hall of Fame
SPONSOR(S): Harrell and others
TIED BILLS: IDEN./SIM. **BILLS:** SB 520

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Community & Military Affairs Subcommittee	14 Y, 0 N	Tait	Hoagland
2) Health Care Appropriations Subcommittee		Pridgeon	Pridgeon 
3) Economic Affairs Committee			

SUMMARY ANALYSIS

The bill creates the Florida Veterans' Hall of Fame (Hall of Fame), which is to be administered by the Department of Veterans' Affairs (DVA). The bill directs the Department of Management Services (DMS) to set aside an area for the Hall of Fame inside the Capitol Building adjacent to the existing Medal of Honor Wall on the Plaza Level. DMS must consult with DVA regarding the design and theme of the area.

The Governor and the Cabinet will select the nominees to be inducted based on recommendations from DVA. Each veteran selected will have his or her name placed on a plaque in the Hall of Fame. The bill provides preferences for DVA to follow when recommending members to the Hall of Fame. Further, the bill authorizes DVA to establish selection criteria, time periods for acceptance of nominations, the process for selecting nominees, and a formal induction ceremony to coincide with the annual commemoration of Veterans' Day.

The bill states that the Hall of Fame is administered by the Florida Department of Veterans' Affairs without appropriation of state funds. The bill does not appear to have a fiscal impact on state or local governments.

The bill has an effective date of July 1, 2011.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Veterans in Florida

Florida has the third largest population of veterans in the nation with more than 1.6 million.¹ Only California and Texas have larger populations of veterans. Florida has more than 189,000 veterans from World War II, the largest number in the nation. In addition, more than 192,000 Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn service members and veterans claim Florida as their home of record.

Veterans Halls of Fame in Other States

Four other states have Veterans Hall of Fame: Ohio, Arizona, Connecticut, and New York. The primary goals for this type of Hall of Fame appear to be recognizing the post-military achievements of outstanding veterans and spotlighting the contributions of veterans to their communities, states and nation.

Ohio's Veterans Hall of Fame was established in 1992.² Since its inception, more than 400 veterans have been inducted.³ A committee of veterans serves as advisors and selects approximately 20 inductees annually from nominations solicited from all citizens of Ohio throughout the year.

Arizona's Veterans Hall of Fame, created in 2001, is an extension of the Hall of Fame created by the Arizona Department of the Disabled American Veterans in 1978.⁴ Since the inception in 2001, 223 veterans have been inducted. A committee of veterans serves as advisors and selects inductees annually from nominations solicited from all veterans' organizations and citizens of Arizona throughout the year.

Connecticut's Hall of Fame was created by an Executive Order by Governor M. Jodi Rell in 2005.⁵ As of December 2010, 51 veterans had been inducted. An Executive Committee, comprised of the Commissioner of the state's Department of Veterans' Affairs, Adjutant General of the Connecticut National Guard, three appointees selected by the Governor, and two appointees from the legislative branch, reviews nominations and submits recommendations for induction to the Governor.⁶

New York's Hall of Fame was created in 2005.⁷ The law provided for the creation of an 18 member New York State Veterans' Hall of Fame Council, whose purpose was to establish a permanent Veterans' Hall of Fame and a traveling exhibit, as well as promulgate the rules and regulations for the

¹ Statistics in this paragraph are from the Florida Department of Veterans' Affairs Annual Report (July 1, 2009 – June 30, 2010).

² Ohio Veterans' Hall of Fame – History, available at http://dvs.ohio.gov/veterans_hall_of_fame/history.aspx (last accessed February 16, 2011).

³ Ohio Veterans' Hall of Fame – Inductees http://dvs.ohio.gov/veterans_hall_of_fame/inductees.aspx (last accessed February 16, 2011).

⁴ Arizona Veterans Hall of Fame Society: History, available at http://www.avhof.org/content.aspx?page_id=22&club_id=501042&module_id=20188 (last accessed February 16, 2011).

⁵ Connecticut Veterans Hall of Fame – History (Updated December 2010), available at http://www.ct.gov/ctva/lib/ctva/THE_CONNECTICUT_VETERANS_HALL_OF_FAME.pdf (last accessed February 16, 2011).

⁶ Connecticut Veterans' Hall of Fame Nomination Packet (Class of 2011), available at http://www.ct.gov/ctva/lib/ctva/veterans_hall_of_fame_nomination_packet_2011.pdf (last accessed February 16, 2011).

⁷ The provisions may be found in New York's Executive Laws, Article 17 § 365. See Laws of New York – search results for "Veterans Hall of Fame", available at

<http://public.leginfo.state.ny.us/LAWSSEAF.cgi?QUERYTYPE=LAWS+&QUERYDATA=+&LIST=SEA+&BROWSER=EXPLORER+&TOKEN=49253296+&TARGET=VIEW> (last accessed February 16, 2011).

operation of the Veterans' Hall of Fame, including the manner of choosing nominees for induction and inductees. The council was directed to complete its work within three years. It appears that New York is not utilizing the Hall of Fame format found in its laws; however, the New York State Senate does have a Hall of Fame program to recognize outstanding veterans.⁸

Halls of Fame in Florida

The Legislature has established Halls of Fame in Florida. Examples of Halls of Fame previously created include the Florida Civil Rights Hall of Fame,⁹ Florida Women's Hall of Fame,¹⁰ Florida Artists Hall of Fame,¹¹ Florida Educator Hall of Fame,¹² and Florida Sports Hall of Fame.¹³

Effect of Proposed Changes

The bill creates the Florida Veterans' Hall of Fame (Hall of Fame). The Hall of Fame is to be administered by the Department of Veterans' Affairs (DVA). The bill directs the Department of Management Services (DMS) to set aside an area inside the Capitol Building adjacent to the existing Medal of Honor Wall on the Plaza Level for the Hall of Fame. DMS must consult with DVA regarding the design and theme of the area.

DVA must annually accept nominations for persons to be considered for the Hall of Fame and transmit its recommendations to the Governor and the Cabinet, who will select the nominees to be inducted. Each veteran selected will have his or her name placed on a plaque in the Hall of Fame.

DVA is to give preference to veterans who:

- Were born in Florida or adopted Florida as their home state or base of operation; and
- Have made a significant contribution to Florida in civic, business, public service, or other pursuits.

DVA may establish selection criteria, time periods for acceptance of nominations, the process for selecting nominees, and a formal induction ceremony to coincide with the annual commemoration of Veterans' Day.

The bill states that the Hall of Fame will not require the appropriation of state funds. The Florida Veterans' Foundation, DVA's Direct Support Organization authorized in s. 292.055, F.S., has indicated it will be responsible for the initial and ongoing operation and maintenance costs of the Hall of Fame.

B. SECTION DIRECTORY:

Section 1: Creates s. 265.003, F.S., providing for the establishment of the Florida Veterans Hall of Fame.

Section 2: Providing an effective date of July 1, 2011.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

⁸ New York State – Senate Veterans' Hall of Fame, available at <http://www.nysenate.gov/veterans-hall-of-fame> (last accessed February 16, 2011).

⁹ Section 760.065, F.S.

¹⁰ Section 265.001, F.S.

¹¹ Section 265.2865, F.S.

¹² Chapter 98-281, s. 13, Laws of Florida; s. 231.63, F.S. (1998 Supp.).

¹³ Section 15.051, F.S.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The Florida Veterans' Foundation, a 501(c)(3) organization and DVA's Direct Support Organization authorized in s. 292.055, F.S., has indicated it will be responsible for initial and ongoing operation and maintenance costs of the Hall of Fame. The Florida Department of Veterans' Affairs and the Department of Management Services have stated there are no fiscal impacts to their agencies.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to: require cities or counties to spend funds or take an action requiring the expenditure of funds; reduce the authority that cities or counties have to raise revenues in the aggregate; or reduce the percentage of a shared state tax or premium sales tax received by cities or counties.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

DVA may establish selection criteria, time periods for acceptance of nominations, the process for selecting nominees, and a formal induction ceremony to coincide with the annual commemoration of Veterans' Day.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The Florida Department of Veterans' Affairs and the Department of Management Services has stated there is no fiscal impact to their agencies and the bill states that the Hall of Fame will not require the appropriation of state funds. The Florida Veterans Foundation has indicated that they will be responsible for the costs associated with the Hall of Fame.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to the Florida Veterans' Hall of Fame;
 3 creating s. 265.003, F.S.; establishing the Florida
 4 Veterans' Hall of Fame; providing for administration by
 5 the Department of Veterans' Affairs; designating location;
 6 providing procedures for nomination, selection, and
 7 induction; providing an effective date.

8

9 Be It Enacted by the Legislature of the State of Florida:

10

11 Section 1. Section 265.003, Florida Statutes, is created
 12 to read:

13

265.003 Florida Veterans' Hall of Fame.-

14

(1) It is the intent of the Legislature to recognize and
 15 honor those military veterans who, through their works and lives
 16 during or after military service, have made a significant
 17 contribution to the State of Florida.

18

(2) There is established the Florida Veterans' Hall of
 19 Fame.

20

(a) The Florida Veterans' Hall of Fame is administered by
 21 the Florida Department of Veterans' Affairs without
 22 appropriation of state funds.

23

(b) The Department of Management Services shall set aside
 24 an area on the Plaza Level of the Capitol Building adjacent to
 25 the existing Medal of Honor Wall and shall consult with the
 26 Department of Veterans' Affairs regarding the design and theme
 27 of the area.

28 (c) Each person who is inducted into the Florida Veterans'
29 Hall of Fame shall have his or her name placed on a plaque
30 displayed in the designated area of the Capitol Building.

31 (3) (a) The Department of Veterans' Affairs shall annually
32 accept nominations of persons to be considered for induction
33 into the Florida Veterans' Hall of Fame and shall then transmit
34 its recommendations to the Governor and the Cabinet who will
35 select the nominees to be inducted.

36 (b) In making its recommendations to the Governor and the
37 Cabinet, the Department of Veterans' Affairs shall give
38 preference to veterans who were born in Florida or adopted
39 Florida as their home state or base of operation and who have
40 made a significant contribution to the state in civic, business,
41 public service, or other pursuits.

42 (4) The Department of Veterans' Affairs may establish
43 criteria and set specific time periods for acceptance of
44 nominations and for the process of selection of nominees for
45 membership and establish a formal induction ceremony to coincide
46 with the annual commemoration of Veterans' Day.

47 Section 2. This act shall take effect July 1, 2011.

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 465 (2011)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee

3 Representative(s) Harrell offered the following:

4
5 **Amendment**

6 Remove lines 24-25 and insert:

7 an area on the Plaza Level of the Capitol Building along the
8 northeast front wall and shall consult with the

**Balanced Budget
Exercise**

A	B	C	D	E	F	G	H
<p align="center">Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee</p>	<p>INSTRUCTIONS:</p> <p>(1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates.</p> <p>(2) Target Budget is \$9,428,127,317 or 85% of the Base Budget.</p> <p>(3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E.</p> <p>(4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.</p>						
	<p align="center">FY 2011-2012 Base Budget (State Funds Only)</p> <p align="center">11,091,914,491</p>			<p>Target Budget = 9,428,127,317</p> <p>Running Total = 9,400,826,507</p> <p>Difference = 27,300,810</p>			
	<p align="center">Program/Department Activity</p>	FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change
1 <u>Agency for Health Care Administration</u>							
2 Administration & Support	253.00	14,797,666	M	20%	11,770,871	(3,026,795)	\$2.9m Used as State Match - Medicaid Admin - Federal Match Rate 50% Kidcare Admin - Federal Match Rate 69%
3 Florida Center for Health Information & Policy Analysis	44.00	4,878,555	M	41%	2,860,607	(2,017,948)	\$839K Used as State Match - Various ARRA Grants
4 Children's Special Health Care/Kidcare		164,032,653	M	12%	143,901,373	(20,131,280)	100% State Match - Kidcare Program - Federal MAP Rate 69%
5 Medicaid Executive Direction & Support	748.50	54,379,924	M	19%	44,245,484	(10,134,440)	100% Used as State Match - Medicaid Admin - Federal Match Rate 50%
6 Pharmaceutical Expense Assistance		50,000		13%	43,409	(6,591)	
7 Medicaid Fiscal Agent		23,083,522	M	13%	20,040,694	(3,042,828)	100% Used as State Match - Medicaid Admin - Federal MAP Rate 70%
8 Adult Vision/Hearing Services		5,542,415	M	52%	2,645,244	(2,897,171)	100% Used as State Match - Medicaid Program - Federal MAP Rate 56% Optional Service
9 Case Management		41,651,520	M	17%	34,457,167	(7,194,353)	See Comments Line 8 - Optional Service for Adults & Mandatory Service for Children
10 Therapeutic Services for Children		27,745,704	M	8%	25,475,601	(2,270,103)	See Comments Line 8 - Mandatory Service
11 Community Mental Health Service		22,011,648	M	9%	20,070,621	(1,941,027)	See Comments Line 8 - Optional Service for Adults & Mandatory Service for Children

A		B	C	D	E	F	G	H
Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491			Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810			
Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
12	Adult Dental Services		8,175,404	M	54%	3,753,254	(4,422,150)	See Comments Line 8 - Optional Service
13	Developmental Evaluation & Intervention/Part C			M				See Comments Line 8 - Optional Service - Double Budget Item with state funds in other departments.
14	Early & Periodic Screening of Children		67,208,906	M	10%	60,488,015	(6,720,891)	See Comments Line 8 - Mandatory Service for Children
15	G/A-Rural Hospital Financial Assistance		6,943,872	M	10%	6,281,048	(662,824)	See Comments Line 8 - Optional Service
16	Family Planning		2,008,073	M	18%	1,642,969	(365,104)	See Comments Line 8 - Mandatory Service
17	G/A-Shands Teaching Hospital		9,673,569		7%	8,961,243	(712,326)	
18	Home Health Services		60,412,662	M	15%	51,625,366	(8,787,296)	See Comments Line 8 - Mandatory Service
19	Hospice Services		130,814,648	M	36%	83,840,297	(46,974,351)	See Comments Line 8 - Optional Service
20	Hospital Inpatient Service		678,904,926	M	19%	548,061,431	(130,843,495)	See Comments Line 8 - Mandatory Service
21	Regular Disproportionate Share		750,000	M	9%	683,864	(66,136)	See Comments Line 8 - Mandatory Service
22	Low Income Pool		8,781,005	M	35%	5,747,567	(3,033,438)	See Comments Line 8 - Optional Service
23	Freestanding Dialysis Centers		7,776,323	M	11%	6,949,205	(827,118)	See Comments Line 8 - Optional Service

A		B	C	D	E	F	G	H
Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491			Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810			
Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
24	Hospital Insurance Benefit		60,039,885	M		60,039,885		See Comments Line 8 - Mandatory Service - Federal Requirement that states pay this cost as a condition of participating in the federal Medicaid program.
25	Hospital Outpatient Services		230,478,869	M	20%	184,383,095	(46,095,774)	See Comments Line 8 - Mandatory Service
26	Respiratory Therapy Services		7,442,206	M	13%	6,447,657	(994,549)	See Comments Line 8 - Optional Service; Mandatory for Children, if medically necessary
27	Nurse Practitioner Service		2,874,054	M	20%	2,307,082	(566,972)	See Comments Line 8 - Mandatory Service
28	Birthing Center Services		569,999	M	20%	453,408	(116,591)	See Comments Line 8 - Optional Service; Mandatory for Pregnant Women, if medically necessary
29	Other Lab & X-Ray Services		32,050,347	M	15%	27,184,522	(4,865,825)	See Comments Line 8 - Mandatory Service
30	Patient Transportation		49,837,487	M	19%	40,549,592	(9,287,895)	See Comments Line 8 - Mandatory Service
31	Physician Assistant Services		1,173,829	M	11%	1,040,439	(133,390)	See Comments Line 8 - Optional Service
32	Personal Care Services		15,436,467	M	15%	13,120,997		See Comments Line 8 - Mandatory Service for Children
33	Physical Rehabilitation Therapy		3,452,681	M	17%	2,856,309	(596,372)	See Comments Line 8 - Mandatory Service for Children

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Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491			Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810			
Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
34	Physician Services		347,665,877	M	13%	304,049,612	(43,616,265)	See Comments Line 8 - Mandatory Service (Chiropractic & Podiatric Services Optional for Adults)
35	Prepaid Health Plans		1,038,101,321	M	17%	858,792,911	(179,308,410)	See Comments Line 8
36	Prescribed Medicine/Drugs		468,159,801	M	23%	361,334,246	(106,825,555)	See Comments Line 8 - Optional Service; Mandatory for Children
37	Medicare Part D Payment		419,975,221			419,975,221		Mandatory Service - Federal Requirement that states pay this cost as a condition of participating in the federal Medicaid program.
38	Private Duty Nursing Services		69,272,933	M	16%	58,126,288	(11,146,645)	See Comments Line 8 - Mandatory Service
39	Rural Health Services		34,757,059	M	9%	31,534,132	(3,222,927)	See Comments Line 8 - Mandatory Service
40	Speech Therapy Services		17,687,085	M	10%	15,886,218	(1,800,867)	See Comments Line 8 - Mandatory Service
41	Medipass Services		8,309,376	M	34%	5,514,404	(2,794,972)	See Comments Line 8 - Optional Service
42	Supplemental Medical Insurance		466,540,260	M		466,540,260		See Comments Line 8 - Mandatory Service - Federal Requirement that states pay this cost as a condition of participating in the federal Medicaid program.
43	Occupational Therapy Services		11,085,473	M	12%	9,255,216	(1,330,257)	See Comments Line 8 - Mandatory Service for Children
44	Clinic Services		47,418,279	M	16%	39,874,462	(7,543,817)	See Comments Line 8 - Optional Service

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Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491				Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810		
Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
45	Assistive Care Services		-	M				See Comments Line 8 - Optional Service - Double Budget Item with state funds in other departments.
46	Home & Community Based Services		8,822,447	M	17%	7,322,631	(1,499,816)	See Comments Line 8 - Optional Service
47	ALF Waiver		-	M				See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.
48	ICF/MR - Sunland Center		-	M				See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.
49	ICF/DD Community		89,972,148	M	16%	75,494,811	(14,477,337)	See Comments Line 8 - Optional Service
50	Nursing Home Care		728,515,423	M	16%	609,966,095	(118,549,328)	See Comments Line 8 - Optional Service
51	State Mental Health Hospital Program		-	M				See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.
52	Nursing Home Diversion Waiver		-	M				See Comments Line 8 - Optional Service- Double Budget Item with state funds in other departments.

A		B	C	D	E	F	G	H
Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491				Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810		
Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
53	Health Care Regulation	614.00	28,560,329	R	10%	25,574,476	(2,985,853)	Funded through regulatory fees; except \$136K appropriated in GR
54	Workers' Compensation Program	3.00	227,993		9%	207,888	(20,105)	Funded from transfers from DFS - Workers' Compensation Trust Fund
55	Risk Management/Transfers to DOAH & DMS		2,353,748			2,353,748		Funding for these functions are not under this subcommittee's direction.
56								
57	<i>Key Budget Driver - LRFO (Tier 1)Children's Special Health Care/Kidcare</i>		12,658,827		10%	11,392,944	(1,265,883)	
58	<i>Key Budget Driver - LRFO (Tier 1)Medicaid Price Level & Workload</i>		434,853,854		15%	368,044,489	(66,809,365)	
59	<i>Key Budget Driver - LRFO (Tier 1)Medicaid FMAP Adjustment</i>		1,141,544,907			1,141,544,907		Financial adjustment for the change in the FMAP rate as the stimulus FMAP is phased out.
60	<i>Key Budget Driver - LRFO (Tier 1)Tobacco Settlement Outlook</i>		400,000		25%	298,182	(101,818)	
61	Agency for Health Care Administration Total	1,662.50	7,119,861,180		18.06%	6,235,511,456	(882,034,254)	
62							-12.42%	
63	Agency for Persons with Disabilities							
64	Home & Community Services-Waiver Administration	322.50	12,732,956	M	17%	10,579,929	(2,153,027)	\$8.8m Used as State Match - Medicaid Admin - Federal Match Rate 50%
65	G/A-Individual & Family Supports		3,980,000		10%	3,582,000	(398,000)	
66	Room & Board Payments		4,000,000		10%	3,618,182	(381,818)	
67	Medicaid Waiver Services		307,336,218	M	19%	250,339,319	(56,996,899)	\$307.3 Used as State Match - Medicaid Program - Federal MAP Rate 56%

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Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee	INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.							
Program/Department Activity	FY 2011-2012 Base Budget (State Funds Only)			Target Budget = 9,428,127,317				
	11,091,914,491			Running Total = 9,400,826,507				
			MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments	
68	Program Management & Compliance- Department Administration	333.00	19,348,666	M	20%	15,443,753	(3,904,913)	\$14.4m Used as State Match - Medicaid Admin - Federal Match Rate 50%
69	Developmental Disabilities Centers - Civil	1,905.50	38,250,939	M	12%	33,556,506	(4,694,433)	\$37.7m Used as State Match - Medicaid Program - Federal MAP Rate 56%
70	Developmental Disabilities Centers - Forensic	517.00	25,864,209		14%	22,254,976	(3,609,233)	
71	Risk Management/Transfers to DOAH & DMS		4,912,572	M		4,912,572		Funding for these functions are not under this subcommittee's direction.
72								
73	<i>Key Budget Driver - LRFO (Tier 1) -Medicaid Waiver Deficit</i>		80,938,068		37%	50,623,083	(30,314,985)	
74	Agency for Persons with Disabilities Total	3,078.00	497,363,628		17.36%	394,910,320	(102,453,308)	
75							-20.60%	
76	Department of Children and Family Services							
77	Executive Leadership & Support Services	121.00	8,107,180	M	31%	5,357,103	(2,550,077)	\$1.6m Used as State Match and to meet MOE Requirement - Temporary Assistance for Needy Families (TANF) Grant Award, Title IV-E, Medicaid Administration, Food Stamp Administration.
78	Assistant Secretary for Administration	290.00	41,918,330	M	32%	28,313,927	(13,604,403)	\$24.8m Used as State Match and MOE for TANF, Title IV-E, Food Stamp Administration, Medicaid Administration, Childcare, Domestic Violence Grant.
79	District Administration	446.00	12,149,594		30%	8,449,490	(3,700,104)	

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		11,091,914,491							
		Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change
80	Northwood Shared Resource Center	90.00		M				Double Budget item funded through transfers within DCF programs and other agencies who receive IT services through this resource center.	
81	Child Care Licensing & Regulation	138.50	3,619,726	M	27%	2,632,528	(987,198)	\$2.5m is Used for MOE Requirements - Child Care Discretionary Grant under the Agency for Workforce Innovation.	
82	Adult Protective Investigations/Services	626.50	24,850,412	M	10%	22,410,553	(2,439,859)	\$24.5m Used as State Match and MOE for the Domestic Violence Grants and Medicaid Administration.	
83	Temporary Emergency Shelter		203,527		25%	152,090	(51,437)		
84	Community Care/Home Care for Disabled Adults		4,261,815		25%	3,196,361	(1,065,454)		
85	Disabled Adult Medicaid Waiver Services		4,984,422	M	9%	4,553,949	(430,473)	\$4.9m Used for State Match - Medicaid Program Federal MAP Rate 56%	
86	Domestic Violence Program	14.00	11,389,205	M	11%	10,094,977	(1,294,228)	\$878K Used as State Match for Domestic Violence Grants (\$9.4m)	
87	Prevention & Intervention/Healthy Families		9,761,673	M	42%	5,706,142	(4,055,531)	\$9.7m Used for MOE - TANF	
88	Out of Home Care Relative Care Givers/Family Foster Care		4,000,000	M	15%	3,418,182	(581,818)	\$4.0m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, Medicaid, and SIPP	
89	Out of Home Care Residential Group Care and Emergency Shelter Services		1,757,051	M	14%	1,517,453	(239,598)	\$1.7m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, and SIPP	

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		FTE	Total State Funds					
90	Child Protective Investigations	1,586.50	35,000,336	M	10%	31,659,395	(3,340,941)	\$30.0m Used to meet MOE Requirements - TANF and Title IV-E.
91	Sheriff's Protective Investigations		27,885,776	M	9%	25,300,004	(2,585,772)	\$27.8m Used to meet MOE Requirements - TANF and Title IV-E.
92	Children's Legal Services	437.50	18,234,912	M	12%	16,113,031	(2,121,881)	\$4.8m Used to meet MOE and Match Requirements for TANF, Title IV-E, Adoption Assistance and Title IV-B
93	Community Based Care Services		314,671,374	M	15%	267,470,668	(47,200,706)	\$314.6m Used for MOE for TANF and Match for Title IV-E
94	Independent Living Services 13-17		2,327,573	M	17%	1,936,118	(391,455)	\$2.3m Used as State Match for the Chafee Grant (\$8.5m) and Title IV-E
95	Independent Living Services 18-23		18,962,906	M	24%	14,360,092	(4,602,814)	\$18.9m Used for State Match for the Chafee Grant (\$8.5m) and Title IV-E
96	Maintenance Adoption Subsidy		41,977,099	M	14%	35,909,500	(6,067,599)	\$41.9m Used as MOE for TANF and Match for Title IV-E
97	Florida Abuse Hotline	240.00	3,730,000	M	10%	3,350,218	(379,782)	\$3.7m Used to meet MOE Requirements for TANF and IV-E.
98	Executive Direction & Support Services - Family Safety	271.25	15,188,679	M	16%	12,772,298	(2,416,381)	\$15.1m Used to meet MOE and Match for TANF, Title IV-E, AWI Child Care Discretionary, Domestic Violence Grants and Medicaid Administration
99	Sexually Violent Predator Program	13.00	34,393,082		12%	30,328,445	(4,064,637)	

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100	Adult Mental Health Services		142,610,021	M	15%	121,218,518	(21,391,503)	\$130.4m Used for MOE for the Mental Health Block Grant, which provides \$16.5m in funding to the program and for Medicaid Administrative Match.
101	Adult Baker Act Services		62,333,949		12%	54,627,206	(7,706,743)	\$62.0m Used for MOE for the Mental Health Block Grant
102	Children's Mental Health Services		51,255,171	M	11%	45,663,698	(5,591,473)	\$35.6m Used for MOE for the Mental Health Block Grant, which provides \$8.2m in funding to the program and for Medicaid Administrative Match.
103	Children's Baker Act Services		14,021,460		8%	12,912,490	(1,108,970)	\$14.0 Used for MOE for the Mental Health Block Grant.
104	Adult Mental Health Treatment Facilities - Civil	2,193.50	104,180,629	M	12%	91,584,244	(12,596,385)	\$43.1m Used as State Match for the Disproportionate Share for Medicaid (\$67.6m)
105	Adult Mental Health Treatment Facilities - Forensic	1,676.50	151,019,480		14%	129,327,591	(21,691,889)	
106	Executive Direction & Support Services - Mental Health	115.00	8,722,903	M	17%	7,279,659	(1,443,244)	\$7.6m Used for MOE for the Mental Health Block Grant, which provides \$971K in funding to the program. Also used for Match for Kidcare Title XXI Program and Medicaid Administration.
107	Child/Adolescent Substance Abuse Services		41,843,017	M	9%	38,039,106	(3,803,911)	\$41.8m Used for MOE for the Substance Abuse Block Grant, which provides \$28.9m in funding to the program.

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<p align="center">Program/Department Activity</p>	FTE	Total State Funds		Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments	
108 Adult Substance Abuse Services		29,168,258	M	21%	23,148,990	(6,019,268)	\$29.1m Used for MOE for the Substance Abuse Block Grant, which provides \$63.3m in funding to the program. Also provides MOE for TANF.	
109 Executive Direction & Support Services - Substance Abuse	78.00	3,008,542		15%	2,570,936	(437,606)	\$3.0m Used to meet MOE Requirements - TANF	
110 Eligibility Determination	4,262.00	127,847,957	M	17%	106,113,804	(21,734,153)	\$127.6m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, Food Stamp Administration, and Medicaid Administration	
111 Fraud Prevention/ Benefit Recovery	200.50	3,121,504	M	4%	3,007,995	(113,509)	\$3.0m Used as State Match - Food Stamp Administration	
112 Homelessness/Housing Programs	3.00	2,815,449		47%	1,492,188	(1,323,261)		
113 Optional State Supplementation/ Personal Care Allowance		17,446,323	M	21%	13,750,875	(3,695,448)	\$17.4m Used as State Match - Medicaid	
114 Cash Assistance		135,420,238	M	15%	115,107,202	(20,313,036)	\$144.4m Used to meet MOE Requirements - TANF	
115 Executive Direction & Support Services - Economic Self Sufficiency	182.00	17,598,160	M	16%	14,718,461	(2,879,699)	\$17.5m Used as State Match and to meet MOE Requirements - TANF, Title IV-E, Food Stamp Administration, and Medicaid Administration	
116 Risk Management/Transfers to DOAH & DMS		21,356,372	M		21,356,372		Funding for these functions are not under this subcommittee's direction.	
117								

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118	Key Budget Driver - LRFO (Tier 1)- Cash Assistance (TANF)		8,112,507		10%	7,301,256	(811,251)	
119	Key Budget Driver - LRFO (Tier 2) Maintenance Adoption Subsidy		14,800,000		21%	11,638,182	(3,161,818)	
120	Key Budget Driver - LRFO (Tier 2) Mental Health Nonrecurring		37,300,000		13%	32,552,727	(4,747,273)	
121	Key Budget Driver - LRFO (Tier 2) Substance Abuse Nonrecurring		16,800,000		14%	14,509,091	(2,290,909)	
122	Key Budget Driver - LRFO (Tier 2) Department Needs		44,000,000		37%	27,800,000	(16,200,000)	
123	Department of Children and Family Services Total	12,984.75	1,694,156,612		17.64%	1,430,923,116	(263,233,496)	
124							-15.54%	
125	Department of Elder Affairs							
126	Comprehensive Assessment and Review for Long Term Care Services (CARES)	275.00	4,331,019	M	12%	3,799,485	(531,534)	100% Used as State Match - Medicaid Admin - Federal Match Rate 75%
127	Community Care For the Elderly-CCE		40,479,617	M	14%	34,849,270	(5,630,347)	\$3.4m Used as State Match - OAA Grant Programs: Supportive Services, Congregate Meals, Home Delivered Meals, & Preventive Health - Federal Match Rate 75%
128	Home Care for the Elderly		7,903,357		10%	7,113,021	(790,336)	
129	Aging Resource Centers		1,592,723	M	16%	1,339,335	(253,388)	100% Used as State Match - Medicaid Admin - Federal Match Rate 50%
130	Program Management Support Staffing	52.50	2,535,754		17%	2,097,760	(437,994)	\$2.1m Used as State Match - State and Federal Programs Administered by DEA
131	Alzheimer's Projects/Services		7,317,540		13%	6,386,217	(931,323)	\$2m Used as State Match - OAA Grant Program: Caregivers Support Program - Federal Match Rate 75%

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132	Elder Service Related Grants	15.00	481,799	M	13%	419,165	(62,634)	\$402K Used as State Match - Various Federal Grants: Senior Companion Program (20% Match), AmeriCorps, (21% Match), & Community Service System Funding (Match Varies by Grant)
133	Older American's Act		346,998	M	7%	321,131	(25,867)	100% Used as State Match - OAA Admin - Federal Match Rate 75%
134	Local Service Programs		450,000		17%	372,273	(77,727)	
135	Medicaid Waivers		192,840,598	M	20%	155,149,027	(37,691,571)	100% Used as State Match - Medicaid Program - Federal MAP Rate 56%
136	Executive Leadership and Support	76.00	2,352,042	M	22%	1,826,040	(526,002)	\$662K Used as State Match - OAA Admin
137	Long-Term Care Ombudsman Program	32.50	1,358,891	M	19%	1,101,937	(256,954)	\$260K Used to meet MOE Requirements - OAA Grant
138	Statewide Public Guardianship Program	3.00	2,580,271		8%	2,380,886	(199,385)	
139	Risk Management/Transfers to DOAH & DMS		372,025			372,025		Funding for these functions are not under this subcommittee's direction.
140								
141	Key Budget Driver - LRFO (Tier 2)Waiver Program Growth		300,000		25%	225,000	(75,000)	
142	Key Budget Driver - LRFO (Tier 2) Restore Local Service & Alzheimer's Programs		12,397,453		10%	11,214,060	(1,183,393)	
143	Department of Elder Affairs Total	454.00	277,640,087		14.86%	228,966,632	(48,673,455)	
144							-17.53%	
145	Department of Health							
146	Executive Direction & Support	390.50	15,018,231		21%	11,823,444	(3,194,787)	
147	Correctional Medical Authority	6.00	716,159		56%	313,157	(403,002)	

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148	Minority Health Initiatives	3.00	2,673,537	M	72%	760,743	(1,912,794)	\$813K Used as State Match for the following grants: \$242K for Breast and Cervical Cancer grant; \$211K for Heart Disease and Stroke Prevention grant; \$173K for Diabetes grant; \$150K for Ryan White grant; \$27K for Comprehensive Cancer grant; and \$10K for Healthy Community grant.
149	Family Health Outpatient Services	74.00	25,612,785		32%	17,370,125	(8,242,660)	
150	Family Planning	10.00	4,245,455	M	35%	2,740,248	(1,505,207)	\$782k Used as MOE for Family Planning Grant.
151	Epilepsy Services	1.00	3,631,213		48%	1,898,134	(1,733,079)	
152	School Health	10.00	22,868,056	M	28%	16,402,633	(6,465,423)	\$14.3m Used as State Match/MOE for Maternal and Child Health Block
153	Crisis Counseling		2,000,000		26%	1,472,727	(527,273)	
154	Healthy Start	23.00	40,099,880	M	16%	33,647,445	(6,452,435)	\$40m Used for Match/MOE: \$23.7m for Maternal and Child Health Block Grant; \$15.2m for Healthy Start Waiver match; \$ 800K for MediPass Waiver match; and \$50k for Medicaid Admin Claiming match (50/50).
155	Family Health Projects		3,325,284		70%	997,585	(2,327,699)	
156	Infectious Disease Control	135.50	10,081,859		16%	8,477,927	(1,603,932)	
157	Tuberculosis Hospital (A.G. Holley)	161.00	7,505,025		27%	5,478,668	(2,026,357)	
158	Infectious Disease Projects		959,985		35%	628,354	(331,631)	

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Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
159	HIV/AIDS Services	115.00	36,927,976	M	13%	32,060,197	(4,867,779)	\$36.2m Used as State Match - Ryan White Grant.
160	Environmental Health Services	217.50	22,406,957		33%	15,073,771	(7,333,186)	
161	CHD Local Needs/Primary Care Services	12,759.00	818,916,809	M	31%	563,563,659	(255,353,150)	\$118.2m Used as State Match/MOE: \$1.2m State Match for Breast and Cervical Cancer grant; \$111k State Match/MOE for National Cancer Registry grant; and \$104.8m MOE for Maternal and Child Health Block grant; \$6.3m State Match for Ryan White grant; \$5.9m MOE for Immunization grant.
162	CHD Local Needs/Projects		1,339,481		35%	869,445	(470,036)	
163	Statewide Public Health Support Services-Ex. Lead/Support	80.00	16,260,103		26%	11,973,349	(4,286,754)	
164	Laboratory Services	281.00	20,145,170	M	19%	16,354,215	(3,790,955)	\$4.3m Used as State Match: \$316K for Ryan White grant; \$352K for Public Health Preparedness and Response to Bioterrorism grant; and \$3.8m for Newborn Screening.
165	Vital Statistics	106.00	7,133,403		13%	6,193,091	(940,312)	
166	Disaster Preparedness	124.50	487,183	M	13%	422,963	(64,220)	\$243K Used as State Match for the Public Health Preparedness and Response to Bioterrorism grant.
167	Statewide Pharmaceutical Services	32.50	21,200,718	M	20%	16,864,208	(4,336,511)	\$9.5m Used as State Match for Ryan White grant.
168	Biomedical Research		2,200,000		54%	1,020,000	(1,180,000)	
169	Office of Trauma	10.00	9,770,416		31%	6,706,058	(3,064,358)	

A		B	C	D	E	F	G	H
Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491				Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810		
Program/Department Activity				MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
		FTE	Total State Funds					
170	Division of Children's Medical Services Network and Related Programs	747.50	5,620,460		11%	5,007,319	(613,141)	
171	Children's Medical Services Network		102,230,006	M	13%	88,475,423	(13,754,583)	\$99.5m Used for State Match/MOE: \$74.5m State Match for Title XIX and XXI; \$25m State Match/MOE for Maternal and Child Health Block grant.
172	Pediatric HIV/AIDS		2,119,231	M	5%	2,013,269	(105,962)	100% Used as State Match for Ryan White grant.
173	Child Protection Team		8,847,220		10%	8,002,712	(844,507)	
174	Poison Information Center Network		1,261,387		8%	1,158,183	(103,204)	
175	Early Steps Program		19,938,254	M	7%	18,488,199	(1,450,055)	\$19.9m Used for State Match/MOE: \$17.4 MOE for Early Steps Program; \$2.5m State Match for Medicaid.
176	Children's Medical Services Projects		938,501		35%	605,760	(332,741)	
177	Medical Quality Assurance	640.50	62,041,098	R	13%	53,750,151	(8,290,947)	
178	Community Health Resources	32.00	1,755,421	M	35%	1,149,003	(606,418)	\$1.2m Used for State Match for the State Office of Rural Health grant.
179	Area Health Education Centers (AHEC)		4,801,743		43%	2,728,263	(2,073,480)	
180	Brain & Spinal Cord Injury Program	62.00	20,066,914	M	15%	17,093,362	(2,973,552)	\$6m Used as pass-through to AHCA for State Match: \$5.4m for Brain and Spinal Cord Injured, Home &Community Based Medicaid Waiver; \$658K for Cystic Fibrosis Home & Community Based Medicaid Waiver.

A		B	C	D	E	F	G	H
Budget Balancing Exercise FY 2011-2012 Health Care Appropriations Subcommittee		INSTRUCTIONS: (1) Total Base Budget is \$11,091,914,491 (state funds only - all federal funds have been removed). The Base Budget for this exercise also contains the Key Budget Drivers (Tiers 1 & 2) of the Long Range Financial Outlook.(LRFO) Amounts below for Key Budget Drivers may differ from the LRFO due to updated estimates. (2) Target Budget is \$9,428,127,317 or 85% of the Base Budget. (3) Reductions of \$1,663,787,174 (15% of the Base Budget) will be entered in Column E. Enter the percentage of reduction desired for programs chosen for reduction in Column E until total funding is equal or less than the total Target Budget. Values in Column F Adjusted Total State Funds will automatically calculate as will the running total and difference when percentages are entered in Column E. (4) Program/Department activities blocked out in Column E cannot be reduced as the issue is an obligation of the state or affects a statewide policy issue not in the jurisdiction of this subcommittee.						
		FY 2011-2012 Base Budget (State Funds Only) 11,091,914,491				Target Budget = 9,428,127,317 Running Total = 9,400,826,507 Difference = 27,300,810		
Program/Department Activity		FTE	Total State Funds	MOE/MATCH or Revenue Generating	Average Percent of Reduction Proposed	Adjusted Total State Funds	Incremental Change	Comments
181	Community Health Access - Projects		2,466,344		50%	1,221,961	(1,244,383)	
182	Comprehensive Statewide Tobacco Prevention and Education Program	21.00	61,600,948	M	18%	50,792,782	(10,808,166)	\$503K Used as State Match for Tobacco Prevention Grant.
183	Disability Benefits Determination	1,227.00	1,038,866	M	33%	694,151	(344,715)	100% Used as State Match for Federal Social Security and Supplemental Security Income programs and the Title XIX Medically Needy Program.
184	Risk Management/Transfers to DOAH & DMS		15,264,728	M		15,264,728		Funding for these functions are not under this subcommittee's direction.
185								
186	Key Budget Driver - LRFO (Tier 2) Restore Nonrecurring Operational Funds		24,700,135		35%	15,942,814	(8,757,321)	
187	Key Budget Driver - LRFO (Tier 2) Other Health		13,582,099		39%	8,334,470	(5,247,629)	
188	Department of Health Total	17,269.50	1,443,799,040		28.57%	1,063,834,697	(379,964,343)	
189							-26.32%	
190	Department of Veterans' Affairs							
191	Veterans' Nursing Homes	978.00	50,664,212		22%	39,287,793	(11,376,419)	
192	Executive Direction & Support Services	27.00	3,380,033		15%	2,863,810	(516,223)	
193	Veterans' Benefits & Assistance Services	118.00	3,979,989		13%	3,458,972	(521,017)	
194	Risk Management/Transfers to DOAH & DMS		1,069,710			1,069,710		Funding for these functions are not under this subcommittee's direction.
195	Department of Veterans' Affairs Total	1,123.00	59,093,944		16.94%	46,680,286	(12,413,658)	
196							-21.01%	
197	Total	36,571.75	11,091,914,491		-15.2%	9,400,826,507	(1,688,772,514)	



Correctional Medical Authority

Health Care Appropriations
Subcommittee

March 8, 2011

Presentation by John Bailey, D. O.
Chairman

Correctional Medical Authority (CMA)

- Independent state agency
 - Created by the Legislature in 1986
 - Nine member volunteer board, members appointed by the Governor and confirmed by the Florida Senate
 - 6 FTEs
 - Statutory authority: ss.945.601 – 945.6035, F.S.
-

Statutory Duties of CMA

- Advise the Department of Corrections Secretary on:
 - delivery of primary medical, dental, and mental health care, and
 - management of costs consistent with quality care
 - Advise the Governor and the Legislature on the status of the Department of Corrections' health care delivery system
 - Ensure that adequate standards of physical and mental health care for inmates are maintained at all 63 Department of Corrections major institutions
-

Key Events

- Costello v. Wainwright filed in 1972
 - Court appointed special monitors maintained full control of prison monitoring from 1972 – 1986
 - All monitoring functions turned over to the CMA by 1993
 - Osterback v. Crosby filed in 1999
-

Department of Corrections (DOC)

- 102,232 inmates (6/30/10)
 - 63 major institutions
 - 16,386 (16%) inmates age 50 and older
 - 7,134 (7%) female inmates
 - 18,331 (17.9%) inmates require mental health services
-

DOC Health Services FY 2009-10

- 1,653,921 sick call encounters
 - 343,581 chronic disease clinic encounters
 - 1,782,564 prescriptions dispensed
 - Health services budget = \$413,838,451
-

CMA Surveys

- On-site survey of health care at each major correctional institution every 3 years
- Life threatening conditions trigger emergency notification to the Secretary
- Emergency notification results in 3 day corrective action requirement

Survey Protocol

- Criteria based on DOC's written health care standards and clinical protocols
- Surveys conducted by Florida licensed community health care professionals under supervision of CMA staff

Survey Process

- Review of
 - Physical health services
 - Dental services
 - Mental health services
 - Institutional health care administration
- Survey is designed to identify and prevent systemic problems
- Findings may arise from a single event or from a trend of similar events

Corrective Action Plans

- Written reports of each survey to the Secretary within 60 calendar days
- DOC must submit Corrective Action Plan (CAP) to CMA within 30 days after report issued
- Corrective actions are monitored by CMA approximately 3 months after the plan is finalized

Survey Activities FY 2010-11

- 19 institutional surveys scheduled; 13 complete
- Completed CAPs on 13 institutions surveyed in FY 2009-10
- Completed CAPs on 4 institutions surveyed during FY 2010-11

Other Review Requirements

- Health Services Quality Management program
- Health Services legislative budget request
- Proposed health care policies and procedures
- Annual reports to Governor and Legislature

CMA Agency & Budget History

- Originally housed in DOC
 - Moved to DOH in 1998
 - In 2004 budget reduced by 50%, staff reduced from 13 to 6 FTEs
 - In FY 2010-11, 15% budget reduction
-

FY 2010-11 Budget

Salaries & Benefits	\$493,581
OPS	\$212,970
Expenses	\$65,799
OCO	\$212
Contracted Services	\$1,882
HR contract	\$1,520
TOTAL	\$775,964

Proposed FY 2011-12 Budget

Salaries & Benefits	\$493,581
OPS	\$168,775
Expenses	\$52,145
OCO	\$168
Contracted Services	\$1,491
HR contract	\$1,520
TOTAL	\$717,680

Cost Cutting Strategies

- Board meetings by phone
- One day surveys at smaller institutions
- Off-site CAPs whenever feasible

For further information please contact:

Murdina Campbell

Correctional Medical Authority

850-245-4557

CMA Website at:

<http://www.doh.state.fl.us/Cma/index.html>