



FLORIDA ASSOCIATION OF COUNTIES

**2019 INNOVATION &  
POLICY CONFERENCE**

**LOCALS** *first*

**Community,  
Health & Safety**

# **2019 INNOVATION & POLICY CONFERENCE**



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# **2019 INNOVATION & POLICY CONFERENCE**



## **FAC 2019-2020 Proposed Guiding Principles COMMUNITY, HEALTH & SAFETY**

### Health and Human Services Policy

*County officials recognize the importance of adequately providing for quality health and human services to protect and assist citizens in need. As a critical link in the federal/state/county human services partnership, counties must be included in formulating and implementing policies that protect the health, safety, and welfare of all the citizens of the state.*

- CHS 1. The Florida Association of Counties supports allowing for flexibility in the delivery of health and human services within communities to achieve the desired level of services based on local needs and priorities.
- CHS 2. The Florida Association of Counties supports expanding health care and dental healthcare access and believes that efforts to refine and enhance state and local programs that provide access to affordable health care are essential.
- CHS 3. The Florida Association of Counties supports policies that increase access to acute care behavioral health services for individuals and families.
- CHS 4. The Florida Association of Counties supports policies that increase supportive housing, jail diversion, and employment and education initiatives for people with mental health, substance abuse issues, behavioral health issues and/or disabilities.
- CHS 5. The Florida Association of Counties supports diverting, medically assisting, or treating the mentally ill outside of the criminal justice process through alternative programs, such as Crisis Intervention Teams.
- CHS 6. The Florida Association of Counties supports Medicaid reform initiatives to ensure that persons with substance abuse and mental health treatment needs are appropriately served.
- CHS 7. The Florida Association of Counties supports the implementation of discharge protocols and/or procedures for hospitals, correctional facilities, and mental health facilities when releasing homeless persons.
- CHS 8. The Florida Association of Counties supports the development of policies that would allow local governments to work with the state and federal government to serve



target populations: the chronically homeless, veterans, and families and children, with emphasis on children aging out of the foster care system.

CHS 9. The Florida Association of Counties supports policies that promote continued coordination with the state's Council on Homelessness, specifically as it recommends policies and practices in support of the Federal Strategic Plan to End Homelessness.

CHS 10. The Florida Association of Counties supports policies that lessen fragmentation, inefficient operation, and costly duplication of transportation disadvantaged services.

#### Health and Human Services Funding

*While most health and human service programs and the laws that govern these programs are established by federal and state governments, many of these services are being provided through community-based services at the local level. Given the varying capacity and funding capabilities of counties, adequate federal and state funding to ensure uniformity in the human services continuum.*

CHS 11. The Florida Association of Counties supports, when feasible, directing existing funding from institutional care to community-based care programs.

CHS 12. The Florida Association of Counties supports increased funding for core and crisis mental health services, including beds, statewide.

CHS 13. The Florida Association of Counties supports life-saving interventions, including funding for prevention programs, medication-assisted treatment, residential treatment, twelve-step recovery and detoxification programs, and diversions from the criminal justice system as comprehensive efforts to reduce substance abuse and addiction.

CHS 14. The Florida Association of Counties supports increased funding of the Criminal Justice Mental Health and Substance Abuse Reinvestment Grant Program with recurring dollars in a trust fund.

CHS 15. The Florida Association of Counties supports sustainable matching state funds to counties that have received both planning and implementation Reinvestment Grant funds.

CHS 16. The Florida Association of Counties supports a system for distributing Low Income Pool dollars that ensures IGT-donor counties are able to direct the federal matching





dollars generated by their local IGT contributions to best meet the health care needs of their constituents, rather than having those dollars redistributed throughout the state.

- CHS 17. The Florida Association of Counties supports adequate funding for the Community Care for the Elderly Program, which provides cost efficient diversion from nursing home placement for impaired elders.
- CHS 18. The Florida Association of Counties supports funding Graduate Medical Education programs to meet the healthcare needs of the state and its local communities, with an emphasis on programs that provide for specialties in need, as well as the development of physicians to practice in medically underserved areas.
- CHS 19. The Florida Association of Counties supports funding for the Florida Healthy Start and Healthy Families program.
- CHS 20. The Florida Association of Counties opposes policies that further shift state Medicaid costs to counties.
- CHS 21. The Florida Association of Counties supports the continued evaluation of the county-state Medicaid cost-share arrangement, taking into consideration the impacts of state policies designed to contain growth in Medicaid costs, including statewide Medicaid managed care and diagnosis related group reimbursement for hospitals.
- CHS 22. The Florida Association of Counties supports increasing state general revenue funding for county health departments (CHDs), and opposes any state reductions to the CHD Trust Funds.
- CHS 23. The Florida Association of Counties supports maintaining a coordinated system of CHDs that is centrally housed within the Department of Health (DOH).
- CHS 24. The Florida Association of Counties supports preserving the ability of CHDs to provide primary care and direct patient care services, particularly in communities without adequate substitutes or alternative providers for these services.
- CHS 25. The Florida Association of Counties supports a dedicated state funding source for homeless programs, including but not limited to local matching programs for counties who have demonstrated an investment in homeless services.



- CHS 26. The Florida Association of Counties supports the continuation of the Medically Needy program.
- CHS 27. The Florida Association of Counties supports policies that allocate state funds to hire Veterans Services Officers in counties in order to increase services and federal benefits for Florida veterans.
- CHS 28. The Florida Association of Counties supports policies that protect the Transportation Disadvantaged (TD) trust fund, as well as dedicated state funding for the TD program, including funding to address unmet TD needs in rural areas.

#### Public Safety and Emergency Services

*Providing for public safety is one of the core functions of county governments. Counties provide for safety through support of first-responder services from sheriffs' offices, ambulance services, fire and rescue, and emergency management centers that protect the public during natural or man-made disasters, terrorism, emergencies, and public health threats.*

- CHS 29. The Florida Association of Counties supports policies that maintain and enhance established trauma care funding, including incentives for the development of new trauma centers.
- CHS 30. The Florida Association of Counties opposes policies that shift the state's financial responsibility for the trauma system to counties or divert trauma care funding for purposes other than those intended by the existing legislation.
- CHS 31. The Florida Association of Counties supports policies that protect the ability of counties to provide for coordinated, countywide systems of emergency medical services, and not limit the ability of ambulance and other emergency medical transportation providers to be reimbursed for their services.
- CHS 32. The Florida Association of Counties opposes sentencing of state inmates to county jails, but supports counties' ability to contract with the Department of Corrections for housing state inmates.
- CHS 33. The Florida Association of Counties supports funding for capital improvements to county courthouses and other court-related facilities, including jails.



- CHS 34. The Florida Association of Counties supports policies designed to prevent human trafficking, protect victims, prosecute human traffickers, and create partnerships across all levels of government, the private sector, and state agencies to provide training opportunities for local government employees and their agents to recognize the signs of human trafficking including government inspectors, law enforcement, criminal justice, health care, transportation and public transit, educational partners, and employees working with vulnerable populations.
- CHS 35. The Florida Association of Counties opposes policies that would shift funds or impede counties from building and maintaining an interoperable radio communication system as authorized by statute.
- CHS 36. The Florida Association of Counties supports increased funding for locally-operated crime analysis laboratories.
- CHS 37. The Florida Association of Counties supports policies and funding targeted at enhancing the quality of volunteer firefighting services in rural and unincorporated communities.
- CHS 38. The Florida Association of Counties supports the provision of state matching funds for all disaster-related / emergency management projects deemed eligible and approved by FEMA including, but not limited to, backup generators for facilities for elders.
- CHS 39. The Florida Association of Counties supports continued state funding for county EOCs to ensure each is able to meet the minimum structural survivability and operational space criteria established by the state and federal government.
- CHS 40. The Florida Association of Counties supports policies and funding that provide enhanced training and education opportunities for County Emergency Management employees.

### Criminal Justice System

*Florida's counties also play a critical role in state's criminal justice system, providing prevention, pre-trial, and reintegration services, juvenile programs, victims' assistance, and jail funding throughout the state. Success of such programs hinges on a comprehensive and coordinated approach across local agencies, jurisdictions, and with state and federal partners. When determining appropriate programming and funding, Florida's counties work to encourage improved outcomes for system participants and communities while also seeking cost reductions*



*and efficiencies. Public safety and criminal justice services continue to have increased funding needs, however, as counties and their public safety partners face new and evolving threats to the safety and welfare of their communities and counties must be empowered to adequately address funding of necessary services. Furthermore, considering the interconnected nature of many of these threats, increased federal and state funding is essential to ensure that effective public safety systems are provided throughout Florida.*

CHS 41. The Florida Association of Counties supports policies preserving counties' ability to provide risk assessment pretrial release services that prevent new offenses and ensures appearance as obligated.

CHS 42. The Florida Association of Counties opposes policies limiting the discretion of the first appearance judges.

CHS 43. The Florida Association of Counties opposes policies that restrict pretrial services to only indigent defendants.

CHS 44. The Florida Association of Counties supports policies that reduce county jail expenses, including juvenile and adult diversion programs.

CHS 45. The Florida Association of Counties supports policies that provide Medicaid eligibility for persons incarcerated in county jails while waiting disposition of their cases and to ensure that existing Medicaid benefits are not terminated during incarceration.

CHS 46. The Florida Association of Counties supports policies and initiatives which reduce juvenile detention through prevention, civil citation, treatment, and rehabilitation services.

CHS 47. The Florida Association of Counties supports state investments in juvenile facilities to improve the conditions of secure confinement for detained youth without such costs being shifted to the counties.

CHS 48. The Florida Association of Counties supports policies that ensure that adequate safety, supervision, and facility maintenance is provided at juvenile residential assessment centers and secure detention facilities.

CHS 49. The Florida Association of Counties supports state funding of Juvenile Assessment Centers throughout Florida to strive to achieve equal treatment of youth offenders.



CHS 50. The Florida Association of Counties supports policies that increase judicial oversight and authority for charging and sentencing juvenile defendants as adults without creating additional county service requirements.

# **2019 INNOVATION & POLICY CONFERENCE**



## **CHS-PP-1: Regulation of Smoking on Local Government Property**

**FAC Staff Recommendation:** Defer to Committee

**Proposed Policy:** SUPPORT the creation of an exemption to the state’s smoking preemption law to grant local governments the power to prohibit smoking/vaping on playgrounds under their ownership to protect the public health of children.

**Background:** Florida’s local governments are preempted by the state Legislature from most forms of smoking and vaping regulation. Chapter 386.209, F.S., “expressly preempts regulation of smoking to the state and supersedes any municipal or county ordinance on the subject; however, school districts may further restrict smoking by persons on school district property.” While smoking in enclosed workplaces is banned in Florida, it is still allowed in outdoor areas such as parks, beaches, and playgrounds. Previous bills that would have granted local governments the local control to prohibit smoking in these outdoor areas have stalled in the Legislature, including a 2014 effort by Sen. Rob Bradley—SB 342—that would have authorized local governments to restrict smoking in playground areas under their ownership. A recent change in law, however, appears to provide an opportunity for local governments to enact ordinances prohibiting vaping on playgrounds. The implementing legislation for the 2018 constitutional amendment banning vaping in enclosed workplaces revises 386.209, F.S., to include the following: “This section does not preclude the adoption of municipal or county ordinances that impose more restrictive regulation on the use of vapor-generating devices than is provided in this part.”

**Analysis:** Palm Beach County and other counties throughout Florida have an interest in managing public health concerns in outdoor areas under their jurisdiction.

**Fiscal Impact:** There may be an indeterminate cost to local governments in the enactment and enforcement of an ordinance prohibiting smoking on playgrounds; however, this cost may be partly or totally balanced by the issuance of fines to violators of the ordinance.

**Submitting County:** Palm Beach

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## **CHS-PP-2: Opportunity Zones**

**FAC Staff Recommendation:** Not Adopt

**FAC Staff Advisory:** Pursue this issue outside of the 2020 Legislative process

**Proposed Policy:** SUPPORT implementation of guidance and regulations from the Department of Economic Opportunity on the newly-created Opportunity Zones tax benefit that prevent abuse, encourage developments that provide public benefits in low-income areas within the identifiable zone, and protect local governments and stakeholders.

**Background:** Opportunity Zones were added to the tax code by the Tax Cuts and Jobs Act on December 22, 2017, designed to spur economic development by providing tax benefits to investors. An Opportunity Zone is an economically-distressed community where new investments, under certain conditions, may be eligible for preferential tax treatment. Localities qualify as Opportunity Zones if they have been nominated for that designation by the state and that nomination has been certified by the Secretary of the U.S. Treasury via his delegation of authority to the Internal Revenue Service. The Florida Opportunity Zones nominated by Governor Rick Scott were certified by the U.S. Department of the Treasury on June 14, 2018. Florida has 427 designated opportunity zones, all of which are low-income communities. Non-low-income contiguous tracts have no designation as opportunity zones. Even with these designations, business owners and local governments are confused as to what can and cannot be accomplished with opportunity zone incentives for investors. In 2019, Representative Anika Omphroy filed HB 481 – Opportunity Zones and Senator Bobby Powell filed the companion bill SB 1408. Both bills were not heard in any referenced committee.

**Analysis:** Counties across Florida benefit from having another tool in their economic development toolbox. From rural communities to urban areas, this program will allow investors to strategically invest in targeted communities. This will build on each county's economic development plan, bringing more jobs and capital investment into every county across Florida. However, even with these designations, business owners and local governments are confused as to what can and cannot be accomplished with opportunity zone incentives for investors. While, the U.S. Department of Treasury is tasked with developing guidance and regulations for this program, the state should be responsible for establishing its own guidance for local governments and businesses alike. Currently, there are only proposed regulations and no clear guidance for states, local governments, and investors. Because no real guidance has been developed, the Florida Department of Economic Development (DEO) should be responsible for establishing such guidance, as the state's leading economic entity.



**Fiscal Impact:** Indeterminate

**Submitting County:** Broward



### **CHS-PP-3: County Medicaid Cost Share Growth**

**FAC Staff Recommendation:** Defer to Committee

**Proposed Policy:** SUPPORT efforts to prevent increases in Medicaid costs and request that the provision determining the rate of overall growth of the County Medicaid cost share be maintained at 50% and not be changed to 100% of the rate of growth in the state Medicaid expenditures.

**Issue Summary:** For the period between FY 15-16 and FY 19-20 the rate of growth of the overall County Cost Share program is determined at the rate of 50% of the percentage change in the state Medicaid expenditures. However, after 2019-20 – the rate of growth in the total County Cost Share formula will increase or decrease at the same percentage as the changes in the state Medicaid expenditures. This change in percentage will effectively double to rate of growth of the County Medicaid Cost Share program thus increasing the fiscal burden on local county taxpayers.

**Background:** During the 2013 Legislative Session, the Legislature passed Senate Bill 1520 modifying the method of calculating what each county is required to pay in the State County Medicaid Cost Share program. The statutes changed the criteria for calculating each counties share from a formula based on “Utilization” to a formula based on “Enrollment”. The change in county share calculation method outlined a seven-year implementation schedule that changes the County Cost Share formula from being 100% Utilization based to 100% Enrollment Based. In addition, the statutes determined that the level of overall growth of the County Cost Share program would be based on the percentage growth of the overall state Medicaid expenditures. Specifically, for Fiscal years 2015-2016 through the 2019-2020 state fiscal year, the total amount of the counties’ annual contribution shall be the total contribution for the prior fiscal year adjusted by 50 percent of the percentage change in the state Medicaid expenditures as determined by the Social Services Estimating Conference. For each fiscal year after the 2019-2020 state fiscal year, the total amount of the counties’ annual contribution shall be the total contribution for the prior fiscal year adjusted by the percentage change in the state Medicaid expenditures as determined by the Social Services Estimating Conference.

**Analysis:** At a time of limited revenues and efforts to reduce the local tax burden – counties are facing a number of state mandates that will increase county costs. Specifically, the rate of growth of the overall County Cost Share formula has been limited to 50% of the percentage change in the state Medicaid expenditures. However, for each year after 2019-20 – the rate of growth in the total County Cost Share formula will increase or decrease at the same percentage as the changes in the state Medicaid expenditures. Example - currently if the total state Medicaid expenditures grow at 5% - the rated of growth in the County Medicaid Cost Share program would



be 2.5% of 50% of the rate of growth of the state Medicaid expenditures. However, after FY 2019-20 – if the total rate of growth in the state Medicaid expenditures is 5% the rate of growth for the in the total County Cost Share formula will be 5%.

**Fiscal Impact:** If no change is made to the statutes governing the method for calculating the rate of growth in the County Medicaid Cost Share program - after FY 2019-20 – the rate of growth in the County Medicaid Cost Share will double.

**Submitted by:** Small County Coalition



## **CHS-PP-4: Prohibited Places for Weapons and Firearms**

**FAC Staff Recommendation:** Defer to Committee

**Proposed Policy:** SUPPORT the prohibition of weapons and firearms in government buildings.

**Background:** Osceola County would like to suggest, “Prohibited Places for Weapons and Firearms” Revising the locations where a licensee is prohibited from openly carrying a handgun or carrying a concealed weapon or firearm.

**Issue Summary:** The safety issue at hand is that the statute specifically states the prohibition of weapons in any “meeting of the governing body”. It prohibits weapons in Chambers during a Board of County Commissioners meeting, but not in a government building, which could be a dangerous for all government employees or any citizen at any given time. The Statute language could be an easy fix if we can make it happen.

**Analysis:** At the moment Weapons and Fire Arms are prohibited in any college or university facility but not in any government building other than any police, sheriff or highway patrol station or any detention facility, prison or jail. We believe that this change in the statute would secure the safety of government employees or any citizen visiting a government building.

**Fiscal Impact:** N/A

**Submitting County:** Osceola

# **2019 INNOVATION & POLICY CONFERENCE**



## **CHS-PP-5: COPCN – ALS Non-Transport Services**

**FAC Staff Recommendation:** Defer to Committee

### **Policy Options:**

- 1) Exemption from COPCN process for ALS Non-transport services by governmental entity
- 2) Provides optional process for the issuance of a COPCN for ALS Non-transport services by governmental entity; requires issuance of a COPCN upon receipt of request for COPCN, the governmental entity's financials and, a letter certifying that the governmental entity will follow countywide medical protocols (if instituted)
- 3) Provides an exemption from the COPCN process for ALS Non-transport services by governmental entity if it uses a countywide medical protocol (if instituted)
- 4) Provides for the issuance to a governmental entity for ALS Non-transport services without a COPCN upon receipt of an affidavit from the governmental entity's medical director that countywide medical protocols will be implemented (if instituted)
- 5) Provides that if the County denies a governmental entity a COPCN for ALS Non-transport services, then if certain requirements are met, a license may be issued by the DOH
- 6) Provides for a minimum 10-year COPCN to a governmental entity providing ALS Non-transport services; provides revocation process
- 7) Provides for a minimum 10-year COPCN to a governmental entity providing ALS Non-transport services

**Issue Summary:** Current law allows a county to prevent first responders from providing more than basic life support services even if the government entity has State certified paramedics and can meet all other state legal requirements. Paramedics have been required to only provide basic life support services while waiting for an ambulance to show up, even if it's to the detriment of the patient. Since generally there are more first responder vehicles than ambulances in a community, citizens may be negatively impacted. Although most counties allow ALS non-transport services by first responders, some counties do not or require the governmental entity to work under the county's COPCN and State license. All counties have the authority to limit governmental entities from providing ALS non-transport services. The policy change is to revise the current COPCN requirement for governmental entities ALS non-transport services. The proposed change relates only to non-transport services only. The change does not address ambulances.

**Background:** In 2018, Senator Grimsley filed SB 488 that provided an alternative process for local governments that provide first responder services to provide ALS non-transport services at an



emergency without a COPCN if the entity: (1) provides first response; (2) has fire rescue infrastructure; (3) satisfies Department of Health statutes and rules; and (4) uses a countywide common medical protocol, if one is adopted. Notwithstanding, this is not a requirement if the county prohibits the provision of ALS by a firefighter/paramedic within the protocol. The bill was passed by the Senate Health Policy Committee. Representative Pigman filed HB 285, which died without a hearing as there was insufficient time to develop compromise language that was agreeable to the applicable parties. The original proposal was developed due to a dispute that occurred in Collier County. Although resolved and currently there is no conflict, there is a desire to ensure that a similar decision cannot occur elsewhere in the state based on BOCC changes.

**Analysis:** Depending on which option is selected, there are different impacts. With some options, there will not be impacts in many counties today. In counties where there are no issues related to the provision of ALS non-transport services by governmental entities, the current statutory process related to the COPCN process and ordinances will continue. The exception may be if the 10-year COPCN options are pursued, there is a potential that a county would be required to issue a longer term COPCN (many counties already issue long termed COPCNs to governmental entities that provide ALS non-transport services). Many options provide an alternative process. All counties have the authority to limit governmental entities from providing ALS non-transport services and these changes ensure that such decisions are not arbitrary. Continuum of care of patients are addressed as the alternative process options require that the governmental entity must follow a countywide medical protocol, if one is adopted.

**Fiscal Impact:** According to the bill analysis associated with CS/SB 488, there is an indeterminate positive fiscal impact on governmental entities that are able to provide ALS non-transport services without obtaining a COPCN from not being required to proceed through the COPCN process. There is an indeterminate negative fiscal impact on local governmental with entities that are exempt from the COPCN process from a reduction in fees collected related to COPCN applications. To address questions raised by some small counties during the 2018 session, many of the alternative process options are not applicable to a governmental entity that receives funds from the county government to provide the ALS non-transport services.

**Submitted by:** FAC Staff





## **CHS-PP-6: Funding for Historical Initiatives**

**FAC Staff Recommendation:** Pursue through Guiding Principles in November

**Proposed Policy:** SUPPORT funding projects related to Florida's historic resources

**Background:** It is important to promote historic locations and events with regional significance and Marion County requests the Legislature encourage extramural initiatives between counties to develop a statewide historic network. Marion County's history dates back thousands of years and that heritage and history is reflected in many areas within the destination, namely at sites such as the Fort King National Historic Landmark or other such venues.

**Analysis:** Through the use of partnerships and technology, local historic sites, features and projects, such as the creation of Historic Trails, can benefit tourism efforts across Florida.

**Fiscal Impact:** Visitor spending from Marion County guests has created over a billion dollars in economic impact to Marion County annually (\$1,014,266,100) and out-of-town visitor spending in Marion County continues to increase year-over-year to \$667,280,300, an increase of 1.3 percent over the same time period.

Additionally, visitors to Marion County spend approximately \$1,311 in direct expenditures during each trip that span an average of 4.1 nights and visitor spending supported 11,937 Marion County jobs and generated a property tax cost savings of \$542 to local residents.

The creation and promotion of a statewide historic network will work to both advance the tourism economic engine while creating educational and historical opportunities for generations to come.

**Submitting County:** Marion

# **2019 INNOVATION & POLICY CONFERENCE**



## **CHS-PP-7: Inmate Health Care Costs**

**FAC Staff Recommendation:** Defer to Committee

**Proposed Policy:** SUPPORT legislation or special funding that addresses Inmate Medical Costs when the inmate is without the means to pay for costs and does not have insurance or other assets that can be recovered.

**Issue Summary:** Health related costs have substantial impact when local communities are required to provide for extensive health care needs while individuals are incarcerated. Although F.S. 951.032 provides methods for recovering costs from prisoners – also if a prisoner is eligible for Federal Government Benefits (e.g. Veterans Check, Social Security, Disability, Medicaid, Medicare, etc.) citizen those benefits are stopped with said person is incarcerated, at that time the county picks up the cost.

**Background:** Current law – F.S. 951.032 requires counties to provide medical care, treatment, hospitalization, and transportation to said treatments. Counties may seek reimbursement from the prisoner or person receiving medical services by deducting payment from the prisoners account at the facility; by assigning a lien against prisoners’ assets; by seeking payment from the prisoner’s insurance company, health care provider or other source. When a prisoner cannot meet any of these payment methods – the county is charged with the cost of medical care.

**Analysis:** 951.032 - Financial responsibility for medical expenses.

(1) A county detention facility or municipal detention facility incurring expenses for providing medical care, treatment, hospitalization, or transportation may seek reimbursement for the expenses incurred in the following order:

- A. From the prisoner or person receiving medical care, treatment, hospitalization, or transportation by deducting the cost from the prisoner’s cash account on deposit with the detention facility. If the prisoner’s cash account does not contain sufficient funds to cover medical care, treatment, hospitalization, or transportation, then the detention facility may place a lien against the prisoner’s cash account or other personal property, to provide payment in the event sufficient funds become available at a later time. Any existing lien may be carried over to future incarceration of the same prisoner as long as the future incarceration takes place within the county originating the lien and the future incarceration takes place within 3 years of the date the lien was placed against the prisoner’s account or other personal property.



B. From an insurance company, health care corporation, or other source if the prisoner or person is covered by an insurance policy or subscribes to a health care corporation or other source for those expenses.

(2) A prisoner who receives medical care, treatment, hospitalization, or transportation shall cooperate with the county detention facility or municipal detention facility in seeking reimbursement under paragraphs (1)(a) and (b) for expenses incurred by the facility for the prisoner. A prisoner who willfully refuses to cooperate with the reimbursement efforts of the detention facility may have a lien placed against the prisoner's cash account or other personal property and may not receive gain-time as provided by S. 951.21.


History. —S. 2, Ch. 83-189; S. 45, Ch. 95-283.


**Fiscal Impact:** Indeterminate – based on individual circumstances.


**Submitted by:** Small County Coalition

# **2019 INNOVATION & POLICY CONFERENCE**



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