



## Legislation Details (With Text)

**File #:** 21-0632  
**Type:** Consent  
**Status:** Agenda Ready  
**In control:** Board of County Commissioners  
**On agenda:** 4/27/2021  
**Final action:**  
**Title:** APPROVAL OF POLICY FOR THE FLORIDA HEALTH CARE RESPONSIBILITY ACT (HCRA)  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Board Directed Policy- HCRA.pdf, 2. Board Directed Policy- HCRA.pdf

Date	Ver.	Action By	Action	Result
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**PLACEMENT:** Consent

**TITLE:**

**APPROVAL OF POLICY FOR THE FLORIDA HEALTH CARE RESPONSIBILITY ACT (HCRA)**

**EXECUTIVE SUMMARY:**

This is a request for review and approval of a policy to provide for the expenditure of funds from the County health care fund for HCRA payments pursuant to and in compliance with Chapter 154, Part IV, ss. 154.30-15.331, Florida Statutes and Chapter 59H-1, Florida Administrative Code (Regulations).

**DEPARTMENT:** Administration

**PREPARED BY:** **Name:** Sherilyn Scraders  
**Title:** Human Services Specialist

**REQUESTED BY:** Michelle Miller, Human Services Administrator

**PRESET:**

**PROCEDURES:** None

### **BACKGROUND/RELATED STRATEGIC GOAL:**

Mandated by Florida Statute 154.301, Martin County Board of County Commissioners follows the Health Care Responsibility Act (HCRA) in providing out-of-county emergency inpatient hospitalization for indigent residents of Martin County at participating hospitals.

The intent of this program is to provide qualified Martin County residents with financial assistance to offset hospital charges they incur as the result of an emergency visit to a participating hospital

located outside of Martin County.

**ISSUES:**

None

**LEGAL SUFFICIENCY REVIEW:**

To the extent this item contains legal issues, it has been reviewed for legal sufficiency; although this is primarily a matter of Board policy.

**RECOMMENDED ACTION:**

**RECOMMENDATION**

Move that the Board adopt the Policy for the Florida Health Care Responsibility Act.

**ALTERNATIVE RECOMMENDATIONS**

*Pull* this item from the Consent Agenda and provide staff with alternate direction.

**FISCAL IMPACT:**

**RECOMMENDATION**

None

<b>Funding Source</b>	<b>County Funds</b>	<b>Non-County Funds</b>
Health Care/Medical Services		Subject to availability of funds

**Subtotal**

**Project Total**

**ALTERNATIVE RECOMMENDATIONS**

None

**DOCUMENT(S) REQUIRING ACTION:**

<input type="checkbox"/> Budget Transfer / Amendment	<input type="checkbox"/> Chair Letter	<input type="checkbox"/> Contract / Agreement
<input type="checkbox"/> Grant / Application	<input type="checkbox"/> Notice	<input type="checkbox"/> Ordinance
<input checked="" type="checkbox"/> Other: Policy		<input type="checkbox"/> Resolution

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