

1 MINUTES OF MEETING OF NORTH LAKE COUNTY  
2 HOSPITAL DISTRICT OF September 9, 2021  
3

4 A meeting of the North Lake County Hospital District (NLCHD) was held on September  
5 9, 2021 at 5:30 p.m. in the Lake County Commission Chambers, Administration Building,  
6 315 W. Main Street, Tavares, Florida, and was also made available via teleconference due  
7 to COVID-19, a novel strain of the coronavirus.  
8

9 Ms. Barbara Price, Chairman, called the meeting to order and led the Pledge of Allegiance.  
10 She also called for a moment of silence.  
11

12 ROLL CALL

13 Ms. Meredith Kirste, attorney for the North Lake County Hospital District, called the roll  
14 to ascertain the trustees present for the meeting, with the following members in attendance:  
15 Ms. Susan Hooper, Ms. Barbara Price, Mr. Ralph Smith, Mr. Tim Sullivan and Ms. Anita  
16 Swan.  
17

18 Ms. Kirste reiterated the public purpose of the district, noting that it was to provide a means  
19 to pay for indigent care, provided in accordance with the act. She reminded the Board that  
20 they took an oath to do this and to uphold the purpose of the district.  
21

22 APPROVAL OF MINUTES

23 On a motion by Ms. Swan, seconded by Mr. Sullivan and carried unanimously by a vote  
24 of 5-0, the NLCHD Board approved the Minutes of August 12, 2021.  
25

26 ADDITIONAL REQUESTS FOR FUNDING

27 There were no additional requests for funding at this time.  
28

29 RECITATION FOR THE RECORD

30 Ms. Kirste announced for the record that the name of the taxing authority was the North  
31 Lake County Hospital District, that the rollback rate was 0.855 mills, and that the levy of  
32 1.0 mill represented an increase in the property tax levy of 16.96 percent over the rollback  
33 rate of 0.855 mills.  
34

35 WAIVER OF THE READING OF THE ENTIRE PROPOSED RESOLUTIONS

36 On a motion by Ms. Swan, seconded by Mr. Sullivan and carried unanimously by a vote  
37 of 5-0, the NLCHD Board approved waiving the reading of the entire proposed Resolutions  
38 2021-01 and 2021-02.  
39

40 PUBLIC COMMENT – RESOLUTION 2021-01 FOR SETTING THE MILLAGE

41 Ms. Kirste read the title of Resolution 2021-01, providing for the adoption of the proposed  
42 millage rate for the 2022 Fiscal Year.  
43

44 The Chairman opened the floor for public comment.  
45

46 Mr. Ken Bragg, a resident of the City of Fruitland Park, expressed appreciation for the  
47 Board and discussed his background. He mentioned that he was involved in building Lake

1 Technical College (Lake Tech), noting that they had hundreds of students who had been  
2 served through the clinics in Lake County due to not having health insurance. He thanked  
3 the clinics and he expressed opposition to the Board considering zero millage, opining that  
4 it would discontinue services. He also opined that it would not be a good time for a millage  
5 reduction with what the community had suffered during the current pandemic.

6  
7 Mr. Tony Bennett, a resident of Town of Astatula and a nurse of 40 years, said that the  
8 benefits of funding included providing primary care to people who would have no other  
9 option but to use the emergency room (ER) if the clinics were defunded. He then opined  
10 that the clinics provided a needed service in maintaining the health and wellbeing of  
11 residents. He relayed his understanding that Representative Anthony Sabatini had relayed  
12 as part of a House Ways and Means Committee meeting on March 25, 2021 that four of  
13 the six NLCHD Board members would be voting for zero millage, and he provided a  
14 transcript of this. He questioned how Representative Sabatini knew this if the Board had  
15 not had any public meetings yet. He expressed concerns for this and for a possible violation  
16 of the Sunshine Law, and he asked the Board to delay voting until these questions were  
17 answered and an investigation was completed. He mentioned that in 2016, residents voted  
18 to continue funding indigent care, and he also mentioned following the law put forth by the  
19 Agency for Health Care Administration (AHCA) to provide healthcare to the indigent in  
20 the county in a fair and impartial manner. He requested that the Board recuse itself and  
21 turn over the responsibilities to the Lake County Board of County Commissioners (BCC)  
22 until an investigation was completed.

23  
24 Ms. Patricia Bennett, a resident of the Town of Astatula, mentioned the savings versus the  
25 cost of ER expenses. She addressed a previous statement from an individual who spoke  
26 on behalf of Representative Sabatini that payments made to primary care clinics and  
27 hospitals were fraud, questioning that if this were true, then why fraud had never been  
28 found by Moore Stephens Lovelace (MSL), the certified auditors. She mentioned that  
29 billing was already at a negotiated and discounted rate, and that Medicaid did not cover all  
30 indigent patients in the State of Florida; rather, it only covered families with minor children  
31 in the home. She added that Medicare did not cover anyone under age 65, that AHCA  
32 governed Medicare and Medicaid, and that Chapter 154 required all counties to provide  
33 emergency care for their indigent patients; furthermore, all other counties in the state paid  
34 for their indigent constituents' healthcare in different tax formats under healthcare trusts or  
35 county healthcare plans. She recalled that the South Lake County Hospital District  
36 (SLCHD) was given a \$500,000 two-year grant to transition their healthcare, and she  
37 questioned why a transition plan had not been put in place like it was in other counties.  
38 She questioned if the Board had explored other options, especially when taxpayers were  
39 losing their jobs and health insurance, and were unable to afford marketplace coverage.  
40 She asked the Board that if they did not intend on doing what was right and honorable, then  
41 to dissolve the Board and turn the remaining balance over to the BCC.

42  
43 Mr. Walter Price, a resident of the City of Tavares, relayed his understanding that the  
44 NLCHD board was created decades prior before there were other alternative sources of  
45 funding. He relayed his understanding that in the last legislative session, all five of the  
46 local legislative delegation members were in favor of disbanding this taxing district, and  
47 that they had indicated that if it was disbanded, then they would proceed with legislation

1 to provide alternate funding. He said that the hospitals were nonprofits and paid no sales  
2 taxes, no property taxes and no income taxes, and that they were required to provide care  
3 to anyone. He opined that the annual net earnings of these nonprofits were considerable,  
4 and that property owners in North Lake should not be forced to be pay this hospital tax;  
5 rather, the contribution should be voluntary. He opined that this was corporate welfare and  
6 that the Board should give taxpayers a break. He proposed that if the Board provided any  
7 funding, then they should provide some funding to nonaffiliated clinics.

8  
9 Dr. Kevin Taylor, a co-founder of St. Luke's Medical and Dental Clinic, said that his clinic  
10 did not charge patients to be seen and that their patients were means tested; furthermore,  
11 they all fell below double the federal poverty rate. He mentioned that several patients they  
12 saw on a nightly basis would have lost their jobs or insurance. He added that many of their  
13 patients had also been declined by Medicaid and had chronic medical conditions. He  
14 believed that his clinic kept many of those patients from seeking care in the ER and the  
15 hospitals, and helped to keep them as healthy and productive members of the community.  
16 He thought that if funding provided to the community clinics was reduced, it would be felt  
17 by all of the patients they were taking care of.

18  
19 Ms. Jane Hepting, a resident of the City of Eustis, commented that in 2012, the Florida  
20 Legislature passed a statute which continued the existence of the NLCHD and that  
21 according to that statute, the purpose of the district was to provide a means to pay for  
22 indigent care to the residents of the district through the use of healthcare facilities. She  
23 quoted that "the provision of such indigent care is found and declared to be a public purpose  
24 and necessary for the preservation of the public health of the residents of the district." She  
25 believed that the Board had a duty of loyalty to that purpose, and she relayed her  
26 understanding that when trustees were not loyal to the purpose of the organization, then  
27 they could be held personally liable for the consequences of that. She urged the Board to  
28 seek legal advice before taking any steps to work against that purpose.

29  
30 Ms. Mary Kay Rosinski, a former NLCHD Board member, said that she had seen firsthand  
31 the wonderful service that these tax dollars provided. She recalled that she had previously  
32 studied the audits and the financial documents, noting that these tax dollars were only spent  
33 on patients who had been verified and qualified. She opined that it was not corporate  
34 welfare and that no money was going into the pockets of hospital administrators. She also  
35 recalled that the voters had voted for this in 2016. She mentioned a comment made at the  
36 previous meeting by Ms. Price regarding helping people by ending the tax, and she opined  
37 that most of the people that Ms. Price was trying to save did not pay this tax; however, their  
38 medical care would be taken away. She asked the Board to fund the NLCHD at least until  
39 there was something else in place, and to work with Lake County to establish an alternate  
40 plan.

41  
42 Ms. Carolyn Peoples, a resident of the City of Tavares, discussed a personal experience  
43 she had at one of the hospitals in July 2021 where she was not able to be seen, despite  
44 having health insurance. She opined that she was treated poorly, and she questioned how  
45 other people who did not have her resources were being treated.

46  
47 Ms. Marie Dubois, a concerned citizen, expressed support for zero millage.

1 Mr. Vance Jochim, a resident of the City of Tavares, expressed concerns for issues with  
2 the NLCHD website and for the provision of requested documents. He also expressed  
3 concerns for the management of the NLCHD, and he opined that the NLCHD's roughly \$5  
4 million in carryforward funding would be a reason to reduce the millage rate by at least  
5 half. He expressed support for 50 percent or zero percent millage, and he opined that they  
6 should go out to bid for a new attorney, certified public accountant (CPA) and website  
7 manager.

8  
9 Mr. Andy Dubois, a resident of the Town of Howey-in-the-Hills, opposed the tax and  
10 opined that it represented corporate welfare. He opined that the hospitals paid zero  
11 property tax, zero sales tax and zero income tax. He relayed his understanding that  
12 currently, only six counties in the State of Florida had yet to abandon this form of taxation,  
13 noting that the other counties were able to fully fund indigent care without a double dip tax  
14 on property owners. He encouraged the Board to zero out the NLCHD tax in this cycle.

15  
16 Ms. Elizabeth Heine, Enterprise Support Manager for the Lake County Information  
17 Technology (IT) Department, indicated that there three people wishing to speak via Zoom  
18 Webinar.

19  
20 Ms. Michele Kolbe, a concerned citizen who spoke via Zoom Webinar, relayed her  
21 understanding that it cost close to \$1.5 million annually to administer this district. She  
22 stated that University of Florida (UF) Health Leesburg Hospital and AdventHealth  
23 Waterman were considered nonprofit and had a free pass on most taxes, saving them  
24 millions of dollars per year. She relayed that in 2019, UF Health Leesburg Hospital took  
25 in \$28.8 million more than it spent, and that AdventHealth Waterman took in \$35 million  
26 more than it spent, and that this included chief executive officer (CEO) salaries ranging  
27 from \$967,000 to slightly over \$1 million. She opined that it was not known if the indigent  
28 population's health was actually being improved, and that taxpayers had not been  
29 considered until the current time. She also expressed concerns for the tax being  
30 burdensome to seniors and for being double dipped for indigent care. She opined that if  
31 hospitals had money to market in favor of the tax in 2016, then they did not need taxpayers  
32 to pay the tax. She also opined that the NLCHD should make the millage zero in the current  
33 year.

34  
35 Mr. David Serdar, a resident of the City of Fruitland Park who spoke via Zoom Webinar,  
36 opined that many people needed the funding.

37  
38 Mr. Jason Carter, who spoke via Zoom Webinar on behalf of Representative Sabatini,  
39 relayed that Representative Sabatini had asked him to share the following thoughts: the  
40 millage rate must go to zero; the NLCHD was outdated and unneeded; the idea of using  
41 excess or surplus funding to fund the clinics was a great idea; and that they must end the  
42 corporate welfare.

43  
44 Ms. Carol Dozier, representing LifeStream Behavioral Center via Zoom Webinar, said that  
45 LifeStream took all comers and took care of them in the same way; furthermore, the  
46 NLCHD's funds helped them do this. She opined that there was a significant return on

1 investment because it helped law enforcement and ERs, and made for an overall better  
2 community. She expressed appreciation for the support.

3  
4 There being no one else who wished to address the Board regarding this matter, the  
5 Chairman closed the floor for public comment.

6  
7 On a motion by Ms. Price, seconded by Ms. Swan and carried unanimously by a vote of 5-  
8 0, the NLCHD Board approved to not adopt the millage rate of one mill that was stated on  
9 the form currently.

10  
11 Ms. Patricia Sykes-Amos, accountant for the NLCHD, explained that the Board needed to  
12 now decide what millage rate they were going to do. She elaborated that whatever they  
13 decided at the current meeting could not be increased, but could be decreased.

14  
15 Ms. Price proposed zero millage, with funding out of the \$4.8 million carried forward to  
16 the following clinics: St. Luke's Medical and Dental Clinic at \$25,000; Community Health  
17 Centers at \$225,000; and Community Medical Care Center at \$300,000. She also proposed  
18 that they have zero attorney fees because the Board were volunteers, and proposed that the  
19 \$80,000 for accounting and auditing be reduced to \$50,000. She thought that they then  
20 had a necessary budget of about \$12,000. She indicated that this was her motion.

21  
22 Ms. Swan indicated an understanding that if they had zero millage, then they would not  
23 have to pay for the accounting for the Lake County Tax Collector, nor the Lake County  
24 Property Appraiser to do the appraising. She seconded Ms. Price's motion.

25  
26 Ms. Hooper asked Ms. Price to repeat her funding proposal.

27  
28 Ms. Price reiterated the following funding proposals: St. Luke's Medical and Dental Clinic  
29 at \$25,000, noting that they had requested \$36,425; Community Health Centers at  
30 \$225,000, noting that they had requested \$265,000; and Community Medical Care Center  
31 at \$300,000, noting that they had requested \$325,125. She also reiterated her proposals for  
32 zero attorney fees, \$50,000 for accounting fees, \$12,000 miscellaneous fees, and zero  
33 millage; furthermore, all of these distributions would come out of the \$4.8 million excess.

34  
35 Mr. Smith noted that the total amount for the clinics would be about \$800,000; therefore,  
36 they would have about \$4 million left over. He asked about a proposal for this.

37  
38 Ms. Price proposed that they would continue to fund the clinics perpetually and stay at zero  
39 millage until the current 10 year tenure ended in 2027. She opined that the clinics were at  
40 a disadvantage for funding because they could only request the amount of people who came  
41 into their facilities.

42  
43 Mr. Taylor said that this was correct and relayed his understanding that they only received  
44 funding for patients who came directly from the NLCHD; additionally, there was no  
45 funding for dental except for some specific services.

1 Ms. Price thought that the hospitals had more time to approve a resident in the NLCHD  
2 because they generally had those patients longer, whereas a clinic did not have as long to  
3 verify an address. She also noted that the clinics could only ask for what the previous  
4 year's distribution was.

5  
6 Mr. Taylor believed that all of the clinics had significant issues with this due to COVID-  
7 19, and he opined that the requests were likely significantly diminished compared to the  
8 pre-COVID-19 years.

9  
10 Ms. Price relayed her understanding that St. Luke's Medical and Dental Clinic and  
11 Community Medical Care Center offered dental, and she opined that the best way to keep  
12 one's health was through dental; therefore, this was why she supported funding the clinics.

13  
14 Ms. Margie Heddle, a resident of the City of Eustis who volunteered at Community  
15 Medical Care Center, noted that there was a difference between Community Health Centers  
16 and Community Medical Care Center in the City of Leesburg. She relayed that when they  
17 interviewed patients, they verified their income, address, etc. to ensure that they were  
18 qualified to see them. She commented that they had many patients who were working poor  
19 and that they took care of the indigent. She relayed that she and her husband had started  
20 three free health clinics, and they had a working relationship with the hospitals where if  
21 they qualified to see them, then it was known that they qualified for charity care. She  
22 opined that her clinics saved money by keeping individuals out of the ER and outpatient  
23 care. She was unsure why they could not have this type of relationship in the city without  
24 the property owners paying taxes. She hoped that the Board could provide some funding  
25 to Community Medical Care Center as well.

26  
27 Ms. Price stated that she had spoken to Mr. Bill Jones, Executive Director for Community  
28 Medical Care Center, noting that she had expressed support for the clinics opening later in  
29 the evenings instead of individuals having to rush to the ER. She mentioned that  
30 Community Medical Care Center was open until midnight, and she thought that this was  
31 great. She opined that other clinics could think about extending their hours a bit.

32  
33 Dr. Melody Duckins, a concerned citizen, said that she was an advocate for the taxes  
34 because she believed that it was the community's responsibility to help the community.  
35 She commented that she had previously ran for a seat on the NLCHD board, and during  
36 that time she had visited the clinics and hospitals. She opined that \$10 per month would  
37 not hurt individuals who had homes, and she questioned that, before making her decision,  
38 if Ms. Price knew if the clinics would be able to help all of the patients that the hospitals  
39 could not. She asked the Board to make an educated decision before voting on zero  
40 millage.

41  
42 Ms. Price commented that because the hospitals were nonprofit, they had to take anyone  
43 who walked in their door, noting that the clinics did not necessarily have the funds to help  
44 them.

45  
46 Mr. Sullivan said that the law which set this stated that the NLCHD Board, as the permitted  
47 use of tax funds, were to pay for indigent care by licensed hospitals located in the district

1 according to the policies and procedures pursuant to and consistent with this act. He added  
2 that they also did this for the clinics, but the clinics were primary care; therefore, they  
3 would not be able to provide for the total healthcare of those indigent individuals unless  
4 they funded the hospitals. He expressed support for rolling back the millage rate, noting  
5 that property values had increased and that they had a large balance. He believed that they  
6 would not be meeting the intent of the law, and he expressed concerns for removing their  
7 attorney. He also opined that their attorney was charging a low rate, and he said that they  
8 had to have a balanced budget. He proposed that if the Board did zero millage, then to  
9 consider the following year because they would possibly have to have a significant tax  
10 increase to pay for what was discussed. He thought that they could either do the rollback  
11 rate, or set a millage of 0.4551 mills, which would give them a balanced budget and would  
12 use the leftover funds. He expressed concerns that the Board was not meeting their  
13 responsibilities under state law, and he questioned why the State legislators did not give  
14 them an alternative and put legislation forward to modify this law. He believed that they  
15 had to transition this board, and that in five years it would not be renewed.

16  
17 Ms. Price commented that Mr. Sullivan had been involved with the Leesburg Regional  
18 Medical Center Board of Trustees for 20 years, and she opined that his best interest would  
19 be for the hospitals. She relayed her understanding that it was up to the Board to decide  
20 on the millage, and she commented that under her proposal, they would be providing  
21 funding for indigent care for the clinics. She reiterated that the hospitals had to take anyone  
22 who walked in, and she opined that there were other grants and funding available to the  
23 clinics and the hospitals.

24  
25 Mr. Sullivan said that Medicaid did not reimburse 100 percent of what it cost to provide  
26 that care, and the NLCHD was set up to help provide that care. He clarified that the  
27 NLCHD could only reimburse the hospitals for the difference of the cost of care and what  
28 Medicaid would pay, noting that a nonprofit had to put the money they made back into the  
29 system to further their cause. He opined that healthcare was so costly that single  
30 independent hospitals could not make it anymore, and he mentioned that the payor mix was  
31 substantially different in South Lake. He agreed that this was an antiquated system but  
32 noted that they had five years to change to something different, and he thought that the  
33 Board should try to figure this out. He commented that he had been a Lake County  
34 Commissioner and that he had no control over the Medicaid bill to Lake County of \$4.3  
35 million each year. He thought that the County might be interested in finding a way to lower  
36 their costs and make a more efficient system, and he recalled that this law had been changed  
37 to include healthcare clinics, which took pressure off hospitals with people walking into  
38 the ER. He said that he could not support the idea of zero millage, but he supported the  
39 idea of lowering the millage rate and presenting a balanced budget.

40  
41 Ms. Price recalled that the South Lake County Hospital District Board had been dissolved  
42 two years prior, opining that they were doing fine there. She elaborated that they had  
43 created a community who had started an organization called the Live Well Foundation  
44 which worked with Orlando Health. She mentioned that Mr. Sullivan was the chairman of  
45 The Lake 100, and she asked why The Lake 100 could not distribute some of their funds  
46 to the hospitals.

1 Mr. Sullivan responded that The Lake 100 had a balanced budget and that this was beyond  
2 the scope of what their job was. He added that the funding for the Live Well Foundation  
3 came from the foundation which was done away with when South Lake Hospital was  
4 bought out by Orlando Health.

5  
6 Ms. Price reiterated her proposal for zero millage for the current year, and said that the  
7 only people who could make any adjustments to the NLCHD was legislators. She also  
8 supported letting the legislators come up with something for the following year's  
9 legislative session; furthermore, the NLCHD could discuss whether they did or did not  
10 come up with a solution. She encouraged the attendees at the current meeting to go to their  
11 representatives or senators to ask what they could do adapt legislation or to come up with  
12 a better way to distribute the funds. She also said that they could possibly have a workshop.

13  
14 Mr. Smith commented that he liked some of Ms. Price and Mr. Sullivan's points. He said  
15 that he had spoken with an individual from UF Health Leesburg, and he mentioned that UF  
16 took over the Leesburg Regional Medical Center with no money exchanged. He mentioned  
17 that UF had taken on an obligation to bring it back to where it should be, and he opined  
18 that this funding model was not working and was going away statewide. He said that it  
19 was people's money, and opined that it was a form of corporate welfare. He proposed that  
20 rather than providing \$4.8 million over the next five years to the clinics, to possibly fund  
21 them for two years and split the difference with the hospitals as they retooled their model  
22 and figured out how to cover this. He thought that the legislators had voted 4-0 to do away  
23 with the hospital district, and he opined that renters paid the tax because it was the cost of  
24 doing business.

25  
26 Mr. Jones noted that Ms. Price had not listed all of the clinics for funding, and he asked if  
27 this was intentional and if Community Medical Care Center was included. He believed  
28 that there were five clinics that had requested funding, and that Ms. Price had only listed  
29 three.

30  
31 Ms. Price clarified that Community Medical Care Center was on the list, along with St.  
32 Luke's Medical and Dental Clinic and Community Health Centers. She said that she had  
33 picked three clinics to fund.

34  
35 Mr. Phil Braun, Vice President and Chief Counsel for UF Health Leesburg, noted that the  
36 hospitals had to take everyone for emergency care and that this cost them money;  
37 furthermore, they lost money on Medicare and Medicaid. He elaborated that 80 percent of  
38 their business was a negative margin, and that this funding helped reduce that. He said that  
39 the money they made went back into the business; therefore, when the NLCHD took  
40 funding from them, it would reduce the healthcare of everyone and someone would have  
41 to make up that shortfall. He stated that this meant that at some point, they could not bring  
42 in the best personnel and equipment. He thought that they wanted the best healthcare in  
43 their community, noting that they did not have to provide care such as delivering babies  
44 because they had to provide the services that made money; however, they did not want to  
45 make this choice. He opined that UF Health Leesburg had one of the best heart programs  
46 in the state because the NLCHD district was formed. He also opined that the funding  
47 helped the entire community, rather than just the indigent, and clarified that they did not

1 make a single dollar off the NLCHD's reimbursement. He added that to take care of  
2 patients, it cost the hospital as much or more than what the NLCHD was paying.

3  
4 Ms. Price questioned why the hospital did not reduce their advertising budget and put it  
5 into indigent care.

6  
7 Mr. Braun reiterated that 80 percent of their paying customers did not pay enough to cover  
8 the cost, and other hospitals also wanted the other 20 percent. He commented that most  
9 advertisements that one would see were for elective surgeries, and that there was a reason  
10 to advertise. He opined that it was even more important to advertise to get the small  
11 percentage that paid the cost.

12  
13 Mr. Smith asked how close Leesburg Regional Medical Center previously was to closing  
14 down.

15  
16 Mr. Braun commented that they did not look at this way, and they would find a way to find  
17 funding. He recalled that in previous years, the NLCHD funding that had come to the  
18 hospital in the City of Leesburg had been the difference between a positive and negative  
19 operating margin, and that it had the difference for whether there was extra money to spend  
20 on new equipment, salaries and staff. He commented that as federal funding had  
21 diminished, it made it more challenging for UF Health Leesburg to make a margin;  
22 however, they were constantly trying to make a margin because they knew that this allowed  
23 them to reinvest and provide better care. He clarified that UF Health Leesburg paid payroll  
24 taxes and impact fees, and he reiterated that the small amount that the NLCHD were asking  
25 taxpayers to pay did not just ensure indigent care, but also ensured that there was a good  
26 healthcare system for everyone to attract businesses and produce economic development.

27  
28 Ms. Price inquired if the hospital was a business, and Mr. Braun confirmed this. Ms. Price  
29 then relayed her understanding that they were eventually trying to do better to bring better  
30 things in.

31  
32 Mr. Braun said that they were required to take people who did not pay, and he questioned  
33 what other business did this. He opined that they could not be compared to other  
34 businesses.

35  
36 Ms. Price opined that the Board should be able to see documentation of invoices that were  
37 sent to audits, but she had been told that this could not be done because of the Health  
38 Insurance Portability and Accountability Act (HIPAA). She said that she wanted to see  
39 what the NLCHD was paying in indigent care receipts, and she relayed her understanding  
40 that clinics were supposed to submit invoices to the NLCHD 60 days before budget  
41 meetings. She reiterated her request for zero millage for the current year until people could  
42 go to their legislators and the CEOs of the hospitals and have a conversation regarding  
43 where they should take the hospital district as far as compromise between the Board, the  
44 hospitals, the clinics and the taxpayers.

45  
46 Mr. Smith said that they could reduce the tentative millage but could not increase it. He  
47 commented that he was assured by the individual he spoke with that they could address all

1 of this, noting that they had a two week window. He stated that if they went with 0.4551  
2 mills, then they could come back and zero it out; furthermore, this was his preference.

3  
4 Ms. Price asked about going to zero millage and using the \$4.8 million to fund the clinics  
5 as she had suggested, and to give the hospitals whatever was left over, less operating costs  
6 for the year.

7  
8 Mr. Smith relayed that this would be fine.

9  
10 Ms. Price reiterated her support for people going to their legislators and getting different  
11 recommendations, and then a group of people could come together in a workshop to figure  
12 out where they could go. She relayed her understanding that this tax was started when  
13 Lake County was a rural area, and that the funding had increased each year. She said that  
14 the population had increased; however, the main purpose of the NLCHD was due to them  
15 previously being a rural community with no hospitals. She opined that the wants had  
16 become aggressive for taxing.

17  
18 Ms. Melissa Simmes, with AdventHealth Waterman Community Clinic, said that her clinic  
19 was one of two clinics left out of the proposal. She commented that there had been  
20 comments about the elderly population paying the tax, and she relayed that her clinic had  
21 helped elderly individuals. She asked about the decision to not include AdventHealth  
22 Waterman Community Clinic or LifeStream Primary Care Clinic.

23  
24 Ms. Price said that they were a spinoff of the hospitals, and she felt that the private clinics  
25 needed the funding more.

26  
27 Ms. Simmes explained that their income and revenue stayed with their clinic budget, so it  
28 was not shared in this way. She mentioned that they submitted for their visits and that they  
29 worked with the other clinics in the area.

30  
31 Ms. Price inquired if they received grants and funding from outside sources.

32  
33 Ms. Simmes replied that they currently had a small rotary grant and that they looked for  
34 funding, similar to other clinics.

35  
36 Mr. Smith thought that Ms. Price was including all of the clinics.

37  
38 Ms. Price clarified that she had only picked three privately-owned clinics.

39  
40 Mr. Smith suggested that he would rather see all of the clinics funded as long as the money  
41 went directly to them. He opined that they spent the money more effectively than the  
42 hospitals.

43  
44 Ms. Price said that she was amicable with funding all of the clinics out of the \$4.8 million  
45 carryover, except for LifeStream Behavioral Center. She noted that LifeStream had  
46 requested \$1.2 million, and stated that they could possibly reduce it to \$600,000;  
47 furthermore, with the difference of the administrative costs, they could give the rest to the

1 hospitals. She reiterated that the Board could sit with the legislators and decide where they  
2 could go to help. She thought that the NLCHD board had gotten out of hand over the years,  
3 and she mentioned that there was not any training for the Board. She opined that there  
4 should be a workshop to indicate how the Board should go from here, noting that everyone  
5 on the Board was a new member except for herself. She reiterated her proposal and hoped  
6 that by the following year, they could have a path to get the NLCHD in the way it needed  
7 to go.

8  
9 Ms. Simmes invited the Board to see the clinics and said that they could answer any  
10 questions, and Ms. Price expressed appreciation for what they did.

11  
12 Ms. Kristi Sucewitt, a resident of the City of Eustis, said that when she saw the legislation  
13 in the previous year, she had reached out to Representative Keith Truenow and asked him  
14 to support an appropriation for mental health funding for LifeStream Behavioral Center.  
15 She also recalled that she had asked the BCC for an increase in either the Lake County  
16 Sheriff's budget or LifeStream's budget for the critical crisis units. She relayed her  
17 understanding that the \$1.2 million requested by LifeStream for a critical crisis unit was  
18 for 341 encounters per year, and that it was audited by a CPA. She requested that the Board  
19 fully fund LifeStream's mental health request, noting that they were the only people that  
20 the Lake County Sheriff's Office (LCSO) and police officers had for the Baker Act and  
21 Marchman Act.

22  
23 Ms. Price stated that she had only suggested reducing this by half because they had reduced  
24 the other clinics as well. She asked about the funding sources for LifeStream Behavioral  
25 Center.

26  
27 Ms. Sucewitt clarified that she was only a taxpayer. She commented that agriculture and  
28 construction relied upon the NLCHD so that companies did not have to pay health  
29 insurance, opining that they could not afford this with the minimum wage increasing. She  
30 relayed her understanding that there was no other funding for LifeStream Behavioral  
31 Center's crisis care.

32  
33 Ms. Dozier explained that LifeStream Behavioral Center was a safety net, mentioning  
34 COVID-19 and the suicide increases in the area. She relayed that they were receiving a  
35 significant amount of crisis calls, and that their sister agency in Marion County had become  
36 bankrupt. She opined that the funding was well spent and that it was done claim by claim;  
37 furthermore, they did not have any denied claims. She said that they would welcome  
38 anyone to see their facilities and opined that they were a vital member of the community.

39  
40 Ms. Price asked about other funding sources they received.

41  
42 Ms. Dozier replied that LifeStream Behavioral Center had to match costs with programs,  
43 noting that they received funding for the Baker Act receiving facility; however, they did  
44 not receive funding for the clinic or the emergency crisis suicide hotline areas. She relayed  
45 that the State had drastic reductions because as COVID-19 hit, taxpayer funding was  
46 suffering. She commented that in their CPA audit, they had no findings, no questioned  
47 costs, and that no funds needed to be returned. She remarked that they carefully accounted

1 for those costs and that there was no duplication. She said that they could possibly begin  
2 to contract the services they provided because they had not had an increase in their  
3 Medicaid rates in over a decade; additionally, she mentioned employee raises, the push to  
4 \$15 an hour, and how challenging it was to find nurses.

5  
6 Mr. Smith suggested that because they could not increase the tentative millage, to go with  
7 0.25 mills. He relayed that the Board could speak with the Lake County Sheriff about  
8 LifeStream Behavioral Center. He commented that 0.25 mills would ensure that taxpayers  
9 would receive a significant reduction from the NLCHD, that it could possibly go to zero  
10 millage, and that they could still fund the clinics, and to the extent possible, the hospitals  
11 with the money left over.

12  
13 Ms. Swan noted that they currently had a significant overage and that if they voted for zero  
14 millage for the current year, this did not preclude them from changing that vote in the  
15 following year for a different millage. She said that she did not see why they needed to  
16 collect anything more and incur administrative costs. She thought that zero millage was  
17 fine and that there would still be funding available, and that they could discuss funding all  
18 five of the clinics. She noted that they would still have funding left over. She proposed  
19 that they amend the motion on the floor to say that they were going to fund the five clinics  
20 rather than only the three that were originally proposed, and Ms. Price seconded this. Ms.  
21 Swan then commented that there had been a reduction to the funding for the different  
22 clinics, and she thought that it was a percentage reduction. She proposed that they keep  
23 the same percentage for all of the clinics rather than 50 percent just for LifeStream  
24 Behavioral Center.

25  
26 Ms. Price asked if she would suggest that the Board fund them for the full amount  
27 requested.

28  
29 Ms. Swan clarified that Ms. Price had reduced all of them at some percentage, noting that  
30 they could use the same rationale for all of them to make it equitable.

31  
32 Ms. Price inquired about the total dollar amount for funding requests for all of the clinics,  
33 and Ms. Sykes-Amos replied that it was \$987,050.

34  
35 Ms. Swan noted that LifeStream Behavioral Center was asking for \$1.2 million.

36  
37 Ms. Sykes-Amos clarified that this was for the hospital part, and that they had a clinic and  
38 a hospital. She added that the clinic was only asking for \$190,000; furthermore, the crisis  
39 part was the hospital. She also explained that the Board had to decide on a millage before  
40 a budget.

41  
42 Ms. Swan proposed reducing the millage to zero for the current year, noting that as part of  
43 the budget meeting, they could discuss where the funding was going to go for the excess  
44 funds currently available.

45  
46 Ms. Sykes-Amos commented that part of the motion was to no longer pay for the required  
47 accounting for their compliance.

1 Mr. Sullivan explained that the process was to set the millage rate, which would indicate  
2 how much funding they would have coming in, and then they could figure out what they  
3 would be funding in the budget process.

4  
5 Ms. Sykes-Amos noted that there were currently two motions on the floor.

6  
7 Ms. Price withdrew her first motion and her second for Ms. Swan's motion. She then made  
8 a motion to propose zero millage for the following year, and Ms. Swan seconded the  
9 motion.

10  
11 Ms. Kirste stated that there was currently one motion on the floor for zero millage which  
12 had been seconded.

13  
14 Mr. Sullivan thought that this was too far to go in the process that they were at. He  
15 commented that they had not yet determined in the budget where they would spend this  
16 money, and he opined that if they set it at zero mills, they would be tying their hands  
17 drastically. He said that he could not support the motion because he did not think that it  
18 would give them enough flexibility to meet the obligations of what state law said they  
19 needed to do to carry out their duties.

20  
21 Ms. Sykes-Amos commented that if they did 0.4551 mills at the current meeting, she could  
22 then do a worksheet with different millages and how much funding would be left for  
23 medical care; however, if they did zero mills, then there would be no change in the  
24 following two weeks.

25  
26 Mr. Sullivan thought that this would move Ms. Price toward the goal of where she wanted  
27 to go. He added that if they found that there were other clinics they wanted to fund, or  
28 other items, and if they set the millage at zero mills, then the Board would not have any  
29 options.

30  
31 Mr. Smith noted that the issue of LifeStream Behavioral Center was still in play.

32  
33 Ms. Price mentioned that they could not discuss the excess \$4.8 million until they set a  
34 millage rate; furthermore, she would not change her vote. She commented that the \$4.8  
35 million could possibly be used to fund all of the clinics and the \$1.2 million for the  
36 LifeStream Behavioral Center hospital, and whatever was left over, minus the operating  
37 costs for the NLCHD, could be split evenly between the other two hospitals. She said that  
38 this was her reasoning for zero millage.

39  
40 Ms. Hooper did not think that they should go to zero millage; rather, they should gradually  
41 go down, noting that they could go down but could not come back up.

42  
43 On a motion by Ms. Price, seconded by Ms. Swan and carried by a roll-call vote of 3-2, the  
44 NLCHD Board approved Resolution 2021-01 setting the tentative millage rate for the FY  
45 2021-2022 budget year at zero mills.

46  
47 Ms. Hooper and Mr. Sullivan voted no.

1 RECESS AND REASSEMBLY

2 The Chairman called a recess at 7:36 p.m. for nine minutes.

3

4 PUBLIC COMMENT – RESOLUTION 2021-02 FOR ADOPTION OF THE BUDGET

5 Ms. Kirste read the title of Resolution 2021-02, providing for the adoption of the proposed  
6 budget for the 2021-2022 Fiscal Year.

7

8 The Chairman opened the floor for public comment, but no one wished to address the Board  
9 regarding this matter.

10

11 Ms. Sykes-Amos asked the Board to look at their worksheet, noting that their budget would  
12 be \$4,805,501 and that this was a 59.53 percent decrease from the prior year. She said that  
13 they passed their budget at the fund level and that this was all the Board needed to do;  
14 furthermore, there was not much leeway for administrative costs. She encouraged the  
15 Board to come prepared in two weeks for how they were going to spend this funding. She  
16 asked if the Board wanted to fully fund the five clinics, and the Board relayed consensus  
17 for this. She then noted that the clinics would have the \$987,050 and that this was just a  
18 consensus. She also mentioned the LifeStream Behavioral Center hospital that needed the  
19 \$1.2 million for the crisis center.

20

21 Ms. Swan asked if this \$1.2 million included the \$190,000, and Ms. Sykes-Amos denied  
22 this. Ms. Swan then mentioned that it would be about \$1.4 million total going to  
23 LifeStream Behavioral Center.

24

25 Ms. Sykes-Amos recalled that Ms. Dozier's presentation had indicated that the State had  
26 cut millions of dollars out of mental healthcare.

27

28 Ms. Price said that she was amicable with the full funding, and Ms. Swan said that she was  
29 as well.

30

31 Ms. Sykes-Amos stated that she would split the remaining funding between the hospitals,  
32 with some reserves.

33

34 Mr. Smith asked if the Board decided to split this funding evenly between the hospitals.

35

36 Ms. Swan noted that the Board had not agreed to this yet.

37

38 Ms. Sykes-Amos explained that she would do the spreadsheet this way, but it did not matter  
39 where the Board moved it, noting that they had \$4,805,501 to work with. She also pointed  
40 out that on the spreadsheet, they could tell what had happened to interest rates. She said  
41 that the \$42,500 in interest budgeted for the current year was based on less than they made  
42 the year before; furthermore, as of the current week, they only received \$1,300 in interest.  
43 She said that the Board would receive a worksheet with only the zero millage column, and  
44 that in two weeks, they would do the same resolutions again.

45

46 Ms. Kirste noted that they still had to vote on the tentative budget.

47

1 On a motion by Ms. Swan, seconded by Ms. Price and carried unanimously by a roll-call  
2 vote of 5-0, the NLCHD Board approved Resolution 2021-02 tentatively adopting the  
3 proposed budget for FY 2021-2022 at \$4,805,501.

4

5 ADJOURNMENT

6 The meeting adjourned at 7:54 p.m.

7

8

9

10

A handwritten signature in cursive script, reading "Barbara M. Price", is written over a horizontal line.

11

Barbara Price, Chairman