

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARD APPOINTMENT SUMMARY**

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**Meeting Date:** April 21, 2009

**Department:** Community Services

**Advisory Board:** Treasure Coast Health Council, Inc.

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: reappointment of the following six (6) members for a term of two (2) years to the Treasure Coast Health Council, Inc.

<u>Nominee</u>	<u>Category/Seat No.</u>	<u>Term</u>
Edward Fischman	Health Care Provider/Seat 2	02/06/09-02/05/11
Emmy Rayne	Health Care Consumer/Seat 3	02/06/09-02/05/11
Norma Schattner	Health Care Consumer/Seat 4	02/06/09-02/05/11
Lillian DeCicco	Health Care Provider/Seat 5	02/06/09-02/05/11
Robert Hays	Health Care Purchaser/Seat 7	02/06/09-02/05/11
Marnie Ritchie Poncy	Health Care Consumer/Seat 9	02/06/09-02/05/11

**Summary:** The Treasure Coast Health Council, Inc. consists of twelve (12) members: Seven (7) representatives for Palm Beach County; one (1) member appointed by Indian River County, one (1) member appointed by Martin County, one (1) member appointed by Okeechobee County, and two (2) members appointed by St. Lucie County. Appointees shall be representatives of health care providers, health care purchasers, and non-governmental health care consumers, not to exclude elected government officials. A majority of the Council members must be health care purchasers and health care consumers and the Council must include a representative number of persons over 60 years of age. Appointments shall be for a term of two (2) years. Countywide (TKF)

**Background and Justification:** The Committee is currently charged with assisting the purpose of defining health service needs and assisting health care facilities, health care providers and hospices to develop programs of service that will assure the best possible health service to the community.

**Attachments**

1. Florida Statute Section 408.033, Local and State Health Planning
2. Current Membership List
3. Advisory Board Nominee Information Forms

**Recommended by:**

  
Department Director

4/15/09  
Date

**Legal Sufficiency:**

  
Assistant County Attorney

4/16/09  
Date

## **II. REVIEW COMMENTS**

### **A. Other Department Review:**

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**Department Director**

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ADVISORY BOARD NOMINEE INFORMATION FORM**

**Part I:**

Board Name: PBC Treasure Coast Health Council, Inc.

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: 02/06/09

To: 02/05/11

Seat Requirement: Health Care Provider

Seat #: 2

☒ \*Reappointment

or

☐ New Appointment

or ☐ to complete the  
term of \_\_\_\_\_

Due ☐ resignation ☐ other  
to: \_\_\_\_\_

Completion of term to  
expire on: \_\_\_\_\_

**Part II:**

***APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT***

Name: Fischman  
Last

Edward  
First

Middle

Occupation/Affiliation: Podiatric Surgeon

Business Name: North County Foot & Ankle

Business Address: 3900 E. Indiantown Road #630

City & State Jupiter, Florida

Zip Code: 33477

Residence Address: \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: ( )

Business Phone: (561) 745-8700

Cell Phone: ( )

Fax: ( )

Email Address: \_\_\_\_\_

Mailing Address preference: ☒ Business Address ☐ Residence

**Minority Identification Code:**

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☐ WF (Caucasian Female)

☒ WM (Caucasian Male)

**Part III: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: 04/21/09

**\*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

\_\_\_\_ Number of previously disclosed voting conflicts during the previous term

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ADVISORY BOARD NOMINEE INFORMATION FORM**

**Part I:**

Board Name: PBC Treasure Coast Health Council, Inc.

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: 02/06/09

To: 02/05/11

Seat Requirement: Health Care Consumer – Age 60+

Seat #: 3

☒ \*Reappointment

or

☐ New Appointment

or ☐ to complete the  
term of \_\_\_\_\_

Due ☐ resignation ☐ other  
to: \_\_\_\_\_

Completion of term to  
expire on: \_\_\_\_\_

**Part II:**

***APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT***

Name: Rayne Emmy S.  
Last First Middle

Occupation/Affiliation: Retired

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Residence Address: 406 H Sea Oats Drive

City & State Juno Beach, Florida

Zip Code: 33404

Home Phone: ( 561 ) 624-9053

Business Phone: ( )

Cell Phone: ( )

Fax: ( )

Email Address: \_\_\_\_\_

Mailing Address preference: ☐ Business Address ☒ Residence

**Minority Identification Code:**

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☒ WF (Caucasian Female)

☐ WM (Caucasian Male)

**Part III: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: 04/21/09

**\*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

\_\_\_\_ Number of previously disclosed voting conflicts during the previous term

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ADVISORY BOARD NOMINEE INFORMATION FORM**

**Part I:**

Board Name: PBC Treasure Coast Health Council, Inc.

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years. From: 02/06/09 To: 02/05/11

Seat Requirement: Health Care Consumer – Age 60+ Seat #: 4

☒ \*Reappointment

or

☐ New Appointment

or ☐ to complete the  
term of \_\_\_\_\_

Due ☐ resignation ☐ other  
to: \_\_\_\_\_

Completion of term to  
expire on: \_\_\_\_\_

**Part II:** *APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT*

Name: Schattner Norma  
Last First Middle

Occupation/Affiliation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address: 19874 Loxahatchee Pointe Drive

City & State Jupiter, Florida Zip Code: 33458

Home Phone: ( 561 ) 748-0242 Business Phone: ( )

Cell Phone: ( ) Fax: ( )

Email Address: \_\_\_\_\_

Mailing Address preference: ☐ Business Address ☒ Residence

**Minority Identification Code:**

<input type="checkbox"/> IF (Native-American Female)	<input type="checkbox"/> IM (Native-American Indian Male)
<input type="checkbox"/> AF (Asian-American Female)	<input type="checkbox"/> AM (Asian-American Male)
<input type="checkbox"/> BF (African-American Female)	<input type="checkbox"/> BM (African-American Male)
<input type="checkbox"/> HF (Hispanic-American Female)	<input type="checkbox"/> HM (Hispanic-American Male)
<input checked="" type="checkbox"/> WF (Caucasian Female)	<input type="checkbox"/> WM (Caucasian Male)

**Part III: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: 04/21/09

**\*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

\_\_\_\_\_ Number of previously disclosed voting conflicts during the previous term

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part I:

Completion of term to  
expire on: \_\_\_\_\_

## Revised 6/2007

## Part I:

**or**

**or**

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
ADVISORY BOARD NOMINEE INFORMATION FORM**

**Part I:**

Board Name: PBC Treasure Coast Health Council, Inc.

☒ At Large Appointment

or

☐ District Appointment

Term of Appointment: 2 Years.

From: 02/06/09

To: 02/05/11

Seat Requirement: Health Care Consumer

Seat #: 9

☒ \*Reappointment

or

☐ New Appointment

or ☐ to complete the  
term of \_\_\_\_\_

Due  
to:

☐ resignation ☐ other

Completion of term to  
expire on: \_\_\_\_\_

**Part II:**

***APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT***

Name: Ritchie Poncy  
Last

Marnie  
First

\_\_\_\_\_  
Middle

Occupation/Affiliation: Lawyer

Business Name: Legal Aid Society of Palm Beach County

Business Address: 423 Fern Street, Suite 220

City & State West Palm Beach, Florida

Zip Code: 33401

Residence Address: 5380 North Ocean Drive

City & State Singer Island, Florida

Zip Code: 33404

Home Phone: ( )

Business Phone: (561) 655-8944 ext. 235

Cell Phone: ( )

Fax:

( )

Email Address: \_\_\_\_\_

Mailing Address preference: ☒ Business Address ☐ Residence

**Minority Identification Code:**

☐ IF (Native-American Female)

☐ IM (Native-American Indian Male)

☐ AF (Asian-American Female)

☐ AM (Asian-American Male)

☐ BF (African-American Female)

☐ BM (African-American Male)

☐ HF (Hispanic-American Female)

☐ HM (Hispanic-American Male)

☒ WF (Caucasian Female)

☐ WM (Caucasian Male)

**Part III: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: 04/21/09

**\*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.**

\_\_\_\_\_  
Number of previously disclosed voting conflicts during the previous term

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Select Year: 2008  

## The 2008 Florida Statutes

Title XXIX  
PUBLIC HEALTH

Chapter 408  
HEALTH CARE ADMINISTRATION

[View Entire Chapter](#)

### 408.033 Local and state health planning.--

#### (1) LOCAL HEALTH COUNCILS.--

(a) Local health councils are hereby established as public or private nonprofit agencies serving the counties of a district. The members of each council shall be appointed in an equitable manner by the county commissions having jurisdiction in the respective district. Each council shall be composed of a number of persons equal to  $1\frac{1}{2}$  times the number of counties which compose the district or 12 members, whichever is greater. Each county in a district shall be entitled to at least one member on the council. The balance of the membership of the council shall be allocated among the counties of the district on the basis of population rounded to the nearest whole number; except that in a district composed of only two counties, no county shall have fewer than four members. The appointees shall be representatives of health care providers, health care purchasers, and nongovernmental health care consumers, but not excluding elected government officials. The members of the consumer group shall include a representative number of persons over 60 years of age. A majority of council members shall consist of health care purchasers and health care consumers. The local health council shall provide each county commission a schedule for appointing council members to ensure that council membership complies with the requirements of this paragraph. The members of the local health council shall elect a chair. Members shall serve for terms of 2 years and may be eligible for reappointment.

#### (b) Each local health council may:

1. Develop a district area health plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.
2. Advise the agency on health care issues and resource allocations.
3. Promote public awareness of community health needs, emphasizing health promotion and cost-effective health service selection.
4. Collect data and conduct analyses and studies related to health care needs of the district, including the needs of medically indigent persons, and assist the agency and other state agencies in carrying out data collection activities that relate to the functions in this subsection.

5. ~~Monitor the onsite construction progress, if any, of certificate-of-need approved projects and report~~

council findings to the agency on forms provided by the agency.

6. Advise and assist any regional planning councils within each district that have elected to address health issues in their strategic regional policy plans with the development of the health element of the plans to address the health goals and policies in the State Comprehensive Plan.

7. Advise and assist local governments within each district on the development of an optional health plan element of the comprehensive plan provided in chapter 163, to assure compatibility with the health goals and policies in the State Comprehensive Plan and district health plan. To facilitate the implementation of this section, the local health council shall annually provide the local governments in its service area, upon request, with:

a. A copy and appropriate updates of the district health plan;

b. A report of hospital and nursing home utilization statistics for facilities within the local government jurisdiction; and

c. Applicable agency rules and calculated need methodologies for health facilities and services regulated under s. 408.034 for the district served by the local health council.

8. Monitor and evaluate the adequacy, appropriateness, and effectiveness, within the district, of local, state, federal, and private funds distributed to meet the needs of the medically indigent and other underserved population groups.

9. In conjunction with the Department of Health, plan for services at the local level for persons infected with the human immunodeficiency virus.

10. Provide technical assistance to encourage and support activities by providers, purchasers, consumers, and local, regional, and state agencies in meeting the health care goals, objectives, and policies adopted by the local health council.

11. Provide the agency with data required by rule for the review of certificate-of-need applications and the projection of need for health services and facilities in the district.

(c) Local health councils may conduct public hearings pursuant to s. 408.039(3)(b).

(d) Each local health council shall enter into a memorandum of agreement with each regional planning council in its district that elects to address health issues in its strategic regional policy plan. In addition, each local health council shall enter into a memorandum of agreement with each local government that includes an optional health element in its comprehensive plan. Each memorandum of agreement must specify the manner in which each local government, regional planning council, and local health council will coordinate its activities to ensure a unified approach to health planning and implementation efforts.

(e) Local health councils may employ personnel or contract for staffing services with persons who

possess appropriate qualifications to carry out the councils' purposes. However, such personnel are not state employees.

(f) Personnel of the local health councils shall provide an annual orientation to council members about council member responsibilities.

(g) Each local health council is authorized to accept and receive, in furtherance of its health planning functions, funds, grants, and services from governmental agencies and from private or civic sources and to perform studies related to local health planning in exchange for such funds, grants, or services. Each local health council shall, no later than January 30 of each year, render an accounting of the receipt and disbursement of such funds received by it to the Department of Health. The department shall consolidate all such reports and submit such consolidated report to the Legislature no later than March 1 of each year.

(2) FUNDING.--

(a) The Legislature intends that the cost of local health councils be borne by assessments on selected health care facilities subject to facility licensure by the Agency for Health Care Administration, including abortion clinics, assisted living facilities, ambulatory surgical centers, birthing centers, clinical laboratories except community nonprofit blood banks and clinical laboratories operated by practitioners for exclusive use regulated under s. 483.035, home health agencies, hospices, hospitals, intermediate care facilities for the developmentally disabled, nursing homes, health care clinics, and multiphasic testing centers and by assessments on organizations subject to certification by the agency pursuant to chapter 641, part III, including health maintenance organizations and prepaid health clinics.

(b)1. A hospital licensed under chapter 395, a nursing home licensed under chapter 400, and an assisted living facility licensed under chapter 429 shall be assessed an annual fee based on number of beds.

2. All other facilities and organizations listed in paragraph (a) shall each be assessed an annual fee of \$150.

3. Facilities operated by the Department of Children and Family Services, the Department of Health, or the Department of Corrections and any hospital which meets the definition of rural hospital pursuant to s. 395.602 are exempt from the assessment required in this subsection.

(c)1. The agency shall, by rule, establish fees for hospitals and nursing homes based on an assessment of \$2 per bed. However, no such facility shall be assessed more than a total of \$500 under this subsection.

2. The agency shall, by rule, establish fees for assisted living facilities based on an assessment of \$1 per bed. However, no such facility shall be assessed more than a total of \$150 under this subsection.

3. The agency shall, by rule, establish an annual fee of \$150 for all other facilities and organizations listed in paragraph (a).

(d) The agency shall, by rule, establish a facility billing and collection process for the billing and collection of the health facility fees authorized by this subsection.

(e) A health facility which is assessed a fee under this subsection is subject to a fine of \$100 per day for each day in which the facility is late in submitting its annual fee up to the maximum of the annual fee owed by the facility. A facility which refuses to pay the fee or fine is subject to the forfeiture of its license.

(f) The agency shall deposit in the Health Care Trust Fund all health care facility assessments that are assessed under this subsection and shall transfer such funds to the Department of Health for funding of the local health councils. The remaining certificate-of-need application fees shall be used only for the purpose of administering the certificate-of-need program.

**(3) DUTIES AND RESPONSIBILITIES OF THE AGENCY.--**

(a) The agency is responsible for the coordinated planning of health care services in the state.

(b) The agency shall develop and maintain a comprehensive health care database for the purpose of health planning and for certificate-of-need determinations. The agency or its contractor is authorized to require the submission of information from health facilities, health service providers, and licensed health professionals which is determined by the agency, through rule, to be necessary for meeting the agency's responsibilities as established in this section.

(c) The Department of Health shall contract with the local health councils for the services specified in subsection (1). All contract funds shall be distributed according to an allocation plan developed by the department. The department may withhold funds from a local health council or cancel its contract with a local health council which does not meet performance standards agreed upon by the department and local health councils.

**History.**--s. 20, ch. 87-92; s. 40, ch. 88-380; s. 35, ch. 88-394; s. 1, ch. 89-104; s. 24, ch. 89-294; s. 2, ch. 89-296; s. 15, ch. 89-527; s. 2, ch. 91-48; s. 22, ch. 91-158; ss. 2, 104, ch. 91-282; s. 5, ch. 91-429; ss. 15, 17, ch. 92-33; s. 2, ch. 92-174; s. 66, ch. 92-289; s. 22, ch. 93-120; s. 11, ch. 93-129; s. 33, ch. 93-206; s. 8, ch. 93-267; s. 9, ch. 95-144; s. 29, ch. 95-210; s. 3, ch. 95-394; s. 11, ch. 97-79; s. 1, ch. 97-91; s. 35, ch. 97-103; s. 62, ch. 97-237; s. 175, ch. 99-8; s. 4, ch. 2000-256; s. 5, ch. 2000-318; s. 3, ch. 2004-383; s. 75, ch. 2006-197.

**Note.**--Former s. 381.703.



**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
TREASURE COAST HEALTH COUNCIL, INC.**

**I. AUTHORITY :**

Chapter 82-182, Laws of Florida 1982; and F.S. 408.033

**II. APPOINTING BODY :**

Multi-County Board

**III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL :**

The local Health Council shall consist of twelve (12) members: (7) representatives for Palm Beach County; one (1) member appointed by Indian River County, one (1) member appointed by Martin County, one (1) member appointed by Okeechobee County, and two (2) members appointed by St. Lucie County. Appointees shall be representatives of health care providers, health care purchasers, and non-governmental health care consumers, not to exclude elected government officials. A majority of the Council members must be health care purchasers and health care consumers and the Council must include a representative number of persons over 60 years of age. Appointments shall be for a term of two (2) years and be eligible for reappointment. Any member of the Council appointed by PBC may be removed by the BCC for misfeasance, malfeasance or willful neglect of duty.

**IV. MEETINGS :**

Fourth Thursday of the month at 6:00p.m., 600 Sandtree Drive, Ste. 101, Palm Beach Gardens

**V. FUNCTIONS :**

For the purpose of defining health service needs and assisting health care facilities, health care providers and hospices to develop programs of service that will assure the best possible health service to the community.

**VI. LIAISON INFORMATION :**

**LIAISON DEPARTMENT**

Community Services

**CONTACT PERSON**

Barbara Jacobowitz/Adrienne

**ADDRESS**

600 Sandtree Dr Ste 101  
Palm Beach Gardens FL 33410  
Phone # 561-844-4220Ext18



TREASURE COAST HEALTH COUNCIL, INC.

SEAT ID	CURRENT MEMBER	ROLE TYPE	RACE CODE	BUSINESS / HOME PHONE	SEAT REQUIREMENT	APPOINT DATE	RE-APPOINT DATE	EXPIRE DATE
Appointed By : Indian River County Commission								
1	Vacant  FL	Member	UN	--	Indian River County			
NOMINATED BY :								
Appointed By : County Commission								
2	Edward Fischman, 3900 E Indiantown 603 Jupiter FL 33477	Member	EA	561-745-8700	Health Care Provider	08/17/2004	02/27/2007	02/05/2009
NOMINATED BY :								
3	Emmy Rayne 406 H Sea Oats Dr Juno Beach FL 33408	Member	EA	561-624-9053	Health Care Consumer	08/17/2004	02/27/2007	02/05/2009
NOMINATED BY :								
4	Norma Schattner 19874 Loxahatchee Pointe Dr Jupiter FL 33458	Member	EA	561-748-0242	Health Care Consumer	08/17/2004	02/27/2007	02/05/2009
NOMINATED BY :								

**Appointed By : County Commission**

5	Lillian DeCicco 1311 W 25th St Riviera Beach FL 33408	Member	AA	--	Health Care Provider	08/17/2004	02/27/2007	02/05/2009
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**NOMINATED BY :**

6	M. Douglas Sigman 508 Bay Rd North Palm Beach FL 33408	Member	EA	561-881-8612	Palm Beach County Provider	12/02/2008		12/01/2010
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**NOMINATED BY :**

7	Robert Hays 157 Apollo Cir Jupiter FL 33477	Member	EA	--	Health Care Purchaser	09/28/2004	02/27/2007	02/05/2009
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**NOMINATED BY :**

**Appointed By : Martin County Commission**

8	Vacant  FL	Member	UN	--	Health Care Provider			
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**NOMINATED BY :**

**Appointed By : County Commission**

9	Marnie Ritchie Poncy 423 Fern St Ste 200 West Palm Beach FL 33401	Member	EA	561-655-8944	Health Care Consumer	04/01/2003	02/27/2007	02/05/2009
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**NOMINATED BY :**

**Appointed by : St. Lucie County Commission**

10	Richard Claassen, PhD 403 Hays Rd Ft Pierce FL 33450	Member	EA	--	Health Care Consumer	08/01/2008	08/01/2010
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**NOMINATED BY :**

**Appointed By : Okeechobee Board Of County Commissioners**

11	Vacant  FL	Member	UN	--	Health Care Provider		
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**NOMINATED BY :**

**Appointed By : St. Lucie County Commission**

12	Vacant  FL	Member	UN	--	St. Lucie County	/ /	
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**NOMINATED BY :**