18	**AGENDA ITEM** **ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS**
	Deadline for Submission - Wednesday 9 a.m. – Thirteen Days Prior to BCC Meeting

12/1/2026

BCC MEETING DATE

TO: **Joy Andrews, County Administrator** **DATE:** **July 1, 2026**

FROM: **Shelby Romero, Sr. Asst. to the Board of County Commissioners** **PHONE:** **904 209-0307**

SUBJECT OR TITLE: **Consider appointment of a St. Johns County Representative to the Health Planning Council of Northeast Florida, Inc.**

AGENDA TYPE: **Appointments, Consent Agenda**

BACKGROUND INFORMATION:

A letter has been received from the Health Planning Council of Northeast Florida, Inc. (HPCNEF) requesting consideration by the St. Johns County Board of County Commissioners for reappointment of Ms.Susan Ponder-Stansel, as the St. Johns County representative to the position of Provider on the Health Planning Council Board. This Council is established under F.S. 408.033 and its membership is to consist of 12 appointees from the health service planning District 4 (Baker, Nassau, Duval, Clay, St. Johns, Flagler and Volusia Counties) with each county in the district entitled to at least one member on the council and the balance allocated among the counties based on population. Ms. Ponder-Stansel is currently a member of the Council. She has been serving as the St Johns County representative since 2004. Should you desire to reappoint Ms. Ponder-Stansel, it will be for an additional 2-year term as reflected in the motion below. Please find attached for your review and consideration a letter of recommendation from the Health Planning Council of Northeast Florida, along with Ms. Ponder-Stansel's application and other corresponding documents.

1. IS FUNDING REQUIRED? No **2. IF YES, INDICATE IF BUDGETED.** No

IF FUNDING IS REQUIRED, MANDATORY OMB REVIEW IS REQUIRED:

INDICATE FUNDING SOURCE:

SUGGESTED MOTION/RECOMMENDATION/ACTION:

Motion to reappoint Ms. Susan Ponder-Stansel as the St. Johns County representative on the Health Planning Council of Northeast Florida, Inc for a two-year term scheduled to expire October 2028.

For Administration Use Only:
Legal: Kealey West 11/17/2026 **OMB: CB 11/17/2026** **Admin: Brad Bradley 11/18/2026**

Health Planning Council OF NORTHEAST FLORIDA

November 2, 2026

Commissioner Clay Murphy, Chair
500 San Sebastian View
St. Augustine, FL 32084

Subject: Reappointment Request for Susan Ponder-Stansel as St. Johns County Representative for Health Planning Council of Northeast Florida

Dear Commissioner Murphy,

I am writing to request your consideration for the reappointment of a St. Johns County representative to the Board of Directors of the Health Planning Council of Northeast Florida.

The Health Planning Council of Northeast Florida was established under state health planning legislation and is funded by the state to conduct planning activities in Planning District IV, which includes the counties of Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia. Our board consists of 12 executive-level volunteers representing each of the seven counties in our region, serving as Providers, Purchasers, or Consumers of health care services.

Ms. Susan Ponder-Stansel, President and CEO of Alivia Care, currently represents St. Johns County on our Board of Directors and dutifully continues to serve. As such, she needs to be reappointed to the position. We kindly request that you consider Ms. Ponder-Stansel for reappointment in the Provider category for another term expiring in October 2028. Please reach out to Ms. Ponder-Stansel to request any additional information required by Volusia County for this reappointment. For your convenience, the best method to reach out to Ms. Ponder-Stansel is via email at ceo@aliviacare.com with a cc: to Jennifer Walker at Jennifer.Walker@aliviacare.com.

The current term for this position expired at the annual meeting of the corporation in October 2026. According to Florida Statutes and the bylaws of the Health Planning Council, the Board of County Commissioners must either reappoint or replace this individual for a two-year term.

Thank you for your attention to this matter. Please feel free to contact me at (904) 312-0612 if you have any questions.

Sincerely,

Susan D. Grich

Susan Grich
President & CEO
Health Planning Council of Northeast Florida, Inc.

cc: Andrea Crowder, Chair of the Board of Directors
Shelby Romero, Senior Assistant to the Board of County Commissioners, St. Johns County

The 2026 Florida Statutes

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 $1^1/_2$ 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 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 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 may 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 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.

(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, birth centers, home health agencies, hospices, hospitals, intermediate care facilities for the developmentally disabled, nursing homes, and health care clinics 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. Fees assessed may be collected prospectively at the time of licensure renewal and prorated for the licensure period.

(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 Families, 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; s. 114, ch. 2010-102; s. 18, ch. 2012-160; s. 162, ch. 2014-19; s. 60, ch. 2018-24; s. 8, ch. 2019-136; s. 20, ch. 2020-156.

Note.—Former s. 381.703.

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