



Council Minutes

www.tbrpc.org

4000 Gateway Centre Blvd., Suite 100, Pinellas Park, FL 33782

Phone: 727-570-5151 Suncom 513-5066 Fax: 727-570-5118

February 9, 2015

10:00 a.m.

REPRESENTATIVES PRESENT

Commissioner Victor Crist, Hillsborough County, Chair
Mayor Woody Brown, City of Largo, Vice Chair
Councilman Patrick Roff, City of Bradenton, Sec./Treasurer
Mr. Andy Núñez, Pinellas County Gubernatorial Appointee, Past Chair
Commissioner Scott Black, City of Dade City
Council Member Bob Boss, City of Temple Terrace
Commissioner Larry Bustle, Manatee County
Councilwoman Yvonne Yolie Capin, City of Tampa
Councilman Jonathan Davis., City of Palmetto
Commissioner Carlos Diaz, City of Safety Harbor
Council Member Michael Fridovich, City of Gulfport
Council Member Hoyt Hamilton, City of Clearwater
Ms. Angeleah Kinsler, Hillsborough County Gubernatorial Appointee
Commissioner Bruce Livingston, City of Dunedin
Commissioner Janet Long, Pinellas County
Mayor Maria Lowe, City of St. Pete Beach
Councilor Bob Matthews, City of Seminole
Mayor Bob Minning, City of Treasure Island
Mr. John Neal, Manatee County Gubernatorial Appointee
Commissioner Gail Neidinger, City of South Pasadena
Councilwoman Darden Rice, City of St. Petersburg
Mr. Tim Schock, Hillsborough County Gubernatorial Appointee
Mr. Robert Sebesta, Pinellas County Gubernatorial Appointee
Mr. Scott Sheridan, Hillsborough County Gubernatorial Appointee
Commissioner Kathryn Starkey, Pasco County
Ms. Barbara Sheen Todd, Pinellas County Gubernatorial Appointee
Ms. Mary Yeargan, Ex-officio, FDEP
Mr. Waddah Farah, Alt., Ex-officio, FDOT

REPRESENTATIVES ABSENT

Mayor David Archie, City of Tarpon Springs
Mr. Nick DiCeglie, Pinellas County Gubernatorial Appointee
Commissioner Bill Dodson, City of Plant City
Mr. Mike Moore, Pasco County Gubernatorial Appointee
Deputy Mayor Bill Phillips, City of New Port Richey
Councilman Ed Taylor, City of Pinellas Park

OTHERS PRESENT

Greg Horwedel, Deputy Co. Administrator, Hillsborough County
Trisha Neasman, Planner, SWFWMD
Elena Mesa, Marketing Director, BayFront Health
Mike Meidel, E.D. Director, Pinellas County
John Morrioni, Pinellas County Commissioner
Jack Mariano, Pasco County Commissioner
Renee-Marie Stephano, President, Medical Tourism Association
Jonathan Edelheit, CEO, Medical Tourism Association

STAFF PRESENT

Manny Pumariega, Executive Director
Don Conn, Legal Counsel
Maya Burke, Senior Planner
Lori Denman, Recording Secretary
Randy DeShazo, Principal Planner
Marshall Flynn, IT Director
John Jacobsen, Accounting Manager
Betti Johnson, Principal Planner
Wren Krahl, Director of Administration/Public Information
John Meyer, Principal Planner
Brady Smith, Senior Planner
Beth Williams, Senior Accountant
Avera Wynne, Planning Director

Call to Order – Chair Crist

The February 9, 2015 meeting of the Tampa Bay Regional Planning Council (TBRPC) was called to order at 10:12 a.m. A quorum was present.

Voting Conflict Report – A voting conflict form 8B was filed by Mr. Scott Sheridan for Consent Agenda Item #3.E. – DRI # 108 – Hidden River Corporate Park, City of Tampa and he refrained from voting.

The invocation was given by Commissioner Gail Neidinger, followed by the pledge of allegiance.

Public Comment: None

Announcements:

Commissioner Kathryn Starkey, representing Pasco County, was recognized.

Future of the Region Awards:

Friday, March 27th is the 23rd Annual Future of the Region Awards which will be held at the Carillon Hilton. Start time for the luncheon is at 11:45 am. Registration is complimentary for Council Members but we still need you to RSVP. Please contact Lori Denman to let us know if you are able to attend. Registration is now open to the public via our website. I hope to see each of you there as we recognize these great projects and programs from throughout our region.

Solar Ready Florida: Solar Finance Workshop

I would like to call your attention to a flyer in your folders about the upcoming Solar Finance Workshop which will be held here on Wednesday, February 18th at 10:00 a.m. You are all invited to attend and you can rsvp on the Council website.

Recognitions for Staff/Marshall Flynn & Brady Smith

I am proud to recognize two of the staff regarding the Florida Broadband Project. The project received the National Association of Development Organizations (NADO) 2014 Innovation Award.

The award recognizes innovative approaches to regional economic and community development. *The Florida Local/Regional Broadband Planning Project* was a partnership with two other RPCs but our own Marshall Flynn and Brady Smith were the leads who spear-headed this project to completion. Congratulations were extended to Marshall and Brady on a job well done!

More Recognitions

The cover story on the January 16th Tampa Bay Business Journal was our Tampa Bay Valuation Study. It was a great article and I would like to thank each of the staff involved.

Recognition:

As you all know we are pleased to welcome Pasco County Commissioner Katherine Starkey to our board. However, we would like to recognize Commissioner Jack Mariano for his many years of service.

Jack is one of those dedicated individuals who give it their all in whatever they strive to accomplish. This certainly was the case with Jack and his tenure with the TBRPC. I won't go into a lengthy litany of all he has done for the Council... but suffice it to say that since December of 2006 Commissioner Mariano has served the Council in pretty much every capacity. I know personally about the commitment it takes to serve as one of our officers and Jack dedicated himself to that three year commitment which culminated in his leadership as our Chair in 2010. Jack, we thank you for your 8 years of service to the Council. Please accept this token of appreciation:

Jack Mariano
For Dedicated Service
Presented by the Tampa Bay Regional Planning Council
February 9th, 2015

Commissioner Mariano: It has been an honor serving with you. The discussions we've had over the years have been phenomenal. I can see the ball is still rolling. From all the areas of working with the DRIs, the bay, water issues, we are way ahead of the game. We have a good running start as far as the RESTORE Act. The convening of the region that this group accomplishes is phenomenal. Knowing we can reach out to each other on subjects has been encouraging and humbling for me. I appreciate the great work. The TBRPC staff is unparalleled with any group I've worked with. Manny has done a wonderful job with this staff. What you've done from day one is introduce me to the group, introduced me to what we do here, and I just want to say you have done a great job every step of the way. I have thoroughly enjoyed my time on this Council.

Staff Retirements: John Jacobsen and Betti Johnson

It is certainly with mixed emotions on the part of the staff and myself that I announce the retirement of two of our dedicated employees.

Before I recognize these folks...I have a bit of Council trivia for you...Councilmembers are not the only ones that have a tendency to stick around for a long time...

Did you know that our current staff has a combined total of 202 years of service? How remarkable is that? I think you all will agree that we are rich in institutional knowledge within our RPC.

John Jacobsen

John has been our Accounting Manager for the past 11 years. He is the fellow responsible for all of those clean audits we have received through the years. Since 2003, John's accounting experience... attention to detail...and his expertise has been invaluable to Manny, the staff, and the Council.

We all know that John is a great accountant...but I have another piece of Council trivia to share with you...Born and raised in New York...John is an avid New York Yankees fan. I mean avid! So we did a little snooping around... and found out that his favorite Yankees player is Derek Jeter.

This seemed to be a perfect choice since Jeter stepped out onto the field for the last time this past year and now John will be joining his ranks as a lucky retiree. Too bad the retirement package is a little bit less than Jeters!

With that said...please accept this token of our appreciation for your 11 years of service with the Council. It is a Yankees t-shirt with Jacobsen across the back and the number 2 for Derek Jeter. Two all-star retirees. We would also like to present this plaque to you which is a photo of Derek Jeters last time up to bat. It even has "dirt" from Yankee Stadium's batter's mound.

Thank you for your years of service. We all wish you the best in the years to come.

Betti Johnson

Ok, say it isn't so! Our Emergency Management Extraordinaire is retiring! Betti is our Emergency Management Principal Planner as well as the Region 4 RDSTF Coordinator.

Betti's tenure with the Council is more than remarkable...Betti has been with the Council for 35 years. You just can't encapsulate 35 years of accomplishments in a period of a few moments. Betti has been a trailblazer since 1980 in the field of emergency management. She has earned the respect of her co-workers as well as her colleagues throughout the State of Florida and even the nation. Through the years Betti has played a pivotal role in the advancements of emergency management planning. She has had a stellar career of bringing to the forefront the importance of being prepared in the event of a disaster... not only to the citizens of Tampa Bay...but also to our local and state governments.

Under Betti's leadership our successful emergency management program is nationally recognized and has focused on state-of-the-art research projects from the development of the nation's first regional hurricane evacuation study to the annual coordination of the *Disaster Planning Guide* and the online *Tampa Bay Prepares* public information campaign.

Betti recently received the 2014 Governor's Award. This is the top honor given each year at the annual Governor's Hurricane Conference. This is a direct quote on the Governor's Award..."She won the award for her 35 years of extraordinary contribution to Hurricane Planning in the State of Florida encompassing evacuation, mitigation, and recovery projects that have changed the way Florida views hurricane risks."

I think Manny summed it up best when he called Betti a pioneer in the field of emergency management.

As you can imagine with such a remarkable career under her belt, the last thing Betti needs in retirement is yet another plaque. Betti, please accept this monogrammed jewelry box as a token of our appreciation to you for 35 years of contributions to the Council.

Ms. Betti Johnson said she truly believes in the TBRPC's mission and if we can get folks from different disciplines and different jurisdictions to work together we will all be better for it. She has always been passionately committed to that. It is also the people and it has been an honor to work with the leadership of the region. The emergency management communities are tremendous people. They are extraordinary. And of course the TBRPC staff are like family.

1. **Approval of Minutes** – Councilman Roff, Sec./Treas.
Approved the minutes from the December 8, 2014 annual meeting. (Long/Black)
2. **Budget Committee** – Councilman Roff, Sec./Treas.
 - a. Approved the Financial Report for the period ending 11/30/14. (Minning/Matthews)
 - b. Approved the Financial Report for the period ending 12/31/14. (Nunez/Starkey)
 - c. FY 2014/2015 Mid-Year Budget Amendment
The Budget Committee previously met and was presented with the 2014/2015 Mid-Year Budget. The overall budget decreased slightly less than \$15,000 primarily due to the following:
 - Federal revenue decreased \$22,000. RDSTF Planning, Coastal Resilience Networks and Economic Development District decreased a total of \$5,000 due to timing between fiscal years. Hazards Analysis project decreased \$17,000 based on a reduction in contract services, which will be incurred next fiscal year.
 - Fees and contracts decreased \$14,000 primarily due to the following: Basis 6 Symposium, Appalachian Surge Atlas and Evacuation Transportation Update increased \$47,000 as a result of being new projects. Directional Atlas project

increased \$9,000 due to the timing between fiscal years. Evacuation Small Area update increased \$3,000 due to an increase in available funding. Okeechobee Directional Atlas decreased \$20,000 because the project was completed in the prior fiscal year. Broadband Mapping Transition decreased \$5,000 resulting from a decrease in available funding. Broadband Mapping Maintenance decreased \$56,000 because the project was not awarded. DRI increased \$7,000 as a result of increased activity.

- TBRPC dues decreased \$2,000 due to the non-participation of one of the municipalities.
- Appropriated fund balance increased \$26,000 primarily due to the loss of the Broadband Mapping Maintenance project.

Motion to approve the FY 2014/2015 Mid-Year Budget Amendment with an amendment that adds \$200,000 of funding for the medical tourism grant, contention upon receipts of funding. (Long/Starkey). Motion carried unanimously.

Chair Crist asked for approval to move the medical tourism presentation to after the consent agenda since the guest speaker has a tight time-frame. Motion carried unanimously.

3. **Consent Agenda - Chair Crist**

Consent Agenda Item #3.D.5. – DRI #266 – Waterset DRI Development Order Amendment Report was revised subsequent to the mail-out. The revised report has been posted on-line and was placed in Council folders.

A. Budget and Contractual

1. The County Emergency Management agencies of Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Charlotte and Sarasota have requested that TBRPC staff provide assistance in the production and coordination of printing and distribution of the annual disaster planning guide. A Request for Proposal (RFP) was advertised in the Tampa Bay Times and posted to the TBRPC website. The proposal selected was based on past performance and references, demonstrated capabilities and lowest cost.

Action Recommended: Authorization for the Executive Director to sign a Purchase Order for up to \$40,000 to Printing Solutions of Florida for printing and print management services of the 2015 Disaster Planning Guide.

Staff contact: Betti Johnson, ext. 39 or betti@tbrpc.org

B. Intergovernmental Coordination & Review (IC&R) Program

1. IC&R Review by Jurisdiction – December 2014/January 2015 [report attached](#)
2. IC&R Database - December 2014/January 2015 [report attached](#)

Action Recommended: None. Information Only.

Staff contact: John Meyer, ext. 29 or johnm@tbrpc.org

C. DRI Development Order Reports (DOR) – None

Staff contact: John Meyer, ext. 29 or johnm@tbrpc.org

D. DRI Development Order Amendment Reports (DOAR)

1. DRI # 239 – River Club Park of Commerce, Manatee County [report attached](#)
2. DRI # 252 – Cypress Creek Town Center, Pasco County [report attached](#)
3. DRI # 258 – Epperson Ranch, Pasco County DRI # [report attached](#)
4. DRI # 265 – Lakewood Centre, Manatee County [report attached](#)
5. DRI # 266 – Waterset, Hillsborough County [report attached](#)

Action Recommended: Approve staff reports

Staff contact: John Meyer, ext. 29 or johnm@tbrpc.org

E. Notice of Proposed Change Reports (NOPC)

DRI # 108 – Hidden River Corporate Park, City of Tampa [report attached](#)

Action Recommended: Approve staff report.

Staff contact: John Meyer, ext. 29 or johnm@tbrpc.org

F. Annual Report Summaries (ARS) / Biennial Report Summaries (BRS)

1. DRI # 66 – Tara, RYs 2012-14 BRS, Manatee County [report attached](#)

2. DRI # 98 – Sabal Center, RY 2013-14, ARS, Hillsborough County [report attached](#)

3. DRI # 118 – Tampa Cruise Ship Terminal, RY 2013-14 ARS, City of Tampa [report attached](#)

4. DRI # 132PP – Gateway Centre/Pinellas Park, RYs 2011-14 ARS, City of Pinellas Park [report attached](#)

5. DRI # 194 – DG Farms, RY 2013-14 ARS, Hillsborough County [report attached](#)

Action Recommended: Approve staff reports.

Staff contact: John Meyer, ext. 29

G. DRI Status Report

Action Recommended: None. Information Only. [report attached](#)

Staff contact: John Meyer, ext. 29

H. Local Government Comprehensive Plan Amendments (LGCP)

Due to statutory and contractual requirements, the following reports have been transmitted to the State Land Planning Agency and the appropriate local government in accordance with Rule 29H-1.003(3), F.A.C. No Report is prepared for adopted amendments that do not require Council comments.

1. DEO # 15-1ESR, City of Plant City [report attached](#)

2. DEO # 15-1ESR, City of Treasure Island [report attached](#)

3. DEO # 15-1ESR, Hillsborough County [report attached](#)

4. DEO # 15-1ESR, City of St. Petersburg [report attached](#)

Staff contact: Brady Smith, ext. 42

Motion to approve the Consent Agenda. (Long/Hamilton)

4. Item(s) Removed from the Consent Agenda and Addendum Item(s) - None

Council members shall notify the Chair of any items they wish to be pulled from the Consent Agenda. These items will be discussed and voted on separately after the remainder of the Consent Agenda is approved.

5. Review Item(s) or Any Other Item(s) for Discussion - None

Chair Crist: Last month when I gave the insight into this coming year I mentioned that we were going to have about a half dozen different new workshops and activities that would provide us with an opportunity here to learn about something new and to possibly step out there and take on some new projects that could help benefit the people of the communities that we serve. In this case there's a growing new industry in the world and it's called Medical Tourism. It's not something that is just regional, it's not something that is just in the state of Florida - this is something that is impacting worldwide. It's an evolution of changing the way we deliver healthcare services and the way that we can cut costs and improve quality of care by harnessing the very best that areas and regions have, making them available to the world and tying it into excursions, quality of life and other activities that create a destination. It's becoming a very competitive and a very lucrative opportunity. At the state level it could become a priority in the State of Florida and each year going forward. This is on the top of the agenda at the state level as one of the economic development opportunities. South Florida, Jacksonville, Orlando are all steps ahead of us in doing this. We have to do a scientific assessment that could be documented and proved. Then we take that assessment and we go to the state and the

federal government and show them why it's worth their investment here. Today we have asked two organizations that have worldwide credibility in doing this, to come here and present to you on what medical tourism is, how it could benefit an area or region, and what are the steps to cultivate it, and what should be our first steps, if any. They are two organizations – the Florida Association of Medical Tourism and the U.S. National Association of Medical Tourism. Please ask questions. This is our opportunity to really understand what this is and where we could play in the worldwide arena.

6. Medical Tourism

Ms. Renee-Marie Stephano, President of the Medical Tourism Association provided an overview of medical tourism and discussed the roadmap for Tampa Bay to become an international and national medical tourism destination.

Many people think medical tourism is people traveling for cosmetic procedures, or traveling because they need emergent care, emergency evacuation. Actually medical tourism is a larger more expansive scope of services which includes everything from orthopedics, cancer treatment, heart procedures, transplants, dental treatment, bariatric procedures and weight loss, alternative medicine (homeopathy, preventative surgeries and wellness), stem cell treatments, cosmetic surgery, infertility, rehabilitation & geriatric services and very common now is the inclusion of tele-health and second opinions.

Patients are searching for value. They are looking to get better quality of care, faster access to care, availability of services that they aren't able to get locally, and also the perception of the destination is important in that decision-making process. When we do an evaluation of the Tampa Bay region and what are some of the strengths and opportunities there are, Tampa is well known for international tourism. The demographics meet an international clientele. There's specialized research training and simulation centers, opportunities for academic based research and exchange of physicians. There's already demonstrated regional support such as the work that's being done through the regional planning council. Good public, private collaboration in the past to execute new types of economic development strategies and also good connectivity and air lift. What we would like to develop in the region is greater economic growth in job creation and this can be achieved through integration of health services, hospitality and tourism, integration and collaboration from all of those sectors. It provides also an opportunity for increased quality of care. We're not just looking at medical tourism as bringing foreigners in from overseas, we're also looking at a domestic market within the U.S. and looking at improving local patient care through raising the standard of healthcare, being able to provide more efficient and more effective healthcare services and through the economic development to actually continue to create investment and healthcare services for the over 4.3 million population in the region.

There is also a new opportunity that's been emerging which is direct contracting with employers called Domestic Medical Travel. And generally improved competitiveness in all service sectors. This has been an integration of healthcare, tourism, and hospitality services and its being tied with population health management and health acclimated programs to demonstrate greater utilizations for medical populations in health, wellness, and prevention. Essentially if you internationalize your health services people have greater trust in the types of services that they have and puts more people into the service sector and economic diversification that can be achieved. Looking at the Ecosystem for the Tampa Bay region - health, wellness, prevention, centers of excellence, and defining areas of expertise that we have so that we can drive patient volumes from all over. Looking at research and development, innovative new technologies that we can utilize on local populations as well as patients traveling from all over the world. Investment in life sciences, simulation centers, enhancing training programs. The approved exchange of physicians so that we will not only be able to train physicians from other destinations but our physicians become also desirable to provide training outside of the borders and become internationally recognized. This is the medical tourism we are talking about and it's a bit larger than what you may have envisioned which typically people hear that term and think it's foreign patients coming in or patients traveling from outside the country. It's a lot bigger than that. When we identify what is the opportunity, we also have to look at who are we

driving this opportunity to? Who will be promoting the Tampa Bay region? This is not just a business to consumer marketing strategy. There are insurance companies, global insurance carriers, national insurance carriers and employers that are looking to direct contract with healthcare providers. This is business to business marketing. There are medical tourism facilitators and travel agents that build their networks on healthcare providers and bring patients from around the country and around the world. There are also governments that are referring their patients. Not just through the embassies out of Washington D.C., but also directly through their health attaches' and medical directors. Governments will contract with regions to send their patients. This is where I see a tremendous opportunity to generate more than just a patient referral. This is direct contracting with insurance companies, employers and government to treat their patients typically for higher specialized care and also in those areas of care that we can provide better outcomes. The right diagnosis, the right treatment plan for their employees, for their nationals, the first time around.

The integration of medical tourism is something that you are familiar with in regional planning. How do we get hospitality, tourism providers, healthcare providers from the different counties to work collaboratively and collectively? You will see the integration of services tags all of these areas together and that's why the economic impact is so great.

The competitive advantage that we've identified for the Tampa Bay region covers a lot of different areas. While the state is looking to add a marketing effort to define Florida as a destination and promote the state as a destination, it's predominately being done through marketing initiatives at this point. Where the competitive advantage for the Tampa Bay region will lie is not just in marketing but looking at partnerships that can be developed, service development that will improve service delivery in healthcare and hospitality and then the way that we go about marketing ourselves.

Starting with the partnership area you will see there are relationships that can be built through clinical development programs. To give you an example, hospitals will partner with other hospitals abroad or within the country to build up service sectors. The hospital has a center of excellence for cardio-vascular intervention. They will partner with another facility in another country to be able to help build the clinical capacity. What that results in is greater brand awareness in that target market. Those people in the local population understands that the Tampa Bay region is well renowned internationally for cardio-vascular care. Or it might be oncology or another area of development. There's capacity building opportunities where in building the capacity you are helping impact the local population and public health sector in those countries. It will result in greater investment there and it will result in greater investment here.

Structured memorandums of understanding are being developed with government agencies as well as with insurance carriers to provide streamlined patient flows so we can drive patients into the Tampa Bay area. Those clinical trials, physicians that are being educated become the source of referred patients in-bound to the Tampa Bay area and also an increase in fellowships, and residencies and international physicians coming here to train and spreading the word about the brand of the Tampa Bay region's excellent healthcare.

On the service development side we are seeing that there are in-healthcare and hospitality with the development of international patient services. There's an expansion of the concept of center of excellence. You are starting to hear a lot more about patient's selecting centers of excellence for their care. This means that the concept of the general hospital is starting to dissipate where hospitals are now focusing on those areas where they provide the best level of expertise, the most efficient care, the most effective with the highest medical outcome. Patients are making their decisions on where to go based on the centers of excellence. That's a trend that is happening here locally. On a global scale it's a decision that's driving insurance companies to contract directly with healthcare providers. Also you are seeing the bridge between healthcare and hospitality with a greater understanding of health and wellness in the hospitality industry and a greater sense of hospitality being offered in the healthcare industry.

On the marketing side where we could see that the development needs to be made to create a competitive advantage for the Tampa Bay region we have to think of what is that one unique message – how do we distinguish ourselves from Jacksonville, Orlando or South Florida? Or Houston? Or, how do we distinguish ourselves from the healthcare providers in Germany? That's really the point behind developing an assessment and looking at a strategy that can be communicated. The strategy has to be a long term communication because you are looking at marketing to consumers, through the word of mouth reputation and you are also looking at marketing to businesses, insurance companies and to government agencies and through that way you can look at this opportunity as a \$100 billion medical tourism industry that we could have a certain piece of. Visit Florida did a report for Tax Watch that estimated that the hotel rooms that were booked for medical tourism purposes in 2012 had an economic impact of \$23 million. There was an article the other day that said Jacksonville has \$23 million economic impact. Let's take that \$23 million – if the Tampa Bay region could just get 1/5th of that Florida impact, and this is just again in the hospitality sector, that would be about \$4.6 million. If we look at the average cost of a medical procedure being approximately \$30,000, which is on the low scale, and we look at Texas Medical Center which could be able to generate 16,000 international patients, that would be about \$460 million in healthcare generated revenue for the region. This is something that provides an economic opportunity, crosses all service sectors and allows for diversification and the improvement of services for the local population in healthcare and hospitality.

The players in the medical tourism industry include healthcare providers, travel agents, medical tourism facilitators, international patient departments or wellness departments, hospitality industry, employers, insurance, government, people in the medical tourism industry and people in the tourism industry. It truly represents an ecosystem and the buyers of healthcare worldwide, not just domestically in the U.S. you are seeing the same types of buyers in healthcare. Referring physicians, medical tourism facilitators, insurance professionals, governments, the international insurance companies and the employers. This is why developing the strategy is extremely important because the access points to use professionals is different. It's not just different for each one of these buyers but it may be different in each of the target markets that you identify. If your demographic includes a large number of Canadians then we need to know how to specifically access the Canadian patient. If it includes a large number of Germans, we need to access those Germans through different methods of market penetration.

Domestic medical tourism is a growing trend. You may have heard of some large organizations that are direct contracting with the Mayo Clinic, Johns Hopkins and other large named hospitals. This is being driven predominately by a large number of employers looking at how to reduce their costs in delivering services to their employees. Domestic medical tourism or domestic medical travel allows employers to direct contract for specific service lines so they can not only reduce their costs, but more importantly select healthcare providers that are going to provide the right diagnosis, the right treatment plan, the first time around for their employees. That's important to them because if we get the right diagnosis and the right treatment plan we're going to reduce risk of complication and that will reduce the cost for employers. This is what is driving the trends in healthcare choice even within the U.S. If you look at the international opportunity that's been estimated at \$100 billion we can also look at the internal U.S. opportunity as well. And even look at some of the trends that are happening now within the Tampa Bay region with the healthcare providers contracting for corporate wellness. This is a natural inclination to take this trend in cost reduction and better healthcare and utilize it efficiently.

International medical tourism – people crossing the borders outside of the country – I wanted to talk about how this is really tapped in to. It requires a roadmap. The research and industry analysis is an important piece of that. That sets your strategy that ties up with your strategic development plan and it serves as your stepping stone along the way. It will prioritize which target markets you should go after and match the service lines that you have available today with those target markets. It will also identify some service lines that perhaps you should look to recruit to match the needs of your local capacity healthcare, your healthcare allegation leads, but also it will drive recruitment of your top

jobs in the future and be able to tie those to future trends of medical tourism in target markets identified. It includes program development, looking at how to improve the patient experience in the healthcare system but also, how do we touch upon each of those points along the way? For a health and wellness seeker who is making their decision to travel for healthcare, they're not coming alone. They are coming with a companion and generally that medical tourist is spending about 5-10 times the amount in the local economy than your average tourist. Again, the economic incentive needs to be matched by the service we deliver. In the hospitality side we need to know that there are medical tourists or health and wellness seekers that are in our hotel rooms so that we can provide the appropriate types of hospitality and tourism services to them. It's with integration and communication that needs to happen for a successful program and then we're ready to promote and market the destination through a destination branding program.

If I were to identify the three goals for the Tampa Bay region in building a medical tourism program we would look at:

- Domestic and international medical tourism market and how we would go about identifying the target markets, match our existing service lines with the identified target market, and look at how we can also provide those high level outcome medical services and the right type of medical cost to a traveling patient.
- Expand the health and hospitality services that are here for that service development. Develop a health and hospitality product that's appropriate for the health and wellness seeker.
- Develop a marketing strategy that will attract healthcare consumers and increase word of mouth referrals locally, domestically and internationally.

Planning is important. The feasibility study or the assessment will become your guide. It's going to look at the different areas that have been mentioned and will also talk about how do you go about developing the relationships that are going to be more effective and develop more than just that one inbound patient referral that generally happens when you are just doing consumer marketing. It allows for a diversified marketing strategy. We will look at developing what types of hospitality services do we have that are appropriate and how can we utilize these services and make improvements. What types of healthcare services do we have ready now and how can we possibly improve those services to treat a larger demographic? And look at the supporting industries.

People are looking at airport personnel, taxi drivers, cruise personnel and how they will impact the experience. I was at an airport recently and they had a customer service program that they were talking about implementing. It was very clear that the program had reached a certain level. Along the way when we talk about what type of patient experience that we have, that becomes part of our message. Developing a clear message of what is our selling point to the rest of the world? That will make us very attractive. Then we look at promoting and how we go about promoting participation at international events, trade missions and looking at multi-channel communication strategy.

A couple of examples are the Texas Medical Center, in 2013, received 16,000 international patients. Their effort is developing a regional strategy which has been effective. Participants are about 13 which include healthcare providers, hotels, airlines, and they meet regularly. They talk about how they are going to improve their services and how they are going to present themselves to the rest of the world. They have a newsletter they put out in the market to communicate what their advancements are and what is going on and that's really an important way of educating. In Rochester at the Mayo Clinic there is an \$80 million civic center program that's being developed and an entire regional planning that is surrounding the efforts of the Mayo Clinic to bring families from all over the world. Puerto Rico has just launched a 3 year strategy. We did the research behind that and they put in place legislation to train and certify all of their service sectors. They have now implemented a 2 ½ year program for training 47 healthcare facilities, 20 hospitality facilities, airline personnel, cruise personnel, and taxi drivers as well because they recognize each of the touch points along the way for that patient and their companion has an impact on their experience.

Jacksonville has started to collectively put together a webpage and they started generating some research from their healthcare providers. They have started to promote Jacksonville as a destination for medical tourism and have received some good results so far. We've worked with Miami in putting together a destination guide which is a way for them to showcase the healthcare providers that are involved in medical care. Las Vegas is also developing a health and wellness program and after their research they determined that they needed to focus more on wellness because their healthcare infrastructure needed improvement. The research side of it is important because it allows you to see not only what you have as your opportunities but it also shows you the areas of improvement and investment that you may need moving forward.

What's coming up – and I think you can use it as a goal for preparedness – is the largest medical tourism conference in the world. We are holding it in Orlando this year. It's the second time we're hosting it in Florida and it's at the end of September (September 27-30, 2015) but I think that you'll find that if you move forward with the medical program and you use the end of September as a guide to have your strategy developed it is a good opportunity for you to meet over 100 different countries that are either promoting or attracting or looking to partner with destinations for their health and wellness services.

In conclusion, thank you for your time and I hope I was able to drive your understanding a little bit about the industry and the opportunities.

Questions & Comments:

Chair Crist: Please introduce your team.

Ms. Stephano: Jonathan Edelheit is the CEO of the Medical Tourism Association. He is also President and Chairman of the Employer Healthcare Medical Conference which is the U.S. Employer and Insurance side of the conference mentioned previously. He also runs the Corporate Wellness Magazine and is involved with self-funding voluntary benefits and U.S. Healthcare Reform. We've been very effective at being able to put together the U.S. industry with the international environment through these relationships. Patty Hollands is our event producer and our government liaison who has been responsible for creating a lot of the connectivity and supporting the growth of the Visit Florida strategy for medical tourism.

Chair Crist introduced Commissioner John Morroni, Pinellas County Commission Chair who is present with his staff. Commissioner Morroni introduced Brian Lowack, Chief of Staff, and recognized Ms. Todd and Commissioner Long. Chair Crist and I have met along with our county administrators and staff about 3-4 weeks ago. This is such a fantastic idea and with Pinellas County having record tourism, record bed tax revenues, record airport activity – this is a perfect time for this. We aren't dinosaurs but we are behind the eight ball on this and we really need to get going.

Chair Crist: We have the new Deputy County Administrator, Hillsborough County, Greg Horwedel has joined us today. He oversees economic development for the county.

Commissioner Morroni introduced Mike Meidel, Economic Development Director for Pinellas County. He is attending for Mark Woodard, County Administrator.

Ms. Todd: You referenced Miami and Orlando and Jacksonville. Do you view them as competition to us? Secondly, say that the regional planning council (RPC) incorporates this in our program, how long will it take us to put together a roadmap and how long will it be before the region actually sees a return on our investment?

Ms. Stephano: While it's normal for you to perceive Jacksonville, Orlando, and Miami as competition there is an entire world of opportunity in this industry and I think that's what makes it unique. The services you have here are unique – your tourism demographics are unique and that

provides a greater opportunity. If you look at where the South Florida patient volume is coming from, it's coming from the Caribbean and Latin America predominately and I think there are other demographics that we can go after. I would not look at other cities in the state as competition, I would look at other cities in the U.S. as competition first. In terms of the time frame, it takes about 3-3 ½ months to put together the strategy itself. Service development within a 6 month period of time, marketing initiatives during that time, and you will see results within a year.

Mayor Minning: What was the dominant driver for people coming here? Is it tourism or are they coming here because of the particular medical services we can offer?

Ms. Stephano: For this industry they are looking for medical as the driver. The perception of the destination has an impact on where they choose and that's why our important goal would be to communicate and be transparent about the quality of services, the cost of the service and then be able to offer a unique selling point for the destination.

Mayor Lowe: Thank you Chair for bringing this to the Council meeting. When I mentioned this previously I thought it was a self-centered request as a beach community but after this presentation I'm pleased you brought this before us. When I talked to our hotel community on our beach and we recognize it was less likely that we would be the provider of the medical care, more likely that we would be the host of the families traveling and then potentially the patient in a post-operative setting and so one of the questions that was posed was for whether or not there were insurance packages and opportunities to cover travel and lodging in a per diem for the caregiver or whether or not there will be the ability to contract with an HMO type alliance or contract to be able to pay for the lodging associated with that travel.

Ms. Stephano: I will answer that in 2 parts. The domestic medical travel side, where employers are offering for their employees to travel – that's being done and they actually waived co-pays and waived deductibles and provide the travel benefit to the employee as well for them and their companion or their family member. That's being covered and that would be through the employer model. The insurance company that's offering that as well is also going to cover the travel portion which includes lodging, transport, airlift as well as a per diem. For the international, whether it's a government refer or insurance or any facilitator or travel agent, they are packaging the travel together. At the end of the day the transparency about the cost of the trip is important, it's not that we offer the lowest price certainly in the U.S. People are collecting quality over anything else. The travel would be packaged with that. Often times if the patients are coming on their own you can package appropriate hospitality and tourism services.

Mayor Lowe: My second question is more toward that latter comment you made. We have a unique opportunity for redevelopment which we are hoping to seek forthcoming for our hotels and one of the questions is, as they are rebuilding and modifying their rooms creating full scale ADA compatibility and the potential for a co-existing room where it would be the caregiver plus a hospital bed and putting those types of items like perhaps oxygen or special electronics or monitoring equipment in the hotel room, the cost benefit analysis of making those modifications is there an outlet that could be inserted into the planning process to let them know how to make themselves to be more appealing to be a recipient – especially in a post-operative care where after leaving the hospital they need to stay close to the attending physician for that period of time? Has that been explored?

Ms. Stephano: It's going to be a part of your strategy whether you actually will serve as a recovery resort or a hotel that's providing rooms appropriate for recuperating patients. There's a big difference. That's going to be your risk management profile, looking at what you have available. To give you an example, some hotels will actually designate a whole floor for recuperating patients because it's quieter, the patient has on-demand room service, maid service. There might be some private areas so patients can get out and be mobile. It really is to what degree that you want to get

involved. When you start adding medical equipment into a room, that's a gray area that I don't feel that most hotels would be interested to venture into unless they wanted to take that next step.

Councilwoman Rice: I was a little surprised not to see pediatrics in your presentation since we have All Childrens and John Hopkins. Was it a generic slide that was shown?

Ms. Stephano: It was a generic slide. It really covers the gamete and I'm personally interested in pediatrics. One of the first strategies that I put in place for the U.S. hospitals was pediatric. Most of the pediatric hospitals are getting a lot of patients. These patients have no other options for care. So the pediatric hospitals you will find now are just starting to develop international programs. They've had international programs but are now looking at it as an opportunity for expansion. Pediatrics is one area of care that should be included on that slide.

Councilwoman Rice: It seems to me that two strengths this area has and I think with Moffit for cancer treatment and All Childrens for pediatrics, but yet Jacksonville has the Mayo Clinic. I guess through this process we would determine whether that would be a new line of service that we would develop or we would put our resources into what we know we are doing best already.

Ms. Stephano: In the area of pediatrics you will probably get more specialized so it might be pulmonary pediatrics that you promote over the others. That's what I've found on the pediatrics side. You have your rock star doctors that are pioneers in certain areas of medical technology and that's going to be your starting point and that's how you are going to differentiate from the other pediatrics.

Councilwoman Rice: I know we are having whole new conversations with Cuba that we didn't have several weeks ago. With Cuba, something to think about as we structure this scoping document would be that Cuba has a lot of highly trained doctors and they don't have facilities so that might be something else advantageous for this area.

Ms. Stephano: The physician exchange is a huge part of it. Cuba is a very good example of how they received thousands and thousands of patients in two areas – dermatology and eye care. They were getting 30,000 Ukrainian patients for a specific eye care procedure. In terms of super specialization I think it's a good example and I also think it could be an opportunity for us on the physician training side.

Councilman Fridovich: Concerning the cost of healthcare in the country, even with the Affordable Care Act, and a lot of countries have universal health insurance, is it practical to see on a large basis a lot of international clients coming over here because it would be cheaper to stay home and do it? I understand the domestic part. Also, are the medical facilities themselves of private enterprise, are they banning together to embrace this idea? If you go to the Research Triangle, you have all these people working together. Are they working more and more together collectively to try and accomplish this?

Ms. Stephano: In the EU there is a lot of universalized care services but people are still traveling because they want better quality. Their perception of quality and particularly the quality of care provided in the U.S. drives most of the decision-making there. Additionally a lot of the universalized care, Canada and the UK, there's long waiting periods and patients want to avoid that and would rather pay for their care to get it quicker. If you look at the Caribbean and some of the other nations where they don't have the quality it's not a choice of getting it locally or otherwise. They don't have the quality of care and so the national insurance carriers in the government are referring them out for care. In terms of collaboration – the healthcare providers that have very strong robust international programs, they see their local competition as huge competition and so they are less likely to collaborate. The benefit that you have is you already have international recognized facilities. Their programs are not internationally robust yet and so you will see a greater level of collaboration as you all enter into this market together because when you see that hospitals

somewhat canalize themselves it's usually because they think the pie is this big when in fact there's a big world out there and just looking at your own tourism demographic how different they are from other parts of Florida I think it's a good opportunity. And then each hospital looking at what they truly do best, who their doctors are who can provide better care who might have the international experience already – they will be more than willing to focus on those areas as opposed to being a general hospital for everything.

Councilmember Hamilton: I like the word competition because I really do believe competition brings out the best in everyone. The huge thing that's world renowned is the heart research and heart medical technology. We have Moffit from a cancer perspective, we have in Pinellas County a prosthetics program that is world class. We can handle the tourism and hospitality area as well as anybody. We've shown that with our record numbers that we are facing now. What areas do you see us being strong in and the best way to improve those?

Ms. Stephano: You want to focus on the cancer and cardiovascular but there's also areas like neurology, education training, pediatrics – really all along the way you're going to find each area of expertise that you have something that's unique. It's not that you can't have that because Houston has that because at the end of the day what's happening is a complete disruption in the traditional modes of referring patients and that disruption is occurring because ministry of health budgets are being slashed all over the world. They are all under healthcare reform, they need to find a way to reduce their costs. All of their traditional hospitals that they've been referring to are what they call the best of the best and are charging very high prices with very little price sensitivity available and they are also reaching capacity and finally, they are disenchanted with the patient experience that's being offered. You are seeing this whole shift, ministers and medical directors are now actually sending patients to different destinations than they ever did before. In those areas like Houston with cardiovascular, you could have matching if not better healthcare outcomes that you're able to communicate that will be attractive to them because they are looking for an alternative and that's really where our sweet spot would be, identifying those high outcome levels.

Councilmember Hamilton: I totally agree. I have two sons that live in Houston and while the medical facilities out there are phenomenal from a tourism perspective Houston to me does not appeal to me as a tourist destination. In fact, Galveston doesn't hold a candle to what we have. I would love to see us strive ahead in our cardiovascular area as well.

Ms. Stephano: There's an opportunity for us to take a more strategic approach as well where you see the historical destination marketing effort it doesn't go past marketing and that's what I'm recommending is more of a service development and regional strategic approach.

Commissioner Diaz: Why would Tampa Bay be a medical tourism area? In your expertise and experience in identifying locations, what makes it special for Tampa Bay to attract all this tourism? In other words, what is the foundation that you're looking for?

Ms. Stephano: You have an international demographic and I think that's important to start with, for tourism as well as residential. You have an international demographic which is going to be attractive to continue to spread word of mouth about the healthcare services. Beyond that the developments that have been occurring in the health sector are remarkable and covers those highest levels of expertise that are being looked at for building new relationships.

Commissioner Diaz: So in your experience we have the base of health services here that could be expanded upon through marketing and program development?

Ms. Stephano: Yes, as well as university academic based medicine and physician exchange through training.

Councilwoman Capin: When was the Medical Tourism Association founded?

Ms. Stephano: In 2007 we incorporated the association. We were working within the industry around 2004 when Jonathan was the first to implement medical tourism in the self-funded healthcare profession working with a U.S. employer to diversify the service offerings.

Councilwoman Capin: The reason I ask is because in 2010 I worked with a physician that was serving on the board of the foundation of the University of South Florida for this and I introduced Congresswoman Kathy Castor because of a federal program – and what he was targeting in 2010 was he had noticed that the northeast was getting a lot of this international medical tourism and he was interested in how we could develop the hospitality end which because of the sunshine they could have year round golfing if they want and with that what was being looked at was the federal employment based federal program which is a very successful U.S.F. World was involved with this. I left it there and moved on to the City of Tampa.

Ms. Stephano: They are starting to collaborate. Around 2010 there was an Orlando initiative that died off for a while and are now looking at it again. The leader of that organization had passed away so the initiative was stalled.

Councilwoman Capin: When we started this in 2010 Congresswoman Castor is very aware of this program and it has been very successful in Dallas/Fort Worth and in particular it was to develop the hospitality side. When you talked about training and certification and where exactly – it's more than a hotel it collaborates with the medical industry. We have Camels in Tampa, which is the simulation training. They come from all over the world. We assume we will have the medical center in downtown Tampa. One thing I chaired, and we don't look at this as the eye institute which is right in Ybor City and they service 62 of our 67 counties. We are already international, it's a matter of expanding. I'm glad to see it coming our way. It is a big world.

Ms. Stephano: The Department of Commerce developed a grant to look at the U.S. competitiveness of healthcare around the same time you were talking about with the hospitality side. I think that looking at labor and how we are going to be moving labor from one place to another, it's going to have an impact. Right now the advantage that we have is to consolidate what we have, understand what we have, and how to be in service and then we will be able to define what are the economic impact, how is it going to create jobs? We have that advantage because currently destinations aren't looking at it as comprehensively as you mentioned from the hospitality side. Houston does have a hospitality component to it but it's not as organized as you would think.

Councilwoman Capin: That would be a very important component and when you're talking about Florida they might bring more than one companion.

Ms. Stephano: Especially if you look at some countries like the middle east, they come with very large families and stay for a long period of time.

Councilwoman Capin: As a matter of fact this physician was from the middle east and was very aware of the kind of medical tourism that takes place in the northeast United States and that's why he was so interested in bringing it here.

Ms. Stephano: And medical research is bringing more people into the country for medical purposes. After 9/11 that died off quite a bit.

Councilwoman Capin: What I'm looking at is the ED5 for findings.

Ms. Stephano: I'm not sure how that would apply at this point.

Councilwoman Capin: It could be funded because that is a direct foreign investment. That would be an investment in this hospitality industry so there's a return on investment. That's what we were talking about in 2010 with Congresswoman Castor and her position with USF.

Chair Crist: At this point we are looking at whether or not we as a collective body want to do something unique and that's go after and build this industry from a regional standpoint. Up until now...

Councilwoman Capin: I understand that but this is a better program for funding. It's a very big federal program that could help fund this very project.

Chair Crist: And that would show up in the feasibility study once we decide to take that step. That is valuable information and something that will have to be considered once and if we decide to get into the study.

Ms. Kinsler: In terms of us maintaining and having the quality of doctors that we need for medical tourism, do you have a marketing plan of some sort or what are your ideas in terms of us – not only maintaining but what we need to improve. Not only here but internationally because we are international. Our world is international. What are your ideas in terms of sustaining not just doctors but the quality of extra doctors in the field?

Ms. Stephano: We developed a medical index which is a global indicator where countries are benchmarks against each other about the perception of the destination. Within that factor, within the perception of the destination there is an understanding of the healthcare quality, the hospitality quality, and service development that occurs along the way. It would be essential to evaluate where are we in terms of outcomes related to information for our service lines; who are the physicians that are providing these top level outcomes in each of the service lines; how do we monitor over time that those outcomes either stay the same or improve and then how do we benchmark those outcomes with other similar destinations and their service offers? There will be things we will need to do along the way because there will be increased competition and doctors/physician mobility. Internationally recognized healthcare facilities are prestigious to work at so we also see the impact of being able to continue to recruit better physicians over time as well. Increase the number of fellowships, residencies, and observer-ships that we have and those people will return home to their countries or where they came from and they become a source of referral locations as well. Building a network of these healthcare professionals whether it's for simulation training, whether it's for fellowships and residencies, or whether it's just recruiting better international doctors from around the world – all of that will resolve into improved care and improved experience in delivering complex cases on patients all over the world and within the local population.

Commissioner Long: As a follow up to some comments I heard Councilmember Hamilton make, we have a world class and world renowned neo-natal clinic at All Childrens Hospital and having experienced that myself because a member of my family had triplets that were there I learned that there are physicians there who have the expertise that hardly any other physicians in the world have and that's why that hospital and that facility have become so well known. Secondly, as a person who lead the delegation to Cuba I learned in my research that they have physicians there within the area of pediatric and children's medicine and diseases and are much more advanced in their procedures and cures than we are here in the United States. As it relates to a couple of other areas that could potentially be magnets for this type of a program, when I was visiting the neo-natal center one of the things that became very obvious to me was the fact that there were so many families there from out of our area whose child had been flown in by air ambulance and they had no place for those families to stay while their children were in the neo-natal clinic. That was the real need, we just don't have enough beds to house those families. We also have right here in Pinellas County Well Spring, which is fast becoming a competitor and a sister facility for Moffit. In Largo, at the Largo Medical Center, we have for the first time a new facility in Pinellas County that does lung transplants and dialysis so our patients don't have to travel all the way over to Moffit. Right there in

that little circle of specialties I see an enormous opportunity for this project or initiative to move forward and I would like to make a motion that we move forward and accept this as one of our priority projects for this coming year. (seconded by Mayor Lowe).

Chair Crist: There's actually a formal motion that will be made at the appropriate time, if you two would like to make that motion we will entertain it after the last question. What we're really asking today is to do something really aggressive. We can sit back and have other markets come in here and go after our patients and pull them to other regions. While Councilwoman Capin brought up a very valuable point, and that's that we already have good programs that are international and drawing people in here, unfortunately they're not being partnered through a larger and more consistent draw and coming together as a region is going to be a unique way of approaching this on a national basis. When you look at us collectively we are so much stronger than individual pieces. Everyone here, looking at your city alone, you have a four or five star hotel that you're planning on the beach, there could be a way that you could provide incentives for them to offer rooms that could accommodate this kind of clientele. Treasure Island, you have the same situation that I'm aware of. And the City of Tampa, we have the same situation. The list goes on.

We were hoping to come out of this today with a motion that would direct staff to work with the consultants and to work with the counties that are represented here and any other potential sources of vested interest to come up with the dollars to move forward with the first phase and that's to do an assessment so that we know what we have to work with. This will give us a leg up over Orlando, Miami, Jacksonville, Dallas/Fort Worth or anywhere else because we will go in and do an assessment of where we stand, how strong are we, and what our potential is so that we can then take it to the potential funding sources and move aggressively forward in formulating this because we'll have the science to back up what we're saying. We're not just going in there and saying well we have Moffit Hospital so you should fund us. We're going in there and saying as a region here's the bigger picture of what we have to offer and what the impact would be on the State of Florida and the United States.

Mr. Schock: Looking at different types of funding and capabilities of the local region, in your experience in what you've seen within the medical tourism industry, what commitment typically leads to success for either existing development, re-development, or new development for the types of facilities that lead to the convergence around the different industry areas that we're talking about? If it's a combination of them where does that tend to lie so if we're thinking from a strategic perspective what's the area that we should be thinking about for better success based on at least what we've been successful at in the past.

Ms. Stephano: The industry itself is collaborative so that means a public/private partnership concept works. You need to have the agent's support because it impacts everyone whether its hospitality, tourism it impacts all. Because generally the leaders that are providing the healthcare service have their own interest as well. You have to have the private sector involved. We have to include the medical associations, the hotel associations – everybody should have an understanding of: 1. How are they going to drive the benefit; 2. What is the expectation that you have of them in order for them to provide the benefit? Ultimately that is your brand. That is your reputation and we need to be accountable for the services that they are offering. We are taking that next step to negotiate with foreign governments or refers of health services. We need to back up what we are saying and that will require collaboration.

Mr. Schock: As far as the funding of this, typically what you've seen, has it been through new development, existing development with the infrastructure already there? Or is it redevelopment?

Ms. Stephano: The research side usually comes from an existing project. You look at the opportunity, you look at whose involved and the impact – most of the time we're not talking about

building something new, we're talking about collectively bringing existing products together and marketing it and developing it in a different way and maximizing it in a more efficient way.

Commissioner Starkey: My question is directed to the Chair. What would be the timeline that you envision? The report would take about 3 ½ months.

Commissioner Crist: Immediately. We would like to have a product in hand to approach the state economic development people who will be getting their budget allotment October 1st, and we want to be first in line because there's going to be tourism dollars, economic development dollars that are going to be heavily appropriated by the state out of their excess revenues and we want to be able to walk in the door with the only feasibility study scientifically packed with facts and say this is why you should be funding us. Timing is of the essence right now.

Commissioner Starkey: So we don't have to put in and ask?

Commissioner Crist: No. We need to start getting some awareness of what we're doing so that the Governor and the legislature and the accountants know what's coming so they can look at us as an organization that's pulling a region together collectively and harnessing our resources and being a productive revenue engine for the state. What we are talking about is improving access to quality of healthcare for our residents because not only will we be bringing people in, we'll be a part of a network where we would be able to export people for better equality of services as well in exchange in this partnership because we could join a partnership that's a lot bigger than Tampa Bay. That would put another tool in your toolbox for your economic development people when they start going out to market your community or your area for new economic growth.

Mr. Meidel-Pinellas County: I think the big thing is you always have to look at opportunity costs. The money you spend on this will not be spent on other things so what is the return on investment of this effort versus other economic development efforts. Anytime you do a feasibility study you want to make sure it's an independent 3rd party that's looking at it from all angles. You want to make sure that our hospitals are on board with it. If we don't have full support of our healthcare system it's not going to go anywhere and that's the key. I think you are very right in pointing out the quality and cost is the big issue in this arena. We have to know at the end of the day, before we go for additional funding, that we really can compete on a low cost and high quality and we need to look at that. The numbers are already out there and the quality of our facilities, the quality of our care, the quality of our doctors and as you say, define those areas where we really are the best and if there aren't any or not enough of them we need to be able to step back from this and say no, this isn't a good project for us. We have to also look at our connections internationally. Look at the flights we have out of Tampa – we're more of a destination than we are of a hub. We look at Orlando, we look at the Northeast, we look at Houston – they have many more international flights into the area. All of that has to be incorporated into the feasibility study. The two big things are the scope, the provider of the study and that the departments were able to develop on the front end of the hospitals and also, looking at how much will the study cost and what would that investment in another area benefit us.

Greg Horwedel, Hillsborough County: Mike summarized the issue very well. I do think we also need to make sure we engage our tourism partners – Visit Tampa Bay is already interested in this type of initiative. I know Santiago Corrado, Executive Director, has already directed the staff for about 6 months to start gathering some of the information they feel is necessary to make a well informed decision. We want to make sure we have the folks who are conversed about the issue around the table.

Chair Crist: I think at this point the way we envisioned this coming together is, up until now we've had economic development engines which in Hillsborough we have the EDC and in Pinellas they have a different name for it who are 30,000 feet in the air looking down at economic development from a total perspective in our respective regions. What we try to do here is bring the experts on this specific area to the table to focus on this specific portion of what you do. In looking

for the potentials for conflicts of interest we saw that there could be some there so we had it broken up into 3-4 phases, with the initial phase minimizing or eliminating any potential conflicts, doing the initial study of the area – in fact, having a consulting firm that does a whole lot more, there’s actually an incentive here for them to do the job well because if they don’t there won’t be future potential work here. To cover that with another layer of protection Manny engineered into this by bringing on an in-house consultant with no background in the subject area who is an attorney to monitor the contracts, monitor the agreements, to make sure that all partners from the region come to the table which would include the tourism agencies, each of our municipalities and respective bodies. Their job is to identify every possible potential partner, interview them, gather the data, put it on the table, sort through it, and begin to see what they have to work with and then piece it together. Ultimately, if we don’t move quickly we’re not going to be first up at the table when it starts time to dole out those dollars. Last year when those dollars were doled out they didn’t come here because we weren’t at the table and I’m trying to get us moving forward as a group so that we’re at the table. We can talk this to death and end up nowhere again. At some point we have to fish or cut bait.

Commissioner Mariano: I can tell you that one of our executives at one of our best performing hospitals came to me about two years ago just with this specific idea of trying to get something going. As far as looking out at the private sector, the medical community wants to see this happen.

Chair Crist: In closure, do you address the issue of the potential conflict and how we have this structured which would minimize or eliminate any potential for that?

Ms. Stephano: When you do a feasibility study normally what people want in their goal is to assess what you have and if it’s a go or no go type of decision that you are making. We’ve already done that evaluation. We know that the opportunity here in the Tampa Bay region is a go. What our area of expertise is in how we go. We have the relationships with 1.5 million professionals in this industry. Relationships with all of the governments, with the insurance, and we’re able to extract the type of information that you need to know – 1. What is the desirability of the product and the service lines that you have to offer with those target markets; 2. How do we prioritize those target markets? What are we looking at today that’s already happening and how do we enhance that over a long term strategy and how do we tie that your strategic goal? Finally, if there are any gaps in service which we need to build up, we’ve built the only training and certification programs out there so basically anyone who is doing research and medical tourism, they are coming to us for information.

Commissioner Crist: So you own the database of intellectual data? Everybody else, no matter who we contract with, is going to have to come back to you?

Ms. Stephano: We’re lucky to be in Florida.

Mr. Pumariega: We have had several meetings to finalize the presentation and we have met with the Pinellas and Hillsborough county administrators. We need a scope of work and figure out the level of outsource needed and the procurement process to follow. We are asking the Council to give authorization to seek funding from county governments and potential medical tourism partners expressly for the purposes of conducting a medical tourism feasibility analysis and identifying a roadmap for building the medical tourism industry in Tampa Bay. (Long/Lowe) Motion carried unanimously.

Presentations provided at Council meetings can be found at:
www.tbrpc.org/council_members/council_presentations.shtml

7. Council Members’ Comments - None

8. A. **Legislative Committee – Commissioner Black, Chair**
The Legislative Committee met on January 23rd to discuss the proposed 2015 Legislative Issues for the Council. After a good discussion the Legislative Committee approved the following issues for your consideration:

Funding for Regional Planning Councils

The \$2.5 million funding request will be used to implement the Florida Five-Year Strategic Plan for Economic Development, address problems of greater-than-local concern, and provide technical services to local governments, economic development organizations, and other stakeholders. State funding to Regional Planning Councils will afford the ability to continue to meet many of the other necessary economic, transportation, housing and emergency preparedness needs of the local governments and to cover costs of statutory responsibility.

Developments of Regional Impacts (DRI)

The committee recommends that we support revisions to the DRI process that reduces redundancy or streamlines the process as long as the identification and mitigation of greater-than-local impacts and the standing of local governments to have multijurisdictional impacts properly addressed is preserved. This strengthens the intergovernmental review process for DRI-scale local comprehensive plan amendments found in Chapter 163 of the Florida Statutes.

Florida Enterprise Zone Program

The committee recommends that we support legislation that reauthorizes the existing statewide enterprise incentive zone programs which ensures the existence of state incentive programs which target job creation, job expansion, investment, and economic stability.

Energy & Climate Resiliency

The committee recommends that we support legislation , projects and programs that create a comprehensive state energy policy; establishes renewable energy standards, funding for energy conservation loan programs for homes and businesses; the revision of public service commission regulations to improve the financial feasibility of energy conservation for power companies to ensure against energy supply interruptions, to improve the power and fuel transmission line network; and to establish a sea level rise mitigation trust fund for critical state and local government infrastructure retrofit projects.

Amendment 1- The Florida Water and Land Conservation Amendment

Amendment 1, approved by voters in 2014, funds the Land Acquisition Trust Fund to acquire, restore, improve, and manage conservation lands including wetlands and forests; fish and wildlife habitat; lands protecting water resources and drinking water sources. Resources identified for conservation efforts includes the Everglades; rivers, lakes, and streams; beaches and shores; outdoor recreational lands; and historic or geologic sites. Amendment 1 dedicates 33 percent of net revenues from the existing excise tax on documents for 20 years.

The committee would like to recommend that the TBRPC encourages the appropriation of funds made available through the passage of Amendment 1 go to existing water and land conservation programs.

Motion to approve the 2015 Legislative Issues (Black/Hamilton)

Chair Crist: Commissioner Black, in all the years I've known you, you used to come lobby in Tallahassee and you are first class, you know your issues, you know how to work them, you're diligent, you're professional and we are lucky to have you in this capacity.

B. One Bay Resilient Communities Working Group – Maya Burke, Senior Planner
This past Friday the Department of Homeland Security (DSH) was in town to host with us and our One Bay Resilient Communities effort a seminar regarding the likely impact our region is likely to experience as we go through the changing climate. We had about 120 people attend this workshop and there will be a follow up exercise on March 16th at Eckerd College and it will be a tabletop exercise associated with how we start to integrate this information into our planning processes. You all will receive an invitation and we will be welcomed to participate in that event.

C. Agency on Bay Management (ABM) – Mayor Minning, Chair
The Natural Resources/Environmental Impact Review Committee of the Agency on Bay Management met on December 11th. A meeting summary was distributed in Council folders.

D. Local Emergency Planning Committee – No Report

9. Other Council Reports - None

10. Executive/Budget Committee Report – Chair Crist

The Executive/Budget Committee met prior to the Council meeting. The FY 2014/2015 Mid-Year Budget Amendment, which was approved earlier on today's agenda was discussed and approved. Also approved was the 2014 Annual Audit Draft which will be submitted to you for consideration at the March meeting.

11. Chair's Report

On our Council Agenda in March we will begin work-shopping and discussing how to expand on our transportation opportunities that we already have in place – taxi cabs, limousines, ambulances and tow trucks. We've invited the ride-share companies, UBER and LYFT among others to come and present their case on why we should consider them. We've also asked the Hillsborough County PTC and other companies that do the same thing to come and share their thoughts and opinions and begin dialogue and looking at new trends, ideas, new models and new ways of thinking. Then we will come back in September with recommendations on how we can expand and better connect our cities, and counties, and do it with the resources we have and actually make more revenue off of it. At our last meeting I asked you to come forward with ideas that we could have our Executive Committee take a look at and consider placing on our agenda that would be beneficial to each of us and the people we serve because we want to keep our agenda filled with new thoughts and creative thinking and new directions so that we become recognized as an out of the box agency looking for aggressive conclusions for our communities.

Ms. Todd: Along that line, moving into the 21st century I want to remind our members that we are having a special steering committee advisory group meeting this Wednesday at 9:30 a.m. in the Council conference room. We are going to be working with corporate leaders, with the public sector including representatives not only from our group but from the school boards, neighborhood organizations, cities and counties. We've also received a commitment from David Jolly (Congressman) to be an active participant in the summit that we are preparing to look at ways that we can make energy, all kinds of energy, in our area and in our region available to our citizenry and how we can more efficiently use it and also look at alternatives. Any of you who are interested in joining us you are more than welcomed to come.

Chair Crist: We will be doing an Energy Summit based on your recommendations and forethought. This is the preliminary beginnings of organizing to do that. It will be a wonderful thing for the bay area as well as moving forward with opportunity.

Ms. Todd: The Summit will be held in May.

Commissioner Starkey: I have served on the committee of BAC and during our phone conference a couple of weeks ago they asked us to gather information by county, if possible, on the non-funded infrastructure of each county so that we can make a case for MAP21. We are a donor state so if anyone can help, make sure they gather up that information and send it up to Tallahassee that would be great. My county already did it. It would be interesting to have those numbers for transportation needs.

Chair Crist: Manny, would you please follow up with an email to everyone on what would be needed and where the information should be sent?

Mr. Pumariega: Is this transportation infrastructure?

Commissioner Starkey: Yes. Bridges, roads, sidewalks.

Councilor Matthews: Is today's presentation available to us?

Chair Crist: It will be on the website www.tbipc.org and please feel free to reach out to them with any additional questions you may have. They are in Miami, Manny has the contact information.

12. **Executive Director's Report** – Mr. Manny Pumariega
The FRCA Activity Report was distributed in Council folders.

Next Meeting: Monday, March 9, 2015 at 10:00 a.m.

Adjournment: 12:04 p.m.



Victor Crist, Chair



Lori Denman, Recording Secretary

**FORM 8B MEMORANDUM OF VOTING CONFLICT FOR
COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS**

LAST NAME-FIRST NAME-MIDDLE NAME SHERIDAN SCOTT	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE TBRPC
MAILING ADDRESS 4121 MEMORIAL HWY STE 300	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> OTHER LOCAL AGENCY
CITY TAMPA	COUNTY HILLSBOROUGH
DATE ON WHICH VOTE OCCURRED: 2/9/15	NAME OF POLITICAL SUBDIVISION:
	MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies equally to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing the reverse side and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which inures to his or her special private gain or loss. Each elected or appointed local officer also is prohibited from knowingly voting on a measure which inures to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent organization or subsidiary of a corporate principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, co-owner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

APPOINTED OFFICERS:

You must abstain from voting and disclose the conflict in the situations described above and in the manner described for elected officers. In order to participate in these matters, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes.
- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, SCOTT SHERIDAN, hereby disclose that on FEB 9, 20 15:

(a) A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of _____;

by whom I am retained; or

inured to the special gain or loss of KING ENGINEERING

which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

CONSENT 3. E.

Date Filed

2/9/15

Signature



NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.