Florida TaxWatch

MEDICAL TOURISM IN FLORIDA

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Florida TaxWatch

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Dear Fellow Taxpayers,

More and more people from around the country and the world are engaging in Medical Tourism, which is a bourgeoning industry created when patients seek medical services outside of their geographic area for reasons that may include lower costs, quicker access, or higher quality. Given Florida's position as the nationwide leader in traditional tourism, we undertook this report to examine whether Florida has an opportunity to bolster economic development by investing in medical tourism.

Florida's world-quality health care professionals are a valuable resource for the state. Pairing this expertise with tourism efforts highlighting Florida as a world-class vacation destination will increase state revenue to the benefit of taxpayers and will firmly establish the state as a thriving location for health care professionals and businesses.

While medical tourism has long been discussed in certain pocketed areas of the state and by health entities, Florida has yet to address medical tourism as a statewide issue. It is our hope that the analysis in this report will help move the discussion forward.

Sincerely,

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EXECUTIVE SUMMARY

Florida has an opportunity to bolster economic development by fostering medical tourism, the seeking of medical services outside of a patient's geographic area. When patients elect to travel for medical services (for reasons that may include lower costs, quicker access, or higher quality), selecting a medical destination that also has attractive recreational or sightseeing opportunities provides desirable activities for family members to engage in while their loved ones undergo medical procedures. Florida's already thriving $51+ billion tourism industry attracts more than 94 million visitors annually, and will provide the perfect playground for medical tourists and their families through high-quality medical offerings near an abundance of world-renowned destination activities ranging from Disney and Universal to sporting events and Florida's hundreds of miles of beaches. Medical tourism could be a significant economic win for the state, as medical tourists generally spend more than five times the amount of typical tourists while traveling.

As a $60+ billion global industry, medical tourism is on the rise. Every year, more than 750,000 American patients and $15 billion in U.S. revenue go to other countries for outbound medical tourism. In comparison, more than 400,000 non-U.S. residents spend more than $5 billion as inbound medical tourists traveling into the United States for medical care annually. For U.S. residents who travel within the United States to another state for medical services, or domestic medical tourists, data is scarce and largely anecdotal.

Florida patient charge data show that annually, on average, more than 375,000 U.S. residents acting as domestic medical travelers spend more than $5.2 billion on medical services in Florida. This is approximately 3 percent of both total patients and patient charges in Florida, and the largest number of domestic medical tourists to Florida originate in Georgia and New York. By comparison, on average, more than 38,000 non-U.S. residents acting as inbound medical travelers spend more than $580 million in medical services in Florida annually. This is approximately 0.3 percent (less than one percent) of both total patients/visits and patient charges in the state, and the largest number of inbound medical tourists to Florida originate in Canada.

Comparing state data with the results of a recent research study using Visit Florida tourism data suggests that medical tourists tend to visit from the same locations as regular, non-medical tourists, providing a logical basis for coupling, at least administratively, medical tourism efforts with general Florida tourism efforts.

Florida already possesses many aspects of a successful medical tourism market, including attractive weather and well-known health facilities. What remains on the success checklist is a developed, focused strategy with strong leadership and strategic planning to attract inbound (international) and domestic tourism. Competition among providers has resulted in several failed attempts at collaborative medical tourism strategies by region within Florida. A state-level strategic plan, with the statewide input of experts and stakeholders, may be exactly what the doctor ordered to gain the biggest return on investment for the state while fostering healthy, yet collaborate, competition. While it may take time to gather additional necessary data, gather stakeholder support, develop a Florida-specific niche, and create a unique Florida medical tourism message, the potential long-term economic gains to the state and individual entities across several industries make it more than worthwhile.

1 ABOUT MEDICAL TOURISM

Medical tourism is a booming industry, and the Sunshine State is uniquely poised to acquire a larger portion of the business.[1] Medical tourism, the seeking of medical services outside the patient's locale of residence for reasons of cost, access, quality, or convenience, has steadily increased in the United States and across the globe.[2] This border-crossing care is coupled with tourist activities for reasons that include economic development in the destination location and easier cultural acclimation by the visiting patient.[3]

Medical tourists seek a variety of health-related services, including cosmetic surgery,[4] dentistry,[5] cardiovascular care,[6] orthopedic medicine,[7] cancer treatment,[8] reproductive health,[9] weight loss,[10] medical testing,[11] and second opinions.[12] More controversial reasons for medical tourism also exist such as organ transplantation,[13] experimental treatments including stem cell therapies,[14] and physician-assisted suicide.[15]

Medical tourism, from a U.S. perspective, falls into three categories: outbound, inbound (international), or domestic/intrabound.[16]

- U.S. patients travel outside of the United States to seek medical services in *outbound* medical tourism.
- Non-U.S. patients travel into the United States for medical services through *inbound* medical tourism.
- Domestic medical tourism, also known as *intrabound* medical tourism, refers to U.S. residents traveling within the country to obtain medical services.[17]

Outbound Medical Tourism & Exporting U.S. Dollars

Worldwide, top medical tourism destinations include Brazil, Costa Rica, India, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey, and the United States.[18] The global market for medical tourism was estimated to be $60 billion in 2008.[19] Outbound medical tourism is a growing industry that outsources care, resulting in U.S. dollars being spent in other countries. In 2007, outbound medical tourism saw 750,000 patients and $15.9 billion in revenue go to non-U.S. providers.[20] In 2014, an estimated 1.2 million or more Americans will seek medical care outside of the United States.[21] By 2017, that number may grow to more than 15 million patients and more than $228 billion in lost revenue to U.S. providers.[22]

Inbound & Domestic Medical Tourism

Recently, inbound and domestic medical tourism have been growing in popularity, with locations such as Las Vegas[23] and Los Angeles[24] seeing an influx of medical tourists.

Research regarding inbound and domestic medical tourism is limited,[25] but compelling. In 2008, the Deloitte Center for Health Solutions[26] conducted a survey of health consumers and reported on medical tourism.[27] According to the report, more than 400,000 inbound non-U.S. residents traveled to the United States for medical care that year, spending more than $5 billion, and comprising approximately 2 percent of hospital revenue.[28] By 2017, the U.S. will see an estimated 561,000 inbound medical tourists.[29] The majority of inbound medical tourists come from the Middle East, South America, and Canada, seeking cosmetic, cardiovascular, cancer care, or orthopedic services.[30] Patients are attracted to U.S. medical services due to a perceived higher-quality of care and shorter wait times for specialty issues.[31]

For these reasons, inbound patients are generally willing to pay the higher U.S. costs. Providers often find inbound medical tourists an attractive proposition due to the ability for full-charge patient billing that generally is not subject to managed care limits and often involves out-of-pocket payments directly from the patient.[32]

More than inbound medical tourism, domestic medical tourism has been neglected in medical tourism research.[33] Information is largely anectodal. Physician recommendations and cost savings may influence domestic medical tourism. According to the Deloitte Center for Health Solutions, of the participants in its 2009 study, 40 percent would travel outside of their community for care either at a physician's recommendation or with a cost-savings of at least 50 percent.[34]

2 FLORIDA IS UNIQUELY POSITIONED

A 2014 report from the University of Central Florida identified six key facilitating factors of inbound and domestic medical tourism: an existing large tourism industry; clusters of well-known health facilities; reputable and known individual health facilities; attractive weather; a "developed, focused, and discounted strategy by healthcare facilities, states, or corporations;" and a willingness of local facilities to contract with out-of-state employers and insurers for discounted services.[35] Conversely, inhibitors were the opposite characteristics of facilitators, such as little tourism in the region and "lack of leadership and strategic plans to attract inbound and domestic tourism."[36]

Florida appears to already exhibit several of the key facilitators. Overall, Florida has a robust tourism[37] industry that contributed more than $51 billion to the U.S. GDP in 2012, employing more than 1 million Floridians.[38] In 2013, more than 94 million visitors came to Florida, up from 91 million visitors in 2012.[39] Florida's attractive sub-tropical climate, world-renowned amusement park attractions, year-round beach access on both coasts, cruise ports, state parks and preserves, sports teams and events, and rich cultural and art offerings draw visitors both domestic and international.[40]

Florida has well-known, reputable health facilities and clusters of health facilities, such as H. Lee Moffitt Cancer & Research Center,[41] Mayo Clinic Jacksonville, Cleveland Clinic Florida, Nemours, Baptist Health, Florida Hospital, and Miami Children's Hospital, with expertise in a broad spectrum of health issues.

Florida's medical facilities are nationally recognized in several fields.[42] In the field of Parkinson's disease and movement disorders, the National Parkinson Foundation recognizes centers at the University of Florida, University of Miami, and University of South Florida as Centers of Excellence.[43] In Alzheimer's disease care, patient choices include the Mayo Clinic Alzheimer's Disease Research Center in Jacksonville[44] and the USF Health Byrd Alzheimer's Institute in Tampa.[45] In bariatric and metabolic surgery, facilities in Hillsborough and Miami-Dade have been designated Centers of Excellence by the Surgical Review Corporation.[46] More than 20 hospitals and medical centers throughout Florida have received the highest-level awards in heart failure, heart attack, and stroke care by the American Heart Association and the American Stroke Association.[47] The Center of Excellence for Health Disparities Research: El Centro at the University of Miami has been designated a comprehensive center of excellence program by the National Institute on Minority Health and Health Disparities.[48] For cosmetic and reconstructive procedures, Florida also offers a choice of more than 440

board-certified plastic surgeons.[49] Florida's excellence and expertise in health care, not comprehensively captured in any published list, is extensive across all medical services and is not limited to one region in the state.

A collective state strategy for medical tourism has yet to be developed but, if done successfully, could provide the key facilitating step to success. Anecdotally, county or regional efforts to organize an approach to medical tourism have not been as successful as hoped. In addition, further incentives may be needed for local facilities to contract with out-of-state employers and insurers for discounted services.

3 EXAMPLES OF FLORIDA'S EXPERIENCES WITH MEDICAL TOURISM[50]

Florida health care entities welcome medical travelers throughout the state, some via targeted marketing efforts, and others by chance or on an emergency basis.

THE MAYO CLINIC

The Mayo Clinic Jacksonville is no stranger to medical tourism. Approximately 20 percent of clients are Floridians traveling from more than 150 miles away within Florida, requiring hotel stays. Another 20 percent of its patients are non-Floridian, U.S. residents traveling from another state. Notably, international clients comprise more than 2 percent of Mayo Clinic Jacksonville's total patient count, and Mayo seeks to expand international clients up to 4 or 5 percent of its total clientele.

The majority of international patients seen at Mayo Clinic Jacksonville come from Latin America, the Caribbean, Mexico, and Canada. To facilitate inbound medical travel, Mayo offers coordination services in Quito, Ecuador; Bogotá, Columbia; Guatemala City, Guatemala; and Mexico City, Mexico. For travelers from the Middle East, Mayo works with their embassies, which coordinate payment and immigration matters. In Jacksonville, Mayo has an Office of International Services, which supports medical travelers with scheduling appointments, visa procurement, medical service finances, and translational services in Spanish, Portuguese, Arabic, and other languages. Airline travel, particularly a lack of direct flights, has posed a challenge for medical travelers into Jacksonville.

Mayo has had rare instances of payment issues with international medical travelers and, as such, the Clinic generally requires a pre-payment or deposit before scheduling international patients. As a world-class facility, Mayo is also in demand within the United States. For example, Walmart contracts directly with Mayo Clinic as one of its exclusive choices for Walmart employees needing organ transplants. While Mayo Clinic's published procedure rates are not the lowest, the high-value expertise results in less costs down the road through reduced complications and, when appropriate, care management alternatives to surgery.

BAPTIST HEALTH SOUTH FLORIDA

Baptist Health South Florida has been involved in medical tourism since around 1998, offering several Centers of Excellence to international patients.[51] Annually, Baptist sees more than 12,000 international patients from 100 different countries, not including those seen through telehealth technologies.[52] Most commonly, these patients seek medical care in four areas: oncology, cardiac care, neuroscience, and orthopedics.[53] Baptist offers access to cutting-edge science unavailable or inaccessible in other countries, such as proton beam therapy in oncology, and minimally invasive, percutaneous heart valve replacement.[54] With approximately one million patients seen every year

across the hospital system, inbound medical travelers account for about 1.2 percent of total clientele.[55] Of the international patients, around 70 percent hail from the Caribbean, Central America, the northern part of South America, and Mexico.[56] While nearly all international patients paid in cash in years past, now almost 70 percent of inbound patients have some form of insurance, the majority having private insurance through international offerings by well-known insurers such as United, Aetna, and Blue Cross Blue Shield.[57]

Baptist provides full concierge services that assist inbound medical patients and their families with transportation, lodging, and other needs.[58] A "365" call center is available and is managed internally by Baptist staff.[59] Targeted marketing is country-specific, and tailored to the greatest needs for the particular country.[60]

A FEW OTHER EXAMPLES

At the University of Miami Hospital (UMH), a helipad is used for specialty care transportation and helps to "expand access to UHealth academic medicine across the region, including the Americas and the Caribbean."[61] Jackson Memorial System (operating as Jackson International for international patients) and Miami Children's Hospital are among the South Florida facilities that routinely see inbound and domestic medical tourists.[62] Elsewhere in the state, Moffitt Cancer Center, Shands/UF Health, the Cleveland Clinic, and many other facilities are known to treat medical tourists with dedicated attention.[63]

4 COMPLICATIONS & COMPETITION

Inbound and domestic/intrabound medical tourism in Florida are not without complications. When regional areas in Florida have attempted to build up medical tourism, efforts have been largely ineffective, due to internal competition among providers as to which facilities or providers get the medical tourists that collective marketing has procured.

In South Florida, for example, a regional medical tourism effort has been contemplated many times over the years. The South Florida Hospital and Healthcare Association analogized medical tourism to a "pot of gold that people think they can mine," noting that "it's not that easy."[64] In the late 1990s, South Florida healthcare providers attempted to band together to market medical tourism in an effort known as Salud Miami, but competition for medical tourism dollars led to its collapse.[65] Before Salud Miami, the collective International Health Coalition also dissolved after medical tourism efforts did not pan out.[66] In 2011, the Greater Miami Chamber of Commerce, working with the Greater Miami Convention & Visitors Bureau, and in conjunction with The Beacon Council's One Community One Goal economic development goals, reported that their Healthcare Group had worked collectively with area hospitals to market medical tourism.[67] Several area hospitals collaboratively invested in medical tourism marketing materials that were promoted through the Visitors Bureau in the United States, South America, and Central America.[68] A still-accessible website, MiamiHealthCare.org, contains information on hospitals and programs that participated.[69] Regional efforts began to stall thereafter, and it is believed that the participating hospitals currently market independently of each other.[70]

In June 2013, the Greater Miami Chamber of Commerce hosted a "global intelligence briefing" on a proposed plan of action for a "Medical Tourism Cluster in South Florida" that did not conclude with a definitive plan of action.[71] Overall, competition has repeatedly hindered any efforts in collective marketing.[72]

Potential Complications with International Visas & Patient Payments

Inbound medical tourists sometimes encounter issues with estimating length of treatment in the U.S., resulting in the need for visa extension requests that cannot be expedited and may take months to process.[73] Political climate may also lead to complications. For example, the number of inbound medical tourists from the Middle East in the aftermath of September 11, 2001 may have declined due to visa issues and other external factors.[74]

In addition, some providers have experienced negative effects from medical tourism in the form of uncompensated care.[75] While providers encounter uncompensated care costs with in-state Florida patients, there are special considerations for international patients. For example, medical tourists may also include indigent or community-sponsored patients from other countries that incur costs beyond their capacity to pay. When the patient returns to his or her country of origin without full payment, the Florida-based provider has little recourse for fee collection through international means and, more likely, will have to eat the cost of the services. This may happen for international tourists to Florida generally for uncompensated emergency room and urgent care as well. Furthermore, if facilities that service a high percentage of low-income patients incur additional costs for medical tourists of insufficient means, losses may be particularly impactful.

Local & In-State Competition

As South Florida's experiences suggest, competition among providers in localities and within the state may create a slight barrier to collective statewide efforts. As some facilities market to other countries based on specific expertise in particular services, advertising all facilities as being expert on every medical specialty may raise red flags. Any strategic plan would need to consider ways to bring all stakeholders to the table to assess true expertise and to provide sufficient information for patients to select from various options. A first step would be getting patients to Florida, and that is becoming increasingly competitive.

Domestic & International Competition

Florida faces domestic competition from high-level facilities without offices within the state, such as Johns Hopkins. In addition, attractive tourism options in other states with known healthcare facilities, such and the Ronald Reagan UCLA Medical Center in California, may draw medical tourists away from the Sunshine State. Nearby Puerto Rico is also actively developing at medical tourism market at this time.[76]

Medical tourism in Florida also faces competition from the very countries it seeks to attract. Many metropolitan cities in Central and South America, for example, have been developing high-quality medical facilities or partnering with specific U.S.-based hospital systems to keep residents in country and even attract outbound medical tourists from the United States.

In Panama, Hospital Punta Pacífica[77] has an affiliation with Johns Hopkins International,[78] enticing residents of Panama and nearby/accessible countries to remain closer to home for sophisticated, high-quality care. Certain countries may be interested in partnering with Florida. In South Florida, the Colombian Chamber of Commerce toured medical facilities in the spring

of 2014 and was interested in bi-directional medical tourism traffic.[79] For international medical tourists, the cost of care in Florida and in most U.S. locations remains significantly more expensive, and cost remains an issue in competition for international patients.

Job Creation & Economic Development

Despite these potential challenges, medical tourism has the potential to bring revenue and jobs to the state of Florida. Medical tourism potentially involves several industries: health care, hotels/restaurants and hospitality, transportation, entertainment, merchandising, medical tourism facilitation/brokers, and many others. The strategic development of medical tourism hubs and opportunities will create new jobs across these industries to meet the needs of inbound and domestic medical tourists. In Minnesota, the Mayo Clinic is actively working to make Rochester into a model destination city with its Destination Medical Center (DMC) Initiative.[80] Internal forecasts predict that an estimated 26,800 to 32,200 direct jobs, and an additional 10,000 to 15,000 indirect jobs, will be created with the workforce expansion and economic activity related to the DMC Initiative.[81] This includes jobs across commercial/professional, restaurant/retail, hospitality, construction, trade/transportation, utilities, education, and health staff.[82] If several of Florida's cities are built up as medical tourism destinations, Mayo's job growth numbers suggest significant possibilities for the Sunshine State. Medical tourism, with its opportunity to work with international and demographically diverse patients, may also attract more physicians to work and live in the Sunshine State.

Funding without Direction: Florida's Legislative Efforts in Medical Tourism

The 2014 Florida Legislative Session saw bills that would market Florida as a worldwide destination for medical tourism. Under those bills, which did not pass the Legislature, Enterprise Florida, in collaboration with the Department of Economic Opportunity, would be directed to market Florida as a health care destination. In addition, the Division of Tourism Marketing would be required to include the promotion of medical tourism in a four-year marketing plan, which would specifically promote national and international awareness of healthcare specialties and expertise, and showcase key healthcare providers. Furthermore, an annual minimum of $3.5 million would be appropriated from state general revenue to the Florida Tourism Industry Marketing Corporation for developing and implementing medical tourism marketing.

The bills would create a matching grant program to encourage medical tourism through local and regional economic development organizations. Despite failed passage of the substantive bills, an appropriation to Visit Florida in the amount of $3.5 million for a medical tourism marketing plan and $1.5 million for medical tourism matching grants passed and was signed into law.[83]

This funding can have an enormous impact as, according to Visit Florida, every $1 spent on tourism marketing generates more than $390 in tourism spending and $23 in new sales tax collections paid by visitors and not Florida residents.[84] Likewise, a 2014 Florida TaxWatch study titled *Unpacking the Benefits of Tourism* showed that one Florida job is created for each 85 additional visitors to the state. Moreover, impact may be even greater in this case as medical tourists are conservatively estimated to spend more than five times the amount of typical tourists while traveling, suggesting significant economic advantages for Florida.[85]

5 CONSIDERATIONS & FURTHER ACTIONS

Additional Data, Including Florida-Specific Data, Is Needed

The lack of research on domestic medical tourism suggests that further data is needed for a clearer picture. It may be helpful for Florida to ascertain what medical tourism offerings are available through health plans and other payers covering the state. An inventory of hospital systems in the state as part of a feasibility study would provide insight as to which currently provide medical services to inbound and domestic travelers. Medical tourism surveys and specific valuation methods have been suggested by researchers to further illuminate the issue.[86] Data collection may be challenging, as certain providers may be reluctant to share medical tourism information that could be utilized by a competitor.[87]

Despite the lack of extensive data, Florida can move forward with medical tourism efforts by knowing the target market, emphasizing safe and high-quality care, accommodating cultural and linguistic diversity, obtaining diverse stakeholder buy-in, and supporting related job-creation.

Know the Target Market

While there is little inbound medical tourism research, and even less domestic medical tourism data, recent data from the Agency for Health Care Administration, and a key 2014 research report by the University of Central Florida researchers suggest that Florida may have success in targeting certain locations of origin, demographics, and types of medical services based on existing usage. In addition, certain advertising vehicles, such as the Internet, are more heavily utilized by prospective medical tourists than others.

Demographics

According to the 2014 UCF-based study, patient gender does not appear to impact the choice of medical tourism, as studies show nearly equal election by females and males for both inbound and domestic medical tourism.[88] However, age plays a role, as studies show that young adults ages 18-44 comprise the largest group of inbound medical tourists coming from outside of the United States.[89] In comparison, adults age 65 and over comprised the largest portion of domestic/intrabound medical tourists, traveling from another U.S. state for medical care.[90]

The top payers for inbound medical tourists were shown to be managed care, commercial insurance, and self-pay. In comparison, top payers for domestic medical tourists were managed care, Medicare, and self-pay.[91]

In 2010, the Florida Agency for Health Care Administration (AHCA) began collecting high-level demographic data for domestic and inbound consumers of Florida's in-patient, ambulatory, and emergency room services. At the request of Florida TaxWatch, AHCA ran a data query, the recombined results of which are shown in the tables on the following pages.

Florida Inbound & Domestic Medical Tourism Data[92]

Table 1: Domestic Medical Travelers in Florida[93]

Domestic Medical Travelers	In-Patient Total (percent)[94]	In-Patient Charges Total (percent)	Ambulatory Total (percent)[95]	Ambulatory Charges Total (percent)	ED Visits Total (percent)[96]	ED Visit Charges Total (percent)
2010	75,029 (2.84 percent)	$3,409,393,244 (3.23 percent)	54,758 (1.84 percent)	$580,697,230 (2.32 percent)	236,540 (3.59 percent)	$730,742,298 (3.48 percent)
2011	75,076 (2.83 percent)	$3,542,092,224 (3.15 percent)	52,432 (1.79 percent)	$584,311,463 (2.22 percent)	244,666 (3.55 percent)	$829,499,139 (3.48 percent)
2012	76,211 (2.85 percent)	$3,831,772,823 (3.21 percent)	53,557 (1.85 percent)	$688,087,645 (2.36 percent)	251,827 (3.42 percent)	$927,205,196 (3.39 percent)
2013	77,156 (2.89 percent)	$4,101,574,986 (3.23 percent)	55,047 (1.90 percent)	$816,265,594 (2.60 percent)	255,473 (3.38 percent)	$1,046,192,345 (3.39 percent)
Average 2010-2013	75,868 (2.85 percent)	$3,721,208,319 (3.20 percent)	53,949 (1.84 percent)	$667,340,483 (2.37 percent)	247,125 (3.46 percent)	$883,409,745 (3.43 percent)
Total of Averages 2010-2013	Patients/Visits	376,944 (2.97 percent)[97]				
	Charges	$5,271,958,547 (3.10 percent)[98]				
Top States (# Tourists)	Consistently Top 9:[99] GA, NY, AL, MI, OH, PA, NJ, IL, MA (#10 Varies Annually Between: IN & NC)		Consistently Among Top 9:[100] GA, AL, NY, MI, OH, IL, PA, NC, NJ (#10 Varies Annually Among: TX, IN, & SC)		Consistently Among Top 9:[101] NY, GA, MI, OH, PA, NJ, MA, IL (#10 Varies Annually Between: NC & TX)	

Source: Florida Agency for Health Care Administration data

Table 2: Inbound Medical Travelers in Florida

Inbound Medical Travelers	In-Patient Total (percent)[102]	In-Patient Charges Total (percent)	Ambulatory Total (percent)[103]	Ambulatory Charges Total (percent)	ED Visits Total (percent)[104]	ED Visit Charges Total (percent)
2010	7,847 (0.30 percent)	$425,446,953 (0.40 percent)	574 (0.02 percent)	$5,809,250 (0.02 percent)	24,772 (0.38 percent)	$72,408,672 (0.34 percent)
2011	8,197 (0.31 percent)	$449,199,533 (0.40 percent)	622 (0.02 percent)	$5,387,338 (0.02 percent)	27,299 (0.40 percent)	$87,960,917 (0.37 percent)
2012	8,290 (0.32 percent)	$467,665,797 (0.39 percent)	1,321 (0.05 percent)	$15,646,263 (0.05 percent)	30,651 (0.42 percent)	$105,868,355 (0.39 percent)
2013	8,916 (0.33 percent)	$548,099,124 (0.43 percent)	3,137 (0.11 percent)	$37,238,436 (0.12 percent)	33,308 (0.44 percent)	$123,818,483 (0.40 percent)
Average 2010-2013	8,347[105] (0.31 percent)	$472,602,852 (0.41 percent)	1,414 (0.05 percent)	$16,020,322 (0.05 percent)	29,008 (0.41 percent)	$97,514,107 (0.38 percent)
Total of Averages 2010-2013	Patients/ Visits	38,769 (0.31 percent)[106]				
	Charges	$586,137,281 (0.34 percent)[107]				
Top Countries (# Tourists)	Consistently #1:[108] Canada Consistently in Top 10:[109] United Kingdom, Brazil, Venezuela, Mexico, Colombia Variably in Top 10:[110] Germany, Bahamas, Cayman Islands, Dominican Republic, Ecuador, France, Italy		Consistently in Top 10:[111] Cayman Islands, Bahamas, Canada, Honduras, Mexico, Dominican Republic Variably in Top 10:[112] United Kingdom, Nicaragua, Uruguay, United Arab Emirates, Jamaica, Ecuador, Venezuela, Guatemala, Panama, Trinidad and Tobago		Consistently #1:[113] Canada Consistently in Top 10:[114] United Kingdom, Brazil, Germany, Venezuela, Argentina, Colombia, Mexico, France Variably in Top 10:[115] Netherlands, Bahamas, Italy	

Source: Florida Agency for Health Care Administration data

Data suggest that annually, domestic medical travelers[116] to Florida average approximately 377,000 patients/visits and $5.27 billion in charges,[117] about 3 percent of total patients/visits and charges, respectively. From 2010 to 2013, the number of inbound medical travelers has increased slightly for in-patient and ambulatory care, but shows a decrease in emergency department visits. Georgia and New York consistently provide the most out-of-state patients to Florida for both longer-stay (presumably pre-planned) and emergency medical services.

Michigan, Ohio, Pennsylvania, New Jersey and Illinois are other top users of Florida health services for reported services across the board. Patients from Alabama, in the top nine states of origin for longer-stay medical services, are less likely to seek emergency medical services in Florida, falling below the top 10 states of origin in emergency department visits.

In contrast, inbound medical travelers to Florida annually average a total number of approximately 38,000 patients/visits and $586 million in charges, each figure approximately 0.3 percent (less than 1 percent) of total patients/visits and charges, respectively. From 2010 to 2013, the number of inbound medical travelers rose slightly, with ambulatory patients showing the largest increase (0.09 percent) during the reported four-year period. For inbound international medical travelers to Florida, Canada consistently is at or near the top for countries of origin. Other popular countries of origin include the United Kingdom, Brazil, Venezuela, Mexico, and Columbia for in-patient and emergency services and, for ambulatory services, the Cayman Islands, the Bahamas, Honduras, and the Dominican Republic provide the top numbers of patients.

In addition to state data, researchers at the University of Central Florida conducted a retrospective case study in 2014 (using 2010 data) from a not-for-profit healthcare system in the southeastern United States.[118] Data mining of electronic health records resulted in a sample size of more than 3,000 medical tourists.[119] Of the tourists, nearly 14 percent were from out of the country, with the highest number of tourists originating from the United Kingdom (4.05 percent), Canada (1.66 percent), Brazil (1.57 percent), Venezuela (0.62 percent), and Ireland (0.52 percent).[120] All other countries were less than 0.5 percent. Domestic/intrabound tourists comprised around 86 percent of the sample, with the highest number of tourists coming from New York (9.20 percent), Georgia (6.23 percent), Pennsylvania (6.04 percent), Texas (4.5 percent), and Michigan (4.14 percent). All other states and U.S. territories were less than 4.14 percent.[121] Study limitations did not allow for complete differentiation between intentional medical tourists and those needing medical care on vacation.[122] Notwithstanding, with the exception of Ireland, which was not among the top 10 countries of origin in state-provided data, the countries and states evidencing highest patients of origin in the study are consistent with AHCA state data. Collectively, the data are suggestive of a trend.

A comparison of these results to general tourism figures from 2012 Visit Florida data[123] indicates that medical tourists tend to originate from the same locations as everyday tourists. This suggests a link between medical tourism and general tourism and, at the very least, supports a view of joining medical tourism efforts with general tourism efforts until more extensive studies can be done. The highest number of domestic visitors to Florida are consistent with that of domestic medical tourists, originating in Georgia (11.9 percent), New York (9.7 percent), and Texas (5.9 percent), with

Michigan (3.8 percent), and Pennsylvania (3.6 percent) in the top 10 origination states. Similarly, four of the top five international countries for Florida visitation were also the same for medical tourism: Canada (3.7 million visitors), Brazil (1.8 million visitors), the United Kingdom (1.5 million visitors), and Venezuela (617,000 visitors).[124]

6 DIVERSE STAKEHOLDER BUY-IN

Making Florida Health Services Recommended/Approved

Engaging providers in promoting Florida-based medical tourism will be an important factor. For domestic travelers, this may involve a referral or recommendation to a pre-approved provider by their health network. Bringing insurers and other payers to the table for state planning discussions may allow for the inclusion of more Florida providers in-network.

Medical cost review and negotiations cannot be overlooked, as Florida continues to charge patients on the higher end for services. Providers can reduce the chances of non-payment or underpayment by requiring deposits of cash-paying patients and collecting the balance upon arrival at the facility. By estimating the costs of potential complications, providers can also check whether the patient has the capability of covering higher costs if necessary. For patients with global insurance, a pre-authorization system generally assures provider payments within three months. However, when complications are difficult to estimate due to poor medical records or the inability to pre-examine for fitness to travel or severity through telehealth or other means, providers run a higher risk of being underpaid. Providers also may have longer wait times for payment that comes through government channels, whether domestic or international, and may have to accept reduced, renegotiated rates. Traveler insurance will only pay for certain services, typically only in emergency situations. Providers and insurers must also exercise caution for signs of potential abuse of the U.S. health system. For example, some providers have experienced patients that "game" the system by intentionally seeking emergency care so as to fall under Emergency Medical Treatment and Labor Act (EMTALA)[125] provisions. They receive surgery subsequent to emergency evaluation that would otherwise not be covered.

Brokering the Deal

Medical tourists often work through medical tourism facilitators who arrange for everything from provider selection to transportation and tourist activities. Engaging domestic and inbound medical tourism brokers in a Florida medical tourism endeavor will have a significant impact. Collaborations with companies such as the Medical Tourism Association,[126] can help to attract patients to medically travel to Florida. For example, the city of Las Vegas worked with the Medical Tourism Association to create a Las Vegas Health & Wellness Destination Guide, and something on a smaller scale was created for Miami. A comprehensive Florida Health & Wellness Destination Guide, even if published by region, but guided under a united strategy, could be created to brand Florida as a medical tourism destination and showcase Florida's breadth of health and wellness services. The Medical Tourism Association also puts on an annual World Medical Tourism and Global Healthcare Congress at changing locations.

While it was held in Hollywood two years ago, a Congress held in Central Florida in the near future could add momentum to statewide medical tourism efforts. Incentives for health providers to participate could

include the possibility of advertising services through Visit Florida website links, state of Florida vendor contracts, and other financial incentives.

Draw on known strengths

Delivering medical tourism to Florida will require the state to gather information on all marketable services and expertise throughout the state. This can be accomplished through surveys or voluntary calls for information. Showcasing Florida's Centers of Excellence and practitioners of excellence in various medical specialties as a marketing strategy will entice Floridians to stay in-state for health care and appeal to medical travelers, both domestic and inbound.

Additional Stakeholders

Full, statewide efforts will require the buy-in of stakeholders across every impacted business sector, from hospitality and entertainment to the medical and health care communities.

Additional Pathway

While funding is in place for a medical tourism marketing plan and for small grants, the Legislature may choose to consider providing additional guidance to Visit Florida. If necessary, a substantive bill for medical tourism could be revisited in the 2015 Legislative Session, as "leadership and strategic plans to attract inbound and domestic tourism"[127] will facilitate success.

7 CONCLUSION

Long-term planning that includes a clear Florida message, defined targeting, an increase in service capacity, continuity in messaging, and the ability to reevaluate for continuous improvement to a sustainable medical tourism industry will maximize Florida's chances of success.

Florida TaxWatch supports a statewide effort to market and increase inbound and domestic medical tourism in Florida and highlight the healthcare offerings of the state. As policymakers consider ways to increase tourism and grow Florida's economy, they should remember that making the state's world-class health care professionals available to visitors through medical tourism will not only increase state revenue, jobs, and help Florida businesses, but it will create additional competitive incentives for quality health care professionals and organizations to make their permanent home in the Sunshine State.

ENDNOTES

1. The approved 2014-2015 state of Florida budget contained a $5 million appropriation to Visit Florida to implement medical tourism initiatives toward a marketing plan ($3.5 million) and matching grants ($1.5 million) from recurring funds in the State Economic Enhancement and Development Trust Fund. [Line 2261, GAA]. However, SB 1150 and identical HB 1223, substantive bills that would have created program direction within Visit Florida, failed to pass the Legislature.

2. *See, e.g.*, Hopkins, L., Labonté, R., Runnels, V., & Packer, C. (2010). Medical tourism today: What is the state of existing knowledge? *Journal of Public Health Policy*, *31(*2), 185-198. Medical tourism is also commonly referred to as "health tourism" and "medical travel."

3. *Id.*

4. *See*, *e.g.*, Miyagi, K., Auberson, D., Patel, A.J., & Malata, C.M. (2012). The unwritten price of cosmetic tourism: An observational study and cost analysis. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, *65*, 22-28 (post-operational study finding that "increasingly popular" cosmetic tourism, in this instance of breast augmentation mostly performed in Europe or Asia, while expected to be inexpensive, resulted in substantial comprehensive costs as a result of complications and poor cosmetic results).

5. *See*, *e.g.*, Leggat, P. (2009). Dental health, 'dental tourism' and travelers. *Travel Medicine and Infectious Disease*, *7*(3), 123-124 (discussing dental tourism as a growing global industry driven by lower costs and waitlist avoidance, and noting that follow-up treatment in the tourist's home country presents an issue when complications require management).

6. *See*, *e.g.*, Connell, J. (2006). Medical tourism: Sea, sun, sand and ... surgery. *Tourism Management*, *27*, 1093-1100 (discussing cost comparisons across medical tourism locations for various heart conditions, and noting that heart surgery was at the time the "core element in medical tourism"); Herrick, D.M. (2007). Medical tourism: Global competition in health care. *National Center for Policy Analysis*, Policy Report No. 304 (comparing consumer costs in certain medical tourism countries for heart procedures including angioplasty, heart bypass, and heart-valve replacement). Available at http://w.medretreat.com/templates/UserFiles/Documents/Medical%20Tourism%20-%20NCPA%20Report.pdf.

7. *See*, *e.g.*, LaRocco, S.A., & Pinchera, B.J. (2011). The emerging trend of medical tourism. *Nursing Management*, *42*(6), 24-29 (noting that orthopedic procedures such as hip and knee replacements are "especially popular" in medical tourism); Crooks, V.A., Cameron, K., Chouinard, V., Johnston, R., Snyder, J., & Casey, V. (2012). Use of medical tourism for hip and knee surgery in osteoarthritis: a qualitative examination of distinctive attitudinal characteristics among Canadian patients, *BMC Health Services Research*, *12*, 417 (study of Canadian medical tourist characteristics who sought hip and knee surgery for osteoarthritis abroad).

8. *See*, *e.g.*, Alleman, B.W., Luger, T., Reisinger, H.S., Martin, R., Horowitz, M.D., & Cram, P. (2011). Medical tourism services available to residents of the United States, *Journal of General Internal Medicine*, *26*(5), 492-497 (noting that U.S. residents sought cancer treatments abroad that were not approved or available in the U.S., and travel was facilitated by medical tourism companies).

9. *See*, *e.g.*, Deonandan, R., Green, S., & van Beinum, A. (2012). Ethical concerns for maternal surrogacy and reproductive tourism. *Journal of Medical Ethics*, *38,* 742-745 (noting that reproductive medical tourism is a multibillion dollar industry that includes assisted reproductive technologies such as in vitro fertilization and maternal surrogacy, and exploring various accompanying ethical questions).

10. *See*, *e.g.*, Whiteman, R.G. (2011). Medical tourism and bariatric surgery. *Surgery for Obesity and Related Diseases*, *7*, 652-654 (discussing the growth of bariatric surgery from a United States perspective, and noting the significant complications and costs of care for individuals after having bariatric surgery outside of the United States).

11. *See*, *e.g.*, Patients Beyond Borders (2014). *Medical tourism statistics & facts*. Available at www.patientsbeyondborders.com/medical-tourism-statistics-facts.

12. *Id.*

13. *See*, *e.g.*, Delmonico, F.L. (2011). Transplant tourism – an update regarding the realities, *Nature Reviews Nephrology*, *7*, 248-250 (noting post-procedure complication from transplant tourism in China, where organs are sometimes harvested from executed prisoners; discussing international efforts to prohibit illegal transplantation, define physician responsibilities, and "not foster" transplant tourism; and noting that U.S. patients traveled to Mexico for transplants when Arizona recently declined Medicaid funding to residents for transplantation).

14. *See*, *e.g.*, Master, Z., & Resnik, D.B. (2011). Stem-cell tourism and scientific responsibility. *EMBO (European Molecular Biology Organization) Reports*, *12*(10), 992-995 (urging stem-cell researchers to curb stem cell tourism, which is used by thousands of patients seeking treatment when traditional

therapies fail and raises "significant ethical concerns" due to the unregulated, possibly dangerous, untrustworthy, or unverified nature of the treatments).

15. *See, e.g.*, Terry, N.P. (2006). Under-regulated health care phenomena in a flat world: Medical tourism and outsourcing. *Western New England Law Review*, *29*, 421-472 (discussing international and U.S. medical tourism for death and dying elections such as assisted-suicide, and other legal and ethical topics in medical tourism).

16. *See, e.g.*, Deloitte Center for Health Solutions (2008). Medical tourism: Consumers in search of value. Deloitte Center for Health Solutions, 1-30, at 3. Available at http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_MedicalTourismStudy%283%29.pdf.

17. Domestic medical tourism typically references travel within the United States from one state to another state.

18. Patients Beyond Borders (2014). *Medical tourism statistics & facts*. Available at www.patientsbeyondborders.com/medical-tourism-statistics-facts. In comparison, Deloitte's 2008 report notes at least 10 regions hosting medical tourism hubs: Persian Gulf States, India, Thailand, Singapore, Malaysia, South Africa, Brazil, Costa Rica, Mexico, and Hungary. See *Deloitte (2008)*, *supra* note 16 at 6.

19. *Deloitte (2008)*, *supra* note 16 at 6.

20. *Deloitte (2008)*, *supra* note 16 at 3 and 14.

21. Patients Beyond Borders (2014). *Medical tourism statistics & facts*. Available at www.patientsbeyondborders.com/medical-tourism-statistics-facts. Compare Deloitte Center for Health Solutions (2009). Medical tourism: Update and implications, Deloitte Center for Health Solutions, 1-16, at 3 (suggesting a notably higher estimate by 2014 based on an estimated 1.6 million outbound medical tourists by 2012, with a 35% annual growth thereafter). Available at http://www.deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/Documents/us_chs_MedicalTourism_111209_web.pdf.

22. *Deloitte (2008)*, *supra* note 16 at 14 (estimating 15.75 million outbound medical tourists in 2017, with a potential opportunity cost for U.S. providers between $228.5 and $599.5 billion). In 2009, Deloitte adjusted projected estimates for the recession, estimating that outbound medical tourism would reach approximately 1.6 million patients by 2012, growing steadily by 35% annually thereafter. By comparison, inbound medical tourism was estimated at 561,000 individuals by 2017.

23. *See, e.g.*, Conroy, E. (2013). Welcome to medical Las Vegas: The new player in the medical tourism game, *Benefits Selling*, *11*(11), 21-26 (discussing the Las Vegas push for medical tourism resulting in growth and the hosting of the World Medical Tourism and Global Healthcare Conference in 2013); Stephano, R., & Goodwin, O. (2014). Las Vegas – Adding healthcare to the brand. *Corporate Wellness Magazine*, *37*(discussing the Las Vegas Health and Wellness Destination Guide in collaboration with Medical Tourism Association, and the expectation that Las Vegas will "emerge as the leading destination for health and wellness"). Available at http://www.corporatewellnessmagazine.com/issue-37/column-issue-37/las-vegas-adding-healthcare-to-the-brand/

24. *See, e.g.*, UCLA Health (2014). UCLA International Relations (noting that ever year UCLA Health provides medical services to more than 1,000 patients). Available at http://www.uclahealth.org/body.cfm?id=45&oTopID=45. *See also,* Medical Tourism Association (2010). Press release: US Hospitals to Discuss Inbound and Domestic Medical Tourism at Los Angeles Conference in September (discussing the 3rd Annual World Medical Tourism and Global Healthcare Congress held in Los Angeles in 2010). Available at http://www.medicaltourismassociation.com/ru/press/jul-29-2010-11-08-et-us-hospitals-to-discuss-inbou.html

25. *See, e.g.*, Fottler, M. D., Malvey, D., Asi, Y., Kirchner, S., & Warren, N. A. (2014). Can inbound and domestic medical tourism improve your bottom line? Identifying the potential of a U.S. tourism market. *Journal of Healthcare Management*, *59*(1), 49-63, at 50-51 (discussing a gap in domestic medical tourism research and literature, noting that most publications are "anecdotal" or "largely conceptual in nature").

26. Deloitte Center for Health Solutions. Information available at http://www.deloitte.com/view/en_US/us/Insights/centers/center-for-health-solutions/index.htm..

27. Deloitte (2008), *supra* note 16.

28. *Deloitte (2008)*, *supra* note 16 at 19.

29. *Deloitte (2008)*, *supra* note 16 at 3 and 20, Fig. 19.

30. *Deloitte (2008)*, *supra* note 16 at 19, Fig. 18.

31. *See, e.g.*, *Deloitte (2008)*, *supra* note 16 at 19, Fig. 18.

32. *See, e.g.*, *Deloitte (2008)*, *supra* note 16 at 19, Fig. 18. Deloitte 2008 at 19

33. *See, e.g.,* Hudson, S., & Li, X. (2012). Domestic medical tourism: A neglected dimension of medical tourism research. *Journal of Hospitality Marketing & Management*, *21*(3), 227-246.

34. *Deloitte (2009)*, *supra* note 21 at 10.

35. *Fottler et al. (2014)*, *supra* note 25 at 53, Figure 1. Other studies suggest different facilitating factors. The Medical

Tourism Association notes that affordability, availability of a particular service, quality, the accessibility of services without a long queue, and the overall perception of the destination play the largest roles in medical tourism success. Personal communication with Renée-Marie Stephano, Medical Tourism Association (July 17, 2014).

36. *Fottler et al. (2014)*, *supra* note 27 at 53, Figure 1.

37. This references the entire Florida tourism industry, not inclusive of medical tourism in this instance.

38. Florida TaxWatch (2013). *Investing in tourism: Analyzing the economic impact of expanding Florida tourism.* Available at http://floridataxwatch.org/resources/pdf/2013TourismFINAL.pdf.

39. Visit Florida (2014). *Research page: 2013 & 2012 estimates of visitors of Florida by quarter*. Available at http://www.visitfloridamediablog.com/home/florida-facts/research/.

40. For a detailed overview and discussion of Florida's tourism outside of medical tourism, see Florida TaxWatch (2013). *Investing in tourism: Analyzing the economic impact of expanding Florida tourism*, available at http://floridataxwatch.org/resources/pdf/2013TourismFINAL.pdf.

41. Moffitt is a National Cancer Institute (NCI) designated cancer center. See National Cancer Institute (2014). Office of Cancer Centers. Available at http://cancercenters.cancer.gov/cancer_centers/.

42. Note: It is recommended by the Medical Tourism Association that a Florida medical tourism marketing plan extend beyond designated Centers of Excellence to showcase all of Florida's expertise. Personal communication, Medical Tourism Association (July 17, 2014).

43. See National Parkinson Foundation (2014). *Center of excellence network listing*. Available at http://www.parkinson.org/Improving-Care/NPF-Network/NPF-s-Center-of-Excellence-Network-%281%29/Center-of-Excellence-Network-Listing.

44. Funded by the National Institute on Aging. See National Institute on Aging (2014). Alzheimer's disease research centers. Available at http://www.nia.nih.gov/alzheimers/alzheimers-disease-research-centers.

45. USF Health Byrd Alzheimer's Institute (2014). *About us* (noting that the institute is a center of excellence). Available at http://health.usf.edu/byrd/about.htm.

46. Surgical Review Corporation (2014). Patient information. Available at http://www.surgicalreview.org/patients/. See also Surgical Review Corporation (2014). Center of Excellence (COE) program overview. Available at http://www.surgicalreview.org/coe-programs/overview/.

47. See American Heart Association (2014). *Find award-winning hospitals near you*. (Manual search for heart failure award gold plus, stroke award gold plus, and heart attack/STEMI mission: lifeline heart attack receiving award gold in Florida). Available at http://cancercenters.cancer.gov/cancer_centers/.

48. National Institute on Minority Health and Health Disparities (2014). NIMHD comprehensive COE programs. Available at http://www.nimhd.nih.gov/fundedPgmList/coeList-p60.html.

49. American Society of Plastic Surgeons (2014). *Find a plastic surgeon* (Manual search for Florida physicians. Site notes that all of the surgeons in the search engine are members of the American Society of Plastic Surgeons. Those practicing in the United States are board-certified by the American Board of Plastic Surgery in cosmetic and reconstructive surgery). Available at http://www1.plasticsurgery.org/find_a_surgeon/.

50. Personal communications with Mayo Clinic Jacksonville (2014).

51. See Bowden, M. (Aug. 25, 2011). 5 billion medical tourism jackpot lures Miami hospitals, *Miami Today*. Available at www.miamitodaynews.com/news/110825/story5.shtml.

52. Personal communications with Baptist Health South Florida (July 2014).

53. *Id.*

54. *Id.*

55. *Id.*

56. See *Bowden (2011)*, *supra* at note 51 (stating that the majority of patients come from Latin America, the Caribbean, and Canada).

57. Personal communications with Baptist Health South Florida (July 2014). Travel insurance generally covers only emergency care.

58. See *Bowden (2011)*, *supra* at note 51.

59. Personal communications with Baptist Health South Florida (July 2014).

60. See *Bowden (2011)*, *supra* at note 51.

61. University of Miami Hospital (Feb. 20, 2014). University of Miami Hospital: Helipad speeds access to specialty care (quote of Dan Snyder, CEO, University of Miami Hospital). *Medical Tourism Magazine*. Available at http://www.medicaltourismmag.com/university-miami-hospital-helipad-speeds-access-specialty-care/.

62. See Jackson International (2014) at http://www.jmhi.org/; Miami Children's Hospital (2014). Global Health webpage, http://www.mch.com/patients-and-families/global-health.aspx.

63. Information on Moffitt is available at http://moffitt.org/; University of Florida (UF) Health/Shands at https://ufhealth.org/; Cleveland Clinic International Patient Services at http://my.clevelandclinic.org/patients-visitors/international/default.aspx.

64. LaMendola, B. (Feb. 21. 2012). New push to bring overseas patients to South Florida. *Sun-Sentinel* (quote from Linda Quick, President of the South Florida Hospital and Health Care Association).

65. See *Bowden (2011)*, *supra* at note 58.

66. Personal communications with the South Florida Hospital and Healthcare Association (2014).

67. Id.

68. Id.

69. See MiamiHealthCare.org.

70. Personal communications with the South Florida Hospital and Healthcare Association (2014).

71. Personal communications with the South Florida Hospital and Healthcare Association (2014); Personal communications with the Greater Miami Chamber of Commerce (2014).

72. This sentiment has been echoed by several providers and organizations.

73. See Hunt, A. (2013). Inbound medical tourism and visa reform: How increasing accessibility for foreign patients can decrease American healthcare costs. *Houston Journal of International Law*, *35*(1), 103-137, at 122-125 (discussing the visa complications for extended stay inbound medical tourists and advocating for the creation of a flexible medical visitor visa modeled on other existing visa types).

74. Deloitte (2008), *supra* note 16 at 19, Fig. 18.

75. Personal communications with Baptist Health South Florida (2014); Personal communications with the South Florida Hospital and Healthcare Association (2014).

76. Personal communication with Medical Tourism Association (2014).

77. Official website (in Spanish) available at http://www.hospitalpuntapacifica.com/.

78. Johns Hopkins Medicine International (2014). Hospital Punta Pacífica (webpage providing information on the affiliation). Available at http://www.hopkinsmedicine.org/international/international_affiliations/latin_america_caribbean/hospital_punta_pacifica.html.

79. Personal communications with the South Florida Hospital and Healthcare Association (2014).

80. See What is DMC? (2014). Destination Medical Center webpage. Available at http://dmc.mn/about-dmc/what-is-dmc-.php

81. The job growth breakdown, including job numbers and salary estimates is available at the Destination Medical Center webpage "Job Growth Breakdown," http://dmc.mn/job-growth-breakdown.php.

82. Id. This is predicted over a 20-year period and is inclusive of construction jobs.

83. General Appropriations Act (2014), line 2261. Veto List (2014).

84. Visit Florida (2014). Visit Florida 2014-2015 Marketing Plan, 1-180, at 2. Available at http://www.visitflorida.org/marketingplan/VF_MarketingPlan_All-Print2014-15.pdf. See also Florida TaxWatch (2013). *Investing in tourism: Analyzing the economic impact of expanding Florida tourism* (discussing tourism spending and sales tax trends). Available at http://floridataxwatch.org/resources/pdf/2013TourismFINAL.pdf.

85. Personal Communication with Renée-Marie Stephano, Medical Tourism Association (July 17, 2014). Ms. Stephano stated that medical tourists are estimated to spend five to twelve times more than typical tourists while traveling.

86. See, e.g., *Hudson & Li (2012)*, *supra* note 33 at 240.

87. Personal communications with Medical Tourism Association (2014). Personal communications with the South Florida Hospital and Healthcare Association (2014). Personal communications with the Greater Miami Chamber of Commerce (2014).

88. Fottler et al. (2014), *supra* note 25 at 55.

89. Id.

90. Id.

91. Fottler et al. (2014), *supra* note 25 at 56.

92. Data courtesy of the Agency for Health Care Administration. Personal communications (June 2014). Charges are total patient charges billed and do not represent the actual costs of services or the final amount paid by the patient or insurer. In addition, as services are counted separately, individual patients may be represented more than once in these numbers.

93. Data in this table reflects 49 states (does not include Florida), Washington, D.C., and U.S. territories. Table data does not reflect patients from Florida, and patients in an "Unknown" category of origin.

94. In-patient data in this table reflects in-patient discharges in Florida for individuals originating from 49 states (does not include Florida), Washington, D.C., and U.S. territories. Table data does not reflect patients from Florida, and patients in an "Unknown" category of origin. [Unknown Totals: 2010-20,745; 2011-22,565; 2012-23,058; 2013-25,083. Florida Totals: 2010-2,544,512; 2011-2,558,616; 2012-2,571,844; 2013-2,571,249.]

95. Ambulatory data in this table reflects ambulatory visits in Florida for individuals originating from 49 states (does not include Florida), Washington, D.C., and U.S. territories. Table data does not reflect patients from Florida, and patients in an "Unknown" category of origin. [Unknown Totals: 2010 9,080; 2011-7,289; 2012-6,304; 2013-6,062. Florida Totals: 2010-2,918,585; 2011-2,871,251; 2012-2,835,825; 2013-2,838,238.]

96. Emergency department data in this table reflects emergency department visits in Florida for individuals originating from 49 states (does not include Florida), Washington, D.C., and U.S. territories. Table data does not reflect patients from Florida, and patients in an "Unknown" category of origin. [Unknown Totals: 2010- 71,212; 2011-75,519; 2012-84,313; 2013-86,707. Florida Totals: 2010-6,285,258; 2011-6,576,711; 2012-7,021,960; 2013-7,206,323.]

97. 2.97% is based on the patient sum of each column type average (in-patient, ambulatory, and emergency department), divided by the sum of row "Average 2010-2013" for each column type (in-patient, ambulatory, and emergency department). The sum of the average total for each column type in the row "Average 2010-2013", is the number displayed in "Average 2010-2013" divided by the percentage represented by the same number. This method was selected over simply averaging the percentages in each column for improved accuracy, and mirrors original data set calculations.

98. 3.10% is based on the charges sum of each column type average (in-patient, ambulatory, and emergency department), divided by the sum of row "Average 2010-2013" for each column type (in-patient, ambulatory, and emergency department). The sum of the average total for each column type in the row "Average 2010-2013", is the number displayed in "Average 2010-2013" divided by the percentage represented by the same number. This method was selected over simply averaging the percentages in each column for improved accuracy.

99. These are the top 9 states for each year 2010-2013 in order. The order was the same for all four years: Georgia, New York, Alabama, Michigan, Ohio, Pennsylvania, New Jersey, Illinois, and Massachusetts.

100. These are the top 9 states for each year 2010-2013 in order. The order was the same for the first five states for all four years: Georgia, New York, Alabama, Michigan, and Ohio. The remaining states varied in position over these years but remained in the top 9 in each year.

101. These are the top 9 states for each year 2010-2013 in order. The order was the same for the first two states for all four years: New York and Georgia. The remaining states varied in position over these years but remained in the top 9 in each year.

102. In-patient data in this table reflects in-patient discharges in Florida for individuals originating from countries outside of the United States and U.S. territories. Table data does not reflect patients from the United States, Puerto Rico, the U.S. Virgin Islands, the United States Minor Outlying Islands, and patients in an "Unknown" category of origin. [Unknown Totals: 2010-747; 2011-784, 2012-1089; 2013-822. Puerto Rico Totals: 2010-406; 2011=325, 2012-302; 2013-236. U.S. Virgin Island Totals: 2010-113; 2011-115; 2012-123; 2013-116. United States Minor Outlying Islands Totals: 2010- 8; 2011-19, 2012-6; 2013-Less than 5.]

103. Ambulatory data in this table reflects ambulatory visits in Florida for individuals originating from countries outside of the United States and U.S. territories. Table data does not reflect patients from the United States, Puerto Rico, the U.S. Virgin Islands, the United States Minor Outlying Islands, and patients in an "Unknown" category of origin. [Unknown Totals: 2010-2,624,567; 2011-2,420,109; 2012-2,374,856; 2013- 2,061,847. Puerto Rico Totals: 2010-14; 2011-33; 2012-33; 2013-29. U.S. Virgin Island Totals: 2010-11; 2011-15; 2012-14; 2013-29. United States Minor Outlying Islands Totals: 2010- Less than 5; 2011- Less than 5, 2012- Less than 5; 2013-Less than 5.]

104. Emergency department data in this table reflects emergency department visits in Florida for individuals originating from countries outside of the United States and U.S. territories. Table data does not reflect patients from the United States, Puerto Rico, the U.S. Virgin Islands, the United States Minor Outlying Islands, and patients in an "Unknown" category of origin. [Unknown Totals: 2010-3,928; 2011-4,654; 2012-5,824; 2013- 3,919. Puerto Rico Totals: 2010-563; 2011-501; 2012-523; 2013-424. U.S. Virgin Island Totals: 2010-80; 2011-60; 2012-55; 2013-46. United States Minor Outlying Islands Totals: 2010-15; 2011-12; 2012-6; 2013-5.]

105. Rounded up to the nearest whole number.

106. 0.31% is based on the patient sum of each column type average (in-patient, ambulatory, and emergency department), divided by the sum of row "Average 2010-2013" for each

column type (in-patient, ambulatory, and emergency department). The sum of the average total for each column type in the row "Average 2010-2013", is the number displayed in "Average 2010-2013" divided by the percentage represented by the same number. This method was selected over simply averaging the percentages in each column for improved accuracy.

107. 0.34% is based on the patient sum of each column type average (in-patient, ambulatory, and emergency department), divided by the sum of row "Average 2010-2013" for each column type (in-patient, ambulatory, and emergency department). The sum of the average total for each column type in the row "Average 2010-2013", is the number displayed in "Average 2010-2013" divided by the percentage represented by the same number. This method was selected over simply averaging the percentages in each column for improved accuracy.

108. Canada had the greatest number of in-patient medical travelers each year 2010-2013.

109. These countries were among the Top 10 greatest number of in-patient medical travelers each year 2010-2013.

110. These countries appeared among the Top 10 greatest number of in-patient medical travelers during 2010-2013, but did not consistently appear in the Top 10 during each year.

111. These countries were among the Top 10 greatest number of ambulatory visit medical travelers each year 2010-2013.

112. These countries appeared among the Top 10 greatest number of ambulatory visit medical travelers during 2010-2013, but did not consistently appear in the Top 10 during each year.

113. Canada had the greatest number of emergency department medical travelers each year 2010-2013.

114. These countries were among the Top 10 greatest number of emergency department visit medical travelers each year 2010-2013.

115. These countries appeared among the Top 10 greatest number of emergency department visit medical travelers during 2010-2013, but did not consistently appear in the Top 10 during each year.

116. Includes intentional medical tourists and individuals with unplanned medical needs.

117. While the charges are not reflective of actual costs or final billings, they provide a solid basis for analysis. This is particularly true for inbound medical travelers, who often pay out-of-pocket full charges. In addition, due to the exclusion of the "unknown" category in this analysis, the actual number of individuals/visits may be higher. However, as certain individuals are counted more than once based on number of visits, the additional "unknown" count may be offset by the unknown number of individuals counted more than once.

118. *Fottler et al. (2014)*, *supra* note 25.

119. See *Fottler et al. (2014)*, *supra* note 25 at 55. Total sample size was 3,064.

120. *Fottler et al. (2014)*, *supra* note 25 at 56, Table 1.

121. *Fottler et al. (2014)*, *supra* note 25 at 56, Table 1.

122. *Fottler et al. (2014)*, *supra* note 25 at 61.

123. Visit Florida (2014). *Top origin states by percentage of domestic visitors in 2012*. Available at www.visitfloridamediablog.com/home/florida-facts/research/.

124. *Id*.

125. For more information on the Emergency Medical Treatment and Labor Act (EMTALA) of 1986, visit https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html?redirect=/emtala/.

126. The Medical Tourism Association is involved with both outbound and inbound tourism across the globe. MTA estimates that approximately 20% of its work relates to inbound medical tourism. Its focus is on developing and promoting education, communication, and global best practices to further medical tourism.

127. *Fottler et al. (2014)*, *supra* note 27 at 53, Figure 1.

128. Personal communication with Medical Tourism Association (July 17, 2014).

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As an independent, nonpartisan, nonprofit taxpayer research institute and government watchdog, it is the mission of Florida TaxWatch to provide the citizens of Florida and public officials with high quality, independent research and analysis of issues related to state and local government taxation, expenditures, policies, and programs. Florida TaxWatch works to improve the productivity and accountability of Florida government. Its research recommends productivity enhancements and explains the statewide impact of fiscal and economic policies and practices on citizens and businesses.

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