

Ms. Smith also expressed concern this application has come before the board prematurely. Ms. Gratzner clarified that the BSO did sign off on the DRC review.

Vice Chair Coleman urged the applicant to correct varied window colors before it goes to AAC.

Discussion ensued about AAC approval and a presentation on the CPTED plan at the next meeting.

Assistant Attorney Saunders confirmed the Board has the authority to request postponement of the item.

Ms. Gratzner stated she will ask Deputy Noble to attend the next meeting.

MOTION by Derek Lewis and seconded by Tundra King moved to postpone LN-120 until the April 24, 2024, meeting. All voted in favor. The motion was approved.

(18:16)

3. [LN-579](#)

AMBULATORY SURGICAL CENTER (ASC) CODE AMENDMENT

Request:	Special Medical Facilities Text Amendment for Ambulatory Surgical Centers (ASC)
P&Z#	24-8100001
Owner:	N/A
Project Location:	N/A
Folio Number:	N/A
Land Use Designation:	N/A
Zoning District:	N/A
Commission District:	N/A
Agent:	Matthew Scott
Project Planner:	Jean Dolan

Ms. Jean Dolan, Project Planner, introduced herself to the Board. She stated the proposed code amendment is a very narrow amendment that will eliminate the 500-foot separation requirement from RS and RD districts for Ambulatory Surgical Centers (ASC) under 5,000 square feet while retaining the unpermitted use status in B-1 and B-2 as well as the Special Exception status in B-3 Zoning Districts. Medical and Dental offices of the same size are permitted uses in all of the business districts (B-1, B- 2 and B-3) and are not subject to any separation requirements until they are over 5,000 square feet. It is unlikely that ASC’s would generate off-site impacts that would be different from any typical medical or dental office and, in fact, are likely to have fewer impacts due to having the capacity for fewer patients per day given the same size facility. The Institute of Traffic Engineers (ITE) does not have a traffic generation category for ASCs so medical/dental office trip generation rates would be used to estimate traffic impacts from such a use thereby supporting the assumptions that these uses are not unique enough to have warranted any specific research by the ITE in regard to traffic impacts. Back in 2015 when the code amendment was adopted to regulate “Specialty Medical Facilities” which include ASCs, the urgent issue at the time was that 17 substance abuse facilities had located in Pompano between 2011 and 2015 and seven of those were in 2015 alone. That was at the height of the opioid epidemic and the related deaths linked to unethical sober home and rehabilitation facility operators. The State of Florida adopted regulations in late 2015 that began to create a regulatory structure to address the issues of these deadly, fraudulent activities.

Recommendation and Alternative Motions:

Staff recommends approval of this code amendment and offers the following alternative motions:

Alternative Motion 1:

The Board recommends approval of the code amendment as it finds regulating Ambulatory Surgical Centers of 5,000 SF or less the same as other medical and dental offices of the same size in regard to distance requirements is consistent with the Comprehensive Plan and meets the review standards for publicly initiated code amendments.

Alternative Motion II:

The Board recommends the item be tabled to give the Applicant time to address any issues raised by the Board, staff or the general public.

Staff recommends Alternative Motion I.

Mr. Matthew Scott, on behalf of the applicant, introduced himself to the Board. He began his presentation and reviewed the following: Ambulatory Surgical Centers; Street Level View – 1347 E. Sample Road; Aerial Location Map; Current Zoning Code Use Standards; Zoning Aerial; Special Exception Approval; Code Amendment Request; Code Amendment Rationale; Zoning Map; and Community Outreach and Support.

Vice Chair Coleman asked the Board if there were any questions for the applicant.

Ms. Worley asked if opioids were being provided at the facilities. Mr. Scott replied no.

Ms. Smith stated she has no objection to the request and said it helps to provide service to residents faster.

Ms. King asked if non-insured or underinsured patients were welcome.

Dr. Dane Pullman, applicant, introduced himself. He said they accept all insurances.

Ms. King inquired if there is a relationship to a particular hospital. Mr. Pullman said they are required to have a relationship with North Broward Hospital. He further explained the process that would occur if there was a medical emergency. Mr. Scott described the difference between this request and a freestanding Emergency Room facility.

In response to Mr. Lewis' question, Dr. Pullman described the types of procedures.

Ms. Worley asked the difference between this facility and urgent care. Dr. Pullman said it is a high-level semi-surgical procedures and patients are ambulatory. He added the patients are having scheduled surgical procedures.

Ms. King asked about post-procedure treatment. Dr. Pullman said follow up will occur in the office.

Ms. King inquired about the approximate number of patients. Dr. Pullman said it is low-level, around 10-15 patients per day.

Vice Chair Coleman spoke about the 500 feet residential radius in B-3. She asked Assistant City Attorney Saunders whether the code has a strong enough definition of what an ASC is. Assistant City Attorney Saunders said the Board needs to look beyond the applicant, to consider the text amendment proposed. He noted ASC is not specifically defined within the code.

Vice Chair Coleman said she sees the need for this type of facility but expressed concern about the hours. She recommended a limitation of hours to be compatible with the neighborhood. Mr. Scott said the applicant would agree.

Vice Chair Coleman opened the public hearing. No one came forth to speak. Vice Chair Coleman closed the public hearing.

Assistant City Attorney Saunders asked the applicant about diagnostic and preventative procedures. Mr. Scott replied that whatever ACA permits for an ASC, should be what is allowed. Assistant City Attorney Saunders disagreed. Discussion ensued about diagnostic procedures. Mr. Pullman confirmed the ASC is not a walk-in clinic.

Vice Chair Coleman recommended the applicant/applicant’s representative, Ms. Dolan, and Assistant City Attorney Saunders work together on a definition of ASC for their code.

MOTION by Derek Lewis and seconded by Richard Klosiewicz to recommend approval of the Text Amendment, as amended to add a definition and hours of operation. to the City Commission for their consideration. All voted in favor. The motion was approved.

(1:01:30)

4. LN-573

EVALUATION AND APPRAISAL REPORT RELATED COMPREHENSIVE PLAN TEXT AMENDMENT

Request:	Evaluation and Appraisal Report (EAR) Based Comprehensive Plan Text Amendment
P&Z#	24-92000003
Owner:	N/A
Project Location:	N/A
Folio Number:	N/A
Land Use Designation:	N/A
Zoning District:	N/A
Commission District:	N/A
Agent:	Jean Dolan
Project Planner:	Jean Dolan

Ms. Jean Dolan, Project Planner, introduced herself to the Board and stated Chapter 163.3191 Florida Statutes and Rule 73C-49 require the City to provide an Evaluation and Appraisal Report (EAR) letter to the State every 7-years to identify any changes to State legislation in that period that would cause the City to amend the adopted Comprehensive Plan. She summarized the following: The City of Pompano Beach Comprehensive Plan adopted in 2020 has a 2040 planning horizon. The 16 years left in that horizon is longer than the required minimum of 10-years per the above requirements. The population projections for the 2020 Comprehensive Plan were done by the Bureau of Economic and Business Research (BEBR) which is the agency the State relies on for all population projections for revenue sharing and growth purposes. The current population estimates are running approximately 5 percent behind the projections used in the 2020 Comprehensive Plan update. The population projection for 2023, for example, was 119,993 and the actual 2023 BEBR estimate for State revenue sharing purposes was 113,757. The impact analysis in the Comprehensive Plan, therefore, does not need to be recalculated for any planning horizon. In light of these facts, the required EAR letter was provided to the State per the schedule in Rule 73C-49 on January 3, 2024, the first business day after the statutory deadline of January 1, 2024, and was acknowledged by Florida Commerce, Bureau of Community Planning and Growth, on February 20, 2024. The City has one year from the January 3, 2024 date to transmit to the State the amendments identified in the EAR letter. The Data and Analysis for the 2020 update to the Comprehensive Plan was based on the 20-year planning horizon and the BEBR population projection for that horizon (2040) for all the public facility impact calculations. It was found that the City could serve the projected population through 2040, therefore, none of the calculations were necessary for the more near term horizon. Very few amendments, therefore, are necessary in the adopted elements of the Comprehensive Plan to address this change in the length of the near-term planning horizon. The planning horizons were only referenced twice in the Goals, Objectives and Policies of the adopted 2020 Comprehensive Plan. These occurred in the introduction to the Transportation Element and in Policy 07A.02.02 in the Potable Water Subelement. Both of these sections have been modified to be consistent with the revision to 163.3177(5)(a).

Staff is requesting the Board recommend approval of the EAR-based amendments and offer the following alternative motions.