

STORAGE NAME: h1121.hcs

DATE: February 29, 2000

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE SERVICES
ANALYSIS**

BILL #: HB 1121

RELATING TO: The Florida State University College of Medicine

SPONSOR(S): Rep. Peaden & others

TIED BILL(S):

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE SERVICES
 - (2) EDUCATION APPROPRIATIONS
 - (3)
 - (4)
 - (5)
-

I. SUMMARY:

HB 1121 establishes a four-year allopathic medical school within the Florida State University, with a primary mission of training physicians to meet the primary health care needs of the state's elderly, rural, minority, and under-served residents. Legislative intent articulates a new model of medical education to deliver patient-centered health care services, building upon the success of the Florida State University Program in Medical Sciences. The purposes of the College of Medicine are specified, relating to physician training in primary care, geriatrics, and rural medicine, use of emerging technologies, research, and access to medical education for under-represented groups.

The bill provides the transition process, organizational structure, and admissions process, using the current Program in Medical Sciences' admissions process, with an emphasis on student selection focused on identifying future primary care physicians.

The community-based partner organizations for clinical instruction are specified and include several regional medical centers and the rural hospitals in the state. Florida State University is directed to submit a plan by November 30, 2001, to increase opportunities for Florida medical school graduates to enter residencies in the state.

The medical school curricula and educational approach are specified, with primary missions of the development of a comprehensive geriatrics training program and a program to meet the medical needs of under-served areas, especially rural areas. The college is required to make a significant effort to increase participation of under-represented groups and socially and economically disadvantaged youth in science and medical programs.

The College of Medicine is directed to create technology-rich learning environments and expand the university's existing technological infrastructure to enhance community-based medical education. Administration and faculty for the community-based training are prescribed, including the full integration of service delivery with delivery competencies from other disciplines.

Indemnification from liability is provided for those individuals and entities providing sponsorship or training to students of the medical school.

The bill's effective date is upon becoming a law.

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The bill is estimated to have a fiscal impact of \$38,989,138, of which \$34,189,138 will come from state funds and \$4,800,000 will come from tuition.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|------------------------------|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a "no" above, please explain:

In establishing a new medical school, the bill creates more government within the State University System. This will involve more university administration, as well as administrative responsibilities at local training sites where employed and contracted program participants will provide community-based education and training opportunities for medical students.

B. PRESENT SITUATION:

General Background

There are 125 medical schools in the United States that grant medical doctor degrees (allopathic). Additionally, there are 19 osteopathic medical schools. Together these schools provide about 18,428 new physicians each year. This is supplemented by approximately 5,700 physicians who receive their education in other countries and become licensed to practice in the U.S.

The population of the U.S. has increased by almost 50 million people since the mid-1970s, the last period of any significant expansion of medical education in this country. This has resulted in a 16 percent decline in U. S. medical school graduates per capita since 1981.

Each year the U.S. imports approximately 24 percent of its newly licensed physicians--these individuals have been educated in other countries.

State University System in Florida

The State University System (SUS) consists of the Board of Regents of the Division of Universities of the Department of Education and the following 10 universities: University of Florida, Florida State University, Florida Agricultural and Mechanical University, University of South Florida, Florida Atlantic University, University of West Florida, University of Central Florida, University of North Florida, Florida International University, and Florida Gulf Coast University, pursuant to s. 240.2011, F.S. The 10 schools currently enroll 220,000 students.

Pursuant to s. 240.209(1), F.S., the primary responsibilities of the Board of Regents are: adopting system-wide rules to implement provisions of law conferring duties upon the board; planning for the future needs of the State University System; planning the

programmatic, financial, and physical development of the system; reviewing and evaluating the instructional, research, and service programs at the universities; coordinating program development among the universities; and monitoring the fiscal performance of the universities. Subsection (3) of this section specifies that the board, among other duties, shall develop a plan for future expansion and approve new degree programs for all state universities. Although the board is charged to be mindful of the differentiated missions of the several universities, specific legislative approval is required, as indicated in paragraph (c) of subsection (3):

New colleges, schools, or functional equivalents of any program leading to a degree which is offered as a credential for a specific license granted under the Florida Statutes or the State Constitution shall not be established without the specific approval of the Legislature.

Existing Medical Training Programs in Florida

Florida has two public medical schools, at the University of Florida and the University of South Florida, and two private schools, at the University of Miami and Nova-Southeastern University, the latter of which offers a program in osteopathic medicine. Approximately 2,100 medical students are enrolled at these four institutions. For Fall 2000, Nova-Southeastern anticipates an entering class of 180 students; Miami, 150; University of Florida, 130 (an addition of 10 over the current year); and University of South Florida, 112 (an addition of 16 over the current year).

The Program in Medical Sciences (PIMS) is a joint program between the Florida State University and the University of Florida College of Medicine. The mission of the program is to give 30 students unique exposure to primary medical care in their first year of medical education. Selection of a diverse group of students and the emphasis on early clinical exposure is a key factor in the future selection of practice types and locations. Upon satisfactory completion of all program requirements students transfer to the University of Florida campus in Gainesville for their final three years of training leading to the M.D. degree.

PIMS is funded by Florida State University and resides on the Florida State University campus. The Program is fully accredited by the American Association of Medical Colleges as a geographically separate component of the educational program of the University of Florida College of Medicine. Providing students with first-year basic medical science courses at Florida State University is said to be less expensive than educating them in their first year at University of Florida's Health Science Center.

Residency programs in Florida are located at six large urban teaching hospitals and at selected community hospitals throughout the state. Physician trainees select what field of medicine to pursue during their residencies. Some later become board-certified in a specialty, such as geriatrics, but they are not required to do so. The state licenses physicians to practice medicine, not any particular specialty. According to a recent report from the Graduate Medical Education Committee (December 1, 1999; prepared pursuant to proviso language in Specific Appropriation #191 of the 1999-2000 General Appropriations Act), Florida ranks 44 out of 46 states with medical schools in the number of residency positions per 100,000 population. That report noted that for 1999, there were 2,686 residency positions in Florida, and 2,696 for 2000.

Florida Physician Training Initiatives and Related Statutes

Multiple critical areas of need have long since been identified with regard to physician training in Florida: lack of an adequate supply of primary care physicians generally, lack of an adequate supply of physicians in rural areas of Florida, and an under-supply of primary care physicians who have adequate training in geriatrics. The state has made various attempts through the years to address these concerns, some of which have been more successful and long-standing than others. In the aggregate, these various attempts have not been adequate to make a serious impact on the numbers of physicians needed. These efforts have included, but are not limited to, the following:

s. 240.4067, F.S.	Medical Education Reimbursement and Loan Repayment Program
s. 240.4987	Florida Minority Medical Education Program
s. 381.0301, F.S.	Education and Resource Development
s. 381.0302, F.S.	Florida Health Services Corps
s. 381.0402, F.S.	Area Health Education Center Network
s. 381.0403, F.S.	The Community Hospital Education Act
s. 381.0405, F.S.	Office of Rural Health
s. 381.04065, F.S.	Rural Health Network Cooperative Agreements
ch. 395, pt. V, F.S.	Family Practice Teaching Hospitals
s. 409.9113, F.S.	Teaching Hospital Disproportionate Share Program
s. 458.310, F.S.	Restricted Licenses
s. 458.3115, F.S.	Restricted License; Certain Foreign-licensed Physicians
s. 458.3124, F.S.	Restricted License; Certain Foreign-trained Physicians
s. 458.3145, F.S.	Medical Faculty Certificate
s. 458.315, F.S.	Temporary Certificate for Practice in Areas of Critical Need
s. 458.316, F.S.	Public Health Certificate
s. 458.3165, F.S.	Public Psychiatry Certificate
s. 458.317, F.S.	Limited Licenses
s. 459.0077, F.S.	Osteopathic Faculty Certificate

In addition, it should also be noted that, via an agreement with the federal government, the Department of Health has responsibility for recommending placements of physicians and other health care providers in under-served areas under the national Health Services Corps and the J-1 Visa Waiver Programs. There are currently approximately 120 physicians placed in Florida practice sites via these two programs.

Florida's Need for Physicians

The population of Florida has doubled since the last allopathic medical school admitted students in the state in 1970-71, and increased by five million people since the osteopathic school opened in 1979.

Florida imports about 92 percent of its new physicians each year and about half of those received their education in other countries. This places Florida third in the country in the percentage of practicing physicians educated in other countries. For the 44,500 licensed physicians in Florida, Florida medical schools represented approximately 12 percent of the medical schools attended by all allopathic physicians licensed in Florida. Florida licensed 2,268 new physicians in fiscal year 1998-99. According to the Department of Health, Florida medical schools represented approximately 8 percent of medical schools attended by new/initial allopathic physicians licensed in Florida in 1999. Florida medical schools (allopathic and osteopathic) graduate 500 physicians each year, of which about 275 practice in Florida.

Competition with other states that are also importing large numbers of physicians will make it increasingly difficult to recruit physicians to Florida, and even more difficult to recruit to under-served areas, as the nation's population continues to grow and age.

Access to Medical Doctors in Florida

Florida has an average of 210 doctors per 100,000 residents compared to the national average of 224.

Seventy-three geographic or population-based regions in Florida, including parts of most counties in the state, are considered by the federal government as medically under-served. Thirteen entire counties meet the federal definition for under-served populations by having less than 33 doctors per 100,000 residents. These counties are Bradford, Dixie, Lafayette, Suwannee, Hamilton, Taylor, Madison, Wakulla, Gadsden, Washington, Holmes, Glades, and Hardee.

Florida's population of residents over 65 (18.5 percent) already exceeds the national average (12.8 percent) and is growing rapidly. Individuals over 65 years of age use physician services at almost three times the rate of younger individuals.

Opportunities and Access for Florida's Students

Florida ranks 39th out of the 45 states with medical schools in medical students per capita. Medical schools in Florida turn away 300-400 highly-qualified Florida students each year. Florida would need approximately 400 additional first-year positions in medical school for the state's young adults to enjoy the same level of access to medical education as their counterparts in other states.

Board of Regents' Recommendations

The Board of Regents in February 1999 (prior to legislatively required studies related to medical education), recommended adding 150 new first year medical students to existing graduate medical education programs. The Regents did not recommend a new medical school.

Overview of Legislatively Required Studies

Subsequent to the February, 1999 Board of Regents meeting, the Florida Legislature, via proviso language included in the 1999-2000 General Appropriations Act, required Florida State University to conduct a number of new studies relating to the development of innovative, successful, and accredited approaches to medical education designed to meet the needs of citizens of this state. Pursuant to legislative direction, eight separate studies on a variety of topics related to medical education were completed by MGT of America, Inc., under contract with Florida State University, in collaboration with some of the leading medical educators from around the country. These studies were delivered in November 1999, and include information not previously available to the Legislature or Board of Regents.

The following is legislative staff's abbreviated synopsis of the various reports. With a few exceptions, each of these reports is presented as a series of chapters that address: topic introduction; a detailed overview of the subject matter under review; highlights of in-state efforts to address the topic; highlights of out-of-state efforts to address the topic, including any model or "best practice" approaches; and specific recommendations. Because this

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summary is designed as a condensed overview, only the most notable information and recommendations are highlighted for each of the following subjects.

1. Training Physicians to Care for the Elderly

- Florida has 3.2 million people over the age of 60, with over 80 percent of patient visits to primary care physicians being elder persons.
- All medical students must be exposed to geriatrics - to understand the aging process, gain skills to adequately treat seniors, and coordinate care across the continuum of services.
- Recommend development of a new allopathic school at FSU requiring (1) inclusion of components relating to geriatrics in each year of four-year curriculum for all students; (2) incorporation of American Geriatrics Society curriculum guidelines; (3) emphasis on recruitment of quality academic geriatric faculty; (4) routine assessment of curriculum content, emphasis, and student progress; and (5) expansion of current Program in Medical Sciences (PIMS) selection criteria to include students with interest in geriatrics and demonstrated commitment to serve older persons.

(It should be noted that this report makes a careful distinction between two often-confused terms: *geriatrics*, which is the branch of medicine that deals with diseases and problems of old age; and *gerontology*, which is all scientific study of the processes and the problems of aging.)

2. Training and Retaining Physicians in Under-Served Areas

- The new allopathic medical school should:
 - ▶ Build on successes of PIMS at FSU and be directed to provide Florida with highly skilled primary care physicians who will commit to practice in rural Florida and meet needs of rural and under-served populations, including elderly.
 - ▶ Develop strong Department of Family Medicine, recruiting primary care faculty who are excellent role models and enthusiastic teachers to reinforce student attitudes and perceptions toward service and primary care.
 - ▶ Develop positive inner-city and rural experiences for students, including high quality elective residency rotations in rural sites, affiliated with the new allopathic medical school.
 - ▶ Expand funding for programs that address financial needs of under-represented students and for graduate medical education.

3. Training in Medical School Without a Teaching Hospital

- There are two types of clinical medical education:
 - ▶ Teaching hospital-based - with highly specialized patient referral base and treatment programs and essential resources for highly specialized research; and
 - ▶ Community-based - which use community physicians and hospitals and are effective at training primary care physicians because students receive clinical training in the same community environments where they will eventually practice.
- A medical school does not have to have its own teaching hospital to have a quality medical education program nor is it required for accreditation. The trend is away from owned teaching hospitals for both financial and quality of education reasons.
- Community-based medical education programs are: significantly less expensive; do not involve the financial risks associated with operations of hospitals; and enable the state to work with, rather than compete with, local hospitals.

4. Community-Based Facilities Willing to Assist in Training Programs

- Discusses requirements for supporting clinical education in a distributed community-based model; proposes an affiliation structure; and offers general criteria for selecting clinical education sites at a new distributed community-based medical education program.
- Includes descriptions of hospitals and other health care facilities in selected communities that have expressed interest in affiliating with a community-based medical education program, if funded; and lists 19 facilities indicating willingness to enter further negotiations with FSU.

5. Programs to Recruit Minorities in Science and Medicine

- Trends concerning minority participation in science and medical education programs:
 - ▶ Most medical students obtain a science degree prior to medical school.
 - ▶ The number of science degrees granted nationally to minorities lags far behind the number granted to whites.
 - ▶ Although trends in minority science graduates earning baccalaureates in Florida have been in a positive direction since 1995, Florida performs far below comparable states in production of medical graduates from under-represented minority populations.
- To enhance recruitment and retention of under-represented minority students to science and medical education programs, a new medical school at FSU should emphasize such means as: development of the eventual pool of qualified minority applicants through high school outreach; intense involvement with quality undergraduate pre-medicine/science programs; effective recruitment strategies and retention programs; and preference for applicants who are disadvantaged educationally or economically.

6. The 10-Year History of Primary Care and Minority Physician Recruitment in Florida

- Florida exceeds national average in proportion of inactive licensed physicians.
- Florida significantly exceeds national average in numbers of licensed physicians at or above age 65. (Physicians approaching retirement age raises concerns due to increasing demand for physician care by growing and aging population.)
- With proliferation of managed care, the demand for generalist physicians in Florida far exceeds the ability of existing medical schools to produce sufficient numbers of such graduates.
- Nationally, the numbers of under-represented minority physicians are disproportionate to their share of the general population. Florida lags behind the nation, except Hispanics.
- Florida is overly reliant on international medical graduates - a substantial portion of the state's physician workforce - placing the quantity of medical care available to citizens at risk.

7. A 4-Year Allopathic School of Medicine at FSU

- Proposed Mission: to improve general health and well being of citizens of Florida with emphasis on training physicians to meet health care needs of state, particularly elder, rural, and other under-served citizens.
- Enrollment and Admissions: utilize PIMS current admission procedures with a focus on interest in primary health care and service to others; phase from current 30 PIMS students per class to 40 School of Medicine students in Fall 2001 and 20 additional each year until 120 new students enter in Fall 2005.

- Curriculum and Structure:
 - ▶ Years 1 & 2: lecture mode and small group problem-based learning with short-term clinical exposures, including early rural, geriatric, and managed care.
 - ▶ Years 3 & 4: distributed, community-based model with special focus on rural health; various clinical rotation training sites around state.
- Staffing & Organization: small core staff of on-campus, full-time faculty and administrators; “community dean” at each major clinical training campus; “mission focus coordinators;” approximately 60 faculty members to serve in basic and behavioral sciences department in the School of Medicine; most teaching faculty for clinical training components will be community physicians who serve on part-time appointments.
- Facilities:
 - ▶ On-campus facility in Tallahassee: \$50 million
 - ▶ Clinical training campuses limited to office space, classrooms, and conference rooms. May be available in hospital or ancillary buildings; lease or acquire.
- Estimated Expenditure Levels: Projected annual operating budget for instructional programs - approximately \$39 million (\$34 million from state appropriations.)

8. An Expanded Program in Medical Sciences at FSU

- Proposed mission: commitment to excellence in biomedical education and research; emphasis on training to meet primary health care needs, especially elder and rural citizens; provide access to under-represented minorities.
- Continue current accreditation relationship with the UF College of Medicine. To comply with LCME standards for accreditation, curriculum of expanded PIMS program would need to be closely related to the curriculum at UF College of Medicine.
- Expand PIMS enrollment from 30 to 120: (1) increase size of entering class each year from 30 to 60 students, and (2) modify current programmatic relationship with UF College of Medicine so students remain at FSU two years instead of current single year.
- Phase-in entering class size from 30 to 40 students in 2001-02, then 60 new students each year (same as plan for 4 year school, but subject to ability of UF to handle such growth in time frame.) Fully implemented expansion in 2003-04 with 120 students enrolled at FSU.
- Overall staffing requirements: additional 30 faculty positions with support personnel.
- Facilities: Total of 94,924 additional gross square feet on FSU campus - \$25 million.
- Clinical Affiliations: Primary clinical site: Tallahassee Memorial Hospital; potential support by Rural Panhandle Hospital Cooperative - representing 5 Panhandle hospitals.
- Impact of Expanded PIMS Program on UF College of Medicine: expanding PIMS at FSU to 2 years would allow for larger Year 1 class at UF, thus need for additional space for Year 3 clinical training activity.
- Benefits:
 - ▶ 45 additional medical school graduates per year beginning in 2006 (49% would stay in Florida for graduate medical education and, of those, 78% would choose primary care field for residency.
 - ▶ Positive impact on FSU with new faculty in basic medical sciences; enhanced reputation as major research university.
- Additional Funding Requirements: approximately \$13 million annual operating expenditures.

Geriatrics, Aging, and Related Topics in Florida’s Medical Schools

On February 3, 2000, the Board of Regents submitted to the Legislature a package of information compiled by the four medical schools in the state which reflected each school's self-assessment of how geriatrics, aging, and related education is incorporated into the undergraduate medical education curriculum. The following is a committee staff summary of the information provided to the Board of Regents by the 4 medical schools:

The most intensive geriatric education program is at the University of Florida, which has a four-year integrated geriatric curriculum. This curriculum has five courses devoted to geriatric issues. There are also geriatric grand rounds in the first two years of school. They also teach the geriatric assessment exam and offer a two-week immersion experience in geriatrics. In the fourth year, the school offers expanded electives dealing with geriatric issues, a two-week summary course, and a comprehensive exam. Florida's geriatric training occurs in geriatric clinics, nursing homes, senior citizen centers, advocacy groups, home health care agencies, hospice, retirement homes, home visits, rehabilitation centers, and geriatric inpatient wards.

Nova-Southeastern University also has a rather intensive program. The university requires all course directors to cover the geriatric aspects of whatever their course entails. There is a required ten-hour course on geriatrics during the second year. During the third year, students participate in a one-month geriatrics clinical rotation. In addition, all Family Medicine residents must also complete a one-month geriatrics rotation. The university is currently developing a program that will greatly expand its geriatric program and relations with the geriatric community.

The University of Miami places emphasis on geriatric care through its course offerings. Throughout the first two years of school, students are offered 17 courses in which geriatrics is the main topic and 108 courses in which geriatric issues are discussed as a subtopic. The university's required geriatrics clinical clerkship has been integrated into a 12 week primary care rotation with Generalist Primary Care and Family Medicine. Geriatric topics are also covered on a routine basis in seven core clerkships.

The University of South Florida educates students about geriatric care through its basic medical curriculum. During the first year, geriatric issues are discussed in four courses in the Basic Sciences curriculum. Specific clinical introduction to Geriatric Medicine is provided in the "Introduction to Clinical Medicine" course in the second year. Three hours of this course are dedicated to geriatrics. All third year core clerkships, except pediatrics, deal on a continuing basis with geriatric issues. Third year students also have the opportunity to participate in a 16 hour course in palliative care at the end of life. Students may make home visits with nurses and social workers during this course. There are also three senior electives offered that deal exclusively with geriatric issues. In addition to these programs, there is a special graduate medical education training program in geriatrics that includes a one or two year fellowship in Geriatric Medicine.

C. EFFECT OF PROPOSED CHANGES:

HB 1121 establishes a four-year allopathic medical school within the Florida State University. A series of "Whereas" clauses establishes the need for the school. The principal mission of the new College of Medicine is to train physicians to meet the primary health care needs of the state's elderly, rural, minority, and under-served residents. Legislative intent articulates a new model of medical education to deliver patient-centered health care services, building upon the success of the Florida State University Program in Medical Sciences. The purposes of the College of Medicine are specified, including preparing physicians to practice primary care, geriatric and rural medicine, to make use of emerging

technologies, to enhance research in these areas, and to provide access to medical education for groups which are under-represented in the medical profession.

The bill provides the transition process, organizational structure, and admissions process. The Program in Medical Sciences (PIMS) will evolve into the Florida State University College of Medicine. The current PIMS admissions process will be the basis for selection of students, with a special focus on identifying future primary care physicians who have demonstrated an interest in serving in under-served areas and providing elder care.

The partner organizations for clinical instruction are indicated which include, but are not limited to: Baptist Health Care in Pensacola; Sacred Heart Health System in Pensacola; West Florida Regional Medical Center in Pensacola; Tallahassee Memorial Healthcare in Tallahassee; Florida Hospital Health System in Orlando; Sarasota Memorial Health Care System in Sarasota; Mayo Clinic in Jacksonville; and rural hospitals in the state. Florida State University is directed to submit a plan by November 30, 2001, to increase opportunities for Florida medical school graduates to enter residencies in the state.

The medical school curricula and educational approach are specified. One of the primary missions of the College of Medicine is the development of a comprehensive geriatrics training program, including the establishment of an academic leadership position in geriatrics, as well as an external elder care advisory committee.

The medical needs of under-served areas, especially rural areas, is another crucial focus of the new medical school. The College of Medicine is required to make a significant effort to increase participation of under-represented groups and socially and economically disadvantaged youth in science and medical programs.

The College of Medicine is directed to create technology-rich learning environments and expand the university's existing technological infrastructure to enhance medical education.

Administration and faculty for the community-based training are prescribed. The College of Medicine is required to fully integrate health care service delivery with delivery competencies from other disciplines using a team-based approach.

Indemnification from liability is provided for those individuals and entities providing sponsorship or training to students of the medical school.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Provides for the creation of a 4-year allopathic medical school within the Florida State University. Details of the creation of the new school are provided in the following subsections:

Subsection (1) creates the medical school within the Florida State University, and stipulates that the school be known as the Florida State University College of Medicine. This subsection specifies the following principal focus for the new school: recruiting and training medical professionals to meet the primary health care needs of the state, especially the needs of the state's elderly, rural, minority, and other under-served citizens.

Subsection (2) provides legislative intent which specifies the Legislature's desire to have the Florida State University College of Medicine represent a new model for the training of allopathic physician healers, with an emphasis on the delivery of patient-

centered health care in the twenty-first century. The college, to be built on the successful foundation of the existing Program in Medical Sciences, is to include admission of diverse types of students, medical problem-based teaching, dispersed clinical training throughout the state, with an overarching emphasis on aging and a heavy reliance on technology-based learning.

Subsection (3) specifies the purpose of the college, which is a dedication to specified topics: preparing physicians to practice primary care, geriatric, and rural medicine, with an emphasis on emerging technologies and ability to function in the evolving health care environment; advancing knowledge in specified topical areas; leadership capability in health care delivery and academic medicine; and providing access to medical education for groups which are under-represented in the medical profession.

Subsection (4) addresses the transition to, organizational structure of, and admissions process of the new College of Medicine. For transition purposes, the Program in Medical Sciences in the College of Arts and Sciences is to be reorganized and restructured as the Institute of Human Medical Sciences. As a second step, as the 4-year educational program development is underway and a sufficient number of basic science and clinical faculty are recruited, the institute shall evolve into the College of Medicine, with appropriate departments.

The current admissions procedures of the Program in Medical Sciences are to provide the basis for the design of an admissions process for the College of Medicine, with a selection focus on a demonstrated emphasis on serving under-served areas.

Enrollment levels are planned not to exceed 120 students per class, to be phased in from 30 students currently in the Program in Medical Sciences to 40 students admitted to the College of Medicine for the charter class in Fall 2001, and 20 additional students in each class until the maximum class size is reached.

Subsection (5) specifies the partner organizations for clinical instruction and graduate programs. The College of Medicine is directed to seek affiliation agreements with health care systems and organizations, local hospitals, and military health care facilities in the following targeted communities: Pensacola, Tallahassee, Orlando, Sarasota, Jacksonville, and rural areas of the state. Selected hospitals in the target communities are, but are not limited to: Baptist Health Care, Sacred Heart Health System, and West Florida Regional Medical Center in Pensacola, Tallahassee Memorial Healthcare in Tallahassee, Florida Hospital Health System in Orlando, Sarasota Memorial Health Care System in Sarasota, Mayo Clinic in Jacksonville, and rural hospitals in the state.

The College of Medicine is directed to explore all alternatives for cooperation with established graduate medical education programs in the state to develop a plan to retain its graduates in residency programs in Florida. To this end, the college is directed to submit to the Legislature, no later than November 30, 2001, a plan to increase opportunities for Florida medical school graduates to enter graduate medical education programs, including residencies, in the state.

Subsection (6) requires the College of Medicine to develop a program which conforms to the accreditation standards of the Liaison Committee on Medical Education (LCME).

Subsection (7) provides for curricula and specifies clinical rotation training sites. The initial two-year curriculum is to draw on the Program in Medical Sciences' experience

and national trends in basic science instruction and the use of technology. Instruction content is specified for years one and two, including specific short-term clinical exposures. For years 3 and 4, the curriculum shall follow a distributed, community-based model, with a focus on rural health. Subgroups of students shall be assigned to clinical rotations in the following sites: Tallahassee, Pensacola, Orlando, Sarasota, Jacksonville, an as yet undetermined site based on emerging needs, and the Rural Physician Associate Program.

Subsection (8) directs the College of Medicine to develop a comprehensive program that ensures training in the medical needs of the elderly and that incorporates the principles embodied in the curriculum guidelines of the American Geriatric Society. One of the primary missions is the improvement of medical education for physicians who will treat the elderly, to be accomplished via the establishment of an academic leadership position in geriatrics, creation of an external elder care advisory committee, and the implementation of an extensive faculty development plan. The Program in Medical Sciences section criteria are to be expanded to include criteria related to a commitment to the elderly.

Subsection (9) is specific to the medical needs of under-served areas. The College of Medicine is directed to develop a Department of Family Medicine with a significant rural training track that provides students with early and frequent clinical experience in community-based settings focused on primary care. As part of this activity, the college is to consider developing new, rural-based family practice clinical training programs, and is directed to establish a partnership with the West Florida Area Health Education Center, focused on the mission of the practice of primary care, geriatric, and rural medicine in under-served areas.

Subsection (10) requires the College of Medicine to increase participation of under-represented groups and socially and economically disadvantaged youth in science and medical programs. The focus of these efforts continue the outreach efforts of the Program in Medical Sciences to middle and high school students, and include an endowment income to support recruitment programs and financial aid packages for these students. These efforts shall also be coordinated with the university's undergraduate premedical and science programs, other potential feeder institutions, and community colleges, as well as financial aid and scholarship opportunities. A post-baccalaureate, 1-year academic second chance opportunity is to be provided for students meeting specified criteria. The faculty and staff is to reflect the state's population.

Subsection (11) requires the College of Medicine to create technology-rich learning environments by building on the considerable infrastructure that currently supports the technology resources of Florida State University and expanding the infrastructure to conduct an effective medical education program, including connectivity between the main campus, community-based training locations, and rural clinic locations. Other technology issues to be addressed include those relating to professional development, an on-line library, and technology-sharing agreements, including specific collaboration with the Mayo Clinic, Jacksonville.

Subsection (12) addresses administration and faculty. Each of the community-based clinical rotation sites is directed to have a dean and a student affairs/administrative officer. Teaching faculty for the community-based clinical training component shall be community physicians serving part-time appointments. The bill specifies that 60 faculty members be recruited to serve in the basic and behavioral sciences department. The

bill also specifies that the College of Medicine have a small core staff of on-campus, full-time faculty and administrators at Florida State University, including a dean, a senior associate dean for educational programs, an associate dean for clinical education, a chief financial/administrative officer, an admissions/student affairs officer, an instructional resources coordinator, a coordinator for graduate and continuing medical education, and several mission focus coordinators.

Subsection (13) directs the College of Medicine to fully integrate modern health care delivery concepts into its curriculum, in partnership with one or more health care organizations in the state and in collaboration with other disciplines at Florida State University. The college is also directed to recruit faculty with strong health care delivery competencies.

Subsection (14) authorizes the Florida State University, for and on behalf of the Board of Regents, to negotiate and purchase policies of insurance to indemnify from any liability those individuals or entities providing sponsorship or training to the students of the medical school, professionals employed by the medical school, and students of the medical school.

Section 2. Provides for the bill to take effect upon becoming law.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

An estimated \$4,800,000 annually will be generated by student tuition for the College of Medicine.

2. Expenditures:

It is anticipated that an annual state appropriation of \$34,189,138 will be required to support the Florida State University College of Medicine.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. Expenditures:

N/A

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill can positively impact competition, private enterprise, and the employment market as local physicians and other providers contract with the new medical school to provide community based training, to the extent that costs associated with the on-site training of medical students are reimbursed.

D. FISCAL COMMENTS:

Governor Bush's Legislative Budget Request includes \$9.6 million for the Florida State University College of Medicine program funding and \$15.0 million for capital funding.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:

This bill does not reduce the authority that counties or municipalities have to raise revenues.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

N/A

B. RULE-MAKING AUTHORITY:

N/A

C. OTHER COMMENTS:

Applicability of Existing Statutes

A quick search of the Florida Statutes for references to the terms "school of medicine," "college of medicine," and "medical school" indicates that there are 5, 4, and 31 sections of statute, respectively, that contain these terms. A public policy decision will need to be made as to the advisability of any conforming changes that should be made to these 40 sections of statute, and the timing of such revisions. For example, s. 732.919, F.S., relates to enucleation of eyes by licensed funeral directors who have received certificates of competence from the Department of Ophthalmology at one of the 3 allopathic medical schools. This section of statute should probably not be revised to reference the College of Medicine at Florida State University until the new college is accredited or has preliminary accreditation.

Conversely, it may be particularly relevant that some sections of statute be revised sooner than later. For example, s. 458.3145, F.S., allows a medical faculty certificate to be issued without examination to an individual who meets certain specified criteria, and specifies the

issuance of such certificates to a limited number of physicians at the 3 allopathic medical schools, the H. Lee Moffitt Cancer Center and Research Institute, and the Mayo Clinic, Jacksonville. The section may need to be amended to allow the new College of Medicine to participate in such certifications as part of establishment of faculty positions. A similar example is s. 240.4987, F.S., which provides scholarships for Florida minority medical education, based in part on acceptance by and enrollment as a full-time student in a Florida medical school (a generic reference).

Department of Health Comments and Suggestions

In its review of HB 1121, the Department of Health offered the following comments:

The bill should create a means for the Department of Health and the county health departments to provide training sites for medical students and residents in medically under-served areas. These training sites will provide primary health care for the public as well as training opportunities for students.

There are no assurances under this bill that students trained at the new medical school in primary care specialties will ultimately practice these specialties in under-served areas of Florida.

As currently written, the bill addresses one Area Health Education Center located in West Florida. There are nine other centers located throughout the state that could equally provide training support for the new medical school. These centers are a part of the Area Health Education Center Network established under s. 381.0402, F.S.

The Department of Health also suggested the following two amendments:

On page 2, line 2, the bill makes reference to federal identification of "67 regions in Florida" as Health Professional Shortage Areas. The department suggests changing this to "73 geographic or population-based regions in Florida" having such a designation.

On page 9, line 8, the reference to "the West Florida Area Health Education Center" should be revised to refer more generically to "the Florida Area Health Education Center Network."

Florida State University/MGT of America, Inc., Studies

The eight reports of the referenced studies, and other related information, may be accessed at: <http://www.fsu.com/>

VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

N/A

STORAGE NAME: h1121.hcs

DATE: February 29, 2000

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VII. SIGNATURES:

COMMITTEE ON HEALTH CARE SERVICES:

Prepared by:

Staff Director:

Phil E. Williams

Phil E. Williams