

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

BILL: SB 1692

SPONSOR: Senator King and others

SUBJECT: The Florida State University College of Medicine

DATE: April 19, 2000 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Munroe</u>	<u>Wilson</u>	<u>HC</u>	<u>Fav/1 amendment</u>
2.	<u>White</u>	<u>O'Farrell</u>	<u>ED</u>	<u>Favorable</u>
3.	_____	_____	<u>FP</u>	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

This bill creates the Florida State University College of Medicine, a 4-year allopathic medical school within the Florida State University. The medical college must have a principal focus on recruiting and training medical professionals to meet the state's primary health care needs, especially the needs of the state's elderly, rural, minority, and other underserved citizens. The bill provides legislative intent, specifies the purpose, and addresses the transition to, organizational structure of, and admissions process of the proposed College of Medicine. The bill specifies curricula and insurance requirements. The proposed College of Medicine must develop a comprehensive program that ensures training in the medical needs of the elderly, rural and underserved populations of the state. The bill requires the College of Medicine to increase participation of underrepresented groups and socially and economically disadvantaged youth in science and medical programs.

This bill creates one undesignated section.

II. Present Situation:

State University System

Pursuant to s. 240.2011, F.S., The State University System consists of the Board of Regents of the Division of Universities of the Department of Education and 10 universities: The University of Florida; The Florida State University; The Florida Agricultural and Mechanical University; The University of South Florida; The Florida Atlantic University; The University of West Florida; The University of Central Florida; The University of North Florida; The Florida International University; and The Florida Gulf Coast University. Under s. 240.209, F.S., the Board of Regents, among other duties, is primarily responsible for approving new degree programs for all state universities. Any new college, school, or functional equivalent of any program leading to a degree which is offered as a credential for a specific license granted under the Florida Statutes or the Florida Constitution may not be established without specific approval of the Legislature.

Medical Education in Florida

Three allopathic medical education programs (University of Florida, University of South Florida, and the University of Miami) and one osteopathic medical education program (Nova Southeastern) are located in Florida. Approximately 500 physicians graduate annually from allopathic and osteopathic medical education programs in Florida.

The osteopathic medical education program at NovaSoutheastern is accredited by the American Osteopathic Association. Each allopathic medical education program is accredited by the Liaison Committee on Medical Education (LCME) of the American Association of Medical Colleges (AAMC). The Liaison Committee on Medical Education accredits programs of medical education leading to the M.D. degree in the United State and territories and in cooperation with the Commission of Accreditation of Canadian Medical Schools in Canada. Accreditation by LCME is recognized by the Unites States Department of Education and is responsible for attesting to the educational quality of accredited medical education programs.

The Program in Medical Sciences (PIMS) is a collaborative program between the University of Florida College of Medicine and the Florida State University which allows a limited number of students to complete the first year of basic science curriculum at Florida State University. The students in PIMS then transfer to the University of Florida for the final three years of their medical education. The PIMS program at Florida State University is not separately accredited by LCME but comes under the accreditation of the medical education program at the University of Florida.

Six statutory teaching hospitals (Jackson Memorial Hospital - Miami; Orlando Regional Healthcare System; Tampa General Hospital; Mount Sinai Medical Center - Miami; Shands HealthCare - Gainesville; and University Medical Center - Jacksonville) are used by medical education programs to provide clinical education to students and residents. Nova Southeastern College of Osteopathic Medicine provides clinical training by assigning its students to clerkships with licensed osteopathic physicians and community hospitals.

Chapter 458, F.S., provides for the regulation of the practice of medicine by the Board of Medicine. Section 458.311, F.S., provides requirements for medical licensure. The requirements for medical licensure under the chapter include: completion of 2 academic years of pre-professional, postsecondary education; graduation from an accredited allopathic medical school or college recognized by the United States Department of Education; demonstration of proficiency in English, if the language of instruction of the medical school is other than English; completion of an approved residency of at least 1 year; and passage of a national medical licensure examination. Section 458.345, F.S., requires hospitals to submit to the Department of Health, on dates designated by the Board of Medicine, a list of resident physicians, assistant resident physicians, house physicians, interns, or fellows employed by the facility. Residents must register with the board.

Chapter 459, F.S., similarly provides for the regulation of the practice of osteopathic medicine. The requirements for osteopathic medical licensure include: completion of 3 years of preprofessional postsecondary education; graduation from a college recognized and approved by the American Osteopathic Association; and completion of a resident internship of no less than 12

months in a hospital approved by the American Osteopathic Association; and passage of a national osteopathic licensure examination.

Physician Supply in Florida

Florida has an average of 210 physicians per 100,000 residents compared to a national average of 224. Florida imports a majority of its physicians and licenses about 2,500 physicians who are graduates of medical schools in other states or foreign countries each year.

Florida ranks among the top 20 percent of all states, nationally, for the number of physicians per 100,000 population. According to the (AAMC) Data Book (January 1998), Florida ranks 13th nationally in the total number of medical physicians and osteopathic physicians practicing throughout the state per 100,000 population. Florida has a total of 37,964 allopathic physicians and ranks 4th nationally for the percentage of total physicians relative to the national total (AAMC Data Book, January 1998). Florida (2,280) ranks 10th nationally and has 2.8 percent of the total resident physicians in the United States (101,200 total - 97,200 allopathic and 4,000 osteopathic) *JAMA, Sept. 1996; JAOA, Nov. 1996.*

There is a shortage of primary care physicians in the state who work in rural or urban areas. The federal government has identified thirteen counties as medically underserved: Bradford; Dixie; Lafayette; Suwannee; Hamilton; Taylor; Madison; Wakulla; Gadsden; Washington; Holmes; Glades; and Hardee.

Sovereign Immunity Issues

Sovereign immunity insulates the state and any governmental officer, employee, or agent acting on behalf of the state from a lawsuit. Article X, section 13, of the State Constitution permits the Legislature to waive sovereign immunity by general law. Section 768.28, F.S., provides the state's waiver of sovereign immunity. Immunity is waived for claims up to \$100,000 per person, or \$200,000 per incident, and does not include any act committed in bad faith, or with malicious purpose, or any act involving gross negligence. An agent of the state is generally covered by the state's sovereign immunity, and may include a person or entity, not permanently employed by the state, who contracts with the state. To be considered an agent, a certain degree of control or supervision must be exerted by the governmental entity over the activities the agent undertakes on the entity's behalf. The resolution of whether a person is an agent is a mixed question of law and fact. *See e.g., King v. Young, 107 So.2d 751, 753 (Fla.2d DCA 1958).*

Under s. 110.504(4), F.S., volunteers are covered by state liability protection in accordance with provisions of the state's waiver of sovereign immunity. Section 110.501(1), F.S., defines "volunteer" to mean any person who, of his or her own free will, provides goods or services to any state department or agency, or nonprofit organization, with no monetary or material compensation. The Access to Health Care Act, as created by ch. 92-278, L.O.F., and codified as s. 766.1115, F.S., extends sovereign immunity protection to only those health care providers that provide *uncompensated* care to Medicaid recipients or uninsured, low-income persons (defined as a person whose family income does not exceed 150 percent of the federal poverty level, as defined by the federal Office of Management and Budget). The state extends sovereign immunity protection to health care providers, designated as agents of the state, who render free services,

under contract entered into with governmental contractors (DOH, county health departments, hospitals owned and directly operated by governmental entities, or special taxing districts with health care responsibilities), to poor persons referred by the governmental contractors.

Medical Education Reports

In proviso language to the 1999 General Appropriations Act, the Florida Legislature directed Florida State University to conduct a study of the following issues:

- programs which exist in the state to train physicians to care for the elderly, and how such programs can be developed most cost effectively;
- the best models for training and retraining physicians for service in underserved areas;
- accredited models for clinical training of physicians in medical schools that operate without a teaching hospital under the control of the university;
- hospitals which are available in Florida for affiliation agreements with a medical education program designed to offer community based clinical education; their willingness to enter into affiliation agreements contingent on funding of a community based clinical program; and the costs and benefits of such programs;
- programs which exist in Florida and nationally to recruit minorities in science and medicine, and their effectiveness;
- the 10-year history of the existing medical education programs, including Programs in Medical Sciences, in recruiting and retaining primary care physicians and minority physicians.

Separate studies were completed by MGT of America, Inc., under contract with Florida State University (FSU). The studies are summarized:

Training Physicians to Care for the Elderly

Florida has the highest proportion of elderly residents in the country with approximately 2.8 million persons and is expected to grow dramatically with the aging of the baby boomer population. Any proposed school of medicine at FSU should: concentrate on improving medical education for students willing to treat elder residents; incorporate the American Geriatrics Society curriculum guidelines in plans for the new allopathic school of medicine; and once the mission of the school is established and achieved, other requirements which include testing, evaluation, and new developments in the field can guide curriculum changes and ensure that goals of excellence in teaching geriatric care are achieved.

Training and Retaining Physicians in Underserved Areas

Florida's existing medical education system has an extremely limited capacity to serve the state's rapidly growing population, and the state's shortage of physicians is potentially damaging to the state's elderly population and its rural counties. Recruitment and retention of primary care physicians can strengthen and contribute to the rural economy. Ethnic minorities are a large proportion of Florida's underserved urban populations. Academic health centers have traditionally served urban populations through medical students and residents. Minority physicians are more likely to enter generalist specialties and practice in underserved areas. Student interactions with urban underserved populations through medical school, may impact a physician's interest in

practicing in an underserved area. Florida depends heavily on medical school graduates from out-of-state or foreign countries to provide medical care to people living in underserved areas. The effectiveness of nationally recognized programs which have innovative strategies to meet the needs of urban underserved populations and provide multicultural training for medical students was presented.

Any proposed school of medicine at FSU should: specify a mission to train and produce highly skilled primary care physicians to meet the needs of rural and underserved populations of Florida, including the elderly; recruit primary care faculty who reinforce student attitudes and perceptions toward service and primary care; develop a strong Department of Family Medicine; adopt an admission and recruitment program designed to recruit students who are motivated to become primary care physicians; and revise the medical education curriculum to emphasize primary care by implementing a number of innovative strategies. The study recommends the need for expanding existing funding for care of the uninsured and underinsured in Florida and the need to fund graduate medical education efforts which will lead to more primary care physicians.

Clinical Training in a Medical School without a Teaching Hospital

Three models of medical education are presented: (1) university-owned teaching hospitals; (2) closely controlled or affiliated teaching hospitals; and (3) community-based medical facilities. Community-based medical education is defined to mean the use of community physicians and hospitals, rather than just full-time college faculty in a teaching hospital to conduct clinical teaching programs. The report lists the advantages and disadvantages of the university-owned teaching hospitals. Florida's public medical schools have closely affiliated teaching hospitals; within the last 30 years, half of the medical schools in the nation have been community-based medical schools. Seventeen of the nation's allopathic medical schools operate community-based medical education programs. Community-based medical education programs are particularly effective at training primary care physicians; the graduates of such programs have comparable test scores to those who graduate from medical schools affiliated with teaching hospitals. Community-based medical education programs: provide students with comprehensive training in clinical settings that parallel the environment in which physicians practice; provide a unique experience in the practice of health promotion and disease strategies; strengthens the practices of local hospitals and physicians; and are a more cost-effective way to provide medical students with clinical training. Teaching hospitals are effective in providing medical students with: exposure to highly specialized patient referral base and treatment programs; patients, programs, and controls necessary for highly specialized medical research programs.

Florida Hospitals Willing to Assist in Training Programs

Six model community-based medical education programs are discussed along with the accreditation requirements of LCME for medical schools. When medical students are taught at multiple sites and by affiliated institutions within a single medical school, accreditation standards require clinical education programs to meet the following requirements: comparable educational experience and equivalent methods of evaluation across all alternative instructional sites in a given discipline; a single standard for promotion and graduation of students; and standards that ensure student exposure to a full spectrum of medical care within an ambulatory facility or hospital. The study highlights hospitals that have expressed an interest in affiliating with a community-based medical education program, if funded.

Minority Recruitment in Science and Medicine

Florida lags behind the average for the rest of the country in the awarding of science degrees to African Americans and Hispanics, a fact that limits the number of minority students with prerequisite education necessary to enter medical school. Florida falls short of the national average in the rate at which it is providing medical education to its African American and Hispanic populations. Research has demonstrated that minority physicians have a proven record of increasing medical services to underserved minority populations. Expanding the number of underrepresented minorities in Florida's medical schools may be improved by implementation of recruitment and retention strategies that target disadvantaged rather than minority students with reasonably good academic records. Any proposed school of medicine at FSU should develop a pool of qualified minority applicants and facilitate effective programs that increase underrepresented minorities in medical school education.

Ten-Year History of Medical Education Programs in Recruiting Primary Care and Minority Physicians

Florida exceeds the national average of licensed physicians who are aged 65 or over. The demand for generalist physicians in Florida exceeds the ability of the existing medical education system to produce sufficient numbers of graduates who are generalists. Innovative approaches to medical education are needed to move beyond mechanisms that favor specialty training. Florida may be placing the quantity of medical care available to its residents at risk by having an over reliance on a physician workforce that is substantially made up of foreign medical graduates.

Plan for A Four-Year Allopathic School of Medicine at FSU

The study provides a plan for a 4-year allopathic school of medicine at FSU. The new school would eventually enroll up to 120 students per class; enrollment levels would phase in the current 30 PIMS students to 40 medical school students in Fall 2001; 20 additional students will be added each year until 120 students enter in the Fall 2005. The selection criteria will focus on identifying future primary care physicians. The design of the curriculum for the new medical school would use a distributed, community-based model with a special emphasis on rural health. Five or six subgroups of students will be assigned to clinical rotation training sites located throughout the state during their third and fourth year in medical school and return to Tallahassee periodically for special lectures and group functions. Staffing and organization of the medical school is outlined:

each major clinical training campus will have a “community dean” and a student affairs officer; 60 basic and behavioral science teaching faculty will be recruited; all teaching faculty for the clinical training components will be community physicians who serve part-time appointments. The major requirement for new facilities will be an on-campus facility which includes administrative offices, lecture halls, teaching laboratories, small group workrooms, the instructional resources center with a projected cost of \$50 million. Clinical faculty will work out of their existing medical practice offices. The projected annual operating budget for the new school is \$39 million, of which approximately \$34 million would come from state appropriations. The proposed medical school will work with local hospitals to form a community corporation in each major geographic location.

A Plan to Expand the Program in Medical Science (PIMS) Program at FSU

A plan for expanding the PIMS program at FSU proposes to phase in a gradual increase of the entering class size. Beginning 2001-2002, the number of students entering would expand from 30 to 40 students and in the following year FSU would accept 60 new entrants and the number of students would be annually phased-in to total enrollment of 120, subject to the ability of the University of Florida College of Medicine growth constraints. Under the plan, FSU would modify the structure of its programmatic relationship with the University of Florida College of Medicine so that the PIMS students would remain at FSU for 2 years instead of a single year of their medical education. An estimated \$13 million in funding is estimated. Additional staffing and an affiliation with local clinical training sites would be required to accommodate the expansion of the PIMS program.

III. Effect of Proposed Changes:

The bill provides for the creation of a 4-year allopathic medical school within the Florida State University.

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. The principal focus for the new medical school is to recruit and train medical professionals to meet the primary health care needs of the state, especially the needs of the state’s elderly, rural, minority, and other underserved citizens.

Subsection (2) specifies legislative intent that 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 21st century. Key components of the college would be built on the successful foundation of the existing Program in Medical Sciences, and would include admission of diverse types of students, medical problem-based teaching, and dispersed clinical training throughout the state. The Legislature further intends that the study of the aging human being to be a continuing focus throughout the 4-year curriculum and that the use of information technology be a key component of the educational program.

Subsection (3) requires the college to be dedicated to: preparing physicians to practice primary care, geriatric, and rural medicine; using emerging technologies appropriately; functioning in the

rapidly changing health care environment; advancing knowledge in specified topical areas; providing leadership capability in health care delivery and academic medicine; and providing access to medical education for groups that are underrepresented 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 must 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 will evolve into the College of Medicine, with appropriate departments.

The current admissions procedures of the Program in Medical Sciences must provide the basis for the design of an admissions process for the College of Medicine, with selection criteria that focus on identifying primary care physicians who have a demonstrated emphasis on serving underserved 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. To provide broad-based clinical instruction in both rural and urban settings, the College of Medicine must 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 must 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 2-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 the third and fourth year, 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) requires 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 selection criteria are to be expanded to include criteria related to a commitment to the elderly.

Subsection (9) provides requirements for meeting the medical needs of the state's rural and underserved populations. The College of Medicine must 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 underserved areas.

Subsection (10) requires the College of Medicine to increase participation of underrepresented 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 must 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. The college must develop plans for a postbaccalaureate, 1-year academic program that provides a second chance to a limited number of students per year who have been declined medical school admission, who are state residents, and who meet established criteria as socially and economically disadvantaged. The college must make every effort, through recruitment and retention, to employ a faculty and staff that reflects 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. Additional technology programs must include: extensive professional development opportunities for faculty, an on-line library of academic and medical resources, and technology-sharing agreements with other medical schools, including a specific collaboration with the Mayo Clinic, Jacksonville.

Subsection (12) addresses administration and faculty. Each of the community-based clinical rotation sites must have a dean and a student affairs/administrative officer. Teaching faculty for the community-based clinical training component must 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.

The bill will take effect upon becoming a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Subsections 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

An estimated annual collection of \$4.8 million of tuition (480 students @ \$10,000) will be collected by the College of Medicine at Florida State University.

C. Government Sector Impact:

An annual appropriation of \$34.2 million (in 1999 dollars) is projected for full operation of the Medical College, with full enrollment of 480 students in 2008-2009, based on the findings of the study completed by MGT of America, Inc., under contract with Florida State University. The potential loss of income of transferees from the Florida State University PIMS program to the University of Florida College of Medicine was assumed to be absorbed by new students being accepted to that program. MGT of America's study estimates an annual expense of \$500,000 for the College to cover liability insurance and provided a detailed estimated annual expenditure in its report, *Plan for a Four-Year Allopathic School of Medicine at Florida State University*.

For Fiscal year 2000-2001, the Board of Regents requested:

\$8 million for the Basic Sciences Program Expansion at FSU

\$12.2 million (non-recurring) for equipment for the Basic Sciences Program Expansion at FSU

The Governor recommended in his budget for fiscal year 2000-2001, \$9,575,055 for the Medical School at Florida State University.

By comparison, the financial information for the public medical schools in Florida is provided:

The annual operating budget (fiscal year 1999-2000) for the University of Florida College of Medicine is \$426 million which includes clinical activities, research, public service, administration, undergraduate medical education, and graduate medical education. Undergraduate medical instruction direct costs are \$50.3 million (11.8% of the total \$426 million). The annual operating budget (fiscal year 1999-2000) of the self-insurance program is \$13.3 million. Undergraduate student enrollment: 430.

The annual operating budget (fiscal year 1999-2000) for the University of South Florida College of Medicine is \$158.6 million which includes clinical activities, research, public service, administration, undergraduate medical education, and graduate medical education. Undergraduate medical instruction direct costs are \$20.6 million (13% of the total \$158.6 million). The annual operating budget (fiscal year 1999-2000) of the self-insurance program is \$3.6 million. Undergraduate student enrollment: 385.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Board of Regents (BOR) took the following position regarding the establishment of a college of medicine at Florida State University and medical education in Florida:

1. There continues to be no valid and compelling evidence that Florida currently has, or will have in the foreseeable future, an overall shortage of physicians.
2. Florida, like virtually every other state, does have rural and inner-city areas that have an inadequate supply of physicians.
3. There is a strong link between residency training location and subsequent practice location. Sixty-five percent of physicians, generally, and 75 percent of family practice physicians practice within 75 miles of where they complete their residencies. Conversely, there is little, if any, relationship between the location of the medical school attended and subsequent practice location. Increasing the number of medical school positions in Florida will have no demonstrable effect on either: (a) the number of family practice physicians practicing in Florida; (b) the number of pediatricians practicing in Florida; or (c) the distribution of physicians to medically-underserved geographic areas of the state. The most effective means to achieve these objectives is to increase: (a) the number of family practice residencies in Florida; (b) the number of geriatric fellowships in Florida; and (c) the number of residency programs located in rural and inner city areas of Florida, respectively.
4. If the Legislature determines that it wishes to provide more opportunities for Floridians to attend medical school in-state, the most cost-effective and efficient way to achieve this objective is to fund expansion of the capacity at the state's four existing medical schools rather than creating a fifth medical school at [Florida State University] FSU. The [State University System] SUS FY 2000-2001 legislative budget request includes requests to increase enrollment at [University of Florida] UF and [University of South Florida] USF colleges of medicine.
5. The [Board of Regents] BOR continues to have reservations about the adequacy of the funding FSU is requesting to establish the proposed medical school. If appropriated funds are not sufficient, future Legislatures may feel compelled to direct funding away from [Board of Regents] BOR systemwide priorities in an effort to adequately finance the [Florida State University] FSU medical school. All of the state universities could suffer as a consequence.

The bill authorizes Florida State University to negotiate and purchase 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. It is unclear whether health care providers who participate in the delivery of health services as community-based faculty who are not employees or contractors with the medical school would be considered agents of the medical school so that the medical school is liable for the negligent acts of these health care providers to the extent that sovereign immunity is waived. To the extent health care providers participating in the medical school's community-based clinical education program are employees or contractors of an entity other than the medical school, it is unclear in the event of conflicting supervision and control from an entity other than the medical school, how both the medical school and the other entity will effectively coordinate and enforce authority over and provide supervision of the professional and health-related activities of such health care providers.

VIII. Amendments:

#1 by Health, Aging and Long-Term Care:

Adds Lee Memorial Health System, Inc., in Fort Myers, Florida, to the list of partner organizations to provide clinical instruction for the students matriculating in the Florida State University College of Medicine's community-based medical education program.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
