By the Committee on Education and Senator Sullivan

304-2060-00

1

3 4

5

6

7

8

10

11

12

13

14

15 16

17

18 19

20

21

22

23

24

25

2627

2.8

2930

31

A bill to be entitled An act relating to health care; amending s. 381.0403, F.S.; placing an emphasis on primary care physicians rather than family physicians; modifying the provisions relating to the funding of graduate medical education; defining primary care specialties; establishing a program for graduate medical education innovations; creating a process regarding the release of funds; amending s. 408.07, F.S.; modifying the definition of the term "teaching hospital"; amending s. 409.905, F.S.; increasing the Medicaid reimbursement limitation for certain hospital outpatient services; amending s. 409.908, F.S.; providing exceptions to Medicaid reimbursement limitations for certain hospital inpatient care; authorizing the agency to receive certain funds for such exceptional reimbursements; providing an exemption from county contribution requirements; increasing the Medicaid reimbursement limitation for certain hospital outpatient care; authorizing the agency to receive certain funds for such outpatient care; removing authority for additional reimbursement for hospitals participating in the extraordinary disproportionate share program; providing an exemption from county contribution requirements; requiring an annual report addressing specific topics; providing a committee for report purposes; providing a

reporting due date; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

 Section 1. Section 381.0403, Florida Statutes, is amended to read:

381.0403 The Community Hospital Education Act.--

- (1) SHORT TITLE.--This section shall be known and cited as "The Community Hospital Education Act."
 - (2) LEGISLATIVE INTENT.--
- (a) It is the intent of the Legislature that health care services for the citizens of this state be upgraded and that a program for continuing these services be maintained through a plan for community medical education. The program is intended to provide additional outpatient and inpatient services, a continuing supply of highly trained physicians, and graduate medical education.
- (b) The Legislature further acknowledges the critical need for increased numbers of primary care family physicians to provide the necessary current and projected health and medical services. In order to meet both present and anticipated needs, the Legislature supports an expansion in the number of family practice residency positions. The Legislature intends that the funding for graduate education in family practice be maintained and that funding for all primary care specialities be provided at a minimum of \$10,000 per resident per year. Should funding for this act remain constant or be reduced, it is intended that all programs funded by this act be maintained or reduced proportionately.

2

3

4

5

6

7

8

9

10

11

12

13 14

15

16 17

18 19

2021

22

2324

25

2627

28 29

30

31

- (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND LOCAL PLANNING.--
- (a) There is established under the Board of Regents a program for statewide graduate medical education. It is intended that continuing graduate medical education programs for interns and residents be established on a statewide basis. The program shall provide financial support for primary care specialty interns and residents based on policies recommended and approved by the Community Hospital Education Council, herein established, and the Board of Regents. Only those programs with at least three residents or interns in each year of the training program are qualified to apply for financial support. Programs with fewer than three residents or interns per training year are qualified to apply for financial support, but only if the appropriate accrediting entity for the particular specialty has approved the program for fewer positions. When feasible and to the extent allowed through the General Appropriations Act, state funds shall be used to generate federal matching funds under Medicaid or other federal programs, and the resulting combined state and federal funds shall be allocated to participating hospitals for the support of graduate medical education and for administrative costs associated with the production of the annual report as specified in section 5 of this act.
- (b) For the purposes of this section, primary care specialties include emergency medicine, family practice, internal medicine, pediatrics, psychiatry, obstetrics/gynecology, and combined pediatrics and internal medicine, and other primary care specialties included by the council and the Board of Regents.

5

10 11 12

13

14 15

16 17 18

19 20

21 22

23 24

25 26

27 28

29

30

31

(c) (b) Medical institutions throughout the state may apply to the Community Hospital Education Council for grants-in-aid for financial support of their approved programs. Recommendations for funding of approved programs shall be forwarded to the Board of Regents.

(d)(c) The program shall provide a plan for community clinical teaching and training with the cooperation of the medical profession, hospitals, and clinics. The plan shall also include formal teaching opportunities for intern and resident training. In addition, the plan shall establish an off-campus medical faculty with university faculty review to be located throughout the state in local communities.

- (4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS. --
- (a) There is established under the Board of Regents a program for fostering graduate medical education innovations. Funds appropriated annually by the Legislature for this purpose shall be distributed to participating hospitals or consortia of participating hospitals and Florida medical schools on a competitive-grant or formula basis to achieve state health care workforce policy objectives, including, but not limited to:
- 1. Increasing the number of residents in primary care and other high demand specialties or fellowships;
- 2. Enhancing retention of primary care physicians in Florida practice;
- 3. Promoting practice in medically under-served areas of the state;
- Encouraging racial and ethnic diversity within the state's physician workforce; and
 - Encouraging increased production of geriatricians.

- (b) Participating hospitals or consortia of participating hospitals and Florida medical schools may apply to the Community Hospital Education Council for funding under this innovation program. Innovation program funding shall provide funding based on policies recommended and approved by the Community Hospital Education Council and the Board of Regents.
- (c) Participating hospitals or consortia of
 participating hospitals and Florida medical schools awarded an
 innovation grant shall provide the Community Hospital
 Education Council and Board of Regents with an annual report
 on their project.
- (5)(4) FAMILY PRACTICE RESIDENCIES.—In addition to the programs established in subsection (3), the Community Hospital Education Council and the Board of Regents shall establish an ongoing statewide program of family practice residencies. The administration of this program shall be in the manner described in this section.

(6) (5) COUNCIL AND DIRECTOR. --

- (a) There is established the Community Hospital Education Council, hereinafter referred to as the council, which shall consist of eleven members, as follows:
- 1. Seven members must be program directors of accredited graduate medical education programs or practicing physicians who have faculty appointments in accredited graduate medical education programs. Six of these members must be board certified or board eligible in family practice, internal medicine, pediatrics, emergency medicine, obstetrics-gynecology, and psychiatry, respectively, and licensed pursuant to chapter 458. No more than one of these

members may be appointed from any one specialty. One member must be licensed pursuant to chapter 459.

- One member must be a representative of the administration of a hospital with an approved community hospital medical education program;
- 3. One member must be the dean of a medical school in this state; and
 - Two members must be consumer representatives.

8 9 10

11

12 13

14

15

16 17

18 19

20

21

22

23 24

25

26 27

28

29

30

2

3

4

5

6

7

All of the members shall be appointed by the Governor for terms of 4 years each.

- (b) Council membership shall cease when a member's representative status no longer exists. Members of similar representative status shall be appointed to replace retiring or resigning members of the council.
- (c) The Chancellor of the State University System shall designate an administrator to serve as staff director. The council shall elect a chair from among its membership. Such other personnel as may be necessary to carry out the program shall be employed as authorized by the Board of Regents.

(7)(6) BOARD OF REGENTS; STANDARDS.--

- (a) The Board of Regents, with recommendations from the council, shall establish standards and policies for the use and expenditure of graduate medical education funds appropriated pursuant to subsection(8)(7)for a program of community hospital education. The board shall establish requirements for hospitals to be qualified for participation in the program which shall include, but not be limited to:
- Submission of an educational plan and a training 31 schedule.

1

- 6 7 8
- 9 10 11
- 13 14

12

- 15 16
- 17 18
- 19 20 21
- 22 23
- 24 25 26
- 27 28
- 29 30

- 2. A determination by the council to ascertain that each portion of the program of the hospital provides a high degree of academic excellence and is accredited by the Accreditation Council for Graduate Medical Education of the American Medical Association or is accredited by the American Osteopathic Association.
- 3. Supervision of the educational program of the hospital by a physician who is not the hospital administrator.
- (b) The Board of Regents shall periodically review the educational program provided by a participating hospital to assure that the program includes a reasonable amount of both formal and practical training and that the formal sessions are presented as scheduled in the plan submitted by each hospital.
- (c) In years that funds are transferred to the Agency for Health Care Administration, the Board of Regents shall certify to the Agency for Health Care Administration quarterly the number of primary care specialty residents and interns at each of the participating hospitals for which the Community Hospital Education Council and the board recommend funding.
- (8) (8) (7) MATCHING FUNDS.--State funds shall be used to match funds from any local governmental or hospital source. The state shall provide up to 50 percent of the funds, and the community hospital medical education program shall provide the remainder. However, except for fixed capital outlay, the provisions of this subsection shall not apply to any program authorized under the provisions of subsection(5)(4)for the first 3 years after such program is in operation.
- Section 2. Subsection (44) of section 408.07, Florida Statutes, is amended to read:
- 408.07 Definitions. -- As used in this chapter, with the 31 exception of ss. 408.031-408.045, the term:

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16 17

18 19

20

21

22

23 24

25

26

27 28

29

30

"Teaching hospital" means any Florida hospital officially formally affiliated with an accredited medical school which exhibits activity in the area of graduate medical education as reflected by at least seven different graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education resident physician specialties and the presence of 100 or more full-time-equivalent resident physicians. The Director of the Agency for Health Care Administration shall be responsible for determining which hospitals meet this definition.

Section 3. Subsection (6) of section 409.905, Florida Statutes, is amended to read:

409.905 Mandatory Medicaid services. -- The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(6) HOSPITAL OUTPATIENT SERVICES. -- The agency shall pay for preventive, diagnostic, therapeutic, or palliative care and other services provided to a recipient in the outpatient portion of a hospital licensed under part I of chapter 395, and provided under the direction of a licensed 31 physician or licensed dentist, except that payment for such

3

4

5

6

7

8

9

10

11

12

13

14

15

16 17

18 19

20

21

22

23 24

25

26

27 28

29

30

care and services is limited to\$1,500\$1,000 per state fiscal year per recipient, unless an exception has been made by the agency, and with the exception of a Medicaid recipient under age 21, in which case the only limitation is medical necessity.

Section 4. Subsection (1) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.--Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(1) Reimbursement to hospitals licensed under part I of chapter 395 must be made prospectively or on the basis of 31 negotiation.

31

1 (a) Reimbursement for inpatient care is limited as provided for in s. 409.905(5), except for: 2 3 1. The raising of rate reimbursement caps, subject to certification from the Board of Regents that the hospital has 4 5 complied with s. 381.0403 excluding rural hospitals. 6 2. Recognition of the costs of graduate medical 7 education. 8 3. Other methodologies recognized in the General 9 Appropriations Act. 10 11 The agency is authorized to receive funds from state entities, including the Board of Regents, local governments, and other 12 local political subdivisions, for the purpose of making 13 special exception payments, including federal matching funds, 14 through the Medicaid inpatient reimbursement methodologies. 15 Funds received from state entities or local governments for 16 17 this purpose shall be separately accounted for and shall not be commingled with other state or local funds in any manner. 18 19 Notwithstanding this section or s. 409.915, counties are exempt from contributing toward the cost of the 20 21 special-exception reimbursement for hospitals serving a disproportionate share of low-income persons and providing 22 graduate medical education. 23 24 (b) Reimbursement for hospital outpatient care is 25 limited to\$1,500\$1,000 per state fiscal year per recipient, 26 except for: 27 1. Such care provided to a Medicaid recipient under 28 age 21, in which case the only limitation is medical 29 necessity. +

3. Other exceptions made by the agency.

2. Renal dialysis services. ; and

The agency is authorized to receive funds from state entities, including the Board of Regents, local governments, and other local political subdivisions, for the purpose of making payments, including federal matching funds, through the Medicaid outpatient reimbursement methodologies. Funds received from state entities and local governments for this purpose shall be separately accounted for and shall not be commingled with other state or local funds in any manner.

(c)(b) Hospitals that provide services to a disproportionate share of low-income Medicaid recipients, or that participate in the regional perinatal intensive care center program under chapter 383, or that participate in the statutory teaching hospital disproportionate share program, or that participate in the extraordinary disproportionate share program, may receive additional reimbursement. The total amount of payment for disproportionate share hospitals shall be fixed by the General Appropriations Act. The computation of these payments must be made in compliance with all federal regulations and the methodologies described in ss. 409.911, 409.9112, and 409.9113.

 $\underline{(d)}$ (c) The agency is authorized to limit inflationary increases for outpatient hospital services as directed by the General Appropriations Act.

Section 5. The Board of Regents, the Executive Office of the Governor, the Department of Health, and the Agency for Health Care Administration shall collaborate to establish a committee that shall produce an annual report on graduate medical education. To the maximum extent feasible, the committee shall have the same membership as the Graduate Medical Education Study Committee, established by the proviso

1 accompanying Specific Appropriation 191 of the fiscal year 1999-2000 General Appropriations Act. The report shall be 2 3 provided to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 15 of each 4 5 year. Committee members shall serve without compensation. From 6 the funds provided in section 381.0403(3), Florida Statutes, 7 the committee is authorized to expend a maximum of \$75,000 per 8 year to provide for administrative costs and contractual services. The report must address the following topics: 9 10 (1)The role of residents and medical faculty in the 11 provision of health care.

- (2) The relationship of graduate medical education to the state's physician workforce.
- (3) The costs of training medical residents for hospitals, medical schools, teaching hospitals, including all hospital-medical affiliations, practice plans at all of the medical schools, and municipalities.
- (4) The availability and adequacy of all sources of revenue to support graduate medical education. The report must also recommend alternative sources of funding for graduate medical education.
- (5) The use of state and federal appropriated funds for graduate medical education by hospitals receiving such funds.
 - Section 6. This act shall take effect July 1, 2000.

26

12

13

14

15

16 17

18

19

20

21

22

2324

25

27

28

29

30

31

1	STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN COMMITTEE SUBSTITUTE FOR
2	<u>SB 2456</u>
3	
4	The Committee Substitute for SB 2456:
5 6	Transfers funding for the Community Hospital Education Act to the Agency for Health Care Administration, in an attempt to generate federal matching funds under Medicaid.
7 8	Creates a Program for Graduate Medical Education Innovations to achieve workforce policy objectives, such as more physicians in under-served areas, more geriatricians, and more ethnic diversity among physicians.
9 10	Defines the term "teaching hospital" and specifies priorities for the Community Hospital Education Program.
11 12	Creates in statute a committee established in last year's General Appropriations Act for graduate medical education in Florida.
13 14	Increases from \$1,000 to \$1,500 the annual Medicaid hospital inpatient and outpatient services cap for adults.
15	Revises Medicaid limitations for hospital inpatient services to provide exceptions for raising reimbursement caps,
16	recognition of the costs associated with graduate medical education, and other methodologies provided in the General
17	Appropriations Act; authorizes AHCA to receive funds from certain entities for the reimbursements; and exempts counties from them.
18	Deletes obsolete provisions.
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	