



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

Promote Personal responsibility - The bill provides an opportunity for health professionals to gain opportunities for training in medically underserved areas, increasing access to primary care services, providing health workforce recruitment, and enhancing the quality of health care.

#### B. EFFECT OF PROPOSED CHANGES:

The bill revises the Department of Health's duties relating to the AHEC network in Florida to conform to current practices. The bill clarifies existing law regarding the multidisciplinary approach that AHEC networks should use to recruit, train and retain health professions students to improve access to health services to medically underserved persons. New language that is created in s. 381.0409, F.S., provides for coordination with federal health professional recruitment and placement programs to place health care professionals in medically underserved areas.

#### **Background**

Area Health Education Centers link the resources of university health science centers with local planning, educational and clinical resources. An AHEC network of health-related institutions provides multidisciplinary educational services to students, faculty and local practitioners, ultimately improving health care delivery in medically underserved areas.

The AHEC program is a long-term initiative, requiring major changes in the traditional method of training medical and other health professions students and in the relationship between university health science centers and community health service delivery systems. The Basic AHEC Program was initiated in 1972 and the Model State Supported AHEC Program was initiated in 1993. The Health Professions Education Partnerships Act of 1998 reauthorized the AHEC Program for five years.<sup>1</sup>

The Florida AHEC Network is an extensive, statewide system for health professional education and support founded upon 10 regional AHECs. Each AHEC is supported by an AHEC Program at one of the state's five medical schools. The organization of the network allows the AHECs to draw upon the resources of the academic health centers to address local health care issues. The Florida AHEC Network has addressed the primary health care needs of Florida's underserved populations by:

- Extending academic health resources;
- Providing information and support to community health care providers;
- Emphasizing the primary care needs of medically underserved populations;
- Encouraging health professions education programs to enhance their curricula with community-based clinical experiences, interdisciplinary training, distance education and other programs vital to students' learning; and
- Influencing the future health professional workforce by development programs to generate interest in health careers among minority and disadvantaged youth.

Under section 381.0402, F.S., the Department of Health, in cooperation with the state-approved medical schools in Florida must organize an AHEC network based on earlier medically indigent demonstration projects and must evaluate the impact of each network on improving access to services by persons who are medically underserved. The network must be a catalyst for the primary care training of health professionals through increased opportunities for training in medically underserved

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<sup>1</sup> See Public Law 105-392

areas. The Department of Health must contract to assist in funding an AHEC network, which links the provision of primary care services to low-income persons with the education of medical students, interns, and residents.

The AHEC network must:

- Be coordinated with and under contract with a state-approved medical school, which shall be responsible for clinical training and supervision.
- Divide the state into service areas with each medical school coordinating the recruiting, training and retention of medical students within its assigned area.
- Use a multidisciplinary approach with appropriate medical supervision.
- Use community resources, such as county health departments, federally funded primary care centers, or other primary health care providers, as community-based sites for training medical students, interns and residents.
- Assist providers in medically underserved areas and other safety net providers in remaining current in their fields through a variety of community resource initiatives;
- Strengthen the health care safety net in Florida by enhancing services and increasing access to care in medically underserved areas; and
- Provide other services, such as library and information resources, continuing professional education, technical assistance, and other support services, for providers who serve in medically underserved areas.

The Department of Health must establish criteria and procedures for quality assurance, performance evaluations, periodic audits, and other appropriate safeguards for the network. The department must make every effort to assure that participating medical schools do not discriminate among enrollees with respect to age, race, sex, or health status. Participating medical schools may target high-risk medically needy population groups.

C. SECTION DIRECTORY:

Section 1. Amends s. 381.0402, F. S., to clarify the Department of Health's responsibilities regarding the development and approval of Area Health Education Center (AHEC) networks.

Section 2. Amends s. 381.0405, F.S., regarding the Office of Rural Health grand process.

Section 3. Creates s. 381.0409, F.S., and provides new language regarding coordination with federal health professional recruitment and placement programs.

Section 4. Provides an effective date of July 1, 2005.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues: None
2. Expenditures: None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues: None
2. Expenditures: None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None

D. FISCAL COMMENTS:

None

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

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.

2. Other: None

B. RULE-MAKING AUTHORITY:

Rule-making authority is sufficient for the Department of Health to carry out the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None

**IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES**

On March 23, 2005, the House Health Care General Committee passed House Bill 901 with two amendments as follows:

- Provided new language regarding state and federal coordination with federal health professional recruitment and placement programs to place health care professionals in medically underserved areas.
- Provided technical and grammatical revisions and conforming language to the Senate Bill.

The House Health Care General Committee passed House Bill 901 with these amendments as House Bill 901 with committee substitute.

This analysis reflects the bill as amended.