



202512

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/18/2010	.	
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	.	
	.	

The Committee on Health Regulation (Jones) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 381.0403, Florida Statutes, is repealed.

Section 2. Section 381.4018, Florida Statutes, is amended
to read:

381.4018 Physician workforce assessment and development.—

(1) DEFINITIONS.—As used in this section, the term:

(a) "Consortium" or "consortia" means a combination of
statutory teaching hospitals, statutory rural hospitals, other
hospitals, accredited medical schools, clinics operated by the



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13 Department of Health, clinics operated by the Department of
14 Veterans' Affairs, area health education centers, community
15 health centers, federally qualified health centers, prison
16 clinics, local community clinics, or other programs. At least
17 one member of the consortium shall be a sponsoring institution
18 accredited or currently seeking accreditation by the
19 Accreditation Council for Graduate Medical Education or the
20 American Osteopathic Association.

21 (b) "Council" means the Physician Workforce Advisory
22 Council.

23 (c) "Department" means the Department of Health.

24 (d) "Graduate medical education program" means a program
25 accredited by the Accreditation Council for Graduate Medical
26 Education or the American Osteopathic Association.

27 (e) "Primary care specialty" means emergency medicine,
28 family practice, internal medicine, pediatrics, psychiatry,
29 geriatrics, general surgery, obstetrics and gynecology, and
30 combined pediatrics and internal medicine and other specialties
31 as determined by the Physician Workforce Advisory Council or the
32 Department of Health.

33 (2)~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that
34 physician workforce planning is an essential component of
35 ensuring that there is an adequate and appropriate supply of
36 well-trained physicians to meet this state's future health care
37 service needs as the general population and elderly population
38 of the state increase. The Legislature finds that items to
39 consider relative to assessing the physician workforce may
40 include physician practice status; specialty mix; geographic
41 distribution; demographic information, including, but not



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42 limited to, age, gender, race, and cultural considerations; and
43 needs of current or projected medically underserved areas in the
44 state. Long-term strategic planning is essential as the period
45 from the time a medical student enters medical school to
46 completion of graduate medical education may range from 7 to 10
47 years or longer. The Legislature recognizes that strategies to
48 provide for a well-trained supply of physicians must include
49 ensuring the availability and capacity of quality ~~graduate~~
50 medical schools and graduate medical education programs in this
51 state, as well as using new or existing state and federal
52 programs providing incentives for physicians to practice in
53 needed specialties and in underserved areas in a manner that
54 addresses projected needs for physician manpower.

55 (3)~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a
56 coordinating and strategic planning body to actively assess the
57 state's current and future physician workforce needs and work
58 with multiple stakeholders to develop strategies and
59 alternatives to address current and projected physician
60 workforce needs.

61 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize the
62 use of existing programs under the jurisdiction of the
63 department and other state agencies and coordinate governmental
64 and nongovernmental stakeholders and resources in order to
65 develop a state strategic plan and assess the implementation of
66 such strategic plan. In developing the state strategic plan, the
67 department shall:

68 (a) Monitor, evaluate, and report on the supply and
69 distribution of physicians licensed under chapter 458 or chapter
70 459. The department shall maintain a database to serve as a



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71 statewide source of data concerning the physician workforce.

72 (b) Develop a model and quantify, on an ongoing basis, the
73 adequacy of the state's current and future physician workforce
74 as reliable data becomes available. Such model must take into
75 account demographics, physician practice status, place of
76 education and training, generational changes, population growth,
77 economic indicators, and issues concerning the "pipeline" into
78 medical education.

79 (c) Develop and recommend strategies to determine whether
80 the number of qualified medical school applicants who might
81 become competent, practicing physicians in this state will be
82 sufficient to meet the capacity of the state's medical schools.
83 If appropriate, the department shall, working with
84 representatives of appropriate governmental and nongovernmental
85 entities, develop strategies and recommendations and identify
86 best practice programs that introduce health care as a
87 profession and strengthen skills needed for medical school
88 admission for elementary, middle, and high school students, and
89 improve premedical education at the precollege and college level
90 in order to increase this state's potential pool of medical
91 students.

92 (d) Develop strategies to ensure that the number of
93 graduates from the state's public and private allopathic and
94 osteopathic medical schools is ~~are~~ adequate to meet physician
95 workforce needs, based on the analysis of the physician
96 workforce data, so as to provide a high-quality medical
97 education to students in a manner that recognizes the uniqueness
98 of each new and existing medical school in this state.

99 (e) Pursue strategies and policies to create, expand, and



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100 maintain graduate medical education positions in the state based
101 on the analysis of the physician workforce data. Such strategies
102 and policies must take into account the effect of federal
103 funding limitations on the expansion and creation of positions
104 in graduate medical education. The department shall develop
105 options to address such federal funding limitations. The
106 department shall consider options to provide direct state
107 funding for graduate medical education positions in a manner
108 that addresses requirements and needs relative to accreditation
109 of graduate medical education programs. The department shall
110 consider funding residency positions as a means of addressing
111 needed physician specialty areas, rural areas having a shortage
112 of physicians, and areas of ongoing critical need, and as a
113 means of addressing the state's physician workforce needs based
114 on an ongoing analysis of physician workforce data.

115 (f) Develop strategies to maximize federal and state
116 programs that provide for the use of incentives to attract
117 physicians to this state or retain physicians within the state.
118 Such strategies should explore and maximize federal-state
119 partnerships that provide incentives for physicians to practice
120 in federally designated shortage areas. Strategies shall also
121 consider the use of state programs, such as the Florida Health
122 Service Corps established pursuant to s. 381.0302 and the
123 Medical Education Reimbursement and Loan Repayment Program
124 pursuant to s. 1009.65, which provide for education loan
125 repayment or loan forgiveness and provide monetary incentives
126 for physicians to relocate to underserved areas of the state.

127 (g) Coordinate and enhance activities relative to physician
128 workforce needs, undergraduate medical education, ~~and~~ graduate



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129 medical education, and reentry of retired military and other
130 physicians into the physician workforce provided by the Division
131 of Medical Quality Assurance, ~~the Community Hospital Education~~
132 ~~Program and the Graduate Medical Education Committee established~~
133 ~~pursuant to s. 381.0403,~~ area health education center networks
134 established pursuant to s. 381.0402, and other offices and
135 programs within the department ~~of Health~~ as designated by the
136 State Surgeon General.

137 (h) Work in conjunction with and act as a coordinating body
138 for governmental and nongovernmental stakeholders to address
139 matters relating to the state's physician workforce assessment
140 and development for the purpose of ensuring an adequate supply
141 of well-trained physicians to meet the state's future needs.
142 Such governmental stakeholders shall include, but need not be
143 limited to, the State Surgeon General or his or her designee,
144 the Commissioner of Education or his or her designee, the
145 Secretary of Health Care Administration or his or her designee,
146 and the Chancellor of the State University System or his or her
147 designee ~~from the Board of Governors of the State University~~
148 ~~System~~, and, at the discretion of the department, other
149 representatives of state and local agencies that are involved in
150 assessing, educating, or training the state's current or future
151 physicians. Other stakeholders shall include, but need not be
152 limited to, organizations representing the state's public and
153 private allopathic and osteopathic medical schools;
154 organizations representing hospitals and other institutions
155 providing health care, particularly those that currently provide
156 or have an interest in providing accredited medical education
157 and graduate medical education to medical students and medical



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158 residents; organizations representing allopathic and osteopathic
159 practicing physicians; and, at the discretion of the department,
160 representatives of other organizations or entities involved in
161 assessing, educating, or training the state's current or future
162 physicians.

163 (i) Serve as a liaison with other states and federal
164 agencies and programs in order to enhance resources available to
165 the state's physician workforce and medical education continuum.

166 (j) Act as a clearinghouse for collecting and disseminating
167 information concerning the physician workforce and medical
168 education continuum in this state.

169 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created
170 in the department the Physician Workforce Advisory Council, an
171 advisory council as defined in s. 20.03. The council shall
172 comply with the requirements of s. 20.052, except as otherwise
173 provided in this section.

174 (a) The council shall consist of 18 members. Members
175 appointed by the State Surgeon General shall include:

176 1. A designee from the department who is a physician
177 licensed under chapter 458 or chapter 459 and recommended by the
178 State Surgeon General.

179 2. An individual who is affiliated with the Science
180 Students Together Reaching Instructional Diversity and
181 Excellence program and recommended by the area health education
182 center network.

183 3. Two individuals recommended by the Council of Florida
184 Medical School Deans, one representing a college of allopathic
185 medicine and one representing a college of osteopathic medicine.

186 4. One individual recommended by the Florida Hospital



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187 Association, representing a hospital that is licensed under
188 chapter 395, has an accredited graduate medical education
189 program, and is not a statutory teaching hospital.

190 5. One individual representing a statutory teaching
191 hospital as defined in s. 408.07 and recommended by the Safety
192 Net Hospital Alliance.

193 6. One individual representing a family practice teaching
194 hospital as defined in s. 395.805 and recommended by the Council
195 of Family Medicine and Community Teaching Hospitals.

196 7. Two individuals recommended by the Florida Medical
197 Association, one representing a primary care specialty and one
198 representing a nonprimary care specialty.

199 8. Two individuals recommended by the Florida Osteopathic
200 Medical Association, one representing a primary care specialty
201 and one representing a nonprimary care specialty.

202 9. Two individuals who are program directors of accredited
203 graduate medical education programs, one representing a program
204 that is accredited by the Accreditation Council for Graduate
205 Medical Education and one representing a program that is
206 accredited by the American Osteopathic Association.

207 10. An individual recommended by the Florida Rural Health
208 Association.

209 11. An individual recommended by the Florida Alliance for
210 Health Professions Diversity.

211 12. The Chancellor of the State University System or his or
212 her designee.

213 13. A layperson member as determined by the State Surgeon
214 General.

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216 Appointments to the council shall be made by the State Surgeon
217 General. Each entity authorized to make recommendations under
218 this subsection shall make at least two recommendations to the
219 State Surgeon General for each appointment to the council. The
220 State Surgeon General shall name one appointee for each position
221 from the recommendations made by each authorized entity.

222 (b) Each council member shall be appointed to a 4-year
223 term. An individual may not serve more than two terms. Any
224 council member may be removed from office for malfeasance;
225 misfeasance; neglect of duty; incompetence; permanent inability
226 to perform official duties; or pleading guilty or nolo
227 contendere to, or being found guilty of, a felony. Any council
228 member who meets the criteria for removal, or who is otherwise
229 unwilling or unable to properly fulfill the duties of the
230 office, shall be succeeded by an individual chosen by the State
231 Surgeon General to serve out the remainder of the council
232 member's term. If the remainder of the replaced council member's
233 term is less than 18 months, notwithstanding the provisions of
234 this paragraph, the succeeding council member may be reappointed
235 twice by the State Surgeon General.

236 (c) The chair of the council is the State Surgeon General,
237 who shall designate a vice chair from the membership of the
238 council to serve in the absence of the State Surgeon General. A
239 vacancy shall be filled for the remainder of the unexpired term
240 in the same manner as the original appointment.

241 (d) Council members are not entitled to receive
242 compensation or reimbursement for per diem or travel expenses.

243 (e) The council shall meet at least twice a year in person
244 or by teleconference.



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- 245 (f) The council shall:
- 246 1. Advise the State Surgeon General and the department on
247 matters concerning current and future physician workforce needs
248 in this state;
- 249 2. Review survey materials and the compilation of survey
250 information;
- 251 3. Annually review the number, location, cost, and
252 reimbursement of graduate medical education programs and
253 positions.
- 254 4. Provide recommendations to the department regarding the
255 survey completed by physicians licensed under chapter 458 or
256 chapter 459;
- 257 5. Assist the department in preparing the annual report to
258 the Legislature pursuant to ss. 458.3192 and 459.0082;
- 259 6. Assist the department in preparing an initial strategic
260 plan, conduct ongoing strategic planning in accordance with this
261 section, and provide ongoing advice on implementing the
262 recommendations;
- 263 7. Monitor and provide recommendations regarding the need
264 for an increased number of primary care or other physician
265 specialties to provide the necessary current and projected
266 health and medical services for the state; and
- 267 8. Monitor and make recommendations regarding the status of
268 the needs relating to graduate medical education in this state.
- 269 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
270 INNOVATION PILOT PROJECTS.—
- 271 (a) The Legislature finds that:
- 272 1. In order to ensure a physician workforce that is
273 adequate to meet the needs of this state's residents and its



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274 health care system, policymakers must consider the education and
275 training of future generations of well-trained health care
276 providers.

277 2. Physicians are likely to practice in the state where
278 they complete their graduate medical education.

279 3. It can directly affect the makeup of the physician
280 workforce by selectively funding graduate medical education
281 programs to provide needed specialists in geographic areas of
282 the state which have a deficient number of such specialists.

283 4. Developing additional positions in graduate medical
284 education programs is essential to the future of this state's
285 health care system.

286 5. It was necessary in 2007 to pass legislation that
287 provided for an assessment of the status of this state's current
288 and future physician workforce. The department is collecting and
289 analyzing information on an ongoing basis to assess this state's
290 physician workforce needs, and such assessment may facilitate
291 the determination of graduate medical education needs and
292 strategies for the state.

293 (b) There is established under the department a program to
294 foster innovative graduate medical education pilot projects that
295 are designed to promote the expansion of graduate medical
296 education programs or positions to prepare physicians to
297 practice in needed specialties and underserved areas or settings
298 and to provide demographic and cultural representation in a
299 manner that addresses current and projected needs for this
300 state's physician workforce. Funds appropriated annually by the
301 Legislature for this purpose shall be distributed to
302 participating hospitals, medical schools, other sponsors of



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303 graduate medical education programs, consortia engaged in
304 developing new graduate medical education programs or positions
305 in those programs, or pilot projects providing innovative
306 graduate medical education in community-based clinical settings.
307 Pilot projects shall be selected on a competitive grant basis,
308 subject to available funds.

309 (c) Pilot projects shall be designed to meet one or more of
310 this state's physician workforce needs, as determined pursuant
311 to this section, including, but not limited to:

312 1. Increasing the number of residencies or fellowships in
313 primary care or other needed specialties.

314 2. Enhancing the retention of primary care physicians or
315 other needed specialties in this state.

316 3. Promoting practice in rural or medically underserved
317 areas of the state.

318 4. Encouraging racial and ethnic diversity within the
319 state's physician workforce.

320 5. Encouraging practice in community health care or other
321 ambulatory care settings.

322 6. Encouraging practice in clinics operated by the
323 department, including, but not limited to, county health
324 departments, clinics operated by the Department of Veterans'
325 Affairs, prison clinics, or similar settings of need.

326 7. Encouraging the increased production of geriatricians.

327 (d) Priority shall be given to a proposal for a pilot
328 project that:

329 1. Demonstrates a collaboration of federal, state, and
330 local entities that are public or private.

331 2. Obtains funding from multiple sources.



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332 3. Focuses on enhancing graduate medical education in rural
333 or underserved areas.

334 4. Focuses on enhancing graduate medical education in
335 ambulatory or community-based settings other than a hospital
336 environment.

337 5. Includes the use of technology, such as electronic
338 medical records, distance consultation, and telemedicine, to
339 ensure that residents are better prepared to care for patients
340 in this state, regardless of the community in which the
341 residents practice.

342 6. Is designed to meet multiple policy needs as enumerated
343 in subsection (3).

344 7. Uses a consortium to provide for graduate medical
345 education experiences.

346 (e) The department shall adopt by rule appropriate
347 performance measures to use in order to consistently evaluate
348 the effectiveness, safety, and quality of the programs, as well
349 as the impact of each program on meeting this state's physician
350 workforce needs.

351 (f) Participating pilot projects shall submit to the
352 department an annual report on the project in a manner required
353 by the department.

354 (g) Funding provided to a pilot project may be used only
355 for the direct costs of providing graduate medical education.
356 Accounting of such costs and expenditures shall be documented in
357 the annual report.

358 (h) State funds shall be used to supplement funds from any
359 local government, community, or private source. The state may
360 provide up to 50 percent of the funds, and local governmental



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361 grants or community or private sources shall provide the
362 remainder of the funds.

363 (7) RULEMAKING.—The department shall adopt rules as
364 necessary to administer this section.

365 Section 3. Section 458.3192, Florida Statutes, is amended
366 to read:

367 458.3192 Analysis of survey results; report.—

368 (1) Each year, the Department of Health shall analyze the
369 results of the physician survey required by s. 458.3191 and
370 determine by geographic area and specialty the number of
371 physicians who:

372 (a) Perform deliveries of children in this state ~~Florida~~.

373 (b) Read mammograms and perform breast-imaging-guided
374 procedures in this state ~~Florida~~.

375 (c) Perform emergency care on an on-call basis for a
376 hospital emergency department.

377 (d) Plan to reduce or increase emergency on-call hours in a
378 hospital emergency department.

379 (e) Plan to relocate ~~their allopathic or osteopathic~~
380 ~~practice~~ outside the state.

381 (f) Practice medicine in this state.

382 (g) Plan to reduce or modify the scope of their practice.

383 (2) The Department of Health must report its findings to
384 the Governor, the President of the Senate, and the Speaker of
385 the House of Representatives by November 1 each year. The
386 department shall also include in its report findings,
387 recommendations, and strategic planning activities as provided
388 in this section. The department may also include other
389 information requested by the Physician Workforce Advisory



390 Council.

391 Section 4. Section 459.0082, Florida Statutes, is amended
392 to read:

393 459.0082 Analysis of survey results; report.—

394 (1) Each year, the Department of Health shall analyze the
395 results of the physician survey required by s. 459.0081 and
396 determine by geographic area and specialty the number of
397 physicians who:

398 (a) Perform deliveries of children in this state Florida.

399 (b) Read mammograms and perform breast-imaging-guided
400 procedures in this state Florida.

401 (c) Perform emergency care on an on-call basis for a
402 hospital emergency department.

403 (d) Plan to reduce or increase emergency on-call hours in a
404 hospital emergency department.

405 (e) Plan to relocate ~~their allopathic or osteopathic~~
406 ~~practice~~ outside the state.

407 (f) Practice medicine in this state.

408 (g) Plan to reduce or modify the scope of their practice.

409 (2) The Department of Health must report its findings to
410 the Governor, the President of the Senate, and the Speaker of
411 the House of Representatives by November 1 each year. The
412 department shall also include in its report findings,
413 recommendations, and strategic planning activities as provided
414 in this section. The department may also include other
415 information requested by the Physician Workforce Advisory
416 Council.

417 Section 5. Paragraph (a) of subsection (1) of section
418 409.908, Florida Statutes, is amended to read:



419 409.908 Reimbursement of Medicaid providers.—Subject to
420 specific appropriations, the agency shall reimburse Medicaid
421 providers, in accordance with state and federal law, according
422 to methodologies set forth in the rules of the agency and in
423 policy manuals and handbooks incorporated by reference therein.
424 These methodologies may include fee schedules, reimbursement
425 methods based on cost reporting, negotiated fees, competitive
426 bidding pursuant to s. 287.057, and other mechanisms the agency
427 considers efficient and effective for purchasing services or
428 goods on behalf of recipients. If a provider is reimbursed based
429 on cost reporting and submits a cost report late and that cost
430 report would have been used to set a lower reimbursement rate
431 for a rate semester, then the provider's rate for that semester
432 shall be retroactively calculated using the new cost report, and
433 full payment at the recalculated rate shall be effected
434 retroactively. Medicare-granted extensions for filing cost
435 reports, if applicable, shall also apply to Medicaid cost
436 reports. Payment for Medicaid compensable services made on
437 behalf of Medicaid eligible persons is subject to the
438 availability of moneys and any limitations or directions
439 provided for in the General Appropriations Act or chapter 216.
440 Further, nothing in this section shall be construed to prevent
441 or limit the agency from adjusting fees, reimbursement rates,
442 lengths of stay, number of visits, or number of services, or
443 making any other adjustments necessary to comply with the
444 availability of moneys and any limitations or directions
445 provided for in the General Appropriations Act, provided the
446 adjustment is consistent with legislative intent.

447 (1) Reimbursement to hospitals licensed under part I of



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448 chapter 395 must be made prospectively or on the basis of
449 negotiation.

450 (a) Reimbursement for inpatient care is limited as provided
451 for in s. 409.905(5), except for:

452 1. The raising of rate reimbursement caps, excluding rural
453 hospitals.

454 2. Recognition of the costs of graduate medical education.

455 3. Other methodologies recognized in the General
456 Appropriations Act.

457

458 During the years funds are transferred from the Department of
459 Health, any reimbursement supported by such funds shall be
460 subject to certification by the Department of Health that the
461 hospital has complied with s. 381.4018 ~~s. 381.0403~~. The agency
462 ~~may is authorized to~~ receive funds from state entities,
463 including, but not limited to, the Department of Health, local
464 governments, and other local political subdivisions, for the
465 purpose of making special exception payments, including federal
466 matching funds, through the Medicaid inpatient reimbursement
467 methodologies. Funds received from state entities or local
468 governments for this purpose shall be separately accounted for
469 and shall not be commingled with other state or local funds in
470 any manner. The agency may certify all local governmental funds
471 used as state match under Title XIX of the Social Security Act,
472 to the extent that the identified local health care provider
473 that is otherwise entitled to and is contracted to receive such
474 local funds is the benefactor under the state's Medicaid program
475 as determined under the General Appropriations Act and pursuant
476 to an agreement between the Agency for Health Care



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477 Administration and the local governmental entity. The local
478 governmental entity shall use a certification form prescribed by
479 the agency. At a minimum, the certification form shall identify
480 the amount being certified and describe the relationship between
481 the certifying local governmental entity and the local health
482 care provider. The agency shall prepare an annual statement of
483 impact which documents the specific activities undertaken during
484 the previous fiscal year pursuant to this paragraph, to be
485 submitted to the Legislature no later than January 1, annually.
486 Section 6. This act shall take effect July 1, 2010.

487
488 ===== T I T L E A M E N D M E N T =====

489 And the title is amended as follows:

490 Delete everything before the enacting clause
491 and insert:

492 A bill to be entitled
493 An act relating to the physician workforce; repealing
494 s. 381.0403, F.S., relating to the Community Hospital
495 Education Act and the Community Hospital Education
496 Council; amending s. 381.4018, F.S.; providing
497 definitions; requiring the Department of Health to
498 coordinate and enhance activities regarding the
499 reentry of retired military and other physicians into
500 the physician workforce; revising the list of
501 governmental stakeholders that the Department of
502 Health is required to work with regarding the state
503 strategic plan and in assessing the state's physician
504 workforce; creating the Physician Workforce Advisory
505 Council; providing membership of the council;



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506 providing for appointments to the council; providing
507 terms of membership; providing for removal of a
508 council member; providing for the chair and vice chair
509 of the council; providing that council members are not
510 entitled to receive compensation or reimbursement for
511 per diem or travel expenses; providing the duties of
512 the council; establishing the physician workforce
513 graduate medical education innovation pilot projects
514 under the department; providing the purposes of the
515 pilot projects; providing for the appropriation of
516 state funds for the pilot projects; requiring the
517 pilot projects to meet certain policy needs of the
518 physician workforce in this state; providing criteria
519 for prioritizing proposals for pilot projects;
520 requiring the department to adopt by rule appropriate
521 performance measures; requiring participating pilot
522 projects to submit an annual report to the department;
523 requiring state funds to be used to supplement funds
524 from other sources; requiring the department to adopt
525 rules; amending ss. 458.3192 and 459.0082, F.S.;

526 requiring the department to determine by geographic
527 area and specialty the number of physicians and
528 osteopathic physicians who plan to relocate outside
529 the state, practice medicine in this state, and reduce
530 or modify the scope of their practice; authorizing the
531 department to report additional information in its
532 findings to the Governor and the Legislature; amending
533 s. 409.908, F.S.; conforming a cross-reference;
534 providing an effective date.