

By Senator Peaden

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1                                   A bill to be entitled  
2       An act relating to the physician workforce; repealing  
3       s. 381.0403, F.S., relating to the Community Hospital  
4       Education Act and the Community Hospital Education  
5       Council; amending s. 381.4018, F.S.; providing  
6       definitions; revising the list of governmental  
7       stakeholders that the Department of Health is required  
8       to work with regarding the state strategic plan and in  
9       assessing the state's physician workforce; creating  
10      the Physician Workforce Advisory Council; providing  
11      membership of the council; providing for appointments  
12      to the council; providing terms of membership;  
13      providing for removal of a council member; providing  
14      for the chair and vice chair of the council; providing  
15      that council members are not entitled to receive  
16      compensation or reimbursement for per diem or travel  
17      expenses; providing the duties of the council;  
18      establishing the physician workforce graduate medical  
19      education innovation pilot projects under the  
20      department; providing the purposes of the pilot  
21      projects; providing for the appropriation of state  
22      funds for the pilot projects; requiring the pilot  
23      projects to meet certain policy needs of the physician  
24      workforce in this state; providing criteria for  
25      prioritizing proposals for pilot projects; requiring  
26      the department to adopt by rule appropriate  
27      performance measures; requiring participating pilot  
28      projects to submit an annual report to the department;  
29      requiring state funds to be used to supplement funds

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30 from other sources; requiring the department to adopt  
31 rules; amending ss. 458.3192 and 459.0082, F.S.;  
32 requiring the department to determine by geographic  
33 area and specialty the number of physicians and  
34 osteopathic physicians who plan to relocate outside  
35 the state, practice medicine in this state, and reduce  
36 or modify the scope of their practice; authorizing the  
37 department to report additional information in its  
38 findings to the Governor and the Legislature; amending  
39 s. 409.908, F.S.; conforming a cross-reference;  
40 providing an effective date.

41  
42 Be It Enacted by the Legislature of the State of Florida:

43  
44 Section 1. Section 381.0403, Florida Statutes, is repealed.

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

47 381.4018 Physician workforce assessment and development.—

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

49 (a) "Consortium" or "consortia" means a combination of  
50 statutory teaching hospitals, statutory rural hospitals, other  
51 hospitals, accredited medical schools, clinics operated by the  
52 Department of Health, clinics operated by the Department of  
53 Veterans' Affairs, area health education centers, community  
54 health centers, federally qualified health centers, prison  
55 clinics, local community clinics, or other programs. At least  
56 one member of the consortium shall be a sponsoring institution  
57 accredited or currently seeking accreditation by the  
58 Accreditation Council for Graduate Medical Education or the

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59 American Osteopathic Association.

60 (b) "Council" means the Physician Workforce Advisory  
61 Council.

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

63 (d) "Graduate medical education program" means a program  
64 accredited by the Accreditation Council for Graduate Medical  
65 Education or the American Osteopathic Association.

66 (e) "Primary care specialty" means emergency medicine,  
67 family practice, internal medicine, pediatrics, psychiatry,  
68 obstetrics and gynecology, and combined internal medicine and  
69 other specialties as determined by the Physician Workforce  
70 Advisory Council or the Department of Health.

71 (2)~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that  
72 physician workforce planning is an essential component of  
73 ensuring that there is an adequate and appropriate supply of  
74 well-trained physicians to meet this state's future health care  
75 service needs as the general population and elderly population  
76 of the state increase. The Legislature finds that items to  
77 consider relative to assessing the physician workforce may  
78 include physician practice status; specialty mix; geographic  
79 distribution; demographic information, including, but not  
80 limited to, age, gender, race, and cultural considerations; and  
81 needs of current or projected medically underserved areas in the  
82 state. Long-term strategic planning is essential as the period  
83 from the time a medical student enters medical school to  
84 completion of graduate medical education may range from 7 to 10  
85 years or longer. The Legislature recognizes that strategies to  
86 provide for a well-trained supply of physicians must include  
87 ensuring the availability and capacity of quality ~~graduate~~

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88 medical schools and graduate medical education programs in this  
89 state, as well as using new or existing state and federal  
90 programs providing incentives for physicians to practice in  
91 needed specialties and in underserved areas in a manner that  
92 addresses projected needs for physician manpower.

93 (3)~~(2)~~ PURPOSE.—The Department of Health shall serve as a  
94 coordinating and strategic planning body to actively assess the  
95 state's current and future physician workforce needs and work  
96 with multiple stakeholders to develop strategies and  
97 alternatives to address current and projected physician  
98 workforce needs.

99 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize the  
100 use of existing programs under the jurisdiction of the  
101 department and other state agencies and coordinate governmental  
102 and nongovernmental stakeholders and resources in order to  
103 develop a state strategic plan and assess the implementation of  
104 such strategic plan. In developing the state strategic plan, the  
105 department shall:

106 (a) Monitor, evaluate, and report on the supply and  
107 distribution of physicians licensed under chapter 458 or chapter  
108 459. The department shall maintain a database to serve as a  
109 statewide source of data concerning the physician workforce.

110 (b) Develop a model and quantify, on an ongoing basis, the  
111 adequacy of the state's current and future physician workforce  
112 as reliable data becomes available. Such model must take into  
113 account demographics, physician practice status, place of  
114 education and training, generational changes, population growth,  
115 economic indicators, and issues concerning the "pipeline" into  
116 medical education.

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117 (c) Develop and recommend strategies to determine whether  
118 the number of qualified medical school applicants who might  
119 become competent, practicing physicians in this state will be  
120 sufficient to meet the capacity of the state's medical schools.  
121 If appropriate, the department shall, working with  
122 representatives of appropriate governmental and nongovernmental  
123 entities, develop strategies and recommendations and identify  
124 best practice programs that introduce health care as a  
125 profession and strengthen skills needed for medical school  
126 admission for elementary, middle, and high school students, and  
127 improve premedical education at the precollege and college level  
128 in order to increase this state's potential pool of medical  
129 students.

130 (d) Develop strategies to ensure that the number of  
131 graduates from the state's public and private allopathic and  
132 osteopathic medical schools are adequate to meet physician  
133 workforce needs, based on the analysis of the physician  
134 workforce data, so as to provide a high-quality medical  
135 education to students in a manner that recognizes the uniqueness  
136 of each new and existing medical school in this state.

137 (e) Pursue strategies and policies to create, expand, and  
138 maintain graduate medical education positions in the state based  
139 on the analysis of the physician workforce data. Such strategies  
140 and policies must take into account the effect of federal  
141 funding limitations on the expansion and creation of positions  
142 in graduate medical education. The department shall develop  
143 options to address such federal funding limitations. The  
144 department shall consider options to provide direct state  
145 funding for graduate medical education positions in a manner

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146 that addresses requirements and needs relative to accreditation  
147 of graduate medical education programs. The department shall  
148 consider funding residency positions as a means of addressing  
149 needed physician specialty areas, rural areas having a shortage  
150 of physicians, and areas of ongoing critical need, and as a  
151 means of addressing the state's physician workforce needs based  
152 on an ongoing analysis of physician workforce data.

153 (f) Develop strategies to maximize federal and state  
154 programs that provide for the use of incentives to attract  
155 physicians to this state or retain physicians within the state.  
156 Such strategies should explore and maximize federal-state  
157 partnerships that provide incentives for physicians to practice  
158 in federally designated shortage areas. Strategies shall also  
159 consider the use of state programs, such as the Florida Health  
160 Service Corps established pursuant to s. 381.0302 and the  
161 Medical Education Reimbursement and Loan Repayment Program  
162 pursuant to s. 1009.65, which provide for education loan  
163 repayment or loan forgiveness and provide monetary incentives  
164 for physicians to relocate to underserved areas of the state.

165 (g) Coordinate and enhance activities relative to physician  
166 workforce needs, undergraduate medical education, and graduate  
167 medical education provided by the Division of Medical Quality  
168 Assurance, ~~the Community Hospital Education Program and the~~  
169 ~~Graduate Medical Education Committee established pursuant to s.~~  
170 ~~381.0403,~~ area health education center networks established  
171 pursuant to s. 381.0402, and other offices and programs within  
172 the Department of Health as designated by the State Surgeon  
173 General.

174 (h) Work in conjunction with and act as a coordinating body

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175 for governmental and nongovernmental stakeholders to address  
176 matters relating to the state's physician workforce assessment  
177 and development for the purpose of ensuring an adequate supply  
178 of well-trained physicians to meet the state's future needs.  
179 Such governmental stakeholders shall include, but need not be  
180 limited to, the State Surgeon General or his or her designee,  
181 the Commissioner of Education or his or her designee, the  
182 Secretary of Health Care Administration or his or her designee,  
183 and the Chancellor of the State University System or his or her  
184 designee ~~from the Board of Governors of the State University~~  
185 ~~System~~, and, at the discretion of the department, other  
186 representatives of state and local agencies that are involved in  
187 assessing, educating, or training the state's current or future  
188 physicians. Other stakeholders shall include, but need not be  
189 limited to, organizations representing the state's public and  
190 private allopathic and osteopathic medical schools;  
191 organizations representing hospitals and other institutions  
192 providing health care, particularly those that have an interest  
193 in providing accredited medical education and graduate medical  
194 education to medical students and medical residents;  
195 organizations representing allopathic and osteopathic practicing  
196 physicians; and, at the discretion of the department,  
197 representatives of other organizations or entities involved in  
198 assessing, educating, or training the state's current or future  
199 physicians.

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

203 (j) Act as a clearinghouse for collecting and disseminating

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204 information concerning the physician workforce and medical  
205 education continuum in this state.

206 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
207 in the Department of Health the Physician Workforce Advisory  
208 Council, an advisory council as defined in s. 20.03. The council  
209 shall comply with the requirements of s. 20.052, except as  
210 otherwise provided in this section.

211 (a) The council shall consist of 23 members, appointed by  
212 the State Surgeon General, which shall include:

213 1. A designee from the department.

214 2. An individual recommended by the Area Health Education  
215 Center Network.

216 3. Two individuals recommended by the Council of Florida  
217 Medical School Deans, one representing a college of allopathic  
218 medicine and one representing a college of osteopathic medicine.

219 4. Two individuals recommended by the Florida Hospital  
220 Association, one representing a statutory teaching hospital and  
221 one representing a hospital that is licensed under chapter 395,  
222 has an accredited graduate medical education program, and is not  
223 a statutory teaching hospital.

224 5. Two individuals recommended by the Florida Medical  
225 Association, one representing a primary care specialty and one  
226 representing a nonprimary care specialty.

227 6. Two individuals recommended by the Florida Osteopathic  
228 Medical Association, one representing a primary care specialty  
229 and one representing a nonprimary care specialty.

230 7. Two individuals who are program directors of accredited  
231 graduate medical education programs, one representing a program  
232 that is accredited by the Accreditation Council for Graduate



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233 Medical Education and one representing a program that is  
234 accredited by the American Osteopathic Association.

235 8. An individual recommended by the Florida Justice  
236 Association.

237 9. An individual representing a profession in the field of  
238 health services administration.

239 10. The Commissioner of Education or his or her designee.

240 11. The Chancellor of the State University System or his or  
241 her designee.

242 12. The Secretary of Health Care Administration or his or  
243 her designee.

244 13. The executive director of the Department of Veterans'  
245 Affairs or his or her designee.

246 14. The Secretary of Elderly Affairs or his or her  
247 designee.

248 15. The President of the Senate or his or her designee.

249 16. The Speaker of the House of Representatives or his or  
250 her designee.

251 17. A layperson member as determined by the State Surgeon  
252 General.

253 18. A designee of Florida's Congressional Delegation.

254

255 Appointments to the council shall be made by the State Surgeon  
256 General, except that representatives from a state agency and  
257 legislative representatives shall be appointed by the respective  
258 agency head, legislative presiding officer, or congressional  
259 delegation. Each entity authorized to make recommendations under  
260 this subsection shall make at least two recommendations to the  
261 State Surgeon General for each appointment to the council. The

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262 State Surgeon General shall name one appointee for each position  
263 from the recommendations made by each authorized entity.

264 (b) Each council member shall be appointed to a 4-year  
265 term. An individual may not serve more than two terms. Any  
266 council member may be removed from office for malfeasance;  
267 misfeasance; neglect of duty; incompetence; permanent inability  
268 to perform official duties; or pleading guilty or nolo  
269 contendere to, or being found guilty of, a felony. Any council  
270 member who meets the criteria for removal, or who is otherwise  
271 unwilling or unable to properly fulfill the duties of the  
272 office, shall be succeeded by an individual chosen by the State  
273 Surgeon General to serve out the remainder of the council  
274 member's term. If the remainder of the replaced council member's  
275 term is less than 18 months, notwithstanding the provisions of  
276 this paragraph, the succeeding council member may be reappointed  
277 twice by the State Surgeon General.

278 (c) The chair of the council is the State Surgeon General,  
279 who shall designate a vice chair to serve in the absence of the  
280 State Surgeon General. A vacancy shall be filled for the  
281 remainder of the unexpired term in the same manner as the  
282 original appointment.

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

285 (e) The council shall meet twice a year in person or by  
286 teleconference.

287 (f) The council shall:

288 1. Advise the State Surgeon General and the department on  
289 matters concerning current and future physician workforce needs  
290 in this state;

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- 291       2. Review survey materials and the compilation of survey  
 292 information;
- 293       3. Provide recommendations to the department for the  
 294 development of additional items to be incorporated in the survey  
 295 completed by physicians licensed under chapter 458 or chapter  
 296 459;
- 297       4. Assist the department in preparing the annual report to  
 298 the Legislature pursuant to ss. 458.3192 and 459.0082;
- 299       5. Assist the department in preparing an initial strategic  
 300 plan, conduct ongoing strategic planning in accordance with this  
 301 section, and provide ongoing advice on implementing the  
 302 recommendations;
- 303       6. Monitor the need for an increased number of primary care  
 304 physicians to provide the necessary current and projected health  
 305 and medical services for the state; and
- 306       7. Monitor the status of graduate medical education in this  
 307 state, including, but not limited to, as considered appropriate:
- 308           a. The effectiveness of graduate medical education pilot  
 309 projects funded pursuant to subsection (6).
- 310           b. The role of residents and medical faculty in the  
 311 provision of health care.
- 312           c. The relationship of graduate medical education to the  
 313 state's physician workforce.
- 314           d. The availability and use of state and federal  
 315 appropriated funds for graduate medical education.
- 316       (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
 317 INNOVATION PILOT PROJECTS.-
- 318           (a) The Legislature finds that:
- 319           1. In order to ensure a physician workforce that is

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320 adequate to meet the needs of this state's residents and its  
321 health care system, policymakers must consider the training of  
322 future generations of well-trained health care providers.

323 2. Physicians are likely to practice in the state where  
324 they complete their graduate medical education. The instate  
325 retention rate following graduate medical education for  
326 physicians in this state is more than 61 percent.

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

331 4. Developing additional positions in graduate medical  
332 education programs is essential to the future of this state's  
333 health care system.

334 5. It was necessary in 2007 to pass legislation that  
335 provided for an assessment of the status of this state's current  
336 and future physician workforce. The department is collecting and  
337 analyzing information on an ongoing basis to assess this state's  
338 physician workforce needs, and such assessment can serve as a  
339 basis for determining graduate medical education needs and  
340 strategies for the state.

341 (b) There is established under the department a program to  
342 foster innovative graduate medical education pilot projects that  
343 are designed to promote the expansion of graduate medical  
344 education programs or positions to prepare physicians to  
345 practice in needed specialties and underserved areas or settings  
346 and to provide demographic and cultural representation in a  
347 manner that addresses projected needs for this state's physician  
348 workforce. Funds appropriated annually by the Legislature for

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349 this purpose shall be distributed to participating hospitals,  
350 medical schools, other sponsors of graduate medical education  
351 programs, consortia engaged in developing new graduate medical  
352 education programs or positions in those programs, or pilot  
353 projects providing innovative graduate medical education in  
354 community-based clinical settings. Pilot projects shall be  
355 selected on a competitive grant basis, subject to available  
356 funds.

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

360 1. Increasing the number of residencies or fellowships in  
361 primary care or other needed specialties.

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

364 3. Promoting practice in rural or medically underserved  
365 areas of the state.

366 4. Encouraging racial and ethnic diversity within the  
367 state's physician workforce.

368 5. Encouraging practice in community health care or other  
369 ambulatory care settings.

370 6. Encouraging practice in clinics operated by the  
371 Department of Health, clinics operated by the Department of  
372 Veterans' Affairs, prison clinics, or similar settings of need.

373 7. Encouraging the increased production of geriatricians.

374 (d) Priority shall be given to a proposal for a pilot  
375 project that:

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

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378 2. Obtains funding from multiple sources.

379 3. Focuses on enhancing graduate medical education in rural  
380 or underserved areas.

381 4. Focuses on enhancing graduate medical education in  
382 ambulatory or community-based settings other than a hospital  
383 environment.

384 5. Includes the use of technology, such as electronic  
385 medical records, distance consultation, and telemedicine, to  
386 ensure that residents are better prepared to care for patients  
387 in this state, regardless of the community in which the  
388 residents practice.

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

391 7. Uses a consortium to provide for graduate medical  
392 education experiences.

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

398 (f) Participating pilot projects shall submit to the  
399 department an annual report on the project in a manner required  
400 by the department.

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

405 (h) State funds shall be used to supplement funds from any  
406 local government, community, or private source. The state may

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407 provide up to 50 percent of the funds, and local governmental  
408 grants or community or private sources shall provide the  
409 remainder of the funds.

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

412 Section 3. Section 458.3192, Florida Statutes, is amended  
413 to read:

414 458.3192 Analysis of survey results; report.—

415 (1) Each year, the Department of Health shall analyze the  
416 results of the physician survey required by s. 458.3191 and  
417 determine by geographic area and specialty the number of  
418 physicians who:

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

420 (b) Read mammograms and perform breast-imaging-guided  
421 procedures in Florida.

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

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

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

428 (f) Practice medicine in this state.

429 (g) Reduce or modify the scope of their practice.

430 (2) The Department of Health must report its findings to  
431 the Governor, the President of the Senate, and the Speaker of  
432 the House of Representatives by November 1 each year. The  
433 department may also include in its report findings,  
434 recommendations, or other information requested by the council.

435 Section 4. Section 459.0082, Florida Statutes, is amended

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436 to read:

437 459.0082 Analysis of survey results; report.—

438 (1) Each year, the Department of Health shall analyze the  
439 results of the physician survey required by s. 459.0081 and  
440 determine by geographic area and specialty the number of  
441 physicians who:

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

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

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

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

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

451 (f) Practice medicine in this state.

452 (2) The Department of Health must report its findings to  
453 the Governor, the President of the Senate, and the Speaker of  
454 the House of Representatives by November 1 each year. The  
455 department may also include in its report findings,  
456 recommendations, or other information requested by the council.

457 Section 5. Paragraph (a) of subsection (1) of section  
458 409.908, Florida Statutes, is amended to read:

459 409.908 Reimbursement of Medicaid providers.—Subject to  
460 specific appropriations, the agency shall reimburse Medicaid  
461 providers, in accordance with state and federal law, according  
462 to methodologies set forth in the rules of the agency and in  
463 policy manuals and handbooks incorporated by reference therein.  
464 These methodologies may include fee schedules, reimbursement



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465 methods based on cost reporting, negotiated fees, competitive  
466 bidding pursuant to s. 287.057, and other mechanisms the agency  
467 considers efficient and effective for purchasing services or  
468 goods on behalf of recipients. If a provider is reimbursed based  
469 on cost reporting and submits a cost report late and that cost  
470 report would have been used to set a lower reimbursement rate  
471 for a rate semester, then the provider's rate for that semester  
472 shall be retroactively calculated using the new cost report, and  
473 full payment at the recalculated rate shall be effected  
474 retroactively. Medicare-granted extensions for filing cost  
475 reports, if applicable, shall also apply to Medicaid cost  
476 reports. Payment for Medicaid compensable services made on  
477 behalf of Medicaid eligible persons is subject to the  
478 availability of moneys and any limitations or directions  
479 provided for in the General Appropriations Act or chapter 216.  
480 Further, nothing in this section shall be construed to prevent  
481 or limit the agency from adjusting fees, reimbursement rates,  
482 lengths of stay, number of visits, or number of services, or  
483 making any other adjustments necessary to comply with the  
484 availability of moneys and any limitations or directions  
485 provided for in the General Appropriations Act, provided the  
486 adjustment is consistent with legislative intent.

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

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

492 1. The raising of rate reimbursement caps, excluding rural  
493 hospitals.

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

495 3. Other methodologies recognized in the General  
496 Appropriations Act.

497  
498 During the years funds are transferred from the Department of  
499 Health, any reimbursement supported by such funds shall be  
500 subject to certification by the Department of Health that the  
501 hospital has complied with s. 381.4018 ~~s. 381.0403~~. The agency  
502 ~~may is authorized to~~ receive funds from state entities,  
503 including, but not limited to, the Department of Health, local  
504 governments, and other local political subdivisions, for the  
505 purpose of making special exception payments, including federal  
506 matching funds, through the Medicaid inpatient reimbursement  
507 methodologies. Funds received from state entities or local  
508 governments for this purpose shall be separately accounted for  
509 and shall not be commingled with other state or local funds in  
510 any manner. The agency may certify all local governmental funds  
511 used as state match under Title XIX of the Social Security Act,  
512 to the extent that the identified local health care provider  
513 that is otherwise entitled to and is contracted to receive such  
514 local funds is the benefactor under the state's Medicaid program  
515 as determined under the General Appropriations Act and pursuant  
516 to an agreement between the Agency for Health Care  
517 Administration and the local governmental entity. The local  
518 governmental entity shall use a certification form prescribed by  
519 the agency. At a minimum, the certification form shall identify  
520 the amount being certified and describe the relationship between  
521 the certifying local governmental entity and the local health  
522 care provider. The agency shall prepare an annual statement of

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523 impact which documents the specific activities undertaken during  
524 the previous fiscal year pursuant to this paragraph, to be  
525 submitted to the Legislature no later than January 1, annually.

526 Section 6. This act shall take effect July 1, 2010.