

By the Committee on Health Regulation; and Senator Peadar

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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; requiring the Department of Health to  
7       coordinate and enhance activities regarding the  
8       reentry of retired military and other physicians into  
9       the physician workforce; revising the list of  
10      governmental stakeholders that the Department of  
11      Health is required to work with regarding the state  
12      strategic plan and in assessing the state's physician  
13      workforce; creating the Physician Workforce Advisory  
14      Council; providing membership of the council;  
15      providing for appointments to the council; providing  
16      terms of membership; providing for removal of a  
17      council member; providing for the chair and vice chair  
18      of the council; providing that council members are not  
19      entitled to receive compensation or reimbursement for  
20      per diem or travel expenses; providing the duties of  
21      the council; establishing the physician workforce  
22      graduate medical education innovation pilot projects  
23      under the department; providing the purposes of the  
24      pilot projects; providing for the appropriation of  
25      state funds for the pilot projects; requiring the  
26      pilot projects to meet certain policy needs of the  
27      physician workforce in this state; providing criteria  
28      for prioritizing proposals for pilot projects;  
29      requiring the department to adopt by rule appropriate

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

44  
45 Be It Enacted by the Legislature of the State of Florida:

46  
47 Section 1. Section 381.0403, Florida Statutes, is repealed.

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

50 381.4018 Physician workforce assessment and development.-

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

52 (a) "Consortium" or "consortia" means a combination of  
53 statutory teaching hospitals, statutory rural hospitals, other  
54 hospitals, accredited medical schools, clinics operated by the  
55 Department of Health, clinics operated by the Department of  
56 Veterans' Affairs, area health education centers, community  
57 health centers, federally qualified health centers, prison  
58 clinics, local community clinics, or other programs. At least

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59 one member of the consortium shall be a sponsoring institution  
60 accredited or currently seeking accreditation by the  
61 Accreditation Council for Graduate Medical Education or the  
62 American Osteopathic Association.

63 (b) "Council" means the Physician Workforce Advisory  
64 Council.

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

66 (d) "Graduate medical education program" means a program  
67 accredited by the Accreditation Council for Graduate Medical  
68 Education or the American Osteopathic Association.

69 (e) "Primary care specialty" means emergency medicine,  
70 family practice, internal medicine, pediatrics, psychiatry,  
71 geriatrics, general surgery, obstetrics and gynecology, and  
72 combined pediatrics and internal medicine and other specialties  
73 as determined by the Physician Workforce Advisory Council or the  
74 Department of Health.

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

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88 completion of graduate medical education may range from 7 to 10  
89 years or longer. The Legislature recognizes that strategies to  
90 provide for a well-trained supply of physicians must include  
91 ensuring the availability and capacity of quality ~~graduate~~  
92 medical schools and graduate medical education programs in this  
93 state, as well as using new or existing state and federal  
94 programs providing incentives for physicians to practice in  
95 needed specialties and in underserved areas in a manner that  
96 addresses projected needs for physician manpower.

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

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

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

114 (b) Develop a model and quantify, on an ongoing basis, the  
115 adequacy of the state's current and future physician workforce  
116 as reliable data becomes available. Such model must take into

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117 account demographics, physician practice status, place of  
118 education and training, generational changes, population growth,  
119 economic indicators, and issues concerning the "pipeline" into  
120 medical education.

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

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

141 (e) Pursue strategies and policies to create, expand, and  
142 maintain graduate medical education positions in the state based  
143 on the analysis of the physician workforce data. Such strategies  
144 and policies must take into account the effect of federal  
145 funding limitations on the expansion and creation of positions

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146 in graduate medical education. The department shall develop  
147 options to address such federal funding limitations. The  
148 department shall consider options to provide direct state  
149 funding for graduate medical education positions in a manner  
150 that addresses requirements and needs relative to accreditation  
151 of graduate medical education programs. The department shall  
152 consider funding residency positions as a means of addressing  
153 needed physician specialty areas, rural areas having a shortage  
154 of physicians, and areas of ongoing critical need, and as a  
155 means of addressing the state's physician workforce needs based  
156 on an ongoing analysis of physician workforce data.

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

169 (g) Coordinate and enhance activities relative to physician  
170 workforce needs, undergraduate medical education, ~~and~~ graduate  
171 medical education, and reentry of retired military and other  
172 physicians into the physician workforce provided by the Division  
173 of Medical Quality Assurance, ~~the Community Hospital Education~~  
174 ~~Program and the Graduate Medical Education Committee established~~

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175 ~~pursuant to s. 381.0403,~~ area health education center networks  
176 established pursuant to s. 381.0402, and other offices and  
177 programs within the department ~~of Health~~ as designated by the  
178 State Surgeon General.

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

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204 physicians.

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

208 (j) Act as a clearinghouse for collecting and disseminating  
209 information concerning the physician workforce and medical  
210 education continuum in this state.

211 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
212 in the department the Physician Workforce Advisory Council, an  
213 advisory council as defined in s. 20.03. The council shall  
214 comply with the requirements of s. 20.052, except as otherwise  
215 provided in this section.

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

218 1. A designee from the department who is a physician  
219 licensed under chapter 458 or chapter 459 and recommended by the  
220 State Surgeon General.

221 2. An individual who is affiliated with the Science  
222 Students Together Reaching Instructional Diversity and  
223 Excellence program and recommended by the area health education  
224 center network.

225 3. Two individuals recommended by the Council of Florida  
226 Medical School Deans, one representing a college of allopathic  
227 medicine and one representing a college of osteopathic medicine.

228 4. One individual recommended by the Florida Hospital  
229 Association, representing a hospital that is licensed under  
230 chapter 395, has an accredited graduate medical education  
231 program, and is not a statutory teaching hospital.

232 5. One individual representing a statutory teaching



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233 hospital as defined in s. 408.07 and recommended by the Safety  
234 Net Hospital Alliance.

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

238 7. Two individuals recommended by the Florida Medical  
239 Association, one representing a primary care specialty and one  
240 representing a nonprimary care specialty.

241 8. Two individuals recommended by the Florida Osteopathic  
242 Medical Association, one representing a primary care specialty  
243 and one representing a nonprimary care specialty.

244 9. Two individuals who are program directors of accredited  
245 graduate medical education programs, one representing a program  
246 that is accredited by the Accreditation Council for Graduate  
247 Medical Education and one representing a program that is  
248 accredited by the American Osteopathic Association.

249 10. An individual recommended by the Florida Rural Health  
250 Association.

251 11. An individual recommended by the Florida Alliance for  
252 Health Professions Diversity.

253 12. The Chancellor of the State University System or his or  
254 her designee.

255 13. A layperson member as determined by the State Surgeon  
256 General.

257  
258 Appointments to the council shall be made by the State Surgeon  
259 General. 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 from the membership of the  
280 council to serve in the absence of the State Surgeon General. A  
281 vacancy shall be filled for the remainder of the unexpired term  
282 in the same manner as the 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 at least twice a year in person  
286 or by 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. Annually review the number, location, cost, and  
294 reimbursement of graduate medical education programs and  
295 positions;

296 4. Provide recommendations to the department regarding the  
297 survey completed by physicians licensed under chapter 458 or  
298 chapter 459;

299 5. Assist the department in preparing the annual report to  
300 the Legislature pursuant to ss. 458.3192 and 459.0082;

301 6. Assist the department in preparing an initial strategic  
302 plan, conduct ongoing strategic planning in accordance with this  
303 section, and provide ongoing advice on implementing the  
304 recommendations;

305 7. Monitor and provide recommendations regarding the need  
306 for an increased number of primary care or other physician  
307 specialties to provide the necessary current and projected  
308 health and medical services for the state; and

309 8. Monitor and make recommendations regarding the status of  
310 the needs relating to graduate medical education in this state.

311 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
312 INNOVATION PILOT PROJECTS.-

313 (a) The Legislature finds that:

314 1. In order to ensure a physician workforce that is  
315 adequate to meet the needs of this state's residents and its  
316 health care system, policymakers must consider the education and  
317 training of future generations of well-trained health care  
318 providers.

319 2. Physicians are likely to practice in the state where

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320 they complete their graduate medical education.

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

325 4. Developing additional positions in graduate medical  
326 education programs is essential to the future of this state's  
327 health care system.

328 5. It was necessary in 2007 to pass legislation that  
329 provided for an assessment of the status of this state's current  
330 and future physician workforce. The department is collecting and  
331 analyzing information on an ongoing basis to assess this state's  
332 physician workforce needs, and such assessment may facilitate  
333 the determination of graduate medical education needs and  
334 strategies for the state.

335 (b) There is established under the department a program to  
336 foster innovative graduate medical education pilot projects that  
337 are designed to promote the expansion of graduate medical  
338 education programs or positions to prepare physicians to  
339 practice in needed specialties and underserved areas or settings  
340 and to provide demographic and cultural representation in a  
341 manner that addresses current and projected needs for this  
342 state's physician workforce. Funds appropriated annually by the  
343 Legislature for this purpose shall be distributed to  
344 participating hospitals, medical schools, other sponsors of  
345 graduate medical education programs, consortia engaged in  
346 developing new graduate medical education programs or positions  
347 in those programs, or pilot projects providing innovative  
348 graduate medical education in community-based clinical settings.

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349 Pilot projects shall be selected on a competitive grant basis,  
350 subject to available funds.

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

354 1. Increasing the number of residencies or fellowships in  
355 primary care or other needed specialties.

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

358 3. Promoting practice in rural or medically underserved  
359 areas of the state.

360 4. Encouraging racial and ethnic diversity within the  
361 state's physician workforce.

362 5. Encouraging practice in community health care or other  
363 ambulatory care settings.

364 6. Encouraging practice in clinics operated by the  
365 department, including, but not limited to, county health  
366 departments, clinics operated by the Department of Veterans'  
367 Affairs, prison clinics, or similar settings of need.

368 7. Encouraging the increased production of geriatricians.

369 (d) Priority shall be given to a proposal for a pilot  
370 project that:

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

373 2. Obtains funding from multiple sources.

374 3. Focuses on enhancing graduate medical education in rural  
375 or underserved areas.

376 4. Focuses on enhancing graduate medical education in  
377 ambulatory or community-based settings other than a hospital

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378 environment.

379 5. Includes the use of technology, such as electronic  
380 medical records, distance consultation, and telemedicine, to  
381 ensure that residents are better prepared to care for patients  
382 in this state, regardless of the community in which the  
383 residents practice.

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

386 7. Uses a consortium to provide for graduate medical  
387 education experiences.

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

393 (f) Participating pilot projects shall submit to the  
394 department an annual report on the project in a manner required  
395 by the department.

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

400 (h) State funds shall be used to supplement funds from any  
401 local government, community, or private source. The state may  
402 provide up to 50 percent of the funds, and local governmental  
403 grants or community or private sources shall provide the  
404 remainder of the funds.

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

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407 Section 3. Section 458.3192, Florida Statutes, is amended  
408 to read:

409 458.3192 Analysis of survey results; report.—

410 (1) Each year, the Department of Health shall analyze the  
411 results of the physician survey required by s. 458.3191 and  
412 determine by geographic area and specialty the number of  
413 physicians who:

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

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

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

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

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

423 (f) Practice medicine in this state.

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

425 (2) The Department of Health must report its findings to  
426 the Governor, the President of the Senate, and the Speaker of  
427 the House of Representatives by November 1 each year. The  
428 department shall also include in its report findings,  
429 recommendations, and strategic planning activities as provided  
430 in s. 381.4018. The department may also include other  
431 information requested by the Physician Workforce Advisory  
432 Council.

433 Section 4. Section 459.0082, Florida Statutes, is amended  
434 to read:

435 459.0082 Analysis of survey results; report.—

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

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

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

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

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

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

449 (f) Practice medicine in this state.

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

451 (2) The Department of Health must report its findings to  
452 the Governor, the President of the Senate, and the Speaker of  
453 the House of Representatives by November 1 each year. The  
454 department shall also include in its report findings,  
455 recommendations, and strategic planning activities as provided  
456 in s. 381.4018. The department may also include other  
457 information requested by the Physician Workforce Advisory  
458 Council.

459 Section 5. Paragraph (a) of subsection (1) of section  
460 409.908, Florida Statutes, is amended to read:

461 409.908 Reimbursement of Medicaid providers.—Subject to  
462 specific appropriations, the agency shall reimburse Medicaid  
463 providers, in accordance with state and federal law, according  
464 to methodologies set forth in the rules of the agency and in



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

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

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

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494 1. The raising of rate reimbursement caps, excluding rural  
495 hospitals.

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

497 3. Other methodologies recognized in the General  
498 Appropriations Act.

499

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

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523 local governmental entity and the local health care provider.  
524 The agency shall prepare an annual statement of impact which  
525 documents the specific activities undertaken during the previous  
526 fiscal year pursuant to this paragraph, to be submitted to the  
527 Legislature no later than January 1, annually.

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