

By the Committees on Health and Human Services Appropriations;  
and 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(4) and (9), F.S., relating to the program  
4           for graduate medical education innovations and the  
5           graduate medical education committee and report;  
6           amending s. 381.4018, F.S.; providing definitions;  
7           requiring the Department of Health to coordinate and  
8           enhance activities regarding the reentry of retired  
9           military and other physicians into the physician  
10          workforce; revising the list of governmental  
11          stakeholders that the Department of Health is required  
12          to work with regarding the state strategic plan and in  
13          assessing the state's physician workforce; creating  
14          the Physician Workforce Advisory Council; providing  
15          membership of the council; providing for appointments  
16          to the council; providing terms of membership;  
17          providing for removal of a council member; providing  
18          for the chair and vice chair of the council; providing  
19          that council members are not entitled to receive  
20          compensation or reimbursement for per diem or travel  
21          expenses; providing the duties of the council;  
22          establishing the physician workforce graduate medical  
23          education innovation pilot projects under the  
24          department; providing the purposes of the pilot  
25          projects; providing for the appropriation of state  
26          funds for the pilot projects; requiring the pilot  
27          projects to meet certain policy needs of the physician  
28          workforce in this state; providing criteria for  
29          prioritizing proposals for pilot projects; requiring

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30 the department to adopt by rule appropriate  
31 performance measures; requiring participating pilot  
32 projects to submit an annual report to the department;  
33 requiring state funds to be used to supplement funds  
34 from other sources; requiring the department to adopt  
35 rules; amending ss. 458.3192 and 459.0082, F.S.;

36 requiring the department to determine by geographic  
37 area and specialty the number of physicians and  
38 osteopathic physicians who plan to relocate outside  
39 the state, practice medicine in this state, and reduce  
40 or modify the scope of their practice; authorizing the  
41 department to report additional information in its  
42 findings to the Governor and the Legislature; amending  
43 s. 458.315, F.S.; revising the standards for the Board  
44 of Medicine to issue a temporary certificate to a  
45 certain physicians to practice medicine in areas of  
46 critical need; authorizing the State Surgeon General  
47 to designate areas of critical need; creating s.  
48 459.0076, F.S.; authorizing the Board of Osteopathic  
49 Medicine to issue temporary certificates to  
50 osteopathic physicians who meet certain requirements  
51 to practice osteopathic medicine in areas of critical  
52 need; providing restrictions for issuance of a  
53 temporary certificate; authorizing the State Surgeon  
54 General to designate areas of critical need;  
55 authorizing the Board of Osteopathic Medicine to waive  
56 the application fee and licensure fees for obtaining  
57 temporary certificates for certain purposes; providing  
58 an effective date.

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

Section 1. Subsections (4) and (9) of section 381.0403, Florida Statutes, are 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 Department of Health, clinics operated by the Department of Veterans' Affairs, area health education centers, community health centers, federally qualified health centers, prison clinics, local community clinics, or other programs. At least one member of the consortium shall be a sponsoring institution accredited or currently seeking accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

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

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

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

(e) "Primary care specialty" means emergency medicine, family practice, internal medicine, pediatrics, psychiatry, geriatrics, general surgery, obstetrics and gynecology, and

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88 combined pediatrics and internal medicine and other specialties  
89 as determined by the Physician Workforce Advisory Council or the  
90 Department of Health.

91 (2)~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that  
92 physician workforce planning is an essential component of  
93 ensuring that there is an adequate and appropriate supply of  
94 well-trained physicians to meet this state's future health care  
95 service needs as the general population and elderly population  
96 of the state increase. The Legislature finds that items to  
97 consider relative to assessing the physician workforce may  
98 include physician practice status; specialty mix; geographic  
99 distribution; demographic information, including, but not  
100 limited to, age, gender, race, and cultural considerations; and  
101 needs of current or projected medically underserved areas in the  
102 state. Long-term strategic planning is essential as the period  
103 from the time a medical student enters medical school to  
104 completion of graduate medical education may range from 7 to 10  
105 years or longer. The Legislature recognizes that strategies to  
106 provide for a well-trained supply of physicians must include  
107 ensuring the availability and capacity of quality ~~graduate~~  
108 medical schools and graduate medical education programs in this  
109 state, as well as using new or existing state and federal  
110 programs providing incentives for physicians to practice in  
111 needed specialties and in underserved areas in a manner that  
112 addresses projected needs for physician manpower.

113 (3)~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a  
114 coordinating and strategic planning body to actively assess the  
115 state's current and future physician workforce needs and work  
116 with multiple stakeholders to develop strategies and

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117 alternatives to address current and projected physician  
118 workforce needs.

119 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize the  
120 use of existing programs under the jurisdiction of the  
121 department and other state agencies and coordinate governmental  
122 and nongovernmental stakeholders and resources in order to  
123 develop a state strategic plan and assess the implementation of  
124 such strategic plan. In developing the state strategic plan, the  
125 department shall:

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

130 (b) Develop a model and quantify, on an ongoing basis, the  
131 adequacy of the state's current and future physician workforce  
132 as reliable data becomes available. Such model must take into  
133 account demographics, physician practice status, place of  
134 education and training, generational changes, population growth,  
135 economic indicators, and issues concerning the "pipeline" into  
136 medical education.

137 (c) Develop and recommend strategies to determine whether  
138 the number of qualified medical school applicants who might  
139 become competent, practicing physicians in this state will be  
140 sufficient to meet the capacity of the state's medical schools.  
141 If appropriate, the department shall, working with  
142 representatives of appropriate governmental and nongovernmental  
143 entities, develop strategies and recommendations and identify  
144 best practice programs that introduce health care as a  
145 profession and strengthen skills needed for medical school

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146 admission for elementary, middle, and high school students, and  
147 improve premedical education at the precollege and college level  
148 in order to increase this state's potential pool of medical  
149 students.

150 (d) Develop strategies to ensure that the number of  
151 graduates from the state's public and private allopathic and  
152 osteopathic medical schools is ~~are~~ adequate to meet physician  
153 workforce needs, based on the analysis of the physician  
154 workforce data, so as to provide a high-quality medical  
155 education to students in a manner that recognizes the uniqueness  
156 of each new and existing medical school in this state.

157 (e) Pursue strategies and policies to create, expand, and  
158 maintain graduate medical education positions in the state based  
159 on the analysis of the physician workforce data. Such strategies  
160 and policies must take into account the effect of federal  
161 funding limitations on the expansion and creation of positions  
162 in graduate medical education. The department shall develop  
163 options to address such federal funding limitations. The  
164 department shall consider options to provide direct state  
165 funding for graduate medical education positions in a manner  
166 that addresses requirements and needs relative to accreditation  
167 of graduate medical education programs. The department shall  
168 consider funding residency positions as a means of addressing  
169 needed physician specialty areas, rural areas having a shortage  
170 of physicians, and areas of ongoing critical need, and as a  
171 means of addressing the state's physician workforce needs based  
172 on an ongoing analysis of physician workforce data.

173 (f) Develop strategies to maximize federal and state  
174 programs that provide for the use of incentives to attract

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175 physicians to this state or retain physicians within the state.  
176 Such strategies should explore and maximize federal-state  
177 partnerships that provide incentives for physicians to practice  
178 in federally designated shortage areas. Strategies shall also  
179 consider the use of state programs, such as the Florida Health  
180 Service Corps established pursuant to s. 381.0302 and the  
181 Medical Education Reimbursement and Loan Repayment Program  
182 pursuant to s. 1009.65, which provide for education loan  
183 repayment or loan forgiveness and provide monetary incentives  
184 for physicians to relocate to underserved areas of the state.

185 (g) Coordinate and enhance activities relative to physician  
186 workforce needs, undergraduate medical education, ~~and~~ graduate  
187 medical education, and reentry of retired military and other  
188 physicians into the physician workforce provided by the Division  
189 of Medical Quality Assurance, ~~the Community Hospital Education~~  
190 ~~Program and the Graduate Medical Education Committee established~~  
191 ~~pursuant to s. 381.0403,~~ area health education center networks  
192 established pursuant to s. 381.0402, and other offices and  
193 programs within the department ~~of Health~~ as designated by the  
194 State Surgeon General.

195 (h) Work in conjunction with and act as a coordinating body  
196 for governmental and nongovernmental stakeholders to address  
197 matters relating to the state's physician workforce assessment  
198 and development for the purpose of ensuring an adequate supply  
199 of well-trained physicians to meet the state's future needs.  
200 Such governmental stakeholders shall include, but need not be  
201 limited to, the State Surgeon General or his or her designee,  
202 the Commissioner of Education or his or her designee, the  
203 Secretary of Health Care Administration or his or her designee,

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204 and the Chancellor of the State University System or his or her  
205 designee ~~from the Board of Governors of the State University~~  
206 ~~System~~, and, at the discretion of the department, other  
207 representatives of state and local agencies that are involved in  
208 assessing, educating, or training the state's current or future  
209 physicians. Other stakeholders shall include, but need not be  
210 limited to, organizations representing the state's public and  
211 private allopathic and osteopathic medical schools;  
212 organizations representing hospitals and other institutions  
213 providing health care, particularly those that currently provide  
214 or have an interest in providing accredited medical education  
215 and graduate medical education to medical students and medical  
216 residents; organizations representing allopathic and osteopathic  
217 practicing physicians; and, at the discretion of the department,  
218 representatives of other organizations or entities involved in  
219 assessing, educating, or training the state's current or future  
220 physicians.

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

224 (j) Act as a clearinghouse for collecting and disseminating  
225 information concerning the physician workforce and medical  
226 education continuum in this state.

227 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
228 in the department the Physician Workforce Advisory Council, an  
229 advisory council as defined in s. 20.03. The council shall  
230 comply with the requirements of s. 20.052, except as otherwise  
231 provided in this section.

232 (a) The council shall consist of 19 members. Members



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233 appointed by the State Surgeon General shall include:

234 1. A designee from the department who is a physician  
235 licensed under chapter 458 or chapter 459 and recommended by the  
236 State Surgeon General.

237 2. An individual who is affiliated with the Science  
238 Students Together Reaching Instructional Diversity and  
239 Excellence program and recommended by the area health education  
240 center network.

241 3. Two individuals recommended by the Council of Florida  
242 Medical School Deans, one representing a college of allopathic  
243 medicine and one representing a college of osteopathic medicine.

244 4. One individual recommended by the Florida Hospital  
245 Association, representing a hospital that is licensed under  
246 chapter 395, has an accredited graduate medical education  
247 program, and is not a statutory teaching hospital.

248 5. One individual representing a statutory teaching  
249 hospital as defined in s. 408.07 and recommended by the Safety  
250 Net Hospital Alliance.

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

254 7. Two individuals recommended by the Florida Medical  
255 Association, one representing a primary care specialty and one  
256 representing a nonprimary care specialty.

257 8. Two individuals recommended by the Florida Osteopathic  
258 Medical Association, one representing a primary care specialty  
259 and one representing a nonprimary care specialty.

260 9. Two individuals who are program directors of accredited  
261 graduate medical education programs, one representing a program

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262 that is accredited by the Accreditation Council for Graduate  
263 Medical Education and one representing a program that is  
264 accredited by the American Osteopathic Association.

265 10. An individual recommended by the Florida Association of  
266 Community Health Centers representing a federally qualified  
267 health center located in a rural area as defined in s.  
268 381.0406(2) (a).

269 11. An individual recommended by the Florida Academy of  
270 Family Physicians.

271 12. An individual recommended by the Florida Alliance for  
272 Health Professions Diversity.

273 13. The Chancellor of the State University System or his or  
274 her designee.

275 14. A layperson member as determined by the State Surgeon  
276 General.

277  
278 Appointments to the council shall be made by the State Surgeon  
279 General. Each entity authorized to make recommendations under  
280 this subsection shall make at least two recommendations to the  
281 State Surgeon General for each appointment to the council. The  
282 State Surgeon General shall name one appointee for each position  
283 from the recommendations made by each authorized entity.

284 (b) Each council member shall be appointed to a 4-year  
285 term. An individual may not serve more than two terms. Any  
286 council member may be removed from office for malfeasance;  
287 misfeasance; neglect of duty; incompetence; permanent inability  
288 to perform official duties; or pleading guilty or nolo  
289 contendere to, or being found guilty of, a felony. Any council  
290 member who meets the criteria for removal, or who is otherwise

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291 unwilling or unable to properly fulfill the duties of the  
292 office, shall be succeeded by an individual chosen by the State  
293 Surgeon General to serve out the remainder of the council  
294 member's term. If the remainder of the replaced council member's  
295 term is less than 18 months, notwithstanding the provisions of  
296 this paragraph, the succeeding council member may be reappointed  
297 twice by the State Surgeon General.

298 (c) The chair of the council is the State Surgeon General,  
299 who shall designate a vice chair from the membership of the  
300 council to serve in the absence of the State Surgeon General. A  
301 vacancy shall be filled for the remainder of the unexpired term  
302 in the same manner as the original appointment.

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

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

307 (f) The council shall:

308 1. Advise the State Surgeon General and the department on  
309 matters concerning current and future physician workforce needs  
310 in this state;

311 2. Review survey materials and the compilation of survey  
312 information;

313 3. Annually review the number, location, cost, and  
314 reimbursement of graduate medical education programs and  
315 positions;

316 4. Provide recommendations to the department regarding the  
317 survey completed by physicians licensed under chapter 458 or  
318 chapter 459;

319 5. Assist the department in preparing the annual report to

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320 the Legislature pursuant to ss. 458.3192 and 459.0082;

321 6. Assist the department in preparing an initial strategic  
322 plan, conduct ongoing strategic planning in accordance with this  
323 section, and provide ongoing advice on implementing the  
324 recommendations;

325 7. Monitor and provide recommendations regarding the need  
326 for an increased number of primary care or other physician  
327 specialties to provide the necessary current and projected  
328 health and medical services for the state; and

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

331 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
332 INNOVATION PILOT PROJECTS.—

333 (a) The Legislature finds that:

334 1. In order to ensure a physician workforce that is  
335 adequate to meet the needs of this state's residents and its  
336 health care system, policymakers must consider the education and  
337 training of future generations of well-trained health care  
338 providers.

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

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

345 4. Developing additional positions in graduate medical  
346 education programs is essential to the future of this state's  
347 health care system.

348 5. It was necessary in 2007 to pass legislation that

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349 provided for an assessment of the status of this state's current  
350 and future physician workforce. The department is collecting and  
351 analyzing information on an ongoing basis to assess this state's  
352 physician workforce needs, and such assessment may facilitate  
353 the determination of graduate medical education needs and  
354 strategies for the state.

355 (b) There is established under the department a program to  
356 foster innovative graduate medical education pilot projects that  
357 are designed to promote the expansion of graduate medical  
358 education programs or positions to prepare physicians to  
359 practice in needed specialties and underserved areas or settings  
360 and to provide demographic and cultural representation in a  
361 manner that addresses current and projected needs for this  
362 state's physician workforce. Funds appropriated annually by the  
363 Legislature for this purpose shall be distributed to  
364 participating hospitals, medical schools, other sponsors of  
365 graduate medical education programs, consortia engaged in  
366 developing new graduate medical education programs or positions  
367 in those programs, or pilot projects providing innovative  
368 graduate medical education in community-based clinical settings.  
369 Pilot projects shall be selected on a competitive grant basis,  
370 subject to available funds.

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

374 1. Increasing the number of residencies or fellowships in  
375 primary care or other needed specialties.

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

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378 3. Promoting practice in rural or medically underserved  
379 areas of the state.

380 4. Encouraging racial and ethnic diversity within the  
381 state's physician workforce.

382 5. Encouraging practice in community health care or other  
383 ambulatory care settings.

384 6. Encouraging practice in clinics operated by the  
385 department, including, but not limited to, county health  
386 departments, clinics operated by the Department of Veterans'  
387 Affairs, prison clinics, or similar settings of need.

388 7. Encouraging the increased production of geriatricians.

389 (d) Priority shall be given to a proposal for a pilot  
390 project that:

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

393 2. Obtains funding from multiple sources.

394 3. Focuses on enhancing graduate medical education in rural  
395 or underserved areas.

396 4. Focuses on enhancing graduate medical education in  
397 ambulatory or community-based settings other than a hospital  
398 environment.

399 5. Includes the use of technology, such as electronic  
400 medical records, distance consultation, and telemedicine, to  
401 ensure that residents are better prepared to care for patients  
402 in this state, regardless of the community in which the  
403 residents practice.

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

406 7. Uses a consortium to provide for graduate medical

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407 education experiences.

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

413 (f) Participating pilot projects shall submit to the  
414 department an annual report on the project in a manner required  
415 by the department.

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

420 (h) State funds shall be used to supplement funds from any  
421 local government, community, or private source. The state may  
422 provide up to 50 percent of the funds, and local governmental  
423 grants or community or private sources shall provide the  
424 remainder of the funds.

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

427 Section 3. Section 458.3192, Florida Statutes, is amended  
428 to read:

429 458.3192 Analysis of survey results; report.—

430 (1) Each year, the Department of Health shall analyze the  
431 results of the physician survey required by s. 458.3191 and  
432 determine by geographic area and specialty the number of  
433 physicians who:

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

435 (b) Read mammograms and perform breast-imaging-guided

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436 procedures in this state Florida.

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

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

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

443 (f) Practice medicine in this state.

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

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

453 Section 4. Section 459.0082, Florida Statutes, is amended  
454 to read:

455 459.0082 Analysis of survey results; report.—

456 (1) Each year, the Department of Health shall analyze the  
457 results of the physician survey required by s. 459.0081 and  
458 determine by geographic area and specialty the number of  
459 physicians who:

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

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

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



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

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

469 (f) Practice medicine in this state.

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

471 (2) The Department of Health must report its findings to  
472 the Governor, the President of the Senate, and the Speaker of  
473 the House of Representatives by November 1 each year. The  
474 department shall also include in its report findings,  
475 recommendations, and strategic planning activities as provided  
476 in s. 381.4018. The department may also include other  
477 information requested by the Physician Workforce Advisory  
478 Council.

479 Section 5. Section 458.315, Florida Statutes, is amended to  
480 read:

481 458.315 Temporary certificate for practice in areas of  
482 critical need.—

483 (1) Any physician who:

484 (a) Is licensed to practice in any jurisdiction in the  
485 United States and ~~other state,~~ whose license is currently valid;  
486 or

487 (b) Has served as a physician in the United States Armed  
488 Forces for at least 10 years and received an honorable discharge  
489 from the military;

490  
491 and who pays an application fee of \$300 may be issued a  
492 temporary certificate for ~~to~~ practice in areas of ~~communities of~~  
493 ~~Florida where there is a critical need for physicians.~~

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- 494       (2) A certificate may be issued to a physician who:
- 495       (a) Practices in an area of critical need;
- 496       (b) Will be employed by or practice in a county health  
497 department, correctional facility, Department of Veterans'  
498 Affairs clinic, community health center funded by s. 329, s.  
499 330, or s. 340 of the United States Public Health Services Act,  
500 or other agency or institution that is approved by the State  
501 Surgeon General and provides health care to meet the needs of  
502 underserved populations in this state; or
- 503       (c) Will practice for a limited time to address critical  
504 physician-specialty, demographic, or geographic needs for this  
505 state's physician workforce as determined by the State Surgeon  
506 General entity that provides health care to indigents and that  
507 is approved by the State Health Officer.
- 508       (3) The Board of Medicine may issue this temporary  
509 certificate with the following restrictions:
- 510       (a) ~~(1)~~ The State Surgeon General board shall determine the  
511 areas of critical need, ~~and the physician so certified may~~  
512 ~~practice in any of those areas for a time to be determined by~~  
513 ~~the board.~~ Such areas shall include, but are not be limited to,  
514 health professional shortage areas designated by the United  
515 States Department of Health and Human Services.
- 516       1. ~~(a)~~ A recipient of a temporary certificate for practice  
517 in areas of critical need may use the certificate license to  
518 work for any approved entity employer in any area of critical  
519 need or as authorized by the State Surgeon General approved by  
520 the board.
- 521       2. ~~(b)~~ The recipient of a temporary certificate for practice  
522 in areas of critical need shall, within 30 days after accepting

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523 employment, notify the board of all approved institutions in  
524 which the licensee practices and of all approved institutions  
525 where practice privileges have been denied.

526 (b)-(2) The board may administer an abbreviated oral  
527 examination to determine the physician's competency, but a ~~ne~~  
528 written regular examination is not required ~~necessary~~. Within 60  
529 days after receipt of an application for a temporary  
530 certificate, the board shall review the application and issue  
531 the temporary certificate, or ~~or~~ notify the applicant of denial, or  
532 notify the applicant that the board recommends additional  
533 assessment, training, education, or other requirements as a  
534 condition of certification. If the applicant has not actively  
535 practiced during the prior 3 years and the board determines that  
536 the applicant may lack clinical competency, possess diminished  
537 or inadequate skills, lack necessary medical knowledge, or  
538 exhibit patterns of deficits in clinical decisionmaking, the  
539 board may:

540 1. Deny the application;

541 2. Issue a temporary certificate having reasonable  
542 restrictions that may include, but are not limited to, a  
543 requirement for the applicant to practice under the supervision  
544 of a physician approved by the board; or

545 3. Issue a temporary certificate upon receipt of  
546 documentation confirming that the applicant has met any  
547 reasonable conditions of the board which may include, but are  
548 not limited to, completing continuing education or undergoing an  
549 assessment of skills and training.

550 (c)-(3) Any certificate issued under this section is ~~shall~~  
551 be valid only so long as the State Surgeon General determines

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552 that the reason area for which it was ~~is~~ issued remains a an  
553 ~~area of~~ critical need to the state. The Board of Medicine shall  
554 review each temporary certificateholder not the service within  
555 ~~said area not~~ less than annually to ascertain that the minimum  
556 requirements of the Medical Practice Act and its adopted the  
557 ~~rules and regulations promulgated thereunder~~ are being complied  
558 with. If it is determined that such minimum requirements are not  
559 being met, the board shall ~~forthwith~~ revoke such certificate or  
560 shall impose restrictions or conditions, or both, as a condition  
561 of continued practice under the certificate.

562 (d) ~~(4)~~ The board may ~~shall~~ not issue a temporary  
563 certificate for practice in an area of critical need to any  
564 physician who is under investigation in any jurisdiction in the  
565 United States ~~another state~~ for an act that ~~which~~ would  
566 constitute a violation of this chapter until such time as the  
567 investigation is complete, at which time the provisions of s.  
568 458.331 ~~shall~~ apply.

569 (4) ~~(5)~~ The application fee and all licensure fees,  
570 including neurological injury compensation assessments, shall be  
571 waived for those persons obtaining a temporary certificate to  
572 practice in areas of critical need for the purpose of providing  
573 volunteer, uncompensated care for low-income residents  
574 ~~Floridians~~. The applicant must submit an affidavit from the  
575 employing agency or institution stating that the physician will  
576 not receive any compensation for any service involving the  
577 practice of medicine.

578 Section 6. Section 459.0076, Florida Statutes, is created  
579 to read:

580 459.0076 Temporary certificate for practice in areas of

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581 critical need.—

582 (1) Any physician who:

583 (a) Is licensed to practice in any jurisdiction in the  
584 United States and whose license is currently valid; or

585 (b) Has served as a physician in the United States Armed  
586 Forces for at least 10 years and received an honorable discharge  
587 from the military;

588

589 and who pays an application fee of \$300 may be issued a  
590 temporary certificate for practice in areas of critical need.

591 (2) A certificate may be issued to a physician who:

592 (a) Will practice in an area of critical need;

593 (b) Will be employed by or practice in a county health  
594 department, correctional facility, Department of Veterans'  
595 Affairs clinic, community health center funded by s. 329, s.  
596 330, or s. 340 of the United States Public Health Services Act,  
597 or other agency or institution that is approved by the State  
598 Surgeon General and provides health care to meet the needs of  
599 underserved populations in this state; or

600 (c) Will practice for a limited time to address critical  
601 physician-specialty, demographic, or geographic needs for this  
602 state's physician workforce as determined by the State Surgeon  
603 General.

604 (3) The Board of Osteopathic Medicine may issue this  
605 temporary certificate with the following restrictions:

606 (a) The State Surgeon General shall determine the areas of  
607 critical need. Such areas include, but are not limited to,  
608 health professional shortage areas designated by the United  
609 States Department of Health and Human Services.

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610 1. A recipient of a temporary certificate for practice in  
611 areas of critical need may use the certificate to work for any  
612 approved entity in any area of critical need or as authorized by  
613 the State Surgeon General.

614 2. The recipient of a temporary certificate for practice in  
615 areas of critical need shall, within 30 days after accepting  
616 employment, notify the board of all approved institutions in  
617 which the licensee practices and of all approved institutions  
618 where practice privileges have been denied.

619 (b) The board may administer an abbreviated oral  
620 examination to determine the physician's competency, but a  
621 written regular examination is not required. Within 60 days  
622 after receipt of an application for a temporary certificate, the  
623 board shall review the application and issue the temporary  
624 certificate, notify the applicant of denial, or notify the  
625 applicant that the board recommends additional assessment,  
626 training, education, or other requirements as a condition of  
627 certification. If the applicant has not actively practiced  
628 during the prior 3 years and the board determines that the  
629 applicant may lack clinical competency, possess diminished or  
630 inadequate skills, lack necessary medical knowledge, or exhibit  
631 patterns of deficits in clinical decisionmaking, the board may:

632 1. Deny the application;

633 2. Issue a temporary certificate having reasonable  
634 restrictions that may include, but are not limited to, a  
635 requirement for the applicant to practice under the supervision  
636 of a physician approved by the board; or

637 3. Issue a temporary certificate upon receipt of  
638 documentation confirming that the applicant has met any

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639 reasonable conditions of the board which may include, but are  
640 not limited to, completing continuing education or undergoing an  
641 assessment of skills and training.

642 (c) Any certificate issued under this section is valid only  
643 so long as the State Surgeon General determines that the reason  
644 for which it was issued remains a critical need to the state.  
645 The Board of Osteopathic Medicine shall review each temporary  
646 certificateholder not less than annually to ascertain that the  
647 minimum requirements of the Osteopathic Medical Practice Act and  
648 its adopted rules are being complied with. If it is determined  
649 that such minimum requirements are not being met, the board  
650 shall revoke such certificate or shall impose restrictions or  
651 conditions, or both, as a condition of continued practice under  
652 the certificate.

653 (d) The board may not issue a temporary certificate for  
654 practice in an area of critical need to any physician who is  
655 under investigation in any jurisdiction in the United States for  
656 an act that would constitute a violation of this chapter until  
657 such time as the investigation is complete, at which time the  
658 provisions of s. 459.015 apply.

659 (4) The application fee and all licensure fees, including  
660 neurological injury compensation assessments, shall be waived  
661 for those persons obtaining a temporary certificate to practice  
662 in areas of critical need for the purpose of providing  
663 volunteer, uncompensated care for low-income residents. The  
664 applicant must submit an affidavit from the employing agency or  
665 institution stating that the physician will not receive any  
666 compensation for any service involving the practice of medicine.

667 Section 7. This act shall take effect July 1, 2010.