

1                   A bill to be entitled  
2           An act relating to health care; amending s. 112.0455,  
3           F.S., and repealing paragraph (10)(e), relating to a  
4           prohibition against applying the Drug-Free Workplace Act  
5           retroactively; conforming a cross-reference; amending s.  
6           381.00315, F.S.; directing the Department of Health to  
7           accept funds from counties, municipalities, and certain  
8           other entities for the purchase of certain products made  
9           available under a contract with the United States  
10          Department of Health and Human Services for the  
11          manufacture and delivery of such products in response to a  
12          public health emergency; repealing s. 383.325, F.S.,  
13          relating to the requirement of a licensed facility under  
14          s. 383.305, F.S., to maintain inspection reports; amending  
15          s. 395.0197, F.S.; providing for a rebuttable presumption  
16          against negligence or malpractice claims for hospitals and  
17          their employees or independent contractors under specified  
18          circumstances; establishing components for the plan;  
19          repealing s. 395.1046, F.S., relating to the investigation  
20          of complaints regarding hospitals; repealing s. 395.3037,  
21          F.S.; deleting definitions relating to obsolete provisions  
22          governing primary and comprehensive stroke centers;  
23          amending s. 400.0239, F.S.; deleting an obsolete  
24          provision; repealing s. 400.147(10), F.S., relating to a  
25          requirement that a nursing home facility report any notice  
26          of a filing of a claim for a violation of a resident's  
27          rights or a claim of negligence; repealing s. 400.148,  
28          F.S., relating to the Medicaid "Up-or-Out" Quality of Care

29 | Contract Management Program; repealing s. 400.195, F.S.,  
30 | relating to reporting requirements for the Agency for  
31 | Health Care Administration; amending s. 400.476, F.S.;  
32 | providing requirements for an alternate administrator of a  
33 | home health agency; revising the duties of the  
34 | administrator; revising the requirements for a director of  
35 | nursing for a specified number of home health agencies;  
36 | prohibiting a home health agency from using an individual  
37 | as a home health aide unless the person has completed  
38 | training and an evaluation program; requiring a home  
39 | health aide to meet certain standards in order to be  
40 | competent in performing certain tasks; requiring a home  
41 | health agency and staff to comply with accepted  
42 | professional standards; providing certain requirements for  
43 | a written contract between certain personnel and the  
44 | agency; requiring a home health agency to provide certain  
45 | services through its employees; authorizing a home health  
46 | agency to provide additional services with another  
47 | organization; providing responsibilities of a home health  
48 | agency when it provides home health aide services through  
49 | another organization; requiring the home health agency to  
50 | coordinate personnel who provide home health services;  
51 | requiring personnel to communicate with the home health  
52 | agency; amending s. 400.487, F.S.; requiring a home health  
53 | agency to provide a patient or the patient's legal  
54 | representative a copy of the agreement between the agency  
55 | and the patient which specifies the home health services  
56 | to be provided; providing the rights that are protected by

57 | the home health agency; requiring the home health agency  
58 | to furnish nursing services by or under the supervision of  
59 | a registered nurse; requiring the home health agency to  
60 | provide therapy services through a qualified therapist or  
61 | therapy assistant; providing the duties and qualifications  
62 | of a therapist and therapy assistant; requiring  
63 | supervision by a physical therapist or occupational  
64 | therapist of a physical therapist assistant or  
65 | occupational therapy assistant; providing duties of a  
66 | physical therapist assistant or occupational therapy  
67 | assistant; providing for speech therapy services to be  
68 | provided by a qualified speech-language pathologist or  
69 | audiologist; providing for a plan of care; providing that  
70 | only the staff of a home health agency may administer  
71 | drugs and treatments as ordered by certain health  
72 | professionals; providing requirements for verbal orders;  
73 | providing duties of a registered nurse, licensed practical  
74 | nurse, home health aide, and certified nursing assistant  
75 | who work for a home health agency; providing for  
76 | supervisory visits of services provided by a home health  
77 | agency; repealing s. 408.802(11), F.S., relating to the  
78 | applicability of the Health Care Licensing Procedures Act  
79 | to private review agents; repealing s. 409.912(15)(e),  
80 | (f), and (g), F.S., relating to a requirement for the  
81 | Agency for Health Care Administration to submit a report  
82 | to the Legislature regarding the operations of the CARE  
83 | program; repealing s. 409.9122(13), F.S., relating to  
84 | Medicaid managed prepaid plan minimum enrollment levels

85 | for plans operating in Miami-Dade County; amending s.  
86 | 409.91255, F.S.; transferring administrative  
87 | responsibility for the application procedure for federally  
88 | qualified health centers from the Department of Health to  
89 | the Agency for Health Care Administration; requiring the  
90 | Florida Association of Community Health Centers, Inc., to  
91 | provide support and assume administrative costs for the  
92 | program; repealing s. 429.12(2), F.S., relating to the  
93 | sale or transfer of ownership of an assisted living  
94 | facility; repealing s. 429.23(5), F.S., relating to each  
95 | assisted living facility's requirement to submit a report  
96 | to the agency regarding liability claims filed against it;  
97 | repealing s. 429.911(2)(a), F.S., relating to an  
98 | intentional or negligent act materially affecting the  
99 | health or safety of center participants as grounds for  
100 | which the agency may take action against the owner of an  
101 | adult day care center or its operator or employee;  
102 | requiring persons who apply for licensure renewal as a  
103 | dentist or dental hygienist to furnish certain information  
104 | to the Department of Health in a dental workforce survey;  
105 | requiring the Board of Dentistry to issue a  
106 | nondisciplinary citation and a notice for failure to  
107 | complete the survey within a specified time; providing  
108 | notification requirements for the citation; requiring the  
109 | department to serve as the coordinating body for the  
110 | purpose of collecting, disseminating, and updating dental  
111 | workforce data; requiring the department to maintain a  
112 | database regarding the state's dental workforce; requiring

113 the department to develop strategies to maximize federal  
114 and state programs and to work with an advisory body to  
115 address matters relating to the state's dental workforce;  
116 providing membership of the advisory body; providing for  
117 members of the advisory body to serve without  
118 compensation; requiring the department to act as a  
119 clearinghouse for collecting and disseminating information  
120 regarding the dental workforce; requiring the department  
121 and the board to adopt rules; providing legislative intent  
122 regarding implementation of the act within existing  
123 resources; amending s. 499.01, F.S.; authorizing certain  
124 business entities to pay for prescription drugs obtained  
125 by practitioners licensed under ch. 466, F.S.; amending s.  
126 624.91, F.S.; revising the membership of the board of  
127 directors of the Florida Healthy Kids Corporation to  
128 include a member nominated by the Florida Dental  
129 Association and appointed by the Governor; amending s.  
130 381.0403, F.S.; deleting provisions relating to the  
131 program for graduate medical education innovations and the  
132 graduate medical education committee and report;  
133 conforming cross-references; amending s. 381.4018, F.S.;  
134 providing definitions; requiring the Department of Health  
135 to coordinate and enhance activities regarding the reentry  
136 of retired military and other physicians into the  
137 physician workforce; revising the list of governmental  
138 stakeholders that the department is required to work with  
139 regarding the state strategic plan and in assessing the  
140 state's physician workforce; creating the Physician

141 Workforce Advisory Council; providing membership of the  
142 council; providing for appointments to the council;  
143 providing terms of membership; providing for removal of a  
144 council member; providing for a chair and vice chair of  
145 the council; providing that council members are not  
146 entitled to receive compensation or reimbursement for per  
147 diem or travel expenses; providing the duties of the  
148 council; establishing the physician workforce graduate  
149 medical education innovation pilot projects under the  
150 department; providing the purposes of the pilot projects;  
151 providing for the appropriation of state funds for the  
152 pilot projects; requiring the pilot projects to meet  
153 certain policy needs of the physician workforce in this  
154 state; providing criteria for prioritizing proposals for  
155 pilot projects; requiring the department to adopt by rule  
156 appropriate performance measures; requiring participating  
157 pilot projects to submit an annual report to the  
158 department; requiring state funds to be used to supplement  
159 funds from other sources; requiring the department to  
160 adopt rules; amending ss. 458.3192 and 459.0082, F.S.;  
161 requiring the department to determine by geographic area  
162 and specialty the number of physicians and osteopathic  
163 physicians who plan to relocate outside the state,  
164 practice medicine in this state, and reduce or modify the  
165 scope of their practice; authorizing the department to  
166 report additional information in its findings to the  
167 Governor and the Legislature; amending s. 458.315, F.S.;

168 revising the standards for the Board of Medicine to issue

169 a temporary certificate to a certain physicians to  
 170 practice medicine in areas of critical need; authorizing  
 171 the State Surgeon General to designate areas of critical  
 172 need; creating s. 459.0076, F.S.; authorizing the Board of  
 173 Osteopathic Medicine to issue temporary certificates to  
 174 osteopathic physicians who meet certain requirements to  
 175 practice osteopathic medicine in areas of critical need;  
 176 providing restrictions for issuance of a temporary  
 177 certificate; authorizing the State Surgeon General to  
 178 designate areas of critical need; authorizing the Board of  
 179 Osteopathic Medicine to waive the application fee and  
 180 licensure fees for obtaining temporary certificates for  
 181 certain purposes; providing an effective date.

182

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

184

185 Section 1. Paragraph (e) of subsection (10) of section  
 186 112.0455, Florida Statutes, is repealed, and paragraph (e) of  
 187 subsection (14) of that section is amended to read:

188 112.0455 Drug-Free Workplace Act.—

189 (14) DISCIPLINE REMEDIES.—

190 (e) Upon resolving an appeal filed pursuant to paragraph  
 191 (c), and finding a violation of this section, the commission may  
 192 order the following relief:

193 1. Rescind the disciplinary action, expunge related  
 194 records from the personnel file of the employee or job applicant  
 195 and reinstate the employee.

196 2. Order compliance with paragraph (10) (f) ~~(g)~~.

197 3. Award back pay and benefits.

198 4. Award the prevailing employee or job applicant the  
 199 necessary costs of the appeal, reasonable attorney's fees, and  
 200 expert witness fees.

201 Section 2. Subsection (3) is added to section 381.00315,  
 202 Florida Statutes, to read:

203 381.00315 Public health advisories; public health  
 204 emergencies.—The State Health Officer is responsible for  
 205 declaring public health emergencies and issuing public health  
 206 advisories.

207 (3) To facilitate effective emergency management, when the  
 208 United States Department of Health and Human Services contracts  
 209 for the manufacture and delivery of licensable products in  
 210 response to a public health emergency and the terms of those  
 211 contracts are made available to the states, the department shall  
 212 accept funds provided by cities, counties, and other entities  
 213 designated in the state emergency management plan required under  
 214 s. 252.35(2) (a) for the purpose of participation in those  
 215 contracts. The department shall deposit those funds in the  
 216 Grants and Donations Trust Fund and expend those funds on behalf  
 217 of the donor city, county, or other entity for the purchase of  
 218 the licensable products made available under the contract.

219 Section 3. Section 383.325, Florida Statutes, is repealed.

220 Section 4. Subsection (20) is added to section 395.0197,  
 221 Florida Statutes, to read:

222 395.0197 Internal risk management program.—

223 (20) A hospital's implementation of a comprehensive plan  
 224 to reduce health care-associated infections before a patient



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225 becomes infected constitutes a rebuttable presumption against a  
226 claim of negligence or malpractice by the hospital or any of its  
227 employees or independent contractors. Any such plan must include  
228 the following components:

229 (a) A baseline measurement of health care-associated  
230 infections in a hospital that uses the National Healthcare  
231 Safety Network and Centers for Disease Control and Prevention  
232 surveillance definitions and reports the number of infections in  
233 each category relating to the volume of possible cases in the  
234 hospital.

235 (b) A goal for reducing the incidence of infections by a  
236 specific amount in a defined period of time. A hospital's goal  
237 for reduction of infections must be commensurate with the  
238 national goal for reducing each type of health care-associated  
239 infection.

240 (c) An action plan for reducing each type of infection,  
241 including the use of real-time infection surveillance technology  
242 or automated infection control or prevention technology.

243 (d) Methods for making information available to patients  
244 and the public regarding baseline measurements and periodic  
245 reports on the hospital's progress in improving those measures.

246 Section 5. Section 395.1046, Florida Statutes, is  
247 repealed.

248 Section 6. Section 395.3037, Florida Statutes, is  
249 repealed.

250 Section 7. Paragraph (g) of subsection (2) of section  
251 400.0239, Florida Statutes, is amended to read:

252 400.0239 Quality of Long-Term Care Facility Improvement

253 Trust Fund.—

254 (2) Expenditures from the trust fund shall be allowable  
255 for direct support of the following:

256 (g) Other initiatives authorized by the Centers for  
257 Medicare and Medicaid Services for the use of federal civil  
258 monetary penalties, ~~including projects recommended through the~~  
259 ~~Medicaid "Up or Out" Quality of Care Contract Management Program~~  
260 ~~pursuant to s. 400.148.~~

261 Section 8. Subsection (10) of section 400.147, Florida  
262 Statutes, is repealed.

263 Section 9. Section 400.148, Florida Statutes, is repealed.

264 Section 10. Section 400.195, Florida Statutes, is  
265 repealed.

266 Section 11. Section 400.476, Florida Statutes, is amended  
267 to read:

268 400.476 Staffing requirements; notifications; limitations  
269 on staffing services.—

270 (1) ADMINISTRATOR.—

271 (a) An administrator may manage only one home health  
272 agency, except that an administrator may manage up to five home  
273 health agencies if all five home health agencies have identical  
274 controlling interests as defined in s. 408.803 and are located  
275 within one agency geographic service area or within an  
276 immediately contiguous county. If the home health agency is  
277 licensed under this chapter and is part of a retirement  
278 community that provides multiple levels of care, an employee of  
279 the retirement community may administer the home health agency  
280 and up to a maximum of four entities licensed under this chapter

281 or chapter 429 which all have identical controlling interests as  
282 defined in s. 408.803. An administrator shall designate, in  
283 writing, for each licensed entity, a qualified alternate  
284 administrator to serve during the administrator's absence. An  
285 alternate administrator must meet the requirements in this  
286 paragraph and s. 400.462(1).

287 (b) An administrator of a home health agency who is a  
288 licensed physician, physician assistant, or registered nurse  
289 licensed to practice in this state may also be the director of  
290 nursing for a home health agency. An administrator may serve as  
291 a director of nursing for up to the number of entities  
292 authorized in subsection (2) only if there are 10 or fewer full-  
293 time equivalent employees and contracted personnel in each home  
294 health agency.

295 (c) The administrator shall organize and direct the  
296 agency's ongoing functions, maintain an ongoing liaison with the  
297 board members and the staff, employ qualified personnel and  
298 ensure adequate staff education and evaluations, ensure the  
299 accuracy of public informational materials and activities,  
300 implement an effective budgeting and accounting system, and  
301 ensure that the home health agency operates in compliance with  
302 this part and part II of chapter 408 and rules adopted for these  
303 laws.

304 (d) The administrator shall clearly set forth in writing  
305 the organizational chart, services furnished, administrative  
306 control authority, and lines of authority for the delegation of  
307 responsibilities for patient care. These responsibilities must  
308 be readily identifiable. Administrative and supervisory

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309 functions may not be delegated to another agency or  
310 organization, and the primary home health agency shall monitor  
311 and control all services that are not furnished directly,  
312 including services provided through contracts.

313 (2) DIRECTOR OF NURSING.—

314 (a) A director of nursing may be the director of nursing  
315 for:

316 1. Up to two licensed home health agencies if the agencies  
317 have identical controlling interests as defined in s. 408.803  
318 and are located within one agency geographic service area or  
319 within an immediately contiguous county; or

320 2. Up to five licensed home health agencies if:

321 a. All of the home health agencies have identical  
322 controlling interests as defined in s. 408.803;

323 b. All of the home health agencies are located within one  
324 agency geographic service area or within an immediately  
325 contiguous county; ~~and~~

326 c. Each home health agency has a registered nurse who  
327 meets the qualifications of a director of nursing and who has a  
328 written delegation from the director of nursing to serve as the  
329 director of nursing for that home health agency when the  
330 director of nursing is not present; ~~and~~

331 d. This person, or a similarly qualified alternate, is  
332 available at all times during operating hours and participates  
333 in all activities relevant to the professional services  
334 furnished, including, but not limited to, the oversight of  
335 nursing services, home health aides, and certified nursing  
336 assistants and the assignment of personnel.

337  
338 If a home health agency licensed under this chapter is part of a  
339 retirement community that provides multiple levels of care, an  
340 employee of the retirement community may serve as the director  
341 of nursing of the home health agency and up to a maximum of four  
342 entities, other than home health agencies, licensed under this  
343 chapter or chapter 429 which all have identical controlling  
344 interests as defined in s. 408.803.

345 (b) A home health agency that provides skilled nursing  
346 care may not operate for more than 30 calendar days without a  
347 director of nursing. A home health agency that provides skilled  
348 nursing care and the director of nursing of a home health agency  
349 must notify the agency within 10 business days after termination  
350 of the services of the director of nursing for the home health  
351 agency. A home health agency that provides skilled nursing care  
352 must notify the agency of the identity and qualifications of the  
353 new director of nursing within 10 days after the new director is  
354 hired. If a home health agency that provides skilled nursing  
355 care operates for more than 30 calendar days without a director  
356 of nursing, the home health agency commits a class II  
357 deficiency. In addition to the fine for a class II deficiency,  
358 the agency may issue a moratorium in accordance with s. 408.814  
359 or revoke the license. The agency shall fine a home health  
360 agency that fails to notify the agency as required in this  
361 paragraph \$1,000 for the first violation and \$2,000 for a repeat  
362 violation. The agency may not take administrative action against  
363 a home health agency if the director of nursing fails to notify  
364 the department upon termination of services as the director of

365 nursing for the home health agency.

366 (c) A home health agency that is not Medicare or Medicaid  
367 certified and does not provide skilled care or provides only  
368 physical, occupational, or speech therapy is not required to  
369 have a director of nursing and is exempt from paragraph (b).

370 (3) TRAINING.—A home health agency shall ensure that each  
371 certified nursing assistant employed by or under contract with  
372 the home health agency and each home health aide employed by or  
373 under contract with the home health agency is adequately trained  
374 to perform the tasks of a home health aide in the home setting.

375 (a) The home health agency may not use as a home health  
376 aide on a full-time, temporary, per diem, or other basis any  
377 individual to provide services unless the individual has  
378 completed a training and competency evaluation program, or a  
379 competency evaluation program, as permitted in s. 400.497, which  
380 meets the minimum standards established by the agency in state  
381 rules.

382 (b) A home health aide is not competent in any task for  
383 which he or she is evaluated as "unsatisfactory." The aide must  
384 perform any such task only under direct supervision by a  
385 licensed nurse until he or she receives training in the task and  
386 satisfactorily passes a subsequent evaluation in performing the  
387 task. A home health aide has not successfully passed a  
388 competency evaluation if the aide does not have a passing score  
389 on the test as specified by agency rule.

390 (4) STAFFING.—Staffing services may be provided anywhere  
391 within the state.

392 (5) PERSONNEL.—

393        (a) The home health agency and its staff must comply with  
394 accepted professional standards and principles that apply to  
395 professionals, including, but not limited to, the state practice  
396 acts and the home health agency's policies and procedures.

397        (b) If personnel under hourly or per-visit contracts are  
398 used by the home health agency, there must be a written contract  
399 between those personnel and the agency which specifies the  
400 following requirements:

401            1. Acceptance for care only of patients by the primary  
402 home health agency.

403            2. The services to be furnished.

404            3. The necessity to conform to all applicable agency  
405 policies, including personnel qualifications.

406            4. The responsibility for participating in developing  
407 plans of care.

408            5. The manner in which services are controlled,  
409 coordinated, and evaluated by the primary home health agency.

410            6. The procedures for submitting clinical and progress  
411 notes, scheduling visits, and providing periodic patient  
412 evaluations.

413            7. The procedures for payment for services furnished under  
414 the contract.

415        (c) A home health agency shall directly provide at least  
416 one of the types of authorized services through home health  
417 agency employees, but may provide additional services under  
418 arrangements with another agency or organization. Services  
419 furnished under such arrangements must have a written contract  
420 conforming to the requirements specified in paragraph (b).

421 (d) If home health aide services are provided by an  
422 individual who is not employed directly by the home health  
423 agency, the services of the home health aide must be provided  
424 under arrangements as stated in paragraphs (b) and (c). If the  
425 home health agency chooses to provide home health aide services  
426 under arrangements with another organization, the  
427 responsibilities of the home health agency include, but are not  
428 limited to:

429 1. Ensuring the overall quality of the care provided by  
430 the aide.

431 2. Supervising the aide's services as described in s.  
432 400.487.

433 3. Ensuring that each home health aide providing services  
434 under arrangements with another organization has met the  
435 training requirements or competency evaluation requirements of  
436 s. 400.497.

437 (e) The home health agency shall coordinate the efforts of  
438 all personnel furnishing services, and the personnel shall  
439 maintain communication with the home health agency to ensure  
440 that personnel efforts support the objectives outlined in the  
441 plan of care. The clinical record or minutes of case conferences  
442 shall ensure that effective interchange, reporting, and  
443 coordination of patient care occurs.

444 Section 12. Section 400.487, Florida Statutes, is amended  
445 to read:

446 400.487 Home health service agreements; physician's,  
447 physician assistant's, and advanced registered nurse  
448 practitioner's treatment orders; patient assessment;



449 establishment and review of plan of care; provision of services;  
450 orders not to resuscitate.—

451 (1) Services provided by a home health agency must be  
452 covered by an agreement between the home health agency and the  
453 patient or the patient's legal representative specifying the  
454 home health services to be provided, the rates or charges for  
455 services paid with private funds, and the sources of payment,  
456 which may include Medicare, Medicaid, private insurance,  
457 personal funds, or a combination thereof. The home health agency  
458 shall provide a copy of the agreement to the patient or the  
459 patient's legal representative. A home health agency providing  
460 skilled care must make an assessment of the patient's needs  
461 within 48 hours after the start of services.

462 (2) When required by the provisions of chapter 464; part  
463 I, part III, or part V of chapter 468; or chapter 486, the  
464 attending physician, physician assistant, or advanced registered  
465 nurse practitioner, acting within his or her respective scope of  
466 practice, shall establish treatment orders for a patient who is  
467 to receive skilled care. The treatment orders must be signed by  
468 the physician, physician assistant, or advanced registered nurse  
469 practitioner before a claim for payment for the skilled services  
470 is submitted by the home health agency. If the claim is  
471 submitted to a managed care organization, the treatment orders  
472 must be signed within the time allowed under the provider  
473 agreement. The treatment orders shall be reviewed, as frequently  
474 as the patient's illness requires, by the physician, physician  
475 assistant, or advanced registered nurse practitioner in  
476 consultation with the home health agency.

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477 (3) A home health agency shall arrange for supervisory  
478 visits by a registered nurse to the home of a patient receiving  
479 home health aide services as specified in subsection (9) ~~in~~  
480 ~~accordance with the patient's direction, approval, and agreement~~  
481 ~~to pay the charge for the visits.~~

482 (4) The home health agency shall protect and promote the  
483 rights of each individual under its care, including each of the  
484 following rights:

485 (a) Notice of rights.—The home health agency shall provide  
486 the patient with a written notice of the patient's rights in  
487 advance of furnishing care to the patient or during the initial  
488 evaluation visit before the initiation of treatment. The home  
489 health agency must maintain documentation showing that it has  
490 complied with the requirements of this section.

491 (b) Exercise of rights and respect for property and  
492 person.—

493 1. The patient has the right to exercise his or her rights  
494 as a patient of the home health agency.

495 2. The patient has the right to have his or her property  
496 treated with respect.

497 3. The patient has the right to voice grievances regarding  
498 treatment or care that is or fails to be furnished, or regarding  
499 the lack of respect for property by anyone who is furnishing  
500 services on behalf of the home health agency, and not be  
501 subjected to discrimination or reprisal for doing so.

502 4. The home health agency must investigate complaints made  
503 by a patient or the patient's family or guardian regarding  
504 treatment or care that is or fails to be furnished or regarding

505 the lack of respect for the patient's property by anyone  
506 furnishing services on behalf of the home health agency. The  
507 home health agency shall document the existence of the complaint  
508 and its resolution.

509 5. The patient and his or her immediate family or  
510 representative must be informed of the right to report  
511 complaints via the statewide toll-free telephone number to the  
512 agency as required in s. 408.810.

513 (c) Right to be informed and to participate in planning  
514 care and treatment.—

515 1. The patient has the right to be informed, in advance,  
516 about the care to be furnished and of any changes in the care to  
517 be furnished. The home health agency shall advise the patient in  
518 advance of which disciplines will furnish care and the frequency  
519 of visits proposed to be furnished. The home health agency must  
520 advise the patient in advance of any change in the plan of care  
521 before the change is made.

522 2. The patient has the right to participate in the  
523 planning of the care. The home health agency must advise the  
524 patient in advance of the right to participate in planning the  
525 care or treatment and in planning changes in the care or  
526 treatment. Each patient has the right to be informed of and to  
527 participate in the planning of his or her care. Each patient  
528 must be provided, upon request, a copy of the plan of care  
529 established and maintained for that patient by the home health  
530 agency.

531 (5) When nursing services are ordered, the home health  
532 agency to which a patient has been admitted for care must

533 provide the initial admission visit, all service evaluation  
534 visits, and the discharge visit by a direct employee. Services  
535 provided by others under contractual arrangements to a home  
536 health agency must be monitored and managed by the admitting  
537 home health agency. The admitting home health agency is fully  
538 responsible for ensuring that all care provided through its  
539 employees or contract staff is delivered in accordance with this  
540 part and applicable rules.

541 (6) The skilled care services provided by a home health  
542 agency, directly or under contract, must be supervised and  
543 coordinated in accordance with the plan of care. The home health  
544 agency shall furnish skilled nursing services by or under the  
545 supervision of a registered nurse and in accordance with the  
546 plan of care. Any therapy services offered directly or under  
547 arrangement by the home health agency must be provided by a  
548 qualified therapist or by a qualified therapy assistant under  
549 the supervision of a qualified therapist and in accordance with  
550 the plan of care.

551 (a) Duties and qualifications.—A qualified therapist shall  
552 assist the physician in evaluating the level of function, help  
553 develop or revise the plan of care, prepare clinical and  
554 progress notes, advise and consult with the family and other  
555 agency personnel, and participate in in-service programs. The  
556 therapist or therapy assistant must meet the qualifications in  
557 the state practice acts and applicable rules.

558 (b) Physical therapist assistants and occupational therapy  
559 assistants.—Services provided by a physical therapist assistant  
560 or occupational therapy assistant must be under the supervision

561 of a qualified physical therapist or occupational therapist as  
562 required in chapter 486 and part III of chapter 468,  
563 respectively, and applicable rules. A physical therapist  
564 assistant or occupational therapy assistant shall perform  
565 services planned, delegated, and supervised by the therapist,  
566 assist in preparing clinical notes and progress reports,  
567 participate in educating the patient and his or her family, and  
568 participate in in-service programs.

569 (c) Speech therapy services.—Speech therapy services shall  
570 be furnished only by or under supervision of a qualified speech-  
571 language pathologist or audiologist as required in part I of  
572 chapter 468 and applicable rules.

573 (d) Care follows a written plan of care.—The plan of care  
574 shall be reviewed by the physician or health professional who  
575 provided the treatment orders pursuant to subsection (2) and  
576 home health agency personnel as often as the severity of the  
577 patient's condition requires, but at least once every 60 days or  
578 more when there is a patient-elected transfer, a significant  
579 change in condition, or a discharge and return to the same home  
580 health agency during the 60-day episode. Professional staff of a  
581 home health agency shall promptly alert the physician or other  
582 health professional who provided the treatment orders of any  
583 change that suggests a need to alter the plan of care.

584 (e) Administration of drugs and treatment.—Only  
585 professional staff of a home health agency may administer drugs  
586 and treatments as ordered by the physician or health  
587 professional pursuant to subsection (2), with the exception of  
588 influenza and pneumococcal polysaccharide vaccines, which may be

589 administered according to the policy of the home health agency  
590 developed in consultation with a physician and after an  
591 assessment for contraindications. Verbal orders shall be in  
592 writing and signed and dated with the date of receipt by the  
593 registered nurse or qualified therapist who is responsible for  
594 furnishing or supervising the ordered service. A verbal order  
595 may be accepted only by personnel who are authorized to do so by  
596 applicable state laws, rules, and internal policies of the home  
597 health agency.

598 (7) A registered nurse shall conduct the initial  
599 evaluation visit, regularly reevaluate the patient's nursing  
600 needs, initiate the plan of care and necessary revisions,  
601 furnish those services requiring substantial and specialized  
602 nursing skill, initiate appropriate preventive and  
603 rehabilitative nursing procedures, prepare clinical and progress  
604 notes, coordinate services, inform the physician and other  
605 personnel of changes in the patient's condition and needs,  
606 counsel the patient and his or her family in meeting nursing and  
607 related needs, participate in in-service programs, and supervise  
608 and teach other nursing personnel, unless the home health agency  
609 providing the home health aide services is not Medicare-  
610 certified or Medicaid-certified and does not provide skilled  
611 care.

612 (8) A licensed practical nurse shall furnish services in  
613 accordance with agency policies, prepare clinical and progress  
614 notes, assist the physician and registered nurse in performing  
615 specialized procedures, prepare equipment and materials for  
616 treatments observing aseptic technique as required, and assist

617 the patient in learning appropriate self-care techniques.

618 (9) A home health aide and certified nursing assistant  
619 shall provide services that are in the service provision plan  
620 provided in s. 400.491 and other services that the home health  
621 aide or certified nursing assistant is permitted to perform  
622 under state law. The duties of a home health aide or certified  
623 nursing assistant include the provision of hands-on personal  
624 care, performance of simple procedures as an extension of  
625 therapy or nursing services, assistance in ambulation or  
626 exercises, and assistance in administering medications that are  
627 ordinarily self-administered and are specified in agency rules.  
628 Any services by a home health aide which are offered by a home  
629 health agency must be provided by a qualified home health aide  
630 or certified nursing assistant.

631 (a) Assignment and duties.—A home health aide or certified  
632 nursing assistant shall be assigned to a specific patient by a  
633 registered nurse, unless the home health agency providing the  
634 home health aide services is not Medicare-certified or Medicaid-  
635 certified and does not provide skilled care. Written patient  
636 care instructions for the home health aide and certified nursing  
637 assistant must be prepared by the registered nurse or other  
638 appropriate professional who is responsible for the supervision  
639 of the home health aide and certified nursing assistant as  
640 stated in this section.

641 (b) Supervision.—If a patient receives skilled nursing  
642 care, the registered nurse shall perform the supervisory visit.  
643 If the patient is not receiving skilled nursing care but is  
644 receiving physical therapy, occupational therapy, or speech-

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645 language pathology services, the appropriate therapist may  
646 provide the supervision. A registered nurse or other  
647 professional must make an onsite visit to the patient's home at  
648 least once every 2 weeks. The visit is not required while the  
649 aide is providing care.

650 (c) Supervisory visits.—If home health aide services are  
651 provided to a patient who is not receiving skilled nursing care,  
652 physical or occupational therapy, or speech-language pathology  
653 services, a registered nurse must make a supervisory visit to  
654 the patient's home at least once every 60 days, unless the home  
655 health agency providing the home health aide services is not  
656 Medicare-certified or Medicaid-certified and does not provide  
657 skilled care, either directly or through contracts. The  
658 registered nurse shall ensure that the aide is properly caring  
659 for the patient and each supervisory visit must occur while the  
660 home health aide is providing patient care. In addition to the  
661 requirements in this subsection, a home health agency shall  
662 arrange for additional supervisory visits by a registered nurse  
663 to the home of a patient receiving home health aide services in  
664 accordance with the patient's direction, approval, and agreement  
665 to pay the charge for the visits.

666 (10)-(7) Home health agency personnel may withhold or  
667 withdraw cardiopulmonary resuscitation if presented with an  
668 order not to resuscitate executed pursuant to s. 401.45. The  
669 agency shall adopt rules providing for the implementation of  
670 such orders. Home health personnel and agencies shall not be  
671 subject to criminal prosecution or civil liability, nor be  
672 considered to have engaged in negligent or unprofessional



673 | conduct, for withholding or withdrawing cardiopulmonary  
 674 | resuscitation pursuant to such an order and rules adopted by the  
 675 | agency.

676 |       Section 13. Subsection (11) of section 408.802, Florida  
 677 | Statutes, is repealed.

678 |       Section 14. Paragraphs (e), (f), and (g) of subsection  
 679 | (15) of section 409.912, Florida Statutes, are repealed.

680 |       Section 15. Subsection (13) of section 409.9122, Florida  
 681 | Statutes, is repealed.

682 |       Section 16. Section 409.91255, Florida Statutes, is  
 683 | amended to read:

684 |       409.91255 Federally qualified health center access  
 685 | program.—

686 |       (1) SHORT TITLE.—This section may be cited as the  
 687 | "Community Health Center Access Program Act."

688 |       (2) LEGISLATIVE FINDINGS AND INTENT.—

689 |       (a) The Legislature finds that, despite significant  
 690 | investments in health care programs, nearly 6 ~~more than 2~~  
 691 | million low-income Floridians, primarily the working poor and  
 692 | minority populations, continue to lack access to basic health  
 693 | care services. Further, the Legislature recognizes that  
 694 | federally qualified health centers have a proven record of  
 695 | providing cost-effective, comprehensive primary and preventive  
 696 | health care and are uniquely qualified to address the lack of  
 697 | adequate health care services for the uninsured.

698 |       (b) It is the intent of the Legislature to recognize the  
 699 | significance of increased federal investments in federally  
 700 | qualified health centers and to leverage that investment through

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701 the creation of a program to provide for the expansion of the  
702 primary and preventive health care services offered by federally  
703 qualified health centers. Further, such a program will support  
704 the coordination of federal, state, and local resources to  
705 assist such health centers in developing an expanded community-  
706 based primary care delivery system.

707 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The  
708 agency shall administer ~~Department of Health shall develop~~ a  
709 program for the expansion of federally qualified health centers  
710 for the purpose of providing comprehensive primary and  
711 preventive health care and urgent care services that may reduce  
712 the morbidity, mortality, and cost of care among the uninsured  
713 population of the state. The program shall provide for  
714 distribution of financial assistance to federally qualified  
715 health centers that apply and demonstrate a need for such  
716 assistance in order to sustain or expand the delivery of primary  
717 and preventive health care services. In selecting centers to  
718 receive this financial assistance, the program:

719 (a) Shall give preference to communities that have few or  
720 no community-based primary care services or in which the current  
721 services are unable to meet the community's needs. To assist in  
722 the assessment and identification of areas of critical need, a  
723 federally qualified health-center-based statewide assessment and  
724 strategic plan shall be developed by the Florida Association of  
725 Community Health Centers, Inc., every 5 years, beginning January  
726 1, 2011.

727 (b) Shall require that primary care services be provided  
728 to the medically indigent using a sliding fee schedule based on

729 income.

730 (c) Shall promote ~~allow~~ innovative and creative uses of  
 731 federal, state, and local health care resources.

732 (d) Shall require that the funds provided be used to pay  
 733 for operating costs of a projected expansion in patient  
 734 caseloads or services or for capital improvement projects.  
 735 Capital improvement projects may include renovations to existing  
 736 facilities or construction of new facilities, provided that an  
 737 expansion in patient caseloads or services to a new patient  
 738 population will occur as a result of the capital expenditures.  
 739 The agency ~~department~~ shall include in its standard contract  
 740 document a requirement that any state funds provided for the  
 741 purchase of or improvements to real property are contingent upon  
 742 the contractor granting to the state a security interest in the  
 743 property at least to the amount of the state funds provided for  
 744 at least 5 years from the date of purchase or the completion of  
 745 the improvements or as further required by law. The contract  
 746 must include a provision that, as a condition of receipt of  
 747 state funding for this purpose, the contractor agrees that, if  
 748 it disposes of the property before the agency's ~~department's~~  
 749 interest is vacated, the contractor will refund the  
 750 proportionate share of the state's initial investment, as  
 751 adjusted by depreciation.

752 (e) Shall ~~May~~ require in-kind support from other sources.

753 (f) Shall promote ~~May encourage~~ coordination among  
 754 federally qualified health centers, other private sector  
 755 providers, and publicly supported programs.

756 (g) Shall promote ~~allow~~ the development of community

757 emergency room diversion programs in conjunction with local  
758 resources, providing extended hours of operation to urgent care  
759 patients. Diversion programs shall include case management for  
760 emergency room followup care.

761 (4) EVALUATION OF APPLICATIONS.—A review panel shall be  
762 established, consisting of four persons appointed by the  
763 Secretary of Health Care Administration ~~State Surgeon General~~  
764 and three persons appointed by the chief executive officer of  
765 the Florida Association of Community Health Centers, Inc., to  
766 review all applications for financial assistance under the  
767 program. Applicants shall specify in the application whether the  
768 program funds will be used for the expansion of patient  
769 caseloads or services or for capital improvement projects to  
770 expand and improve patient facilities. The panel shall use the  
771 following elements in reviewing application proposals and shall  
772 determine the relative weight for scoring and evaluating these  
773 elements:

774 (a) The target population to be served.

775 (b) The health benefits to be provided.

776 (c) The methods that will be used to measure cost-  
777 effectiveness.

778 (d) How patient satisfaction will be measured.

779 (e) The proposed internal quality assurance process.

780 (f) Projected health status outcomes.

781 (g) How data will be collected to measure cost-  
782 effectiveness, health status outcomes, and overall achievement  
783 of the goals of the proposal.

784 (h) All resources, including cash, in-kind, voluntary, or

785 other resources that will be dedicated to the proposal.

786 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency  
 787 shall ~~Department of Health may~~ contract with the Florida  
 788 Association of Community Health Centers, Inc., to develop and  
 789 coordinate ~~administer~~ the program and provide technical  
 790 assistance to the federally qualified health centers selected to  
 791 receive financial assistance. The contracted entity shall be  
 792 responsible for program support and assume all costs related to  
 793 administration of this program.

794 Section 17. Subsection (2) of section 429.12, Florida  
 795 Statutes, is repealed.

796 Section 18. Subsection (5) of section 429.23, Florida  
 797 Statutes, is repealed.

798 Section 19. Paragraph (a) of subsection (2) of section  
 799 429.911, Florida Statutes, is repealed.

800 Section 20. Dental workforce survey.—

801 (1) Beginning in 2012, each person who applies for  
 802 licensure renewal as a dentist or dental hygienist under chapter  
 803 466, Florida Statutes, must, in conjunction with the renewal of  
 804 such license under procedures and forms adopted by the Board of  
 805 Dentistry and in addition to any other information that may be  
 806 required from the applicant, furnish the following information  
 807 to the Department of Health, working in conjunction with the  
 808 board, in a dental workforce survey:

809 (a) Licensee information, including, but not limited to:

810 1. The name of the dental school or dental hygiene program  
 811 that the dentist or dental hygienist graduated from and the year  
 812 of graduation.

813           2. The year that the dentist or dental hygienist began  
 814 practicing or working in this state.

815           3. The geographic location of the dentist's or dental  
 816 hygienist's practice or address within the state.

817           4. For a dentist in private practice:

818           a. The number of full-time dental hygienists employed by  
 819 the dentist during the reporting period.

820           b. The number of full-time dental assistants employed by  
 821 the dentist during the reporting period.

822           c. The average number of patients treated per week by the  
 823 dentist during the reporting period.

824           d. The settings where the dental care was delivered.

825           5. Anticipated plans of the dentist to change the status  
 826 of his or her license or practice.

827           6. The dentist's areas of specialty or certification.

828           7. The year that the dentist completed a specialty program  
 829 recognized by the American Dental Association.

830           8. For a hygienist:

831           a. The average number of patients treated per week by the  
 832 hygienist during the reporting period.

833           b. The settings where the dental care was delivered.

834           9. The dentist's memberships in professional  
 835 organizations.

836           10. The number of pro bono hours provided by the dentist  
 837 or dental hygienist during the last biennium.

838           (b) Information concerning the availability and trends  
 839 relating to critically needed services, including, but not  
 840 limited to, the following types of care provided by the dentist

841 or dental hygienist:

842 1. Dental care to children having special needs.

843 2. Geriatric dental care.

844 3. Dental services in emergency departments.

845 4. Medicaid services.

846 5. Other critically needed specialty areas, as determined  
847 by the advisory body.

848 (2) In addition to the completed survey, the dentist or  
849 dental hygienist must submit a statement that the information  
850 provided is true and accurate to the best of his or her  
851 knowledge and belief.

852 (3) Beginning in 2012, renewal of a license by a dentist  
853 or dental hygienist licensed under chapter 466, Florida  
854 Statutes, is not contingent upon the completion and submission  
855 of the dental workforce survey; however, for any subsequent  
856 license renewal, the board may not renew the license of any  
857 dentist or dental hygienist until the survey required under this  
858 section is completed and submitted by the licensee.

859 (4) (a) Beginning in 2012, the Board of Dentistry shall  
860 issue a nondisciplinary citation to any dentist or dental  
861 hygienist licensed under chapter 466, Florida Statutes, who  
862 fails to complete the survey within 90 days after the renewal of  
863 his or her license to practice as a dentist or dental hygienist.

864 (b) The citation must notify a dentist or dental hygienist  
865 who fails to complete the survey required by this section that  
866 his or her license will not be renewed for any subsequent  
867 license renewal unless the dentist or dental hygienist completes  
868 the survey.

869        (c) In conjunction with issuing the license renewal notice  
870 required by s. 456.038, Florida Statutes, the board shall notify  
871 each dentist or dental hygienist licensed under chapter 466,  
872 Florida Statutes, who fails to complete the survey that the  
873 survey must be completed before the subsequent license renewal.

874        Section 21. (1) The Department of Health shall serve as  
875 the coordinating body for the purpose of collecting and  
876 regularly updating and disseminating dental workforce data. The  
877 department shall work with multiple stakeholders, including the  
878 Florida Dental Association and the Florida Dental Hygiene  
879 Association, to assess and share with all communities of  
880 interest all data collected in a timely fashion.

881        (2) The Department of Health shall maintain a current  
882 database to serve as a statewide source of data concerning the  
883 dental workforce. The department, in conjunction with the Board  
884 of Dentistry, shall also:

885        (a) Develop strategies to maximize federal and state  
886 programs that provide incentives for dentists to practice in  
887 shortage areas that are federally designated. Strategies shall  
888 include programs such as the Florida Health Services Corps  
889 established under s. 381.0302, Florida Statutes.

890        (b) Work in conjunction with an advisory body to address  
891 matters relating to the state's dental workforce. The advisory  
892 body shall provide input on developing questions for the dentist  
893 workforce survey. The advisory body shall include, but need not  
894 be limited to, the State Surgeon General or his or her designee,  
895 the dean of each dental school accredited in the United States  
896 and based in this state or his or her designee, a representative



897 from the Florida Dental Association, a representative from the  
 898 Florida Dental Hygiene Association, a representative from the  
 899 Board of Dentistry, and a dentist from each of the dental  
 900 specialties recognized by the American Dental Association's  
 901 Commission on Dental Accreditation. Members of the advisory body  
 902 shall serve without compensation.

903 (c) Act as a clearinghouse for collecting and  
 904 disseminating information concerning the dental workforce.

905 (3) The Department of Health and the Board of Dentistry  
 906 shall adopt rules necessary to administer this section.

907 Section 22. It is the intent of the Legislature that the  
 908 Department of Health and the Board of Dentistry implement the  
 909 provisions of sections 16 through 20 of this act within existing  
 910 resources.

911 Section 23. Paragraph (t) of subsection (2) of section  
 912 499.01, Florida Statutes, is amended to read:

913 499.01 Permits.—

914 (2) The following permits are established:

915 (t) Health care clinic establishment permit.—Effective  
 916 January 1, 2009, a health care clinic establishment permit is  
 917 required for the purchase of a prescription drug by a place of  
 918 business at one general physical location that provides health  
 919 care or veterinary services, which is owned and operated by a  
 920 business entity that has been issued a federal employer tax  
 921 identification number. For the purpose of this paragraph, the  
 922 term "qualifying practitioner" means a licensed health care  
 923 practitioner defined in s. 456.001, or a veterinarian licensed  
 924 under chapter 474, who is authorized under the appropriate

925 practice act to prescribe and administer a prescription drug.

926 1. An establishment must provide, as part of the  
 927 application required under s. 499.012, designation of a  
 928 qualifying practitioner who will be responsible for complying  
 929 with all legal and regulatory requirements related to the  
 930 purchase, recordkeeping, storage, and handling of the  
 931 prescription drugs. In addition, the designated qualifying  
 932 practitioner shall be the practitioner whose name, establishment  
 933 address, and license number is used on all distribution  
 934 documents for prescription drugs purchased or returned by the  
 935 health care clinic establishment. Upon initial appointment of a  
 936 qualifying practitioner, the qualifying practitioner and the  
 937 health care clinic establishment shall notify the department on  
 938 a form furnished by the department within 10 days after such  
 939 employment. In addition, the qualifying practitioner and health  
 940 care clinic establishment shall notify the department within 10  
 941 days after any subsequent change.

942 2. The health care clinic establishment must employ a  
 943 qualifying practitioner at each establishment.

944 3. In addition to the remedies and penalties provided in  
 945 this part, a violation of this chapter by the health care clinic  
 946 establishment or qualifying practitioner constitutes grounds for  
 947 discipline of the qualifying practitioner by the appropriate  
 948 regulatory board.

949 4. The purchase of prescription drugs by the health care  
 950 clinic establishment is prohibited during any period of time  
 951 when the establishment does not comply with this paragraph.

952 5. A health care clinic establishment permit is not a

953 pharmacy permit or otherwise subject to chapter 465. A health  
 954 care clinic establishment that meets the criteria of a modified  
 955 Class II institutional pharmacy under s. 465.019 is not eligible  
 956 to be permitted under this paragraph.

957 6. This paragraph does not apply to the purchase of a  
 958 prescription drug by a licensed practitioner under his or her  
 959 license. A professional corporation or limited liability company  
 960 composed of dentists and operating as authorized in s. 466.0285  
 961 may pay for prescription drugs obtained by a practitioner  
 962 licensed under chapter 466, and the licensed practitioner is  
 963 deemed the purchaser and owner of the prescription drugs.

964 Section 24. Paragraph (a) of subsection (6) of section  
 965 624.91, Florida Statutes, is amended to read:

966 624.91 The Florida Healthy Kids Corporation Act.—

967 (6) BOARD OF DIRECTORS.—

968 (a) The Florida Healthy Kids Corporation shall operate  
 969 subject to the supervision and approval of a board of directors  
 970 chaired by the Chief Financial Officer or her or his designee,  
 971 and composed of 12 ~~11~~ other members selected for 3-year terms of  
 972 office as follows:

973 1. The Secretary of Health Care Administration, or his or  
 974 her designee.

975 2. One member appointed by the Commissioner of Education  
 976 from the Office of School Health Programs of the Florida  
 977 Department of Education.

978 3. One member appointed by the Chief Financial Officer  
 979 from among three members nominated by the Florida Pediatric  
 980 Society.

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981 4. One member, appointed by the Governor, who represents  
982 the Children's Medical Services Program.

983 5. One member appointed by the Chief Financial Officer  
984 from among three members nominated by the Florida Hospital  
985 Association.

986 6. One member, appointed by the Governor, who is an expert  
987 on child health policy.

988 7. One member, appointed by the Chief Financial Officer,  
989 from among three members nominated by the Florida Academy of  
990 Family Physicians.

991 8. One member, appointed by the Governor, who represents  
992 the state Medicaid program.

993 9. One member, appointed by the Chief Financial Officer,  
994 from among three members nominated by the Florida Association of  
995 Counties.

996 10. The State Health Officer or her or his designee.

997 11. The Secretary of Children and Family Services, or his  
998 or her designee.

999 12. One member, appointed by the Governor, from among  
1000 three members nominated by the Florida Dental Association.

1001 Section 25. Section 381.0403, Florida Statutes, is amended  
1002 to read:

1003 381.0403 The Community Hospital Education Act.—

1004 (1) SHORT TITLE.—This section shall be known and cited as  
1005 "The Community Hospital Education Act."

1006 (2) LEGISLATIVE INTENT.—

1007 (a) It is the intent of the Legislature that health care  
1008 services for the citizens of this state be upgraded and that a

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1009 program for continuing these services be maintained through a  
 1010 plan for community medical education. The program is intended to  
 1011 provide additional outpatient and inpatient services, a  
 1012 continuing supply of highly trained physicians, and graduate  
 1013 medical education.

1014 (b) The Legislature further acknowledges the critical need  
 1015 for increased numbers of primary care physicians to provide the  
 1016 necessary current and projected health and medical services. In  
 1017 order to meet both present and anticipated needs, the  
 1018 Legislature supports an expansion in the number of family  
 1019 practice residency positions. The Legislature intends that the  
 1020 funding for graduate education in family practice be maintained  
 1021 and that funding for all primary care specialties be provided at  
 1022 a minimum of \$10,000 per resident per year. Should funding for  
 1023 this act remain constant or be reduced, it is intended that all  
 1024 programs funded by this act be maintained or reduced  
 1025 proportionately.

1026 (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND  
 1027 LOCAL PLANNING.—

1028 (a) There is established under the Department of Health a  
 1029 program for statewide graduate medical education. It is intended  
 1030 that continuing graduate medical education programs for interns  
 1031 and residents be established on a statewide basis. The program  
 1032 shall provide financial support for primary care specialty  
 1033 interns and residents based on policies recommended and approved  
 1034 by the Community Hospital Education Council, herein established,  
 1035 and the Department of Health. Only those programs with at least  
 1036 three residents or interns in each year of the training program

1037 are qualified to apply for financial support. Programs with  
1038 fewer than three residents or interns per training year are  
1039 qualified to apply for financial support, but only if the  
1040 appropriate accrediting entity for the particular specialty has  
1041 approved the program for fewer positions. Programs added after  
1042 fiscal year 1997-1998 shall have 5 years to attain the requisite  
1043 number of residents or interns. When feasible and to the extent  
1044 allowed through the General Appropriations Act, state funds  
1045 shall be used to generate federal matching funds under Medicaid,  
1046 or other federal programs, and the resulting combined state and  
1047 federal funds shall be allocated to participating hospitals for  
1048 the support of graduate medical education. ~~The department may  
1049 spend up to \$75,000 of the state appropriation for  
1050 administrative costs associated with the production of the  
1051 annual report as specified in subsection (9), and for  
1052 administration of the program.~~

1053 (b) For the purposes of this section, primary care  
1054 specialties include emergency medicine, family practice,  
1055 internal medicine, pediatrics, psychiatry,  
1056 obstetrics/gynecology, and combined pediatrics and internal  
1057 medicine, and other primary care specialties as may be included  
1058 by the council and Department of Health.

1059 (c) Medical institutions throughout the state may apply to  
1060 the Community Hospital Education Council for grants-in-aid for  
1061 financial support of their approved programs. Recommendations  
1062 for funding of approved programs shall be forwarded to the  
1063 Department of Health.

1064 (d) The program shall provide a plan for community

1065 clinical teaching and training with the cooperation of the  
 1066 medical profession, hospitals, and clinics. The plan shall also  
 1067 include formal teaching opportunities for intern and resident  
 1068 training. In addition, the plan shall establish an off-campus  
 1069 medical faculty with university faculty review to be located  
 1070 throughout the state in local communities.

1071 ~~(4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.—~~

1072 ~~(a) There is established under the Department of Health a~~  
 1073 ~~program for fostering graduate medical education innovations.~~  
 1074 ~~Funds appropriated annually by the Legislature for this purpose~~  
 1075 ~~shall be distributed to participating hospitals or consortia of~~  
 1076 ~~participating hospitals and Florida medical schools or to a~~  
 1077 ~~Florida medical school for the direct costs of providing~~  
 1078 ~~graduate medical education in community-based clinical settings~~  
 1079 ~~on a competitive grant or formula basis to achieve state health~~  
 1080 ~~care workforce policy objectives, including, but not limited to:~~

- 1081 ~~1. Increasing the number of residents in primary care and~~
- 1082 ~~other high demand specialties or fellowships;~~
- 1083 ~~2. Enhancing retention of primary care physicians in~~
- 1084 ~~Florida practice;~~
- 1085 ~~3. Promoting practice in medically underserved areas of~~
- 1086 ~~the state;~~
- 1087 ~~4. Encouraging racial and ethnic diversity within the~~
- 1088 ~~state's physician workforce; and~~
- 1089 ~~5. Encouraging increased production of geriatricians.~~

1090 ~~(b) Participating hospitals or consortia of participating~~  
 1091 ~~hospitals and Florida medical schools or a Florida medical~~  
 1092 ~~school providing graduate medical education in community-based~~

1093 ~~clinical settings may apply to the Community Hospital Education~~  
 1094 ~~Council for funding under this innovations program, except when~~  
 1095 ~~such innovations directly compete with services or programs~~  
 1096 ~~provided by participating hospitals or consortia of~~  
 1097 ~~participating hospitals, or by both hospitals and consortia.~~  
 1098 ~~Innovations program funding shall provide funding based on~~  
 1099 ~~policies recommended and approved by the Community Hospital~~  
 1100 ~~Education Council and the Department of Health.~~

1101 ~~(c) Participating hospitals or consortia of participating~~  
 1102 ~~hospitals and Florida medical schools or Florida medical schools~~  
 1103 ~~awarded an innovations grant shall provide the Community~~  
 1104 ~~Hospital Education Council and Department of Health with an~~  
 1105 ~~annual report on their project.~~

1106 (4)~~(5)~~ FAMILY PRACTICE RESIDENCIES.—In addition to the  
 1107 programs established in subsection (3), the Community Hospital  
 1108 Education Council and the Department of Health shall establish  
 1109 an ongoing statewide program of family practice residencies. The  
 1110 administration of this program shall be in the manner described  
 1111 in this section.

1112 (5)~~(6)~~ COUNCIL AND DIRECTOR.—

1113 (a) There is established the Community Hospital Education  
 1114 Council, hereinafter referred to as the council, which shall  
 1115 consist of 11 members, as follows:

1116 1. Seven members must be program directors of accredited  
 1117 graduate medical education programs or practicing physicians who  
 1118 have faculty appointments in accredited graduate medical  
 1119 education programs. Six of these members must be board certified  
 1120 or board eligible in family practice, internal medicine,



1121 | pediatrics, emergency medicine, obstetrics-gynecology, and  
 1122 | psychiatry, respectively, and licensed pursuant to chapter 458.  
 1123 | No more than one of these members may be appointed from any one  
 1124 | specialty. One member must be licensed pursuant to chapter 459.

1125 |         2. One member must be a representative of the  
 1126 | administration of a hospital with an approved community hospital  
 1127 | medical education program;

1128 |         3. One member must be the dean of a medical school in this  
 1129 | state; and

1130 |         4. Two members must be consumer representatives.

1131 |  
 1132 | All of the members shall be appointed by the Governor for terms  
 1133 | of 4 years each.

1134 |         (b) Council membership shall cease when a member's  
 1135 | representative status no longer exists. Members of similar  
 1136 | representative status shall be appointed to replace retiring or  
 1137 | resigning members of the council.

1138 |         (c) The State Surgeon General shall designate an  
 1139 | administrator to serve as staff director. The council shall  
 1140 | elect a chair from among its membership. Such other personnel as  
 1141 | may be necessary to carry out the program shall be employed as  
 1142 | authorized by the Department of Health.

1143 |         ~~(6)-(7)~~ DEPARTMENT OF HEALTH; STANDARDS.—

1144 |         (a) The Department of Health, with recommendations from  
 1145 | the council, shall establish standards and policies for the use  
 1146 | and expenditure of graduate medical education funds appropriated  
 1147 | pursuant to subsection (7) ~~(8)~~ for a program of community  
 1148 | hospital education. The Department of Health shall establish

1149 requirements for hospitals to be qualified for participation in  
 1150 the program which shall include, but not be limited to:

1151 1. Submission of an educational plan and a training  
 1152 schedule.

1153 2. A determination by the council to ascertain that each  
 1154 portion of the program of the hospital provides a high degree of  
 1155 academic excellence and is accredited by the Accreditation  
 1156 Council for Graduate Medical Education of the American Medical  
 1157 Association or is accredited by the American Osteopathic  
 1158 Association.

1159 3. Supervision of the educational program of the hospital  
 1160 by a physician who is not the hospital administrator.

1161 (b) The Department of Health shall periodically review the  
 1162 educational program provided by a participating hospital to  
 1163 assure that the program includes a reasonable amount of both  
 1164 formal and practical training and that the formal sessions are  
 1165 presented as scheduled in the plan submitted by each hospital.

1166 (c) In years that funds are transferred to the Agency for  
 1167 Health Care Administration, the Department of Health shall  
 1168 certify to the Agency for Health Care Administration on a  
 1169 quarterly basis the number of primary care specialty residents  
 1170 and interns at each of the participating hospitals for which the  
 1171 Community Hospital Education Council and the department  
 1172 recommends funding.

1173 (7)~~(8)~~ MATCHING FUNDS.—State funds shall be used to match  
 1174 funds from any local governmental or hospital source. The state  
 1175 shall provide up to 50 percent of the funds, and the community  
 1176 hospital medical education program shall provide the remainder.

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1177 However, except for fixed capital outlay, the provisions of this  
 1178 subsection shall not apply to any program authorized under the  
 1179 provisions of subsection (5) for the first 3 years after such  
 1180 program is in operation.

1181 ~~(9) ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION;~~  
 1182 ~~COMMITTEE. The Executive Office of the Governor, the Department~~  
 1183 ~~of Health, and the Agency for Health Care Administration shall~~  
 1184 ~~collaborate to establish a committee that shall produce an~~  
 1185 ~~annual report on graduate medical education. The committee shall~~  
 1186 ~~be comprised of 11 members: five members shall be deans of the~~  
 1187 ~~medical schools or their designees; the Governor shall appoint~~  
 1188 ~~two members, one of whom must be a representative of the Florida~~  
 1189 ~~Medical Association who has supervised or currently supervises~~  
 1190 ~~residents or interns and one of whom must be a representative of~~  
 1191 ~~the Florida Hospital Association; the Secretary of Health Care~~  
 1192 ~~Administration shall appoint two members, one of whom must be a~~  
 1193 ~~representative of a statutory teaching hospital and one of whom~~  
 1194 ~~must be a physician who has supervised or is currently~~  
 1195 ~~supervising residents or interns; and the State Surgeon General~~  
 1196 ~~shall appoint two members, one of whom must be a representative~~  
 1197 ~~of a statutory family practice teaching hospital and one of whom~~  
 1198 ~~must be a physician who has supervised or is currently~~  
 1199 ~~supervising residents or interns. With the exception of the~~  
 1200 ~~deans, members shall serve 4-year terms. In order to stagger the~~  
 1201 ~~terms, the Governor's appointees shall serve initial terms of 4~~  
 1202 ~~years, the State Surgeon General's appointees shall serve~~  
 1203 ~~initial terms of 3 years, and the Secretary of Health Care~~  
 1204 ~~Administration's appointees shall serve initial terms of 2~~

1205 ~~years. A member's term shall be deemed terminated when the~~  
 1206 ~~member's representative status no longer exists. Once the~~  
 1207 ~~committee is appointed, it shall elect a chair to serve for a 1-~~  
 1208 ~~year term. The report shall be provided to the Governor, the~~  
 1209 ~~President of the Senate, and the Speaker of the House of~~  
 1210 ~~Representatives by January 15 annually. Committee members shall~~  
 1211 ~~serve without compensation. The report shall address the~~  
 1212 ~~following:~~

1213 ~~(a) The role of residents and medical faculty in the~~  
 1214 ~~provision of health care.~~

1215 ~~(b) The relationship of graduate medical education to the~~  
 1216 ~~state's physician workforce.~~

1217 ~~(c) The costs of training medical residents for hospitals,~~  
 1218 ~~medical schools, teaching hospitals, including all hospital-~~  
 1219 ~~medical affiliations, practice plans at all of the medical~~  
 1220 ~~schools, and municipalities.~~

1221 ~~(d) The availability and adequacy of all sources of~~  
 1222 ~~revenue to support graduate medical education and recommend~~  
 1223 ~~alternative sources of funding for graduate medical education.~~

1224 ~~(e) The use of state and federal appropriated funds for~~  
 1225 ~~graduate medical education by hospitals receiving such funds.~~

1226 (9) ~~(10)~~ RULEMAKING.—The department has authority to adopt  
 1227 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
 1228 provisions of this section.

1229 Section 26. Section 381.4018, Florida Statutes, is amended  
 1230 to read:

1231 381.4018 Physician workforce assessment and development.—

1232 (1) DEFINITIONS.—As used in this section, the term:

1233           (a) "Consortium" or "consortia" means a combination of  
 1234 statutory teaching hospitals, statutory rural hospitals, other  
 1235 hospitals, accredited medical schools, clinics operated by the  
 1236 department, clinics operated by the Department of Veterans'  
 1237 Affairs, area health education centers, community health  
 1238 centers, federally qualified health centers, prison clinics,  
 1239 local community clinics, or other programs. At least one member  
 1240 of the consortium shall be a sponsoring institution accredited  
 1241 or currently seeking accreditation by the Accreditation Council  
 1242 for Graduate Medical Education or the American Osteopathic  
 1243 Association.

1244           (b) "Council" means the Physician Workforce Advisory  
 1245 Council.

1246           (c) "Department" means the Department of Health.

1247           (d) "Graduate medical education program" means a program  
 1248 accredited by the Accreditation Council for Graduate Medical  
 1249 Education or the American Osteopathic Association.

1250           (e) "Primary care specialty" means emergency medicine,  
 1251 family practice, internal medicine, pediatrics, psychiatry,  
 1252 geriatrics, general surgery, obstetrics and gynecology, and  
 1253 combined pediatrics and internal medicine and other specialties  
 1254 as determined by the Physician Workforce Advisory Council or the  
 1255 Department of Health.

1256           (2) ~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that  
 1257 physician workforce planning is an essential component of  
 1258 ensuring that there is an adequate and appropriate supply of  
 1259 well-trained physicians to meet this state's future health care  
 1260 service needs as the general population and elderly population

1261 of the state increase. The Legislature finds that items to  
 1262 consider relative to assessing the physician workforce may  
 1263 include physician practice status; specialty mix; geographic  
 1264 distribution; demographic information, including, but not  
 1265 limited to, age, gender, race, and cultural considerations; and  
 1266 needs of current or projected medically underserved areas in the  
 1267 state. Long-term strategic planning is essential as the period  
 1268 from the time a medical student enters medical school to  
 1269 completion of graduate medical education may range from 7 to 10  
 1270 years or longer. The Legislature recognizes that strategies to  
 1271 provide for a well-trained supply of physicians must include  
 1272 ensuring the availability and capacity of quality ~~graduate~~  
 1273 medical schools and graduate medical education programs in this  
 1274 state, as well as using new or existing state and federal  
 1275 programs providing incentives for physicians to practice in  
 1276 needed specialties and in underserved areas in a manner that  
 1277 addresses projected needs for physician manpower.

1278 (3) ~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a  
 1279 coordinating and strategic planning body to actively assess the  
 1280 state's current and future physician workforce needs and work  
 1281 with multiple stakeholders to develop strategies and  
 1282 alternatives to address current and projected physician  
 1283 workforce needs.

1284 (4) ~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize  
 1285 the use of existing programs under the jurisdiction of the  
 1286 department and other state agencies and coordinate governmental  
 1287 and nongovernmental stakeholders and resources in order to  
 1288 develop a state strategic plan and assess the implementation of

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1289 such strategic plan. In developing the state strategic plan, the  
1290 department shall:

1291 (a) Monitor, evaluate, and report on the supply and  
1292 distribution of physicians licensed under chapter 458 or chapter  
1293 459. The department shall maintain a database to serve as a  
1294 statewide source of data concerning the physician workforce.

1295 (b) Develop a model and quantify, on an ongoing basis, the  
1296 adequacy of the state's current and future physician workforce  
1297 as reliable data becomes available. Such model must take into  
1298 account demographics, physician practice status, place of  
1299 education and training, generational changes, population growth,  
1300 economic indicators, and issues concerning the "pipeline" into  
1301 medical education.

1302 (c) Develop and recommend strategies to determine whether  
1303 the number of qualified medical school applicants who might  
1304 become competent, practicing physicians in this state will be  
1305 sufficient to meet the capacity of the state's medical schools.  
1306 If appropriate, the department shall, working with  
1307 representatives of appropriate governmental and nongovernmental  
1308 entities, develop strategies and recommendations and identify  
1309 best practice programs that introduce health care as a  
1310 profession and strengthen skills needed for medical school  
1311 admission for elementary, middle, and high school students, and  
1312 improve premedical education at the precollege and college level  
1313 in order to increase this state's potential pool of medical  
1314 students.

1315 (d) Develop strategies to ensure that the number of  
1316 graduates from the state's public and private allopathic and

1317 osteopathic medical schools is ~~are~~ adequate to meet physician  
1318 workforce needs, based on the analysis of the physician  
1319 workforce data, so as to provide a high-quality medical  
1320 education to students in a manner that recognizes the uniqueness  
1321 of each new and existing medical school in this state.

1322 (e) Pursue strategies and policies to create, expand, and  
1323 maintain graduate medical education positions in the state based  
1324 on the analysis of the physician workforce data. Such strategies  
1325 and policies must take into account the effect of federal  
1326 funding limitations on the expansion and creation of positions  
1327 in graduate medical education. The department shall develop  
1328 options to address such federal funding limitations. The  
1329 department shall consider options to provide direct state  
1330 funding for graduate medical education positions in a manner  
1331 that addresses requirements and needs relative to accreditation  
1332 of graduate medical education programs. The department shall  
1333 consider funding residency positions as a means of addressing  
1334 needed physician specialty areas, rural areas having a shortage  
1335 of physicians, and areas of ongoing critical need, and as a  
1336 means of addressing the state's physician workforce needs based  
1337 on an ongoing analysis of physician workforce data.

1338 (f) Develop strategies to maximize federal and state  
1339 programs that provide for the use of incentives to attract  
1340 physicians to this state or retain physicians within the state.  
1341 Such strategies should explore and maximize federal-state  
1342 partnerships that provide incentives for physicians to practice  
1343 in federally designated shortage areas. Strategies shall also  
1344 consider the use of state programs, such as the Florida Health



1345 Service Corps established pursuant to s. 381.0302 and the  
 1346 Medical Education Reimbursement and Loan Repayment Program  
 1347 pursuant to s. 1009.65, which provide for education loan  
 1348 repayment or loan forgiveness and provide monetary incentives  
 1349 for physicians to relocate to underserved areas of the state.

1350 (g) Coordinate and enhance activities relative to  
 1351 physician workforce needs, undergraduate medical education, ~~and~~  
 1352 graduate medical education, and reentry of retired military and  
 1353 other physicians into the physician workforce provided by the  
 1354 Division of Medical Quality Assurance, ~~the Community Hospital~~  
 1355 ~~Education Program and the Graduate Medical Education Committee~~  
 1356 ~~established pursuant to s. 381.0403,~~ area health education  
 1357 center networks established pursuant to s. 381.0402, and other  
 1358 offices and programs within the department ~~of Health~~ as  
 1359 designated by the State Surgeon General.

1360 (h) Work in conjunction with and act as a coordinating  
 1361 body for governmental and nongovernmental stakeholders to  
 1362 address matters relating to the state's physician workforce  
 1363 assessment and development for the purpose of ensuring an  
 1364 adequate supply of well-trained physicians to meet the state's  
 1365 future needs. Such governmental stakeholders shall include, but  
 1366 need not be limited to, the State Surgeon General or his or her  
 1367 designee, the Commissioner of Education or his or her designee,  
 1368 the Secretary of Health Care Administration or his or her  
 1369 designee, and the Chancellor of the State University System or  
 1370 his or her designee ~~from the Board of Governors of the State~~  
 1371 ~~University System,~~ and, at the discretion of the department,  
 1372 other representatives of state and local agencies that are

1373 involved in assessing, educating, or training the state's  
1374 current or future physicians. Other stakeholders shall include,  
1375 but need not be limited to, organizations representing the  
1376 state's public and private allopathic and osteopathic medical  
1377 schools; organizations representing hospitals and other  
1378 institutions providing health care, particularly those that  
1379 currently provide or have an interest in providing accredited  
1380 medical education and graduate medical education to medical  
1381 students and medical residents; organizations representing  
1382 allopathic and osteopathic practicing physicians; and, at the  
1383 discretion of the department, representatives of other  
1384 organizations or entities involved in assessing, educating, or  
1385 training the state's current or future physicians.

1386 (i) Serve as a liaison with other states and federal  
1387 agencies and programs in order to enhance resources available to  
1388 the state's physician workforce and medical education continuum.

1389 (j) Act as a clearinghouse for collecting and  
1390 disseminating information concerning the physician workforce and  
1391 medical education continuum in this state.

1392 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created  
1393 in the department the Physician Workforce Advisory Council, an  
1394 advisory council as defined in s. 20.03. The council shall  
1395 comply with the requirements of s. 20.052, except as otherwise  
1396 provided in this section.

1397 (a) The council shall consist of 19 members. Members  
1398 appointed by the State Surgeon General shall include:

1399 1. A designee from the department who is a physician  
1400 licensed under chapter 458 or chapter 459 and recommended by the

- 1401 State Surgeon General.
- 1402 2. An individual who is affiliated with the Science  
 1403 Students Together Reaching Instructional Diversity and  
 1404 Excellence program and recommended by the area health education  
 1405 center network.
- 1406 3. Two individuals who are recommended by the Council of  
 1407 Florida Medical School Deans, one who represents a college of  
 1408 allopathic medicine and one who represents a college of  
 1409 osteopathic medicine.
- 1410 4. One individual who is recommended by the Florida  
 1411 Hospital Association and represents a hospital that is licensed  
 1412 under chapter 395, has an accredited graduate medical education  
 1413 program, and is not a statutory teaching hospital.
- 1414 5. One individual who represents a statutory teaching  
 1415 hospital as defined in s. 408.07 and is recommended by the  
 1416 Safety Net Hospital Alliance.
- 1417 6. One individual who represents a family practice  
 1418 teaching hospital as defined in s. 395.805 and is recommended by  
 1419 the Council of Family Medicine and Community Teaching Hospitals.
- 1420 7. Two individuals who are recommended by the Florida  
 1421 Medical Association, one who represents a primary care specialty  
 1422 and one who represents a nonprimary care specialty.
- 1423 8. Two individuals who are recommended by the Florida  
 1424 Osteopathic Medical Association, one who represents a primary  
 1425 care specialty and one who represents a nonprimary care  
 1426 specialty.
- 1427 9. Two individuals who are program directors of accredited  
 1428 graduate medical education programs, one who represents a

1429 program that is accredited by the Accreditation Council for  
 1430 Graduate Medical Education and one who represents a program that  
 1431 is accredited by the American Osteopathic Association.

1432 10. An individual who is recommended by the Florida  
 1433 Association of Community Health Centers and represents a  
 1434 federally qualified health center located in a rural area as  
 1435 defined in s. 381.0406(2) (a).

1436 11. An individual who is recommended by the Florida  
 1437 Academy of Family Physicians.

1438 12. An individual who is recommended by the Florida  
 1439 Alliance for Health Professions Diversity.

1440 13. The Chancellor of the State University System or his  
 1441 or her designee.

1442 14. A layperson member as determined by the State Surgeon  
 1443 General.

1444  
 1445 Each entity authorized to make recommendations under this  
 1446 subsection shall make at least two recommendations to the State  
 1447 Surgeon General for each appointment to the council. The State  
 1448 Surgeon General shall name one appointee for each position from  
 1449 the recommendations made by each authorized entity.

1450 (b) Each council member shall be appointed to a 4-year  
 1451 term. An individual may not serve more than two terms. Any  
 1452 council member may be removed from office for malfeasance,  
 1453 misfeasance, neglect of duty, incompetence, permanent inability  
 1454 to perform official duties, or pleading guilty or nolo  
 1455 contendere to, or being found guilty of, a felony. Any council  
 1456 member who meets the criteria for removal, or who is otherwise

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1457 unwilling or unable to properly fulfill the duties of the  
1458 office, shall be succeeded by an individual chosen by the State  
1459 Surgeon General to serve out the remainder of the council  
1460 member's term. If the remainder of the replaced council member's  
1461 term is less than 18 months, notwithstanding the provisions of  
1462 this paragraph, the succeeding council member may be reappointed  
1463 twice by the State Surgeon General.

1464 (c) The chair of the council is the State Surgeon General,  
1465 who shall designate a vice chair from the membership of the  
1466 council to serve in the absence of the State Surgeon General. A  
1467 vacancy shall be filled for the remainder of the unexpired term  
1468 in the same manner as the original appointment.

1469 (d) Council members are not entitled to receive  
1470 compensation or reimbursement for per diem or travel expenses.

1471 (e) The council shall meet at least twice a year in person  
1472 or by teleconference.

1473 (f) The council shall:

1474 1. Advise the State Surgeon General and the department on  
1475 matters concerning current and future physician workforce needs  
1476 in this state;

1477 2. Review survey materials and the compilation of survey  
1478 information;

1479 3. Annually review the number, location, cost, and  
1480 reimbursement of graduate medical education programs and  
1481 positions;

1482 4. Provide recommendations to the department regarding the  
1483 survey completed by physicians licensed under chapter 458 or  
1484 chapter 459;

1485 5. Assist the department in preparing the annual report to  
 1486 the Legislature pursuant to ss. 458.3192 and 459.0082;

1487 6. Assist the department in preparing an initial strategic  
 1488 plan, conduct ongoing strategic planning in accordance with this  
 1489 section, and provide ongoing advice on implementing the  
 1490 recommendations;

1491 7. Monitor and provide recommendations regarding the need  
 1492 for an increased number of primary care or other physician  
 1493 specialties to provide the necessary current and projected  
 1494 health and medical services for the state; and

1495 8. Monitor and make recommendations regarding the status  
 1496 of the needs relating to graduate medical education in this  
 1497 state.

1498 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
 1499 INNOVATION PILOT PROJECTS.—

1500 (a) The Legislature finds that:

1501 1. In order to ensure a physician workforce that is  
 1502 adequate to meet the needs of this state's residents and its  
 1503 health care system, policymakers must consider the education and  
 1504 training of future generations of well-trained health care  
 1505 providers.

1506 2. Physicians are likely to practice in the state where  
 1507 they complete their graduate medical education.

1508 3. It can directly affect the makeup of the physician  
 1509 workforce by selectively funding graduate medical education  
 1510 programs to provide needed specialists in geographic areas of  
 1511 the state that have a deficient number of such specialists.

1512 4. Developing additional positions in graduate medical

1513 education programs is essential to the future of this state's  
1514 health care system.

1515 5. It was necessary in 2007 to pass legislation that  
1516 provided for an assessment of the status of this state's current  
1517 and future physician workforce. The department is collecting and  
1518 analyzing information on an ongoing basis to assess this state's  
1519 physician workforce needs, and such assessment may facilitate  
1520 the determination of graduate medical education needs and  
1521 strategies for the state.

1522 (b) There is established under the department a program to  
1523 foster innovative graduate medical education pilot projects that  
1524 are designed to promote the expansion of graduate medical  
1525 education programs or positions to prepare physicians to  
1526 practice in needed specialties and underserved areas or settings  
1527 and to provide demographic and cultural representation in a  
1528 manner that addresses current and projected needs for this  
1529 state's physician workforce. Funds appropriated annually by the  
1530 Legislature for this purpose shall be distributed to  
1531 participating hospitals, medical schools, other sponsors of  
1532 graduate medical education programs, consortia engaged in  
1533 developing new graduate medical education programs or positions  
1534 in those programs, or pilot projects providing innovative  
1535 graduate medical education in community-based clinical settings.  
1536 Pilot projects shall be selected on a competitive grant basis,  
1537 subject to available funds.

1538 (c) Pilot projects shall be designed to meet one or more  
1539 of this state's physician workforce needs, as determined  
1540 pursuant to this section, including, but not limited to:

- 1541        1. Increasing the number of residencies or fellowships in  
1542 primary care or other needed specialties.
- 1543        2. Enhancing the retention of primary care physicians or  
1544 other needed specialties in this state.
- 1545        3. Promoting practice in rural or medically underserved  
1546 areas of the state.
- 1547        4. Encouraging racial and ethnic diversity within the  
1548 state's physician workforce.
- 1549        5. Encouraging practice in community health care or other  
1550 ambulatory care settings.
- 1551        6. Encouraging practice in clinics operated by the  
1552 department, including, but not limited to, county health  
1553 departments, clinics operated by the Department of Veterans'  
1554 Affairs, prison clinics, or similar settings of need.
- 1555        7. Encouraging the increased production of geriatricians.  
1556        (d) Priority shall be given to a proposal for a pilot  
1557 project that:
- 1558            1. Demonstrates a collaboration of federal, state, and  
1559 local entities that are public or private.
- 1560            2. Obtains funding from multiple sources.
- 1561            3. Focuses on enhancing graduate medical education in  
1562 rural or underserved areas.
- 1563            4. Focuses on enhancing graduate medical education in  
1564 ambulatory or community-based settings other than a hospital  
1565 environment.
- 1566            5. Includes the use of technology, such as electronic  
1567 medical records, distance consultation, and telemedicine, to  
1568 ensure that residents are better prepared to care for patients



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1569 in this state, regardless of the community in which the  
1570 residents practice.

1571 6. Is designed to meet multiple policy needs as enumerated  
1572 in subsection (4).

1573 7. Uses a consortium to provide for graduate medical  
1574 education experiences.

1575 (e) The department shall adopt by rule appropriate  
1576 performance measures to use in order to consistently evaluate  
1577 the effectiveness, safety, and quality of the programs, as well  
1578 as the impact of each program on meeting this state's physician  
1579 workforce needs.

1580 (f) Participating pilot projects shall submit to the  
1581 department an annual report on the project in a manner required  
1582 by the department.

1583 (g) Funding provided to a pilot project may be used only  
1584 for the direct costs of providing graduate medical education.  
1585 Accounting of such costs and expenditures shall be documented in  
1586 the annual report.

1587 (h) State funds shall be used to supplement funds from any  
1588 local government, community, or private source. The state may  
1589 provide up to 50 percent of the funds, and local governmental  
1590 grants or community or private sources shall provide the  
1591 remainder of the funds.

1592 (7) RULEMAKING.—The department shall adopt rules as  
1593 necessary to administer this section.

1594 Section 27. Section 458.3192, Florida Statutes, is amended  
1595 to read:

1596 458.3192 Analysis of survey results; report.—

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1597 (1) Each year, the Department of Health shall analyze the  
 1598 results of the physician survey required by s. 458.3191 and  
 1599 determine by geographic area and specialty the number of  
 1600 physicians who:

1601 (a) Perform deliveries of children in this state Florida.

1602 (b) Read mammograms and perform breast-imaging-guided  
 1603 procedures in this state Florida.

1604 (c) Perform emergency care on an on-call basis for a  
 1605 hospital emergency department.

1606 (d) Plan to reduce or increase emergency on-call hours in  
 1607 a hospital emergency department.

1608 (e) Plan to relocate ~~their allopathic or osteopathic~~  
 1609 ~~practice~~ outside the state.

1610 (f) Practice medicine in this state.

1611 (g) Plan to reduce or modify the scope of their practice.

1612 (2) The Department of Health must report its findings to  
 1613 the Governor, the President of the Senate, and the Speaker of  
 1614 the House of Representatives by November 1 each year. The  
 1615 department shall also include in its report findings,  
 1616 recommendations, and strategic planning activities as provided  
 1617 in s. 381.4018. The department may also include other  
 1618 information requested by the Physician Workforce Advisory  
 1619 Council.

1620 Section 28. Section 459.0082, Florida Statutes, is amended  
 1621 to read:

1622 459.0082 Analysis of survey results; report.—

1623 (1) Each year, the Department of Health shall analyze the  
 1624 results of the physician survey required by s. 459.0081 and

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1625 determine by geographic area and specialty the number of  
 1626 physicians who:

1627       (a) Perform deliveries of children in this state ~~Florida~~.

1628       (b) Read mammograms and perform breast-imaging-guided  
 1629 procedures in this state ~~Florida~~.

1630       (c) Perform emergency care on an on-call basis for a  
 1631 hospital emergency department.

1632       (d) Plan to reduce or increase emergency on-call hours in  
 1633 a hospital emergency department.

1634       (e) Plan to relocate ~~their allopathic or osteopathic~~  
 1635 ~~practice~~ outside the state.

1636       (f) Practice medicine in this state.

1637       (g) Plan to reduce or modify the scope of their practice.

1638       (2) The Department of Health must report its findings to  
 1639 the Governor, the President of the Senate, and the Speaker of  
 1640 the House of Representatives by November 1 each year. The  
 1641 department shall also include in its report findings,  
 1642 recommendations, and strategic planning activities as provided  
 1643 in s. 381.4018. The department may also include other  
 1644 information requested by the Physician Workforce Advisory  
 1645 Council.

1646       Section 29. Section 458.315, Florida Statutes, is amended  
 1647 to read:

1648       458.315 Temporary certificate for practice in areas of  
 1649 critical need.—

1650       (1) Any physician who:

1651       (a) Is licensed to practice in any jurisdiction in the  
 1652 United States and ~~other state,~~ whose license is currently valid;

1653 ~~or~~  
 1654 (b) Has served as a physician in the United States Armed  
 1655 Forces for at least 10 years and received an honorable discharge  
 1656 from the military;

1657  
 1658 and who pays an application fee of \$300 may be issued a  
 1659 temporary certificate for to practice in areas of ~~communities of~~  
 1660 ~~Florida where there is a critical need for physicians.~~

1661 (2) A certificate may be issued to a physician who:

1662 (a) Practices in an area of critical need;

1663 (b) Will be employed by or practice in a county health  
 1664 department, correctional facility, Department of Veterans'  
 1665 Affairs clinic, community health center funded by s. 329, s.  
 1666 330, or s. 340 of the United States Public Health Services Act,  
 1667 or other agency or institution that is approved by the State  
 1668 Surgeon General and provides health care to meet the needs of  
 1669 underserved populations in this state; or

1670 (c) Will practice for a limited time to address critical  
 1671 physician-specialty, demographic, or geographic needs for this  
 1672 state's physician workforce as determined by the State Surgeon  
 1673 General entity that provides health care to indigents and that  
 1674 is approved by the State Health Officer.

1675 (3) The Board of Medicine may issue this temporary  
 1676 certificate with the following restrictions:

1677 (a) ~~(1)~~ The State Surgeon General board shall determine the  
 1678 areas of critical need, and the physician so certified may  
 1679 practice in any of those areas for a time to be determined by  
 1680 the board. Such areas shall include, but are not be limited to,

1681 health professional shortage areas designated by the United  
 1682 States Department of Health and Human Services.

1683 1.(a) A recipient of a temporary certificate for practice  
 1684 in areas of critical need may use the certificate ~~license~~ to  
 1685 work for any approved entity ~~employer~~ in any area of critical  
 1686 need or as authorized by the State Surgeon General ~~approved by~~  
 1687 ~~the board~~.

1688 2.(b) The recipient of a temporary certificate for  
 1689 practice in areas of critical need shall, within 30 days after  
 1690 accepting employment, notify the board of all approved  
 1691 institutions in which the licensee practices and of all approved  
 1692 institutions where practice privileges have been denied.

1693 (b)(2) The board may administer an abbreviated oral  
 1694 examination to determine the physician's competency, but a ~~no~~  
 1695 written regular examination is not required ~~necessary~~. Within 60  
 1696 days after receipt of an application for a temporary  
 1697 certificate, the board shall review the application and issue  
 1698 the temporary certificate, or ~~or~~ notify the applicant of denial, or  
 1699 notify the applicant that the board recommends additional  
 1700 assessment, training, education, or other requirements as a  
 1701 condition of certification. If the applicant has not actively  
 1702 practiced during the prior 3 years and the board determines that  
 1703 the applicant may lack clinical competency, possess diminished  
 1704 or inadequate skills, lack necessary medical knowledge, or  
 1705 exhibit patterns of deficits in clinical decisionmaking, the  
 1706 board may:

- 1707 1. Deny the application;
- 1708 2. Issue a temporary certificate with reasonable

1709 restrictions that may include, but are not limited to, a  
 1710 requirement for the applicant to practice under the supervision  
 1711 of a physician approved by the board; or

1712 3. Issue a temporary certificate upon receipt of  
 1713 documentation confirming that the applicant has met any  
 1714 reasonable conditions of the board which may include, but are  
 1715 not limited to, completing continuing education or undergoing an  
 1716 assessment of skills and training.

1717 (c) ~~(3)~~ Any certificate issued under this section ~~is shall~~  
 1718 be valid only so long as the State Surgeon General determines  
 1719 that the reason ~~area~~ for which it ~~was is~~ issued remains a an  
 1720 ~~area of~~ critical need to the state. The Board of Medicine shall  
 1721 review each temporary certificateholder ~~the service within said~~  
 1722 ~~area~~ not less than annually to ascertain that the minimum  
 1723 requirements of the Medical Practice Act and its adopted the  
 1724 rules ~~and regulations promulgated thereunder~~ are being complied  
 1725 with. If it is determined that such minimum requirements are not  
 1726 being met, the board shall ~~forthwith~~ revoke such certificate or  
 1727 shall impose restrictions or conditions, or both, as a condition  
 1728 of continued practice under the certificate.

1729 (d) ~~(4)~~ The board may shall not issue a temporary  
 1730 certificate for practice in an area of critical need to any  
 1731 physician who is under investigation in any jurisdiction in the  
 1732 United States ~~another state~~ for an act that which would  
 1733 constitute a violation of this chapter until such time as the  
 1734 investigation is complete, at which time the provisions of s.  
 1735 458.331 ~~shall~~ apply.

1736 (4) ~~(5)~~ The application fee and all licensure fees,

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1737 including neurological injury compensation assessments, shall be  
 1738 waived for those persons obtaining a temporary certificate to  
 1739 practice in areas of critical need for the purpose of providing  
 1740 volunteer, uncompensated care for low-income residents  
 1741 Floridians. The applicant must submit an affidavit from the  
 1742 employing agency or institution stating that the physician will  
 1743 not receive any compensation for any service involving the  
 1744 practice of medicine.

1745 Section 30. Section 459.0076, Florida Statutes, is created  
 1746 to read:

1747 459.0076 Temporary certificate for practice in areas of  
 1748 critical need.—

1749 (1) Any physician who:

1750 (a) Is licensed to practice in any jurisdiction in the  
 1751 United States and whose license is currently valid; or

1752 (b) Has served as a physician in the United States Armed  
 1753 Forces for at least 10 years and received an honorable discharge  
 1754 from the military;

1755  
 1756 and who pays an application fee of \$300 may be issued a  
 1757 temporary certificate for practice in areas of critical need.

1758 (2) A certificate may be issued to a physician who:

1759 (a) Will practice in an area of critical need;

1760 (b) Will be employed by or practice in a county health  
 1761 department, correctional facility, Department of Veterans'  
 1762 Affairs clinic, community health center funded by s. 329, s.  
 1763 330, or s. 340 of the United States Public Health Services Act,  
 1764 or other agency or institution that is approved by the State

1765 Surgeon General and provides health care to meet the needs of  
1766 underserved populations in this state; or

1767 (c) Will practice for a limited time to address critical  
1768 physician-specialty, demographic, or geographic needs for this  
1769 state's physician workforce as determined by the State Surgeon  
1770 General.

1771 (3) The Board of Osteopathic Medicine may issue this  
1772 temporary certificate with the following restrictions:

1773 (a) The State Surgeon General shall determine the areas of  
1774 critical need. Such areas include, but are not limited to,  
1775 health professional shortage areas designated by the United  
1776 States Department of Health and Human Services.

1777 1. A recipient of a temporary certificate for practice in  
1778 areas of critical need may use the certificate to work for any  
1779 approved entity in any area of critical need or as authorized by  
1780 the State Surgeon General.

1781 2. The recipient of a temporary certificate for practice  
1782 in areas of critical need shall, within 30 days after accepting  
1783 employment, notify the board of all approved institutions in  
1784 which the licensee practices and of all approved institutions  
1785 where practice privileges have been denied.

1786 (b) The board may administer an abbreviated oral  
1787 examination to determine the physician's competency, but a  
1788 written regular examination is not required. Within 60 days  
1789 after receipt of an application for a temporary certificate, the  
1790 board shall review the application and issue the temporary  
1791 certificate, notify the applicant of denial, or notify the  
1792 applicant that the board recommends additional assessment,



1793 training, education, or other requirements as a condition of  
1794 certification. If the applicant has not actively practiced  
1795 during the prior 3 years and the board determines that the  
1796 applicant may lack clinical competency, possess diminished or  
1797 inadequate skills, lack necessary medical knowledge, or exhibit  
1798 patterns of deficits in clinical decisionmaking, the board may:  
1799 1. Deny the application;  
1800 2. Issue a temporary certificate having reasonable  
1801 restrictions that may include, but are not limited to, a  
1802 requirement for the applicant to practice under the supervision  
1803 of a physician approved by the board; or  
1804 3. Issue a temporary certificate upon receipt of  
1805 documentation confirming that the applicant has met any  
1806 reasonable conditions of the board, which may include, but are  
1807 not limited to, completing continuing education or undergoing an  
1808 assessment of skills and training.  
1809 (c) Any certificate issued under this section is valid  
1810 only so long as the State Surgeon General determines that the  
1811 reason for which it was issued remains a critical need to the  
1812 state. The Board of Osteopathic Medicine shall review each  
1813 temporary certificateholder not less than annually to ascertain  
1814 that the minimum requirements of the Osteopathic Medical  
1815 Practice Act and its adopted rules are being complied with. If  
1816 it is determined that such minimum requirements are not being  
1817 met, the board shall revoke such certificate or shall impose  
1818 restrictions or conditions, or both, as a condition of continued  
1819 practice under the certificate.  
1820 (d) The board may not issue a temporary certificate for

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1821 practice in an area of critical need to any physician who is  
1822 under investigation in any jurisdiction in the United States for  
1823 an act that would constitute a violation of this chapter until  
1824 such time as the investigation is complete, at which time the  
1825 provisions of s. 459.015 apply.

1826 (4) The application fee and all licensure fees, including  
1827 neurological injury compensation assessments, shall be waived  
1828 for those persons obtaining a temporary certificate to practice  
1829 in areas of critical need for the purpose of providing  
1830 volunteer, uncompensated care for low-income residents. The  
1831 applicant must submit an affidavit from the employing agency or  
1832 institution stating that the physician will not receive any  
1833 compensation for any service involving the practice of medicine.

1834 Section 31. This act shall take effect July 1, 2010.