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LEGISLATIVE ACTION

Senate . House

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Floor: 12/AD/2R .

04/29/2010 11:54 AM .

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Senator Peaden moved the following:

Senate Amendment (with title amendment)

Between lines 648 and 649

insert:

Section 17. Subsections (4) and (9) of section 381.0403, Florida Statutes, are repealed.

Section 18. Section 381.4018, Florida Statutes, is amended to read:

381.4018 Physician workforce assessment and development.-

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

(a) "Consortium" or "consortia" means a combination of statutory teaching hospitals, statutory rural hospitals, specialty children's hospitals, other hospitals, accredited



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

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

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

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

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

35 (2)(1) LEGISLATIVE INTENT.—The Legislature recognizes that
36 physician workforce planning is an essential component of
37 ensuring that there is an adequate and appropriate supply of
38 well-trained physicians to meet this state's future health care
39 service needs as the general population and elderly population
40 of the state increase. The Legislature finds that items to
41 consider relative to assessing the physician workforce may
42 include physician practice status; specialty mix; geographic



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43 distribution; demographic information, including, but not
44 limited to, age, gender, race, and cultural considerations; and
45 needs of current or projected medically underserved areas in the
46 state. Long-term strategic planning is essential as the period
47 from the time a medical student enters medical school to
48 completion of graduate medical education may range from 7 to 10
49 years or longer. The Legislature recognizes that strategies to
50 provide for a well-trained supply of physicians must include
51 ensuring the availability and capacity of quality ~~graduate~~
52 medical schools and graduate medical education programs in this
53 state, as well as using new or existing state and federal
54 programs providing incentives for physicians to practice in
55 needed specialties and in underserved areas in a manner that
56 addresses projected needs for physician manpower.

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

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

70 (a) Monitor, evaluate, and report on the supply and
71 distribution of physicians licensed under chapter 458 or chapter



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72 459. The department shall maintain a database to serve as a
73 statewide source of data concerning the physician workforce.

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

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

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



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

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

129 (g) Coordinate and enhance activities relative to physician



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

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



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

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

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

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

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

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

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

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



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188 4. One individual recommended by the Florida Hospital
189 Association, representing a hospital that is licensed under
190 chapter 395, has an accredited graduate medical education
191 program, and is not a statutory teaching hospital.

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

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

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

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

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

209 10. An individual recommended by the Florida Association of
210 Community Health Centers representing a federally qualified
211 health center located in a rural area as defined in s.
212 381.0406(2) (a).

213 11. An individual recommended by the Florida Academy of
214 Family Physicians.

215 12. An individual recommended by the Florida Alliance for
216 Health Professions Diversity.



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217 13. The Chancellor of the State University System or his or
218 her designee.

219 14. A layperson member as determined by the State Surgeon
220 General.

221
222 Appointments to the council shall be made by the State Surgeon
223 General. Each entity authorized to make recommendations under
224 this subsection shall make at least two recommendations to the
225 State Surgeon General for each appointment to the council. The
226 State Surgeon General shall name one appointee for each position
227 from the recommendations made by each authorized entity.

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

242 (c) The chair of the council is the State Surgeon General,
243 who shall designate a vice chair from the membership of the
244 council to serve in the absence of the State Surgeon General. A
245 vacancy shall be filled for the remainder of the unexpired term



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246 in the same manner as the original appointment.

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

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

251 (f) The council shall:

252 1. Advise the State Surgeon General and the department on
253 matters concerning current and future physician workforce needs
254 in this state;

255 2. Review survey materials and the compilation of survey
256 information;

257 3. Annually review the number, location, cost, and
258 reimbursement of graduate medical education programs and
259 positions;

260 4. Provide recommendations to the department regarding the
261 survey completed by physicians licensed under chapter 458 or
262 chapter 459;

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

265 6. Assist the department in preparing an initial strategic
266 plan, conduct ongoing strategic planning in accordance with this
267 section, and provide ongoing advice on implementing the
268 recommendations;

269 7. Monitor and provide recommendations regarding the need
270 for an increased number of primary care or other physician
271 specialties to provide the necessary current and projected
272 health and medical services for the state; and

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



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275 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
276 INNOVATION PILOT PROJECTS.—

277 (a) The Legislature finds that:

278 1. In order to ensure a physician workforce that is
279 adequate to meet the needs of this state's residents and its
280 health care system, policymakers must consider the education and
281 training of future generations of well-trained health care
282 providers.

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

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

289 4. Developing additional positions in graduate medical
290 education programs is essential to the future of this state's
291 health care system.

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

299 (b) There is established under the department a program to
300 foster innovative graduate medical education pilot projects that
301 are designed to promote the expansion of graduate medical
302 education programs or positions to prepare physicians to
303 practice in needed specialties and underserved areas or settings



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304 and to provide demographic and cultural representation in a
305 manner that addresses current and projected needs for this
306 state's physician workforce. Funds appropriated annually by the
307 Legislature for this purpose shall be distributed to
308 participating hospitals, medical schools, other sponsors of
309 graduate medical education programs, consortia engaged in
310 developing new graduate medical education programs or positions
311 in those programs, or pilot projects providing innovative
312 graduate medical education in community-based clinical settings.
313 Pilot projects shall be selected on a competitive grant basis,
314 subject to available funds.

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

318 1. Increasing the number of residencies or fellowships in
319 primary care or other needed specialties.

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

322 3. Promoting practice in rural or medically underserved
323 areas of the state.

324 4. Encouraging racial and ethnic diversity within the
325 state's physician workforce.

326 5. Encouraging practice in community health care or other
327 ambulatory care settings.

328 6. Encouraging practice in clinics operated by the
329 department, including, but not limited to, county health
330 departments, clinics operated by the Department of Veterans'
331 Affairs, prison clinics, or similar settings of need.

332 7. Encouraging the increased production of geriatricians.



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333 (d) Priority shall be given to a proposal for a pilot
334 project that:
335 1. Demonstrates a collaboration of federal, state, and
336 local entities that are public or private.
337 2. Obtains funding from multiple sources.
338 3. Focuses on enhancing graduate medical education in rural
339 or underserved areas.
340 4. Focuses on enhancing graduate medical education in
341 ambulatory or community-based settings other than a hospital
342 environment.
343 5. Includes the use of technology, such as electronic
344 medical records, distance consultation, and telemedicine, to
345 ensure that residents are better prepared to care for patients
346 in this state, regardless of the community in which the
347 residents practice.
348 6. Is designed to meet multiple policy needs as enumerated
349 in subsection (3).
350 7. Uses a consortium to provide for graduate medical
351 education experiences.
352 (e) The department shall adopt by rule appropriate
353 performance measures to use in order to consistently evaluate
354 the effectiveness, safety, and quality of the programs, as well
355 as the impact of each program on meeting this state's physician
356 workforce needs.
357 (f) Participating pilot projects shall submit to the
358 department an annual report on the project in a manner required
359 by the department.
360 (g) Funding provided to a pilot project may be used only
361 for the direct costs of providing graduate medical education.



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362 Accounting of such costs and expenditures shall be documented in
363 the annual report.

364 (h) State funds shall be used to supplement funds from any
365 local government, community, or private source. The state may
366 provide up to 50 percent of the funds, and local governmental
367 grants or community or private sources shall provide the
368 remainder of the funds.

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

371 Section 19. Section 458.3192, Florida Statutes, is amended
372 to read:

373 458.3192 Analysis of survey results; report.—

374 (1) Each year, the Department of Health shall analyze the
375 results of the physician survey required by s. 458.3191 and
376 determine by geographic area and specialty the number of
377 physicians who:

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

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

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

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

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

387 (f) Practice medicine in this state.

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

389 (2) The Department of Health must report its findings to
390 the Governor, the President of the Senate, and the Speaker of



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391 the House of Representatives by November 1 each year. The
392 department shall also include in its report findings,
393 recommendations, and strategic planning activities as provided
394 in s. 381.4018. The department may also include other
395 information requested by the Physician Workforce Advisory
396 Council.

397 Section 20. Section 459.0082, Florida Statutes, is amended
398 to read:

399 459.0082 Analysis of survey results; report.—

400 (1) Each year, the Department of Health shall analyze the
401 results of the physician survey required by s. 459.0081 and
402 determine by geographic area and specialty the number of
403 physicians who:

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

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

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

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

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

413 (f) Practice medicine in this state.

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

415 (2) The Department of Health must report its findings to
416 the Governor, the President of the Senate, and the Speaker of
417 the House of Representatives by November 1 each year. The
418 department shall also include in its report findings,
419 recommendations, and strategic planning activities as provided



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420 in s. 381.4018. The department may also include other
421 information requested by the Physician Workforce Advisory
422 Council.

423 Section 21. Section 458.315, Florida Statutes, is amended
424 to read:

425 458.315 Temporary certificate for practice in areas of
426 critical need.—

427 (1) Any physician who:

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

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

434
435 and who pays an application fee of \$300 may be issued a
436 temporary certificate for to practice in areas of communities of
437 Florida where there is a critical need for physicians.

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

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

440 (b) Will be employed by or practice in a county health
441 department, correctional facility, Department of Veterans'
442 Affairs clinic, community health center funded by s. 329, s.
443 330, or s. 340 of the United States Public Health Services Act,
444 or other agency or institution that is approved by the State
445 Surgeon General and provides health care to meet the needs of
446 underserved populations in this state; or

447 (c) Will practice for a limited time to address critical
448 physician-specialty, demographic, or geographic needs for this



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449 state's physician workforce as determined by the State Surgeon
450 General entity that provides health care to indigents and that
451 is approved by the State Health Officer.

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

454 (a) ~~(1)~~ The State Surgeon General board shall determine the
455 areas of critical need, ~~and the physician so certified may~~
456 ~~practice in any of those areas for a time to be determined by~~
457 ~~the board.~~ Such areas shall include, but are not ~~be~~ limited to,
458 health professional shortage areas designated by the United
459 States Department of Health and Human Services.

460 1. ~~(a)~~ A recipient of a temporary certificate for practice
461 in areas of critical need may use the certificate license to
462 work for any approved entity employer in any area of critical
463 need or as authorized by the State Surgeon General approved by
464 the board.

465 2. ~~(b)~~ The recipient of a temporary certificate for practice
466 in areas of critical need shall, within 30 days after accepting
467 employment, notify the board of all approved institutions in
468 which the licensee practices and of all approved institutions
469 where practice privileges have been denied.

470 (b) ~~(2)~~ The board may administer an abbreviated oral
471 examination to determine the physician's competency, but a ~~ne~~
472 written regular examination is not required necessary. Within 60
473 days after receipt of an application for a temporary
474 certificate, the board shall review the application and issue
475 the temporary certificate, ~~or~~ notify the applicant of denial, or
476 notify the applicant that the board recommends additional
477 assessment, training, education, or other requirements as a



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478 condition of certification. If the applicant has not actively
479 practiced during the prior 3 years and the board determines that
480 the applicant may lack clinical competency, possess diminished
481 or inadequate skills, lack necessary medical knowledge, or
482 exhibit patterns of deficits in clinical decisionmaking, the
483 board may:

484 1. Deny the application;

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

489 3. Issue a temporary certificate upon receipt of
490 documentation confirming that the applicant has met any
491 reasonable conditions of the board which may include, but are
492 not limited to, completing continuing education or undergoing an
493 assessment of skills and training.

494 (c)(3) Any certificate issued under this section is shall
495 be valid only so long as the State Surgeon General determines
496 that the reason area for which it was is issued remains a an
497 area of critical need to the state. The Board of Medicine shall
498 review each temporary certificateholder not the service within
499 said area not less than annually to ascertain that the minimum
500 requirements of the Medical Practice Act and its adopted the
501 rules and regulations promulgated thereunder are being complied
502 with. If it is determined that such minimum requirements are not
503 being met, the board shall forthwith revoke such certificate or
504 shall impose restrictions or conditions, or both, as a condition
505 of continued practice under the certificate.

506 (d)(4) The board may shall not issue a temporary



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507 certificate for practice in an area of critical need to any
508 physician who is under investigation in any jurisdiction in the
509 United States ~~another state~~ for an act that ~~which~~ would
510 constitute a violation of this chapter until such time as the
511 investigation is complete, at which time the provisions of s.
512 458.331 ~~shall~~ apply.

513 (4) ~~(5)~~ The application fee and all licensure fees,
514 including neurological injury compensation assessments, shall be
515 waived for those persons obtaining a temporary certificate to
516 practice in areas of critical need for the purpose of providing
517 volunteer, uncompensated care for low-income residents
518 ~~Floridians~~. The applicant must submit an affidavit from the
519 employing agency or institution stating that the physician will
520 not receive any compensation for any service involving the
521 practice of medicine.

522 Section 22. Section 459.0076, Florida Statutes, is created
523 to read:

524 459.0076 Temporary certificate for practice in areas of
525 critical need.-

526 (1) Any physician who:

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

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

532
533 and who pays an application fee of \$300 may be issued a
534 temporary certificate for practice in areas of critical need.

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



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

537 (b) Will be employed by or practice in a county health
538 department, correctional facility, Department of Veterans'
539 Affairs clinic, community health center funded by s. 329, s.
540 330, or s. 340 of the United States Public Health Services Act,
541 or other agency or institution that is approved by the State
542 Surgeon General and provides health care to meet the needs of
543 underserved populations in this state; or

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

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

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

554 1. A recipient of a temporary certificate for practice in
555 areas of critical need may use the certificate to work for any
556 approved entity in any area of critical need or as authorized by
557 the State Surgeon General.

558 2. The recipient of a temporary certificate for practice in
559 areas of critical need shall, within 30 days after accepting
560 employment, notify the board of all approved institutions in
561 which the licensee practices and of all approved institutions
562 where practice privileges have been denied.

563 (b) The board may administer an abbreviated oral
564 examination to determine the physician's competency, but a



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565 written regular examination is not required. Within 60 days
566 after receipt of an application for a temporary certificate, the
567 board shall review the application and issue the temporary
568 certificate, notify the applicant of denial, or notify the
569 applicant that the board recommends additional assessment,
570 training, education, or other requirements as a condition of
571 certification. If the applicant has not actively practiced
572 during the prior 3 years and the board determines that the
573 applicant may lack clinical competency, possess diminished or
574 inadequate skills, lack necessary medical knowledge, or exhibit
575 patterns of deficits in clinical decisionmaking, the board may:

- 576 1. Deny the application;
577 2. Issue a temporary certificate having reasonable
578 restrictions that may include, but are not limited to, a
579 requirement for the applicant to practice under the supervision
580 of a physician approved by the board; or
581 3. Issue a temporary certificate upon receipt of
582 documentation confirming that the applicant has met any
583 reasonable conditions of the board which may include, but are
584 not limited to, completing continuing education or undergoing an
585 assessment of skills and training.

586 (c) Any certificate issued under this section is valid only
587 so long as the State Surgeon General determines that the reason
588 for which it was issued remains a critical need to the state.
589 The Board of Osteopathic Medicine shall review each temporary
590 certificateholder not less than annually to ascertain that the
591 minimum requirements of the Osteopathic Medical Practice Act and
592 its adopted rules are being complied with. If it is determined
593 that such minimum requirements are not being met, the board



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594 shall revoke such certificate or shall impose restrictions or
595 conditions, or both, as a condition of continued practice under
596 the certificate.

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

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

611
612 ===== T I T L E A M E N D M E N T =====

613 And the title is amended as follows:

614 Delete line 91

615 and insert:

616 employee; repealing s. 381.0403(4) and (9), F.S.,
617 relating to the program for graduate medical education
618 innovations and the graduate medical education
619 committee and report; amending s. 381.4018, F.S.;
620 providing definitions; requiring the Department of
621 Health to coordinate and enhance activities regarding
622 the reentry of retired military and other physicians



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623 into the physician workforce; revising the list of
624 governmental stakeholders that the Department of
625 Health is required to work with regarding the state
626 strategic plan and in assessing the state's physician
627 workforce; creating the Physician Workforce Advisory
628 Council; providing membership of the council;
629 providing for appointments to the council; providing
630 terms of membership; providing for removal of a
631 council member; providing for the chair and vice chair
632 of the council; providing that council members are not
633 entitled to receive compensation or reimbursement for
634 per diem or travel expenses; providing the duties of
635 the council; establishing the physician workforce
636 graduate medical education innovation pilot projects
637 under the department; providing the purposes of the
638 pilot projects; providing for the appropriation of
639 state funds for the pilot projects; requiring the
640 pilot projects to meet certain policy needs of the
641 physician workforce in this state; providing criteria
642 for prioritizing proposals for pilot projects;
643 requiring the department to adopt by rule appropriate
644 performance measures; requiring participating pilot
645 projects to submit an annual report to the department;
646 requiring state funds to be used to supplement funds
647 from other sources; requiring the department to adopt
648 rules; amending ss. 458.3192 and 459.0082, F.S.;

649 requiring the department to determine by geographic
650 area and specialty the number of physicians and
651 osteopathic physicians who plan to relocate outside



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652 the state, practice medicine in this state, and reduce
653 or modify the scope of their practice; authorizing the
654 department to report additional information in its
655 findings to the Governor and the Legislature; amending
656 s. 458.315, F.S.; revising the standards for the Board
657 of Medicine to issue a temporary certificate to a
658 certain physicians to practice medicine in areas of
659 critical need; authorizing the State Surgeon General
660 to designate areas of critical need; creating s.
661 459.0076, F.S.; authorizing the Board of Osteopathic
662 Medicine to issue temporary certificates to
663 osteopathic physicians who meet certain requirements
664 to practice osteopathic medicine in areas of critical
665 need; providing restrictions for issuance of a
666 temporary certificate; authorizing the State Surgeon
667 General to designate areas of critical need;
668 authorizing the Board of Osteopathic Medicine to waive
669 the application fee and licensure fees for obtaining
670 temporary certificates for certain purposes; providing
671 appropriations from the General