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LEGISLATIVE ACTION

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| Senate | . | House |
| Comm: WD | . | |
| 04/20/2010 | . | |
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The Policy and Steering Committee on Ways and Means (Peaden) recommended the following:

Senate Amendment (with title amendment)

Between lines 3813 and 3814
insert:

Section 101. Subsections (4) and (9) of section 381.0403, Florida Statutes, are repealed.

Section 102. Paragraph (a) of subsection (3) of section 381.0403, Florida Statutes, is amended to read:

381.0403 The Community Hospital Education Act.—

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

(a) There is established under the Department of Health a



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13 program for statewide graduate medical education. It is intended
14 that continuing graduate medical education programs for interns
15 and residents be established on a statewide basis. The program
16 shall provide financial support for primary care specialty
17 interns and residents based on policies recommended and approved
18 by the Community Hospital Education Council, herein established,
19 and the Department of Health. Only those programs with at least
20 three residents or interns in each year of the training program
21 are qualified to apply for financial support. Programs with
22 fewer than three residents or interns per training year are
23 qualified to apply for financial support, but only if the
24 appropriate accrediting entity for the particular specialty has
25 approved the program for fewer positions. Programs added after
26 fiscal year 1997-1998 shall have 5 years to attain the requisite
27 number of residents or interns. When feasible and to the extent
28 allowed through the General Appropriations Act, state funds
29 shall be used to generate federal matching funds under Medicaid,
30 or other federal programs, and the resulting combined state and
31 federal funds shall be allocated to participating hospitals for
32 the support of graduate medical education. The department may
33 spend up to \$75,000 of the state appropriation for
34 administrative costs associated with the production of the
35 annual report as specified in ss. 458.3192 and 459.0082
36 ~~subsection (9)~~, and for administration of the program.

37 Section 103. Section 381.4018, Florida Statutes, is amended
38 to read:

39 381.4018 Physician workforce assessment and development.—

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

41 (a) "Consortium" or "consortia" means a combination of



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42 statutory teaching hospitals, statutory rural hospitals,
43 specialty children's hospitals, other hospitals, accredited
44 medical schools, clinics operated by the Department of Health,
45 clinics operated by the Department of Veterans' Affairs, area
46 health education centers, community health centers, federally
47 qualified health centers, prison clinics, local community
48 clinics, or other programs. At least one member of the
49 consortium shall be a sponsoring institution accredited or
50 currently seeking accreditation by the Accreditation Council for
51 Graduate Medical Education or the American Osteopathic
52 Association.

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

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

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

59 (e) "Primary care specialty" means emergency medicine,
60 family practice, internal medicine, pediatrics, psychiatry,
61 geriatrics, general surgery, obstetrics and gynecology, and
62 combined pediatrics and internal medicine and other specialties
63 as determined by the Physician Workforce Advisory Council or the
64 Department of Health.

65 (2)~~(1)~~ LEGISLATIVE INTENT.—The Legislature recognizes that
66 physician workforce planning is an essential component of
67 ensuring that there is an adequate and appropriate supply of
68 well-trained physicians to meet this state's future health care
69 service needs as the general population and elderly population
70 of the state increase. The Legislature finds that items to



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71 consider relative to assessing the physician workforce may
72 include physician practice status; specialty mix; geographic
73 distribution; demographic information, including, but not
74 limited to, age, gender, race, and cultural considerations; and
75 needs of current or projected medically underserved areas in the
76 state. Long-term strategic planning is essential as the period
77 from the time a medical student enters medical school to
78 completion of graduate medical education may range from 7 to 10
79 years or longer. The Legislature recognizes that strategies to
80 provide for a well-trained supply of physicians must include
81 ensuring the availability and capacity of quality ~~graduate~~
82 medical schools and graduate medical education programs in this
83 state, as well as using new or existing state and federal
84 programs providing incentives for physicians to practice in
85 needed specialties and in underserved areas in a manner that
86 addresses projected needs for physician manpower.

87 (4)~~(3)~~ PURPOSE.—The department ~~of Health~~ shall serve as a
88 coordinating and strategic planning body to actively assess the
89 state's current and future physician workforce needs and work
90 with multiple stakeholders to develop strategies and
91 alternatives to address current and projected physician
92 workforce needs.

93 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize the
94 use of existing programs under the jurisdiction of the
95 department and other state agencies and coordinate governmental
96 and nongovernmental stakeholders and resources in order to
97 develop a state strategic plan and assess the implementation of
98 such strategic plan. In developing the state strategic plan, the
99 department shall:



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

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

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

124 (d) Develop strategies to ensure that the number of
125 graduates from the state's public and private allopathic and
126 osteopathic medical schools is ~~are~~ adequate to meet physician
127 workforce needs, based on the analysis of the physician
128 workforce data, so as to provide a high-quality medical



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129 education to students in a manner that recognizes the uniqueness
130 of each new and existing medical school in this state.

131 (e) Pursue strategies and policies to create, expand, and
132 maintain graduate medical education positions in the state based
133 on the analysis of the physician workforce data. Such strategies
134 and policies must take into account the effect of federal
135 funding limitations on the expansion and creation of positions
136 in graduate medical education. The department shall develop
137 options to address such federal funding limitations. The
138 department shall consider options to provide direct state
139 funding for graduate medical education positions in a manner
140 that addresses requirements and needs relative to accreditation
141 of graduate medical education programs. The department shall
142 consider funding residency positions as a means of addressing
143 needed physician specialty areas, rural areas having a shortage
144 of physicians, and areas of ongoing critical need, and as a
145 means of addressing the state's physician workforce needs based
146 on an ongoing analysis of physician workforce data.

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



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158 for physicians to relocate to underserved areas of the state.

159 (g) Coordinate and enhance activities relative to physician
160 workforce needs, undergraduate medical education, ~~and~~ graduate
161 medical education, and reentry of retired military and other
162 physicians into the physician workforce provided by the Division
163 of Medical Quality Assurance, ~~the Community Hospital Education~~
164 ~~Program and the Graduate Medical Education Committee established~~
165 ~~pursuant to s. 381.0403,~~ area health education center networks
166 established pursuant to s. 381.0402, and other offices and
167 programs within the department ~~of Health~~ as designated by the
168 State Surgeon General.

169 (h) Work in conjunction with and act as a coordinating body
170 for governmental and nongovernmental stakeholders to address
171 matters relating to the state's physician workforce assessment
172 and development for the purpose of ensuring an adequate supply
173 of well-trained physicians to meet the state's future needs.
174 Such governmental stakeholders shall include, but need not be
175 limited to, the State Surgeon General or his or her designee,
176 the Commissioner of Education or his or her designee, the
177 Secretary of Health Care Administration or his or her designee,
178 and the Chancellor of the State University System or his or her
179 designee ~~from the Board of Governors of the State University~~
180 ~~System~~, and, at the discretion of the department, other
181 representatives of state and local agencies that are involved in
182 assessing, educating, or training the state's current or future
183 physicians. Other stakeholders shall include, but need not be
184 limited to, organizations representing the state's public and
185 private allopathic and osteopathic medical schools;
186 organizations representing hospitals and other institutions



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187 providing health care, particularly those that currently provide
188 or have an interest in providing accredited medical education
189 and graduate medical education to medical students and medical
190 residents; organizations representing allopathic and osteopathic
191 practicing physicians; and, at the discretion of the department,
192 representatives of other organizations or entities involved in
193 assessing, educating, or training the state's current or future
194 physicians.

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

198 (j) Act as a clearinghouse for collecting and disseminating
199 information concerning the physician workforce and medical
200 education continuum in this state.

201 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created
202 in the department the Physician Workforce Advisory Council, an
203 advisory council as defined in s. 20.03. The council shall
204 comply with the requirements of s. 20.052, except as otherwise
205 provided in this section.

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

208 1. A designee from the department who is a physician
209 licensed under chapter 458 or chapter 459 and recommended by the
210 State Surgeon General.

211 2. An individual who is affiliated with the Science
212 Students Together Reaching Instructional Diversity and
213 Excellence program and recommended by the area health education
214 center network.

215 3. Two individuals recommended by the Council of Florida



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216 Medical School Deans, one representing a college of allopathic
217 medicine and one representing a college of osteopathic medicine.

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

222 5. One individual representing a statutory teaching
223 hospital as defined in s. 408.07 and recommended by the Safety
224 Net Hospital Alliance.

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

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

231 8. Two individuals recommended by the Florida Osteopathic
232 Medical Association, one representing a primary care specialty
233 and one representing a nonprimary care specialty.

234 9. Two individuals who are program directors of accredited
235 graduate medical education programs, one representing a program
236 that is accredited by the Accreditation Council for Graduate
237 Medical Education and one representing a program that is
238 accredited by the American Osteopathic Association.

239 10. An individual recommended by the Florida Association of
240 Community Health Centers representing a federally qualified
241 health center located in a rural area as defined in s.
242 381.0406(2)(a).

243 11. An individual recommended by the Florida Academy of
244 Family Physicians.



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245 12. An individual recommended by the Florida Alliance for
246 Health Professions Diversity.

247 13. The Chancellor of the State University System or his or
248 her designee.

249 14. A layperson member as determined by the State Surgeon
250 General.

251
252 Appointments to the council shall be made by the State Surgeon
253 General. Each entity authorized to make recommendations under
254 this subsection shall make at least two recommendations to the
255 State Surgeon General for each appointment to the council. The
256 State Surgeon General shall name one appointee for each position
257 from the recommendations made by each authorized entity.

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

272 (c) The chair of the council is the State Surgeon General,
273 who shall designate a vice chair from the membership of the



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274 council to serve in the absence of the State Surgeon General. A
275 vacancy shall be filled for the remainder of the unexpired term
276 in the same manner as the original appointment.

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

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

281 (f) The council shall:

282 1. Advise the State Surgeon General and the department on
283 matters concerning current and future physician workforce needs
284 in this state;

285 2. Review survey materials and the compilation of survey
286 information;

287 3. Annually review the number, location, cost, and
288 reimbursement of graduate medical education programs and
289 positions;

290 4. Provide recommendations to the department regarding the
291 survey completed by physicians licensed under chapter 458 or
292 chapter 459;

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

295 6. Assist the department in preparing an initial strategic
296 plan, conduct ongoing strategic planning in accordance with this
297 section, and provide ongoing advice on implementing the
298 recommendations;

299 7. Monitor and provide recommendations regarding the need
300 for an increased number of primary care or other physician
301 specialties to provide the necessary current and projected
302 health and medical services for the state; and



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

305 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
306 INNOVATION PILOT PROJECTS.—

307 (a) The Legislature finds that:

308 1. In order to ensure a physician workforce that is
309 adequate to meet the needs of this state's residents and its
310 health care system, policymakers must consider the education and
311 training of future generations of well-trained health care
312 providers.

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

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

319 4. Developing additional positions in graduate medical
320 education programs is essential to the future of this state's
321 health care system.

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

329 (b) There is established under the department a program to
330 foster innovative graduate medical education pilot projects that
331 are designed to promote the expansion of graduate medical



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332 education programs or positions to prepare physicians to
333 practice in needed specialties and underserved areas or settings
334 and to provide demographic and cultural representation in a
335 manner that addresses current and projected needs for this
336 state's physician workforce. Funds appropriated annually by the
337 Legislature for this purpose shall be distributed to
338 participating hospitals, medical schools, other sponsors of
339 graduate medical education programs, consortia engaged in
340 developing new graduate medical education programs or positions
341 in those programs, or pilot projects providing innovative
342 graduate medical education in community-based clinical settings.
343 Pilot projects shall be selected on a competitive grant basis,
344 subject to available funds.

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

348 1. Increasing the number of residencies or fellowships in
349 primary care or other needed specialties.

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

352 3. Promoting practice in rural or medically underserved
353 areas of the state.

354 4. Encouraging racial and ethnic diversity within the
355 state's physician workforce.

356 5. Encouraging practice in community health care or other
357 ambulatory care settings.

358 6. Encouraging practice in clinics operated by the
359 department, including, but not limited to, county health
360 departments, clinics operated by the Department of Veterans'



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361 Affairs, prison clinics, or similar settings of need.
362 7. Encouraging the increased production of geriatricians.
363 (d) Priority shall be given to a proposal for a pilot
364 project that:
365 1. Demonstrates a collaboration of federal, state, and
366 local entities that are public or private.
367 2. Obtains funding from multiple sources.
368 3. Focuses on enhancing graduate medical education in rural
369 or underserved areas.
370 4. Focuses on enhancing graduate medical education in
371 ambulatory or community-based settings other than a hospital
372 environment.
373 5. Includes the use of technology, such as electronic
374 medical records, distance consultation, and telemedicine, to
375 ensure that residents are better prepared to care for patients
376 in this state, regardless of the community in which the
377 residents practice.
378 6. Is designed to meet multiple policy needs as enumerated
379 in subsection (3).
380 7. Uses a consortium to provide for graduate medical
381 education experiences.
382 (e) The department shall adopt by rule appropriate
383 performance measures to use in order to consistently evaluate
384 the effectiveness, safety, and quality of the programs, as well
385 as the impact of each program on meeting this state's physician
386 workforce needs.
387 (f) Participating pilot projects shall submit to the
388 department an annual report on the project in a manner required
389 by the department.



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

394 (h) State funds shall be used to supplement funds from any
395 local government, community, or private source. The state may
396 provide up to 50 percent of the funds, and local governmental
397 grants or community or private sources shall provide the
398 remainder of the funds.

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

401 Section 104. Section 458.3192, Florida Statutes, is amended
402 to read:

403 458.3192 Analysis of survey results; report.—

404 (1) Each year, the Department of Health shall analyze the
405 results of the physician survey required by s. 458.3191 and
406 determine by geographic area and specialty the number of
407 physicians who:

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

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

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

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

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

417 (f) Practice medicine in this state.

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



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

427 Section 105. Section 459.0082, Florida Statutes, is amended
428 to read:

429 459.0082 Analysis of survey results; report.-

430 (1) Each year, the Department of Health shall analyze the
431 results of the physician survey required by s. 459.0081 and
432 determine by geographic area and specialty the number of
433 physicians who:

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

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

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

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

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

443 (f) Practice medicine in this state.

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

445 (2) The Department of Health must report its findings to
446 the Governor, the President of the Senate, and the Speaker of
447 the House of Representatives by November 1 each year. The



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448 department shall also include in its report findings,
449 recommendations, and strategic planning activities as provided
450 in s. 381.4018. The department may also include other
451 information requested by the Physician Workforce Advisory
452 Council.

453 Section 106. Section 458.315, Florida Statutes, is amended
454 to read:

455 458.315 Temporary certificate for practice in areas of
456 critical need.—

457 (1) Any physician who:

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

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

464
465 and who pays an application fee of \$300 may be issued a
466 temporary certificate for to practice in areas of ~~communities of~~
467 Florida where there is a critical need for physicians.

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

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

470 (b) Will be employed by or practice in a county health
471 department, correctional facility, Department of Veterans'
472 Affairs clinic, community health center funded by s. 329, s.
473 330, or s. 340 of the United States Public Health Services Act,
474 or other agency or institution that is approved by the State
475 Surgeon General and provides health care to meet the needs of
476 underserved populations in this state; or



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

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

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

490 1.~~(a)~~ A recipient of a temporary certificate for practice
491 in areas of critical need may use the certificate license to
492 work for any approved entity employer in any area of critical
493 need or as authorized by the State Surgeon General approved by
494 the board.

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

500 (b)~~(2)~~ The board may administer an abbreviated oral
501 examination to determine the physician's competency, but a ~~no~~
502 written regular examination is not required ~~necessary~~. Within 60
503 days after receipt of an application for a temporary
504 certificate, the board shall review the application and issue
505 the temporary certificate, ~~or~~ notify the applicant of denial, or



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506 notify the applicant that the board recommends additional
507 assessment, training, education, or other requirements as a
508 condition of certification. If the applicant has not actively
509 practiced during the prior 3 years and the board determines that
510 the applicant may lack clinical competency, possess diminished
511 or inadequate skills, lack necessary medical knowledge, or
512 exhibit patterns of deficits in clinical decisionmaking, the
513 board may:

514 1. Deny the application;

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

519 3. Issue a temporary certificate upon receipt of
520 documentation confirming that the applicant has met any
521 reasonable conditions of the board which may include, but are
522 not limited to, completing continuing education or undergoing an
523 assessment of skills and training.

524 (c) ~~(3)~~ Any certificate issued under this section ~~is shall~~
525 ~~be~~ valid only so long as the State Surgeon General determines
526 that the reason ~~area~~ for which it ~~was is~~ issued remains a an
527 ~~area of~~ critical need to the state. The Board of Medicine shall
528 review each temporary certificateholder not the service within
529 ~~said area not~~ less than annually to ascertain that the minimum
530 requirements of the Medical Practice Act and its adopted the
531 rules ~~and regulations promulgated thereunder~~ are being complied
532 with. If it is determined that such minimum requirements are not
533 being met, the board shall ~~forthwith~~ revoke such certificate or
534 shall impose restrictions or conditions, or both, as a condition



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535 of continued practice under the certificate.

536 (d)~~(4)~~ The board may ~~shall~~ not issue a temporary
537 certificate for practice in an area of critical need to any
538 physician who is under investigation in any jurisdiction in the
539 United States ~~another state~~ for an act that ~~which~~ would
540 constitute a violation of this chapter until such time as the
541 investigation is complete, at which time the provisions of s.
542 458.331 ~~shall~~ apply.

543 (4)~~(5)~~ The application fee and all licensure fees,
544 including neurological injury compensation assessments, shall be
545 waived for those persons obtaining a temporary certificate to
546 practice in areas of critical need for the purpose of providing
547 volunteer, uncompensated care for low-income residents
548 ~~Floridians~~. The applicant must submit an affidavit from the
549 employing agency or institution stating that the physician will
550 not receive any compensation for any service involving the
551 practice of medicine.

552 Section 107. Section 459.0076, Florida Statutes, is created
553 to read:

554 459.0076 Temporary certificate for practice in areas of
555 critical need.—

556 (1) Any physician who:

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

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

562
563 and who pays an application fee of \$300 may be issued a



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564 temporary certificate for practice in areas of critical need.
565 (2) A certificate may be issued to a physician who:
566 (a) Will practice in an area of critical need;
567 (b) Will be employed by or practice in a county health
568 department, correctional facility, Department of Veterans'
569 Affairs clinic, community health center funded by s. 329, s.
570 330, or s. 340 of the United States Public Health Services Act,
571 or other agency or institution that is approved by the State
572 Surgeon General and provides health care to meet the needs of
573 underserved populations in this state; or
574 (c) Will practice for a limited time to address critical
575 physician-specialty, demographic, or geographic needs for this
576 state's physician workforce as determined by the State Surgeon
577 General.
578 (3) The Board of Osteopathic Medicine may issue this
579 temporary certificate with the following restrictions:
580 (a) The State Surgeon General shall determine the areas of
581 critical need. Such areas include, but are not limited to,
582 health professional shortage areas designated by the United
583 States Department of Health and Human Services.
584 1. A recipient of a temporary certificate for practice in
585 areas of critical need may use the certificate to work for any
586 approved entity in any area of critical need or as authorized by
587 the State Surgeon General.
588 2. The recipient of a temporary certificate for practice in
589 areas of critical need shall, within 30 days after accepting
590 employment, notify the board of all approved institutions in
591 which the licensee practices and of all approved institutions
592 where practice privileges have been denied.



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593 (b) The board may administer an abbreviated oral
594 examination to determine the physician's competency, but a
595 written regular examination is not required. Within 60 days
596 after receipt of an application for a temporary certificate, the
597 board shall review the application and issue the temporary
598 certificate, notify the applicant of denial, or notify the
599 applicant that the board recommends additional assessment,
600 training, education, or other requirements as a condition of
601 certification. If the applicant has not actively practiced
602 during the prior 3 years and the board determines that the
603 applicant may lack clinical competency, possess diminished or
604 inadequate skills, lack necessary medical knowledge, or exhibit
605 patterns of deficits in clinical decisionmaking, the board may:

- 606 1. Deny the application;
607 2. Issue a temporary certificate having reasonable
608 restrictions that may include, but are not limited to, a
609 requirement for the applicant to practice under the supervision
610 of a physician approved by the board; or
611 3. Issue a temporary certificate upon receipt of
612 documentation confirming that the applicant has met any
613 reasonable conditions of the board which may include, but are
614 not limited to, completing continuing education or undergoing an
615 assessment of skills and training.

616 (c) Any certificate issued under this section is valid only
617 so long as the State Surgeon General determines that the reason
618 for which it was issued remains a critical need to the state.
619 The Board of Osteopathic Medicine shall review each temporary
620 certificateholder not less than annually to ascertain that the
621 minimum requirements of the Osteopathic Medical Practice Act and



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622 its adopted rules are being complied with. If it is determined
623 that such minimum requirements are not being met, the board
624 shall revoke such certificate or shall impose restrictions or
625 conditions, or both, as a condition of continued practice under
626 the certificate.

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

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

641
642 ===== T I T L E A M E N D M E N T =====

643 And the title is amended as follows:

644 Delete line 306

645 and insert:

646 cross-references; revising a reference; repealing s.
647 381.0403(4) and (9), F.S., relating to the program for
648 graduate medical education innovations and the
649 graduate medical education committee and report;
650 amending s. 381.0403, F.S.; conforming a cross-



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651 reference; amending s. 381.4018, F.S.; providing
652 definitions; requiring the Department of Health to
653 coordinate and enhance activities regarding the
654 reentry of retired military and other physicians into
655 the physician workforce; revising the list of
656 governmental stakeholders that the Department of
657 Health is required to work with regarding the state
658 strategic plan and in assessing the state's physician
659 workforce; creating the Physician Workforce Advisory
660 Council; providing membership of the council;
661 providing for appointments to the council; providing
662 terms of membership; providing for removal of a
663 council member; providing for the chair and vice chair
664 of the council; providing that council members are not
665 entitled to receive compensation or reimbursement for
666 per diem or travel expenses; providing the duties of
667 the council; establishing the physician workforce
668 graduate medical education innovation pilot projects
669 under the department; providing the purposes of the
670 pilot projects; providing for the appropriation of
671 state funds for the pilot projects; requiring the
672 pilot projects to meet certain policy needs of the
673 physician workforce in this state; providing criteria
674 for prioritizing proposals for pilot projects;
675 requiring the department to adopt by rule appropriate
676 performance measures; requiring participating pilot
677 projects to submit an annual report to the department;
678 requiring state funds to be used to supplement funds
679 from other sources; requiring the department to adopt



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680 rules; amending ss. 458.3192 and 459.0082, F.S.;

681 requiring the department to determine by geographic

682 area and specialty the number of physicians and

683 osteopathic physicians who plan to relocate outside

684 the state, practice medicine in this state, and reduce

685 or modify the scope of their practice; authorizing the

686 department to report additional information in its

687 findings to the Governor and the Legislature; amending

688 s. 458.315, F.S.; revising the standards for the Board

689 of Medicine to issue a temporary certificate to

690 certain physicians to practice medicine in areas of

691 critical need; authorizing the State Surgeon General

692 to designate areas of critical need; creating s.

693 459.0076, F.S.; authorizing the Board of Osteopathic

694 Medicine to issue temporary certificates to

695 osteopathic physicians who meet certain requirements

696 to practice osteopathic medicine in areas of critical

697 need; providing restrictions for issuance of a

698 temporary certificate; authorizing the State Surgeon

699 General to designate areas of critical need;

700 authorizing the Board of Osteopathic Medicine to waive

701 the application fee and licensure fees for obtaining

702 temporary certificates for certain purposes; providing

703 an