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LEGISLATIVE ACTION

Senate

House

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Floor: WD/2R

04/27/2010 03:54 PM

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Senator Peaden moved the following:

**Senate Amendment (with title amendment)**

Between lines 3812 and 3813

insert:

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 Subsections (4) and (9) of section 381.0403, Florida Statutes, are repealed.

Section 102. 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.—The Physician  
172 Workforce Advisory Council is created in the department as an  
173 advisory council as defined in s. 20.03. The council must comply  
174 with s. 20.052, except as otherwise provided in this section.

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

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

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

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

187 4. One individual recommended by the Florida Hospital



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188 Association, representing a hospital that is licensed under  
189 chapter 395, has an accredited graduate medical education  
190 program, and is not a statutory teaching hospital.

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

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

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

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

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

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

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

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

216 13. The Chancellor of the State University System or his or





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217 her designee.

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

220

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

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

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

245 (d) Council members are not entitled to receive



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246 compensation or reimbursement for per diem or travel expenses.

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

249 (f) The council shall:

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

253 2. Review survey materials and the compilation of survey  
254 information;

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

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

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

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

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

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

273 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION  
274 INNOVATION PILOT PROJECTS.-



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275 (a) The Legislature finds that:

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

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

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

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

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

297 (b) A program shall be established in the department to  
298 foster innovative graduate medical education pilot projects that  
299 are designed to promote the expansion of graduate medical  
300 education programs or positions to prepare physicians to  
301 practice in needed specialties and underserved areas or settings  
302 and to provide demographic and cultural representation in a  
303 manner that addresses current and projected needs for this



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

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

316 1. Increasing the number of residencies or fellowships in  
317 primary care or other needed specialties.

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

320 3. Promoting practice in rural or medically underserved  
321 areas of the state.

322 4. Encouraging racial and ethnic diversity within the  
323 state's physician workforce.

324 5. Encouraging practice in community health care or other  
325 ambulatory care settings.

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

330 7. Encouraging the increased production of geriatricians.

331 (d) Priority shall be given to a proposal for a pilot  
332 project that:



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

335       2. Obtains funding from multiple sources.

336       3. Focuses on enhancing graduate medical education in rural  
337 or underserved areas.

338       4. Focuses on enhancing graduate medical education in  
339 ambulatory or community-based settings other than a hospital  
340 environment.

341       5. Includes the use of technology, such as electronic  
342 medical records, distance consultation, and telemedicine, to  
343 ensure that residents are better prepared to care for patients  
344 in this state, regardless of the community in which the  
345 residents practice.

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

348       7. Uses a consortium to provide for graduate medical  
349 education experiences.

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

355       (f) Participating pilot projects shall submit to the  
356 department an annual report on the project in a manner required  
357 by the department.

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



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

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

369       Section 103. Section 458.3192, Florida Statutes, is amended  
370 to read:

371       458.3192 Analysis of survey results; report.—

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

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

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

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

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

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

385       (f) Practice medicine in this state.

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

387       (2) The Department of Health must report its findings to  
388 the Governor, the President of the Senate, and the Speaker of  
389 the House of Representatives by November 1 each year. The  
390 department shall also include in its report findings,



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391 recommendations, and strategic planning activities as provided  
392 in s. 381.4018. The department may also include other  
393 information requested by the Physician Workforce Advisory  
394 Council.

395 Section 104. Section 459.0082, Florida Statutes, is amended  
396 to read:

397 459.0082 Analysis of survey results; report.—

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

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

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

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

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

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

411 (f) Practice medicine in this state.

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

413 (2) The Department of Health must report its findings to  
414 the Governor, the President of the Senate, and the Speaker of  
415 the House of Representatives by November 1 each year. The  
416 department shall also include in its report findings,  
417 recommendations, and strategic planning activities as provided  
418 in s. 381.4018. The department may also include other  
419 information requested by the Physician Workforce Advisory



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420 Council.

421 Section 105. Section 458.315, Florida Statutes, is amended  
422 to read:

423 458.315 Temporary certificate for practice in areas of  
424 critical need.—

425 (1) Any physician who:

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

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

432  
433 and who pays an application fee of \$300 may be issued a  
434 temporary certificate for to practice in areas of ~~communities of~~  
435 ~~Florida where there is a critical need for physicians.~~

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

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

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

445 (c) Will practice for a limited time to address critical  
446 physician-specialty, demographic, or geographic needs for this  
447 state's physician workforce as determined by the State Surgeon  
448 General entity that provides health care to indigents and that





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449 ~~is approved by the State Health Officer.~~

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

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

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

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

468       (b)~~(2)~~ The board may administer an abbreviated oral  
469 examination to determine the physician's competency, but a ~~no~~  
470 written regular examination is not required ~~necessary~~. Within 60  
471 days after receipt of an application for a temporary  
472 certificate, the board shall review the application and issue  
473 the temporary certificate, or ~~or~~ notify the applicant of denial, or  
474 notify the applicant that the board recommends additional  
475 assessment, training, education, or other requirements as a  
476 condition of certification. If the applicant has not actively  
477 practiced during the prior 3 years and the board determines that



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478 the applicant may lack clinical competency, possess diminished  
479 or inadequate skills, lack necessary medical knowledge, or  
480 exhibit patterns of deficits in clinical decisionmaking, the  
481 board may:

482 1. Deny the application;

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

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

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

504 (d)(4) The board may shall not issue a temporary  
505 certificate for practice in an area of critical need to any  
506 physician who is under investigation in any jurisdiction in the



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507 United States ~~another state~~ for an act that ~~which~~ would  
508 constitute a violation of this chapter until such time as the  
509 investigation is complete, at which time the provisions of s.  
510 458.331 ~~shall~~ apply.

511 (4) ~~(5)~~ The application fee and all licensure fees,  
512 including neurological injury compensation assessments, shall be  
513 waived for those persons obtaining a temporary certificate to  
514 practice in areas of critical need for the purpose of providing  
515 volunteer, uncompensated care for low-income residents  
516 ~~Floridians~~. The applicant must submit an affidavit from the  
517 employing agency or institution stating that the physician will  
518 not receive any compensation for any service involving the  
519 practice of medicine.

520 Section 106. Section 459.0076, Florida Statutes, is created  
521 to read:

522 459.0076 Temporary certificate for practice in areas of  
523 critical need.-

524 (1) Any physician who:

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

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

530  
531 and who pays an application fee of \$300 may be issued a  
532 temporary certificate for practice in areas of critical need.

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

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

535 (b) Will be employed by or practice in a county health



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

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

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

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

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

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

561 (b) The board may administer an abbreviated oral  
562 examination to determine the physician's competency, but a  
563 written regular examination is not required. Within 60 days  
564 after receipt of an application for a temporary certificate, the



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565 board shall review the application and issue the temporary  
566 certificate, notify the applicant of denial, or notify the  
567 applicant that the board recommends additional assessment,  
568 training, education, or other requirements as a condition of  
569 certification. If the applicant has not actively practiced  
570 during the prior 3 years and the board determines that the  
571 applicant may lack clinical competency, possess diminished or  
572 inadequate skills, lack necessary medical knowledge, or exhibit  
573 patterns of deficits in clinical decisionmaking, the board may:  
574 1. Deny the application;  
575 2. Issue a temporary certificate having reasonable  
576 restrictions that may include, but are not limited to, a  
577 requirement for the applicant to practice under the supervision  
578 of a physician approved by the board; or  
579 3. Issue a temporary certificate upon receipt of  
580 documentation confirming that the applicant has met any  
581 reasonable conditions of the board which may include, but are  
582 not limited to, completing continuing education or undergoing an  
583 assessment of skills and training.  
584 (c) Any certificate issued under this section is valid only  
585 so long as the State Surgeon General determines that the reason  
586 for which it was issued remains a critical need to the state.  
587 The Board of Osteopathic Medicine shall review each temporary  
588 certificateholder not less than annually to ascertain that the  
589 minimum requirements of the Osteopathic Medical Practice Act and  
590 its adopted rules are being complied with. If it is determined  
591 that such minimum requirements are not being met, the board  
592 shall revoke such certificate or shall impose restrictions or  
593 conditions, or both, as a condition of continued practice under



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594 the certificate.

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

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

609  
610 ===== T I T L E A M E N D M E N T =====

611 And the title is amended as follows:

612 Delete line 305

613 and insert:

614 cross-references; revising a reference; repealing s.  
615 381.0403(4) and (9), F.S., relating to the program for  
616 graduate medical education innovations and the  
617 graduate medical education committee and report;  
618 amending s. 381.4018, F.S.; providing definitions;  
619 requiring the Department of Health to coordinate and  
620 enhance activities regarding the reentry of retired  
621 military and other physicians into the physician  
622 workforce; revising the list of governmental



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



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