

1 A bill to be entitled
2 An act relating to the physician workforce; repealing s.
3 381.0403, F.S., relating to the Community Hospital
4 Education Act and the Community Hospital Education
5 Council; amending s. 381.4018, F.S.; providing
6 definitions; revising the list of governmental
7 stakeholders that the Department of Health is required to
8 work with regarding the state strategic plan and in
9 assessing the state's physician workforce; creating the
10 Physician Workforce Advisory Council; providing membership
11 of the council; providing for appointments to the council;
12 providing terms of membership; providing for removal of a
13 council member; providing for the chair and vice chair of
14 the council; providing that council members are not
15 entitled to receive compensation or reimbursement for per
16 diem or travel expenses; providing the duties of the
17 council; establishing the physician workforce graduate
18 medical education innovation pilot projects under the
19 department; providing the purposes of the pilot projects;
20 providing for the appropriation of state funds for the
21 pilot projects; requiring the pilot projects to meet
22 certain policy needs of the physician workforce in this
23 state; providing criteria for prioritizing proposals for
24 pilot projects; requiring the department to adopt by rule
25 appropriate performance measures; requiring participating
26 pilot projects to submit an annual report to the
27 department; requiring state funds to be used to supplement
28 funds from other sources; requiring the department to

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29 adopt rules; amending ss. 458.3192 and 459.0082, F.S.;
 30 requiring the department to determine by geographic area
 31 and specialty the number of physicians and osteopathic
 32 physicians who plan to relocate outside the state,
 33 practice medicine in this state, and reduce or modify the
 34 scope of their practice; authorizing the department to
 35 report additional information in its findings to the
 36 Governor and the Legislature; amending s. 409.908, F.S.;
 37 conforming a cross-reference; providing an effective date.

38

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

40

41 Section 1. Section 381.0403, Florida Statutes, is
 42 repealed.

43 Section 2. Section 381.4018, Florida Statutes, is amended
 44 to read:

45 381.4018 Physician workforce assessment and development.—

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

47 (a) "Consortium" or "consortia" means a combination of
 48 statutory teaching hospitals, statutory rural hospitals, other
 49 hospitals, accredited medical schools, clinics operated by the
 50 Department of Health, clinics operated by the Department of
 51 Veterans' Affairs, area health education centers, community
 52 health centers, federally qualified health centers, prison
 53 clinics, local community clinics, or other programs. At least
 54 one member of the consortium shall be a sponsoring institution
 55 accredited or currently seeking accreditation by the
 56 Accreditation Council for Graduate Medical Education or the

57 American Osteopathic Association.

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

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

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

64 (e) "Primary care specialty" means emergency medicine,
 65 family practice, internal medicine, pediatrics, psychiatry,
 66 obstetrics and gynecology, and combined internal medicine and
 67 other specialties as determined by the Physician Workforce
 68 Advisory Council or the Department of Health.

69 (2)-(1) LEGISLATIVE INTENT.—The Legislature recognizes that
 70 physician workforce planning is an essential component of
 71 ensuring that there is an adequate and appropriate supply of
 72 well-trained physicians to meet this state's future health care
 73 service needs as the general population and elderly population
 74 of the state increase. The Legislature finds that items to
 75 consider relative to assessing the physician workforce may
 76 include physician practice status; specialty mix; geographic
 77 distribution; demographic information, including, but not
 78 limited to, age, gender, race, and cultural considerations; and
 79 needs of current or projected medically underserved areas in the
 80 state. Long-term strategic planning is essential as the period
 81 from the time a medical student enters medical school to
 82 completion of graduate medical education may range from 7 to 10
 83 years or longer. The Legislature recognizes that strategies to
 84 provide for a well-trained supply of physicians must include

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85 ensuring the availability and capacity of quality ~~graduate~~
86 medical schools and graduate medical education programs in this
87 state, as well as using new or existing state and federal
88 programs providing incentives for physicians to practice in
89 needed specialties and in underserved areas in a manner that
90 addresses projected needs for physician manpower.

91 (3)~~(2)~~ PURPOSE.—The Department of Health shall serve as a
92 coordinating and strategic planning body to actively assess the
93 state's current and future physician workforce needs and work
94 with multiple stakeholders to develop strategies and
95 alternatives to address current and projected physician
96 workforce needs.

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

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

108 (b) Develop a model and quantify, on an ongoing basis, the
109 adequacy of the state's current and future physician workforce
110 as reliable data becomes available. Such model must take into
111 account demographics, physician practice status, place of
112 education and training, generational changes, population growth,

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113 economic indicators, and issues concerning the "pipeline" into
114 medical education.

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

128 (d) Develop strategies to ensure that the number of
129 graduates from the state's public and private allopathic and
130 osteopathic medical schools are adequate to meet physician
131 workforce needs, based on the analysis of the physician
132 workforce data, so as to provide a high-quality medical
133 education to students in a manner that recognizes the uniqueness
134 of each new and existing medical school in this state.

135 (e) Pursue strategies and policies to create, expand, and
136 maintain graduate medical education positions in the state based
137 on the analysis of the physician workforce data. Such strategies
138 and policies must take into account the effect of federal
139 funding limitations on the expansion and creation of positions
140 in graduate medical education. The department shall develop

141 options to address such federal funding limitations. The
 142 department shall consider options to provide direct state
 143 funding for graduate medical education positions in a manner
 144 that addresses requirements and needs relative to accreditation
 145 of graduate medical education programs. The department shall
 146 consider funding residency positions as a means of addressing
 147 needed physician specialty areas, rural areas having a shortage
 148 of physicians, and areas of ongoing critical need, and as a
 149 means of addressing the state's physician workforce needs based
 150 on an ongoing analysis of physician workforce data.

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

163 (g) Coordinate and enhance activities relative to
 164 physician workforce needs, undergraduate medical education, and
 165 graduate medical education provided by the Division of Medical
 166 Quality Assurance, ~~the Community Hospital Education Program and~~
 167 ~~the Graduate Medical Education Committee established pursuant to~~
 168 ~~s. 381.0403,~~ area health education center networks established

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169 pursuant to s. 381.0402, and other offices and programs within
170 the Department of Health as designated by the State Surgeon
171 General.

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

197 physicians.

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

201 (j) Act as a clearinghouse for collecting and
 202 disseminating information concerning the physician workforce and
 203 medical education continuum in this state.

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

209 (a) The council shall be composed of the following 23
 210 members:

211 1. The following members appointed by the State Surgeon
 212 General:

213 a. A designee from the department.

214 b. An individual recommended by the Area Health Education
 215 Center Network.

216 c. Two individuals recommended by the Council of Florida
 217 Medical School Deans, one representing a college of allopathic
 218 medicine and one representing a college of osteopathic medicine.

219 d. Two individuals recommended by the Florida Hospital
 220 Association, one representing a statutory teaching hospital and
 221 one representing a hospital that is licensed under chapter 395,
 222 has an accredited graduate medical education program, and is not
 223 a statutory teaching hospital.

224 e. Two individuals recommended by the Florida Medical

225 Association, one representing a primary care specialty and one
 226 representing a nonprimary care specialty.

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

230 g. Two individuals who are program directors of accredited
 231 graduate medical education programs, one representing a program
 232 that is accredited by the Accreditation Council for Graduate
 233 Medical Education and one representing a program that is
 234 accredited by the American Osteopathic Association.

235 h. An individual recommended by the Florida Justice
 236 Association.

237 i. An individual representing a profession in the field of
 238 health services administration.

239 j. A layperson member.

241 Each entity authorized to make recommendations under this
 242 subparagraph shall make at least two recommendations to the
 243 State Surgeon General for each appointment to the council. The
 244 State Surgeon General shall appoint one member for each position
 245 from among the recommendations made by each authorized entity.

246 2. The following members appointed by the respective
 247 agency head, legislative presiding officer, or congressional
 248 delegation:

249 a. The Commissioner of Education or his or her designee.

250 b. The Chancellor of the State University System or his or
 251 her designee.

252 c. The Secretary of Health Care Administration or his or

253 her designee.

254 d. The executive director of the Department of Veterans'
 255 Affairs or his or her designee.

256 e. The Secretary of Elderly Affairs or his or her
 257 designee.

258 f. The President of the Senate or his or her designee.

259 g. The Speaker of the House of Representatives or his or
 260 her designee.

261 h. A designee of Florida's Congressional Delegation.

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

276 (c) The chair of the council is the State Surgeon General,
 277 who shall designate a vice chair to serve in the absence of the
 278 State Surgeon General. A vacancy shall be filled for the
 279 remainder of the unexpired term in the same manner as the
 280 original appointment.

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

283 (e) The council shall meet twice a year in person or by
284 teleconference.

285 (f) The council shall:

286 1. Advise the State Surgeon General and the department on
287 matters concerning current and future physician workforce needs
288 in this state.

289 2. Review survey materials and the compilation of survey
290 information.

291 3. Provide recommendations to the department for the
292 development of additional items to be incorporated in the survey
293 completed by physicians licensed under chapter 458 or chapter
294 459.

295 4. Assist the department in preparing the annual report to
296 the Legislature pursuant to ss. 458.3192 and 459.0082.

297 5. Assist the department in preparing an initial strategic
298 plan, conduct ongoing strategic planning in accordance with this
299 section, and provide ongoing advice on implementing the
300 recommendations.

301 6. Monitor the need for an increased number of primary
302 care physicians to provide the necessary current and projected
303 health and medical services for the state.

304 7. Monitor the status of graduate medical education in
305 this state, including, but not limited to, as considered
306 appropriate:

307 a. The effectiveness of graduate medical education pilot
308 projects funded pursuant to subsection (6).

309 b. The role of residents and medical faculty in the
310 provision of health care.

311 c. The relationship of graduate medical education to the
312 state's physician workforce.

313 d. The availability and use of state and federal
314 appropriated funds for graduate medical education.

315 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
316 INNOVATION PILOT PROJECTS.—

317 (a) The Legislature finds that:

318 1. In order to ensure a physician workforce that is
319 adequate to meet the needs of this state's residents and its
320 health care system, policymakers must consider the training of
321 future generations of well-trained health care providers.

322 2. Physicians are likely to practice in the state where
323 they complete their graduate medical education. The in-state
324 retention rate following graduate medical education for
325 physicians in this state is more than 61 percent.

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

330 4. Developing additional positions in graduate medical
331 education programs is essential to the future of this state's
332 health care system.

333 5. It was necessary in 2007 to pass legislation that
334 provided for an assessment of the status of this state's current
335 and future physician workforce. The department is collecting and
336 analyzing information on an ongoing basis to assess this state's

337 physician workforce needs, and such assessment can serve as a
338 basis for determining graduate medical education needs and
339 strategies for the state.

340 (b) There is established under the department a program to
341 foster innovative graduate medical education pilot projects that
342 are designed to promote the expansion of graduate medical
343 education programs or positions to prepare physicians to
344 practice in needed specialties and underserved areas or settings
345 and to provide demographic and cultural representation in a
346 manner that addresses projected needs for this state's physician
347 workforce. Funds appropriated annually by the Legislature for
348 this purpose shall be distributed to participating hospitals,
349 medical schools, other sponsors of graduate medical education
350 programs, consortia engaged in developing new graduate medical
351 education programs or positions in those programs, or pilot
352 projects providing innovative graduate medical education in
353 community-based clinical settings. Pilot projects shall be
354 selected on a competitive grant basis, subject to available
355 funds.

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

359 1. Increasing the number of residencies or fellowships in
360 primary care or other needed specialties.

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

363 3. Promoting practice in rural or medically underserved
364 areas of the state.

365 4. Encouraging racial and ethnic diversity within the
366 state's physician workforce.

367 5. Encouraging practice in community health care or other
368 ambulatory care settings.

369 6. Encouraging practice in clinics operated by the
370 Department of Health, clinics operated by the Department of
371 Veterans' Affairs, prison clinics, or similar settings of need.

372 7. Encouraging the increased production of geriatricians.

373 (d) Priority shall be given to a proposal for a pilot
374 project that:

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

377 2. Obtains funding from multiple sources.

378 3. Focuses on enhancing graduate medical education in
379 rural or underserved areas.

380 4. Focuses on enhancing graduate medical education in
381 ambulatory or community-based settings other than a hospital
382 environment.

383 5. Includes the use of technology, such as electronic
384 medical records, distance consultation, and telemedicine, to
385 ensure that residents are better prepared to care for patients
386 in this state, regardless of the community in which the
387 residents practice.

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

390 7. Uses a consortium to provide for graduate medical
391 education experiences.

392 (e) The department shall adopt by rule appropriate

393 performance measures to use in order to consistently evaluate
 394 the effectiveness, safety, and quality of the programs, as well
 395 as the impact of each program on meeting this state's physician
 396 workforce needs.

397 (f) Participating pilot projects shall submit to the
 398 department an annual report on the project in a manner required
 399 by the department.

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

404 (h) State funds shall be used to supplement funds from any
 405 local government, community, or private source. The state may
 406 provide up to 50 percent of the funds, and local governmental
 407 grants or community or private sources shall provide the
 408 remainder of the funds.

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

411 Section 3. Section 458.3192, Florida Statutes, is amended
 412 to read:

413 458.3192 Analysis of survey results; report.—

414 (1) Each year, the Department of Health shall analyze the
 415 results of the physician survey required by s. 458.3191 and
 416 determine by geographic area and specialty the number of
 417 physicians who:

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

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

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

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

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

427 (f) Practice medicine in this state.

428 (g) Reduce or modify the scope of their practice.

429 (2) The Department of Health must report its findings to
 430 the Governor, the President of the Senate, and the Speaker of
 431 the House of Representatives by November 1 each year. The
 432 department may also include in its report findings,
 433 recommendations, or other information requested by the council.

434 Section 4. Section 459.0082, Florida Statutes, is amended
 435 to read:

436 459.0082 Analysis of survey results; report.—

437 (1) Each year, the Department of Health shall analyze the
 438 results of the physician survey required by s. 459.0081 and
 439 determine by geographic area and specialty the number of
 440 physicians who:

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

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

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

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

448 (e) Plan to relocate ~~their allopathic or osteopathic~~

449 ~~practice~~ outside the state.

450 (f) Practice medicine in this state.

451 (g) Reduce or modify the scope of their practice.

452 (2) The Department of Health must report its findings to
453 the Governor, the President of the Senate, and the Speaker of
454 the House of Representatives by November 1 each year. The
455 department may also include in its report findings,
456 recommendations, or other information requested by the council.

457 Section 5. Paragraph (a) of subsection (1) of section
458 409.908, Florida Statutes, is amended to read:

459 409.908 Reimbursement of Medicaid providers.—Subject to
460 specific appropriations, the agency shall reimburse Medicaid
461 providers, in accordance with state and federal law, according
462 to methodologies set forth in the rules of the agency and in
463 policy manuals and handbooks incorporated by reference therein.
464 These methodologies may include fee schedules, reimbursement
465 methods based on cost reporting, negotiated fees, competitive
466 bidding pursuant to s. 287.057, and other mechanisms the agency
467 considers efficient and effective for purchasing services or
468 goods on behalf of recipients. If a provider is reimbursed based
469 on cost reporting and submits a cost report late and that cost
470 report would have been used to set a lower reimbursement rate
471 for a rate semester, then the provider's rate for that semester
472 shall be retroactively calculated using the new cost report, and
473 full payment at the recalculated rate shall be effected
474 retroactively. Medicare-granted extensions for filing cost
475 reports, if applicable, shall also apply to Medicaid cost
476 reports. Payment for Medicaid compensable services made on

477 | behalf of Medicaid eligible persons is subject to the
 478 | availability of moneys and any limitations or directions
 479 | provided for in the General Appropriations Act or chapter 216.
 480 | Further, nothing in this section shall be construed to prevent
 481 | or limit the agency from adjusting fees, reimbursement rates,
 482 | lengths of stay, number of visits, or number of services, or
 483 | making any other adjustments necessary to comply with the
 484 | availability of moneys and any limitations or directions
 485 | provided for in the General Appropriations Act, provided the
 486 | adjustment is consistent with legislative intent.

487 | (1) Reimbursement to hospitals licensed under part I of
 488 | chapter 395 must be made prospectively or on the basis of
 489 | negotiation.

490 | (a) Reimbursement for inpatient care is limited as
 491 | provided for in s. 409.905(5), except for:

- 492 | 1. The raising of rate reimbursement caps, excluding rural
- 493 | hospitals.
- 494 | 2. Recognition of the costs of graduate medical education.
- 495 | 3. Other methodologies recognized in the General
- 496 | Appropriations Act.

497 |
 498 | During the years funds are transferred from the Department of
 499 | Health, any reimbursement supported by such funds shall be
 500 | subject to certification by the Department of Health that the
 501 | hospital has complied with s. 381.4018 ~~s. 381.0403~~. The agency
 502 | ~~may is authorized to~~ receive funds from state entities,
 503 | including, but not limited to, the Department of Health, local
 504 | governments, and other local political subdivisions, for the

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505 | purpose of making special exception payments, including federal
506 | matching funds, through the Medicaid inpatient reimbursement
507 | methodologies. Funds received from state entities or local
508 | governments for this purpose shall be separately accounted for
509 | and shall not be commingled with other state or local funds in
510 | any manner. The agency may certify all local governmental funds
511 | used as state match under Title XIX of the Social Security Act,
512 | to the extent that the identified local health care provider
513 | that is otherwise entitled to and is contracted to receive such
514 | local funds is the benefactor under the state's Medicaid program
515 | as determined under the General Appropriations Act and pursuant
516 | to an agreement between the Agency for Health Care
517 | Administration and the local governmental entity. The local
518 | governmental entity shall use a certification form prescribed by
519 | the agency. At a minimum, the certification form shall identify
520 | the amount being certified and describe the relationship between
521 | the certifying local governmental entity and the local health
522 | care provider. The agency shall prepare an annual statement of
523 | impact which documents the specific activities undertaken during
524 | the previous fiscal year pursuant to this paragraph, to be
525 | submitted to the Legislature no later than January 1, annually.

526 | Section 6. This act shall take effect July 1, 2010.