



209374

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/11/2024	.	
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The Committee on Fiscal Policy (Burton) recommended the following:

Senate Amendment (with title amendment)

Delete lines 688 - 1050
and insert:
shortage area or a medically underserved area, through another
volunteer program operated by the state pursuant to part IV of
chapter 110, or through a pro bono program approved by the Board
of Dentistry. In order to meet the requirements of this
paragraph, the volunteer hours must be verifiable in a manner
determined by the department.



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11 (3) The department shall award funds from the loan program
12 to repay the student loans of a dentist or dental hygienist who
13 meets the requirements of subsection (2).

14 (a) An award shall be 20 percent of a dentist's or dental
15 hygienist's principal loan amount at the time he or she applied
16 for the program but may not exceed \$50,000 per year per eligible
17 dentist or \$7,500 per year per eligible dental hygienist.

18 (b) Only loans to pay the costs of tuition, books, dental
19 equipment and supplies, uniforms, and living expenses may be
20 covered.

21 (c) All repayments are contingent upon continued proof of
22 eligibility and must be made directly to the holder of the loan.
23 The state bears no responsibility for the collection of any
24 interest charges or other remaining balances.

25 (d) A dentist or dental hygienist may receive ~~funds under~~
26 ~~the loan program for at least 1 year,~~ up to a maximum of 5
27 awards pursuant to paragraph (a), one award for each year he or
28 she maintains eligibility for the program for the entire year.
29 Such awards are not required to be awarded in consecutive years,
30 and, if a dentist or dental hygienist loses eligibility pursuant
31 to subsection (4) for the current year, he or she may reapply
32 for the program in a future year once he or she has regained
33 eligibility.

34 ~~(e) The department shall limit the number of new dentists~~
35 ~~participating in the loan program to not more than 10 per fiscal~~
36 ~~year.~~

37 (4) A dentist or dental hygienist is not no longer eligible
38 to receive funds under the loan program if the dentist or dental
39 hygienist:



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40 (a) Is no longer employed by a public health program or
41 private practice that meets the requirements of subsection (2)
42 or does not verify, in a manner determined by the department,
43 that he or she has volunteered his or her dental services for
44 the required number of hours.

45 (b) Ceases to participate in the Florida Medicaid program.

46 (c) Has disciplinary action taken against his or her
47 license by the Board of Dentistry for a violation of s. 466.028.

48 (5) A dentist or dental hygienist who receives payment
49 under the program shall furnish information requested by the
50 department for the purpose of the department's duties under s.
51 381.4021.

52 (6) The department shall adopt rules to administer the loan
53 program.

54 (7)~~(6)~~ Implementation of the loan program is subject to
55 legislative appropriation.

56 (8) The Agency for Health Care Administration shall seek
57 federal authority to use Title XIX matching funds for this
58 program.

59 (9) This section is repealed on July 1, 2034.

60 Section 2. Section 1009.65, Florida Statutes, is
61 transferred, renumbered as section 381.402, Florida Statutes,
62 and amended to read:

63 381.402 1009.65 Florida Reimbursement Assistance for
64 Medical Education Reimbursement and Loan Repayment Program.-

65 (1) To support the state Medicaid program and to encourage
66 qualified medical professionals to practice in underserved
67 locations where there are shortages of such personnel, there is
68 established the Florida Reimbursement Assistance for Medical



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69 ~~Education Reimbursement and Loan Repayment~~ Program. The function
70 of the program is to make payments that offset loans and
71 educational expenses incurred by students for studies leading to
72 a medical or nursing degree, medical or nursing licensure, or
73 advanced practice registered nurse licensure or physician
74 assistant licensure.

75 (2) The following licensed or certified health care
76 practitioners ~~professionals~~ are eligible to participate in the
77 ~~this~~ program:

78 (a) Medical doctors with primary care specialties.

79 (b) Doctors of osteopathic medicine with primary care
80 specialties.

81 (c) Advanced practice registered nurses registered to
82 engage in autonomous practice under s. 464.0123. ~~physician~~
83 ~~assistants, licensed practical nurses and registered nurses, and~~

84 (d) Advanced practice registered nurses with primary care
85 specialties such as certified nurse midwives.

86 (e) Physician assistants.

87 (f) Mental health professionals, including licensed
88 clinical social workers, licensed marriage and family
89 therapists, licensed mental health counselors, and licensed
90 psychologists.

91 (g) Licensed practical nurses and registered nurses.

92
93 Primary care medical specialties for physicians include
94 obstetrics, gynecology, general and family practice, geriatrics,
95 internal medicine, pediatrics, psychiatry, and other specialties
96 which may be identified by the Department of Health.

97 (3) From the funds available, the Department of Health



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98 shall make payments as follows:

99 (a)1. For a 4-year period of continued proof of practice in
100 an area specified in paragraph (b), up to \$150,000 for
101 physicians, up to \$90,000 for advanced practice registered
102 nurses registered to engage in autonomous practice under s.
103 464.0123 and practicing autonomously, up to \$75,000 for advanced
104 practice registered nurses and physician assistants, up to
105 \$75,000 for mental health professionals, and up to \$45,000
106 ~~\$4,000 per year~~ for licensed practical nurses and registered
107 nurses. Each practitioner is eligible to receive an award for
108 only one 4-year period of continued proof of practice; however,
109 the 4 years of practice are not required to be consecutive. At
110 the end of each year that a practitioner participates in the
111 program, the department shall award 25 percent of a
112 practitioner's principal loan amount at the time he or she
113 applied for the program, ~~up to \$10,000 per year for advanced~~
114 ~~practice registered nurses and physician assistants, and up to~~
115 ~~\$20,000 per year for physicians.~~ Penalties for noncompliance are
116 ~~shall be~~ the same as those in the National Health Services Corps
117 Loan Repayment Program. Educational expenses include costs for
118 tuition, matriculation, registration, books, laboratory and
119 other fees, other educational costs, and reasonable living
120 expenses as determined by the Department of Health.

121 (b)2. All payments are contingent on continued proof of:
122 1.a. Primary care practice in a rural hospital as ~~an area~~
123 defined in s. 395.602(2)(b)7, or an underserved area designated
124 by the Department of Health, provided the practitioner accepts
125 Medicaid reimbursement if eligible for such reimbursement; or
126 b. For practitioners other than physicians, practice in



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127 other settings, including, but not limited to, a nursing home
128 facility as defined in s. 400.021, a home health agency as
129 defined in s. 400.462, or an intermediate care facility for the
130 developmentally disabled as defined in s. 400.960. Any such
131 setting must be located in, or serve residents or patients in,
132 an underserved area designated by the Department of Health and
133 must provide services to Medicaid patients.

134 2. Providing 25 hours annually of volunteer primary care
135 services in a free clinic as specified in s. 766.1115(3)(d)14.
136 or through another volunteer program operated by the state
137 pursuant to part IV of chapter 110. In order to meet the
138 requirements of this subparagraph, the volunteer hours must be
139 verifiable in a manner determined by the department.

140 (c) Correctional facilities, state hospitals, and other
141 state institutions that employ medical personnel ~~must~~ shall be
142 designated by the Department of Health as underserved locations.
143 Locations with high incidences of infant mortality, high
144 morbidity, or low Medicaid participation by health care
145 professionals may be designated as underserved.

146 ~~(b) Advanced practice registered nurses registered to~~
147 ~~engage in autonomous practice under s. 464.0123 and practicing~~
148 ~~in the primary care specialties of family medicine, general~~
149 ~~pediatrics, general internal medicine, or midwifery. From the~~
150 ~~funds available, the Department of Health shall make payments of~~
151 ~~up to \$15,000 per year to advanced practice registered nurses~~
152 ~~registered under s. 464.0123 who demonstrate, as required by~~
153 ~~department rule, active employment providing primary care~~
154 ~~services in a public health program, an independent practice, or~~
155 ~~a group practice that serves Medicaid recipients and other low-~~



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156 ~~income patients and that is located in a primary care health~~
157 ~~professional shortage area. Only loans to pay the costs of~~
158 ~~tuition, books, medical equipment and supplies, uniforms, and~~
159 ~~living expenses may be covered. For the purposes of this~~
160 ~~paragraph:~~

161 ~~1. "Primary care health professional shortage area" means a~~
162 ~~geographic area, an area having a special population, or a~~
163 ~~facility with a score of at least 18, as designated and~~
164 ~~calculated by the Federal Health Resources and Services~~
165 ~~Administration or a rural area as defined by the Federal Office~~
166 ~~of Rural Health Policy.~~

167 ~~2. "Public health program" means a county health~~
168 ~~department, the Children's Medical Services program, a federally~~
169 ~~funded community health center, a federally funded migrant~~
170 ~~health center, or any other publicly funded or nonprofit health~~
171 ~~care program designated by the department.~~

172 ~~(4)(2) The Department of Health may use funds appropriated~~
173 ~~for the Medical Education Reimbursement and Loan Repayment~~
174 ~~program as matching funds for federal loan repayment programs~~
175 ~~such as the National Health Service Corps State Loan Repayment~~
176 ~~Program.~~

177 ~~(5) A health care practitioner who receives payment under~~
178 ~~the program shall furnish information requested by the~~
179 ~~department for the purpose of the department's duties under s.~~
180 ~~381.4021.~~

181 ~~(6)(3) The Department of Health may adopt any rules~~
182 ~~necessary for the administration of the Medical Education~~
183 ~~Reimbursement and Loan Repayment program. The department may~~
184 ~~also solicit technical advice regarding conduct of the program~~



185 from the Department of Education and Florida universities and
186 Florida College System institutions. The Department of Health
187 shall submit a budget request for an amount sufficient to fund
188 medical education reimbursement, loan repayments, and program
189 administration.

190 (7) The Agency for Health Care Administration shall seek
191 federal authority to use Title XIX matching funds for this
192 program.

193 (8) This section is repealed on July 1, 2034.

194 Section 3. Section 381.4021, Florida Statutes, is created
195 to read:

196 381.4021 Student loan repayment programs reporting.-

197 (1) For the student loan repayment programs established in
198 ss. 381.4019 and 381.402, the department shall annually provide
199 a report, beginning July 1, 2024, to the Governor, the President
200 of the Senate, and the Speaker of the House of Representatives
201 which, at a minimum, details all of the following:

202 (a) The number of applicants for loan repayment.

203 (b) The number of loan payments made under each program.

204 (c) The amounts for each loan payment made.

205 (d) The type of practitioner to whom each loan payment was
206 made.

207 (e) The number of loan payments each practitioner has
208 received under either program.

209 (f) The practice setting in which each practitioner who
210 received a loan payment practices.

211 (2) (a) The department shall contract with an independent
212 third party to develop and conduct a design study to evaluate
213 the impact of the student loan repayment programs established in



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214 ss. 381.4019 and 381.402, including, but not limited to, the
215 effectiveness of the programs in recruiting and retaining health
216 care professionals in geographic and practice areas experiencing
217 shortages. The department shall begin collecting data for the
218 study by January 1, 2025, and shall submit the results of the
219 study to the Governor, the President of the Senate, and the
220 Speaker of the House of Representatives by January 1, 2030.

221 (b) The department shall participate in a provider
222 retention and information system management multistate
223 collaborative that collects data to measure outcomes of
224 education debt support-for-service programs.

225 (3) This section is repealed on July 1, 2034.

226 Section 4. Section 381.9855, Florida Statutes, is created
227 to read:

228 381.9855 Health Care Screening and Services Grant Program;
229 portal.—

230 (1) (a) The Department of Health shall implement a Health
231 Care Screening and Services Grant Program. The purpose of the
232 program is to expand access to no-cost health care screenings or
233 services for the general public facilitated by nonprofit
234 entities. The department shall do all of the following:

235 1. Publicize the availability of funds and enlist the aid
236 of county health departments for outreach to potential
237 applicants at the local level.

238 2. Establish an application process for submitting a grant
239 proposal and criteria an applicant must meet to be eligible.

240 3. Develop guidelines a grant recipient must follow for the
241 expenditure of grant funds and uniform data reporting
242 requirements for the purpose of evaluating the performance of



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243 grant recipients.

244 (b) A nonprofit entity may apply for grant funds in order
245 to implement new health care screening or services programs that
246 the entity has not previously implemented.

247 (c) A nonprofit entity that has previously implemented a
248 specific health care screening or services program at one or
249 more specific locations may apply for grant funds in order to
250 provide the same or similar screenings or services at new
251 locations or through a mobile health clinic or mobile unit in
252 order to expand the program's delivery capabilities.

253 (d) An entity that receives a grant under this section
254 must:

255 1. Follow Department of Health guidelines for reporting on
256 expenditure of grant funds and measures to evaluate the
257 effectiveness of the entity's health care screening or services
258 program.

259 2. Publicize to the general public and encourage the use of
260 the health care screening portal created under subsection (2).

261 (e) The Department of Health may adopt rules for the
262 implementation of this subsection.

263 (2) (a) The Department of Health shall create and maintain
264 an Internet-based portal to direct the general public to events,
265 organizations, and venues in this state from which health
266 screenings or services may be obtained at no cost or at a
267 reduced cost and for the purpose of directing licensed health
268 care practitioners to opportunities for volunteering their
269 services to conduct, administer, or facilitate such health
270 screenings or services. The department may contract for the
271 creation or maintenance of the portal with a third-party vendor.



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272 (b) The portal must be easily accessible by the public, not
273 require a sign-up or login, and include the ability for a member
274 of the public to enter his or her address and obtain localized
275 and current data on opportunities for screenings and services
276 and volunteer opportunities for health care practitioners. The
277 portal must include, but need not be limited to, all statutorily
278 created screening programs, other than newborn screenings
279 established under chapter 383, which are funded and operational
280 under the department's authority. The department shall
281 coordinate with county health departments so that the portal
282 includes information on such health screenings and services
283 provided by county health departments or by nonprofit entities
284 in partnership with county health departments.

285 (c) The department shall include a clear and conspicuous
286 link to the portal on the homepage of its website. The
287 department shall publicize the portal to, and encourage the use
288 of the portal by, the general public and shall enlist the aid of
289 county health departments for such outreach.

290 Section 5. Section 383.2163, Florida Statutes, is amended
291 to read:

292 383.2163 Telehealth minority maternity care program ~~program~~
293 ~~programs.~~ ~~By July 1, 2022,~~ The department shall establish a
294 statewide telehealth minority maternity care ~~program~~ that
295 ~~in Duval County and Orange County which~~ uses telehealth to
296 expand the capacity for positive maternal health outcomes in
297 racial and ethnic minority populations. The department may
298 enlist ~~shall direct and assist the~~ county health departments ~~in~~
299 ~~Duval County and Orange County to~~ assist with program
300 implementation ~~implement the programs.~~



301 (1) DEFINITIONS.—As used in this section, the term:
302 (a) “Department” means the Department of Health.
303 (b) “Eligible pregnant woman” means a pregnant woman who is
304 receiving, or is eligible to receive, maternal or infant care
305 services from the department under chapter 381 or this chapter.
306 (c) “Health care practitioner” has the same meaning as in
307 s. 456.001.
308 (d) “Health professional shortage area” means a geographic
309 area designated as such by the Health Resources and Services
310 Administration of the United States Department of Health and
311 Human Services.
312 (e) “Indigenous population” means any Indian tribe, band,
313 or nation or other organized group or community of Indians
314 recognized as eligible for services provided to Indians by the
315 United States Secretary of the Interior because of their status
316 as Indians, including any Alaskan native village as defined in
317 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,
318 as that definition existed on the effective date of this act.
319 (f) “Maternal mortality” means a death occurring during
320 pregnancy or the postpartum period which is caused by pregnancy
321 or childbirth complications.
322 (g) “Medically underserved population” means the population
323 of an urban or rural area designated by the United States
324 Secretary of Health and Human Services as an area with a
325 shortage of personal health care services or a population group
326 designated by the United States Secretary of Health and Human
327 Services as having a shortage of such services.
328 (h) “Perinatal professionals” means doulas, personnel from
329 Healthy Start and home visiting programs, childbirth educators,



330 community health workers, peer supporters, certified lactation
331 consultants, nutritionists and dietitians, social workers, and
332 other licensed and nonlicensed professionals who assist women
333 through their prenatal or postpartum periods.

334 (i) "Postpartum" means the 1-year period beginning on the
335 last day of a woman's pregnancy.

336 (j) "Severe maternal morbidity" means an unexpected outcome
337 caused by a woman's labor and delivery which results in
338 significant short-term or long-term consequences to the woman's
339 health.

340 (k) "Technology-enabled collaborative learning and capacity
341 building model" means a distance health care education model
342 that connects health care professionals, particularly
343 specialists, with other health care professionals through
344 simultaneous interactive videoconferencing for the purpose of
345 facilitating case-based learning, disseminating best practices,
346 and evaluating outcomes in the context of maternal health care.

347 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is
348 to:

349 (a) Expand the use of technology-enabled collaborative
350 learning and capacity building models to improve maternal health
351 outcomes for the following populations and demographics:

- 352 1. Ethnic and minority populations.
- 353 2. Health professional shortage areas.
- 354 3. Areas with significant racial and ethnic disparities in
355 maternal health outcomes and high rates of adverse maternal
356 health outcomes, including, but not limited to, maternal
357 mortality and severe maternal morbidity.
- 358 4. Medically underserved populations.



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359 5. Indigenous populations.

360 (b) Provide for the adoption of and use of telehealth
361 services that allow for screening and treatment of common
362 pregnancy-related complications, including, but not limited to,
363 anxiety, depression, substance use disorder, hemorrhage,
364 infection, amniotic fluid embolism, thrombotic pulmonary or
365 other embolism, hypertensive disorders relating to pregnancy,
366 diabetes, cerebrovascular accidents, cardiomyopathy, and other
367 cardiovascular conditions.

368 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~
369 ~~programs~~ shall adopt the use of telehealth or coordinate with
370 prenatal home visiting programs, or both, to provide all of the
371 following services and education to eligible pregnant women up
372 to the last day of their postpartum periods, as applicable:

373 (a) Referrals to Healthy Start's coordinated intake and
374 referral program to offer families prenatal home visiting
375 services. The program may also accept referrals from the Healthy
376 Start program of eligible pregnant women seeking services
377 offered under the program.

378
379 ===== T I T L E A M E N D M E N T =====

380 And the title is amended as follows:

381 Delete lines 8 - 71

382 and insert:

383 dental hygienists under the program; revising
384 requirements for the distribution of awards under the
385 program; deleting the maximum number of new
386 practitioners who may participate in the program each
387 fiscal year; specifying that dentists and dental



388 hygienists are not eligible to receive funds under the
389 program unless they provide specified documentation;
390 requiring practitioners who receive payments under the
391 program to furnish certain information requested by
392 the department of Health; requiring the Agency for
393 Health Care Administration to seek federal authority
394 to use specified matching funds for the program;
395 providing for future repeal of the program;
396 transferring, renumbering, and amending s. 1009.65,
397 F.S.; renaming the Medical Education Reimbursement and
398 Loan Repayment Program as the Florida Reimbursement
399 Assistance for Medical Education Program; revising the
400 types of providers who are eligible to participate in
401 the program; revising requirements for the
402 distribution of funds under the program; making
403 conforming and technical changes; requiring
404 practitioners who receive payments under the program
405 to furnish certain information requested by the
406 department; requiring the agency to seek federal
407 authority to use specified matching funds for the
408 program; providing for future repeal of the program;
409 creating s. 381.4021, F.S.; requiring the department
410 to provide annual reports to the Governor and the
411 Legislature on specified student loan repayment
412 programs; providing requirements for the report;
413 requiring the department to contract with an
414 independent third party to develop and conduct a
415 design study for evaluating the effectiveness of
416 specified student loan repayment programs; specifying



417 requirements for the design study; requiring the
418 department to begin collecting data for the study and
419 submit the study results to the Governor and the
420 Legislature by specified dates; requiring the
421 department to participate in a certain multistate
422 collaborative for a specified purpose; providing for
423 future repeal of the requirement; creating s.
424 381.9855, F.S.; requiring the department to implement
425 a Health Care Screening and Services Grant Program for
426 a specified purpose; specifying duties of the
427 department; authorizing nonprofit entities to apply
428 for grant funds to implement new health care screening
429 or services programs or mobile clinics or units to
430 expand the program's delivery capabilities; specifying
431 requirements for grant recipients; authorizing the
432 department to adopt rules; requiring the department to
433 create and maintain an Internet-based portal to
434 provide specified information relating to available
435 health care screenings and services and volunteer
436 opportunities; authorizing the department to contract
437 with a third-party vendor to create and maintain the
438 portal; specifying requirements for the portal;
439 requiring the department to coordinate with county
440 health departments for a specified purpose; requiring
441 the department to include a clear and conspicuous link
442 to the portal on the homepage of its website;
443 requiring the department to publicize and encourage
444 the use of the portal and enlist the aid of county
445 health departments for such outreach; amending s.



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446 383.2163, F.S.; expanding the telehealth minority
447 maternity care program from a pilot program to a
448 statewide program; authorizing the department to
449 enlist, rather than requiring the department to
450 direct, county health departments to assist in program
451 implementation; authorizing the department to receive
452 certain referrals from the Healthy Start program;
453 requiring the department to submit