

1 A bill to be entitled
2 An act relating to health care; repealing s. 381.4015,
3 F.S., relating to Florida health care innovation;
4 amending s. 381.915, F.S.; requiring the Cancer
5 Connect Collaborative to annually develop, solicit
6 input from specialty hospitals for children for, and
7 submit to the Governor and the Legislature a specified
8 plan for the Casey DeSantis Cancer Research Program;
9 requiring the plan to include expansion of grant fund
10 opportunities for specialty hospitals for children;
11 requiring a specified report to include specified
12 analyses of certain cancer mortality rates relating to
13 pediatric cancer; amending s. 409.909, F.S.; removing
14 provisions relating to the allocation of specified
15 funds for certain hospitals and qualifying
16 institutions, specified reporting requirements for
17 such hospitals and qualifying institutions, and the
18 Graduate Medical Education Committee; amending s.
19 409.967, F.S.; removing a provision providing that the
20 results of specified audit reports are dispositive;
21 prohibiting administrative costs for a hospital
22 directed payment program from being included in
23 allowable expenses for a managed care plan; providing
24 an effective date.
25

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

Section 1. Section 381.4015, Florida Statutes, is repealed.

Section 2. Paragraph (h) of subsection (8) and paragraph (a) of subsection (10) of section 381.915, Florida Statutes, are amended to read:

381.915 Casey DeSantis Cancer Research Program.—

(8) The Cancer Connect Collaborative, a council as defined in s. 20.03, is created within the department to advise the department and the Legislature on developing a holistic approach to the state's efforts to fund cancer research, cancer facilities, and treatments for cancer patients. The collaborative may make recommendations on proposed legislation, proposed rules, best practices, data collection and reporting, issuance of grant funds, and other proposals for state policy relating to cancer research or treatment.

(h) The collaborative shall annually develop a long-range comprehensive plan for the Casey DeSantis Cancer Research Program. In the development of the plan, the collaborative must solicit input from cancer centers, research institutions, biomedical education institutions, hospitals, specialty hospitals for children, and medical providers. The collaborative shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later

51 than December 1 of each year, ~~2024~~. The plan must include, but
52 need not be limited to, all of the following components:

53 1. Expansion of grant fund opportunities to include a
54 broader pool of Florida-based cancer centers, research
55 institutions, biomedical education institutions, hospitals,
56 specialty hospitals for children, and medical providers to
57 receive funding through the Cancer Innovation Fund.

58 2. An evaluation to determine metrics that focus on
59 patient outcomes, quality of care, and efficacy of treatment.

60 3. A compilation of best practices relating to cancer
61 research or treatment.

62 (10) Beginning July 1, 2025, and each year thereafter, the
63 department, in conjunction with participating cancer centers,
64 shall submit a report to the Cancer Control and Research
65 Advisory Council and the collaborative on specific metrics
66 relating to cancer mortality and external funding for cancer-
67 related research in this state. If a cancer center does not
68 endorse this report or produce an equivalent independent report,
69 the cancer center is ineligible to receive program funding for 1
70 year. The department must submit this annual report, and any
71 equivalent independent reports, to the Governor, the President
72 of the Senate, and the Speaker of the House of Representatives
73 no later than September 15 of each year the report or reports
74 are submitted by the department. The report must include:

75 (a) An analysis of trending age-adjusted cancer mortality

76 rates in the state, which must include, at a minimum, overall
77 age-adjusted mortality rates for cancer statewide and age-
78 adjusted mortality rates by age group, geographic region, and
79 type of cancer, which must include, at a minimum:

- 80 1. Lung cancer.
- 81 2. Pancreatic cancer.
- 82 3. Sarcoma.
- 83 4. Melanoma.
- 84 5. Leukemia and myelodysplastic syndromes.
- 85 6. Brain cancer.
- 86 7. Breast cancer.
- 87 8. Pediatric cancer.

88 **Section 3. Subsection (10) of section 409.909, Florida**
89 **Statutes, is renumbered as subsection (8), and paragraph (a) of**
90 **subsection (6) and subsections (8) and (9) of that section are**
91 **amended, to read:**

92 409.909 Statewide Medicaid Residency Program.—

93 (6) The Slots for Doctors Program is established to
94 address the physician workforce shortage by increasing the
95 supply of highly trained physicians through the creation of new
96 resident positions, which will increase access to care and
97 improve health outcomes for Medicaid recipients.

98 (a)~~1.~~ Notwithstanding subsection (4), the agency shall
99 annually allocate \$100,000 to hospitals and qualifying
100 institutions for each newly created resident position that is

101 first filled on or after June 1, 2023, and filled thereafter,
102 and that is accredited by the Accreditation Council for Graduate
103 Medical Education or the Osteopathic Postdoctoral Training
104 Institution in an initial or established accredited training
105 program which is in a physician specialty or subspecialty in a
106 statewide supply-and-demand deficit.

107 ~~2. Notwithstanding the requirement that a new resident~~
108 ~~position be created to receive funding under this subsection,~~
109 ~~the agency may allocate \$100,000 to hospitals and qualifying~~
110 ~~institutions, pursuant to subparagraph 1., for up to 200~~
111 ~~resident positions that existed before July 1, 2023, if such~~
112 ~~resident position:~~

113 ~~a. Is in a physician specialty or subspecialty~~
114 ~~experiencing a statewide supply-and-demand deficit;~~

115 ~~b. Has been unfilled for a period of 3 or more years;~~

116 ~~c. Is subsequently filled on or after June 1, 2024, and~~
117 ~~remains filled thereafter; and~~

118 ~~d. Is accredited by the Accreditation Council for Graduate~~
119 ~~Medical Education or the Osteopathic Postdoctoral Training~~
120 ~~Institution in an initial or established accredited training~~
121 ~~program.~~

122 ~~3. If applications for resident positions under this~~
123 ~~paragraph exceed the number of authorized resident positions or~~
124 ~~the available funding allocated, the agency shall prioritize~~
125 ~~applications for resident positions that are in a primary care~~

126 ~~specialty as specified in paragraph (2) (a).~~

127 ~~(8) If a hospital or qualifying institution receives state~~
128 ~~funds, including, but not limited to, intergovernmental~~
129 ~~transfers, under any of the programs established under this~~
130 ~~chapter, that hospital or qualifying institution must annually~~
131 ~~report to the agency data on each resident position funded.~~

132 ~~(a) Specific to funds allocated under this section, other~~
133 ~~than funds allocated pursuant to subsection (5), the data~~
134 ~~required to be reported under this subsection must include, but~~
135 ~~is not limited to, all of the following:~~

136 ~~1. The sponsoring institution for the resident position.~~
137 ~~As used in this section, the term "sponsoring institution" means~~
138 ~~an organization that oversees, supports, and administers one or~~
139 ~~more resident positions.~~

140 ~~2. The year the position was created and the current~~
141 ~~program year of the resident who is filling the position.~~

142 ~~3. Whether the position is currently filled and whether~~
143 ~~there has been any period of time when it was not filled.~~

144 ~~4. The specialty or subspecialty for which the position is~~
145 ~~accredited and whether the position is a fellowship position.~~

146 ~~5. Each state funding source that was used to create the~~
147 ~~position or is being used to maintain the position, and the~~
148 ~~general purpose for which the funds were used.~~

149 ~~(b) Specific to funds allocated pursuant to subsection (5)~~
150 ~~on or after July 1, 2021, the data must include, but is not~~

151 ~~limited to, all of the following:~~

152 ~~1. The date on which the hospital or qualifying~~
153 ~~institution applied for funds under the program.~~

154 ~~2. The date on which the position funded by the program~~
155 ~~became accredited.~~

156 ~~3. The date on which the position was first filled and~~
157 ~~whether it has remained filled.~~

158 ~~4. The specialty of the position created.~~

159 ~~(c) Beginning on July 1, 2025, each hospital or qualifying~~
160 ~~institution shall annually produce detailed financial records no~~
161 ~~later than 30 days after the end of its fiscal year, detailing~~
162 ~~the manner in which state funds allocated under this section~~
163 ~~were expended. This requirement does not apply to funds~~
164 ~~allocated before July 1, 2025. The agency may also require that~~
165 ~~any hospital or qualifying institution submit to an audit of its~~
166 ~~financial records related to funds allocated under this section~~
167 ~~after July 1, 2025.~~

168 ~~(d) If a hospital or qualifying institution fails to~~
169 ~~produce records as required by this section, such hospital or~~
170 ~~qualifying institution is no longer eligible to participate in~~
171 ~~any program established under this section until the hospital or~~
172 ~~qualifying institution has met the agency's requirements for~~
173 ~~producing the required records.~~

174 ~~(e) Upon completion of a residency, each hospital or~~
175 ~~qualifying institution must request that the resident fill out~~

176 ~~an exit survey on a form developed by the agency. The completed~~
177 ~~exit surveys must be provided to the agency annually. The exit~~
178 ~~survey must include, but need not be limited to, questions on~~
179 ~~all of the following:~~

180 ~~1. Whether the exiting resident has procured employment.~~

181 ~~2. Whether the exiting resident plans to leave the state~~
182 ~~and, if so, for which reasons.~~

183 ~~3. Where and in which specialty the exiting resident~~
184 ~~intends to practice.~~

185 ~~4. Whether the exiting resident envisions himself or~~
186 ~~herself working in the medical field as a long-term career.~~

187 ~~(9) The Graduate Medical Education Committee is created~~
188 ~~within the agency.~~

189 ~~(a) The committee shall be composed of the following~~
190 ~~members:~~

191 ~~1. Three deans, or their designees, from medical schools~~
192 ~~in this state, appointed by the chair of the Council of Florida~~
193 ~~Medical School Deans.~~

194 ~~2. Four members appointed by the Governor, one of whom is~~
195 ~~a representative of the Florida Medical Association or the~~
196 ~~Florida Osteopathic Medical Association who has supervised or is~~
197 ~~currently supervising residents, one of whom is a member of the~~
198 ~~Florida Hospital Association, one of whom is a member of the~~
199 ~~Safety Net Hospital Alliance, and one of whom is a physician~~
200 ~~licensed under chapter 458 or chapter 459 practicing at a~~

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201 ~~qualifying institution.~~

202 ~~3. Two members appointed by the Secretary of Health Care~~
203 ~~Administration, one of whom represents a statutory teaching~~
204 ~~hospital as defined in s. 408.07(46) and one of whom is a~~
205 ~~physician who has supervised or is currently supervising~~
206 ~~residents.~~

207 ~~4. Two members appointed by the State Surgeon General, one~~
208 ~~of whom must represent a teaching hospital as defined in s.~~
209 ~~408.07 and one of whom is a physician who has supervised or is~~
210 ~~currently supervising residents or interns.~~

211 ~~5. Two members, one appointed by the President of the~~
212 ~~Senate and one appointed by the Speaker of the House of~~
213 ~~Representatives.~~

214 ~~(b)1. The members of the committee appointed under~~
215 ~~subparagraph (a)1. shall serve 4-year terms. When such members'~~
216 ~~terms expire, the chair of the Council of Florida Medical School~~
217 ~~Deans shall appoint new members as detailed in subparagraph~~
218 ~~(a)1. from different medical schools on a rotating basis and may~~
219 ~~not reappoint a dean from a medical school that has been~~
220 ~~represented on the committee until all medical schools in the~~
221 ~~state have had an opportunity to be represented on the~~
222 ~~committee.~~

223 ~~2. The members of the committee appointed under~~
224 ~~subparagraphs (a)2.-4. shall serve 4-year terms, with the~~
225 ~~initial term being 3 years for members appointed under~~

~~subparagraph (a) 4. and 2 years for members appointed under
subparagraph (a) 3. The committee shall elect a chair to serve
for a 1-year term.~~

~~(c) Members shall serve without compensation but are
entitled to reimbursement for per diem and travel expenses
pursuant to s. 112.061.~~

~~(d) The committee shall convene its first meeting by July
1, 2024, and shall meet as often as necessary to conduct its
business, but at least twice annually, at the call of the chair.
The committee may conduct its meetings through teleconference or
other electronic means. A majority of the members of the
committee constitutes a quorum, and a meeting may not be held
with less than a quorum present. The affirmative vote of a
majority of the members of the committee present is necessary
for any official action by the committee.~~

~~(e) Beginning on July 1, 2025, the committee shall submit
an annual report to the Governor, the President of the Senate,
and the Speaker of the House of Representatives which must, at a
minimum, detail all of the following:~~

~~1. The role of residents and medical faculty in the
provision of health care.~~

~~2. The relationship of graduate medical education to the
state's physician workforce.~~

~~3. The typical workload for residents and the role such
workload plays in retaining physicians in the long term~~

workforce.

~~4. The costs of training medical residents for hospitals and qualifying institutions.~~

~~5. The availability and adequacy of all sources of revenue available to support graduate medical education.~~

~~6. The use of state funds, including, but not limited to, intergovernmental transfers, for graduate medical education for each hospital or qualifying institution receiving such funds.~~

~~(f) The agency shall provide reasonable and necessary support staff and materials to assist the committee in the performance of its duties. The agency shall also provide the information obtained pursuant to subsection (8) to the committee and assist the committee, as requested, in obtaining any other information deemed necessary by the committee to produce its report.~~

Section 4. Paragraphs (e) and (h) of subsection (3) of section 409.967, Florida Statutes, are amended to read:

409.967 Managed care plan accountability.—

(3) ACHIEVED SAVINGS REBATE.—

(e) Once the certified public accountant completes the audit, the certified public accountant shall submit an audit report to the agency attesting to the achieved savings of the plan. ~~The results of the audit report are dispositive.~~

(h) The following may not be included as allowable expenses in calculating income for determining the achieved

savings rebate:

1. Payment of achieved savings rebates.
2. Any financial incentive payments made to the plan outside of the capitation rate.
3. Any financial disincentive payments levied by the state or federal government.
4. Expenses associated with any lobbying or political activities.
5. The cash value or equivalent cash value of bonuses of any type paid or awarded to the plan's executive staff, other than base salary.
6. Reserves and reserve accounts.
7. Administrative costs, including, but not limited to, reinsurance expenses, interest payments, depreciation expenses, bad debt expenses, and outstanding claims expenses in excess of actuarially sound maximum amounts set by the agency.
8. Administrative costs for a hospital directed payment program.

The agency shall consider these and other factors in developing contracts that establish shared savings arrangements.

Section 5. This act shall take effect July 1, 2025.