

Committee Substitute for
Committee Substitute for Senate Bill No. 770

An act relating to the physician workforce; creating s. 381.4018, F.S.; providing legislative intent; requiring that the Department of Health serve as a coordinating and planning body to assess the state's future workforce needs for physicians; requiring the department to develop strategies for addressing the current and projected workforce needs; specifying additional functions of the department; requiring each allopathic and osteopathic physician in the state to complete a survey concerning the physician's practice as a condition of license renewal; specifying the information to be furnished to the department in the physician survey; providing for a nondisciplinary citation to be issued to a physician or osteopathic physician who fails to complete the required survey; requiring the department to provide notice of the applicable penalty; providing rulemaking authority; requiring the department to annually analyze and evaluate the results of the survey; requiring the department to report its findings to the Governor and the Legislature; providing legislative intent concerning resources for implementation of the act; providing an effective date.

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

Section 1. Section 381.4018, Florida Statutes, is created to read:

381.4018 Physician workforce assessment and development.—

(1) LEGISLATIVE INTENT.—The Legislature recognizes that physician workforce planning is an essential component of ensuring that there is an adequate and appropriate supply of well-trained physicians to meet this state's future health care service needs as the general population and elderly population of the state increase. The Legislature finds that items to consider relative to assessing the physician workforce may include physician practice status; specialty mix; geographic distribution; demographic information, including, but not limited to, age, gender, race, and cultural considerations; and needs of current or projected medically underserved areas in the state. Long-term strategic planning is essential as the period from the time a medical student enters medical school to completion of graduate medical education may range from 7 to 10 years or longer. The Legislature recognizes that strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality graduate medical schools in this state, as well as using new or existing state and federal programs providing incentives for physicians to practice in needed specialties and in underserved areas in a manner that addresses projected needs for physician manpower.

(2) PURPOSE.—The Department of Health shall serve as a coordinating and strategic planning body to actively assess the state's current and future physician workforce needs and work with multiple stakeholders to develop

strategies and alternatives to address current and projected physician workforce needs.

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

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

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

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

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

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

physician workforce needs based on an ongoing analysis of physician workforce data.

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

(g) Coordinate and enhance activities relative to physician workforce needs, undergraduate medical education, and graduate medical education provided by the Division of Medical Quality Assurance, the Community Hospital Education Program and the Graduate Medical Education Committee established pursuant to s. 381.0403, area health education center networks established pursuant to s. 381.0402, and other offices and programs within the Department of Health as designated by the secretary.

(h) Work in conjunction with and act as a coordinating body for governmental and nongovernmental stakeholders to address matters relating to the state's physician workforce assessment and development for the purpose of ensuring an adequate supply of well-trained physicians to meet the state's future needs. Such governmental stakeholders shall include, but need not be limited to, the Secretary of Health or his or her designee, the Commissioner of Education or his or her designee, the Secretary of Health Care Administration or his or her designee, and the Chancellor of the State University System or his or her designee from the Board of Governors of the State University System, and, at the discretion of the department, other representatives of state and local agencies that are involved in assessing, educating, or training the state's current or future physicians. Other stakeholders shall include, but need not be limited to, organizations representing the state's public and private allopathic and osteopathic medical schools; organizations representing hospitals and other institutions providing health care, particularly those that have an interest in providing accredited medical education and graduate medical education to medical students and medical residents; organizations representing allopathic and osteopathic practicing physicians; and, at the discretion of the department, representatives of other organizations or entities involved in assessing, educating, or training the state's current or future physicians.

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

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

Section 2. (1) Each person who applies for licensure renewal as a physician under chapter 458 or chapter 459, Florida Statutes, must, in conjunction with the renewal of such license under procedures adopted by the Department of Health and in addition to any other information that may be required from the applicant, furnish the following to the Department of Health in a physician survey:

(a) Licensee information, including, but not limited to:

1. Frequency and geographic location of practice within the state.
2. Practice setting.
3. Percentage of time spent in direct-patient care.
4. Anticipated change to license or practice status.
5. Areas of specialty or certification.

(b) Availability and trends relating to critically needed services, including, but not limited to:

1. Obstetric care and services, including incidents of deliveries.
2. Radiological services, particularly performance of mammograms and breast-imaging services.
3. Physician services for hospital emergency departments and trauma centers, including on-call hours.
4. Other critically-needed specialty areas, as determined by the department.

(2) Such information furnished must include a statement submitted by the physician that the information provided is true and accurate to the best of his or her knowledge and the submission does not contain any knowingly false information.

(3)(a) The Department of Health shall issue a nondisciplinary citation to any physician licensed under chapter 458 or chapter 459, Florida Statutes, who fails to complete the survey within 90 days after the renewal of his or her license to practice as a physician.

(b) The citation must notify a physician who fails to complete the survey required by this section that his or her license will not be renewed for any subsequent license renewal unless the physician completes the survey.

(c) In conjunction with issuing the license-renewal notice required by s. 456.038, Florida Statutes, the Department of Health shall notify each physician licensed under 458 or chapter 459, Florida Statutes, who has failed to complete the survey at the licensee's last known address of record with the Department of Health of the requirement that the physician survey be completed prior to the subsequent license renewal. At any subsequent license renewal, the Department of Health may not renew the license of any

physician licensed under chapter 458 or chapter 459, Florida Statutes, until the survey required under this section is completed by the licensee.

(4) The Department of Health shall adopt rules pursuant to ss. 120.536(1) and 120.54, Florida Statutes, necessary to implement this section.

Section 3. (1) Each year, the Department of Health shall analyze the results of the physician survey required by section 2 of this act and determine by geographic area and specialty the number of physicians who:

(a) Perform deliveries of children in Florida.

(b) Read mammograms and perform breast-imaging-guided procedures in Florida.

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

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

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

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

Section 4. It is the intent of the Legislature that the Department of Health implement the provisions of this act within existing resources.

Section 5. This act shall take effect upon becoming a law.

Approved by the Governor June 19, 2007.

Filed in Office Secretary of State June 19, 2007.