CHAPTER 2000-303

House Bill No. 1121

An act relating to the Florida State University College of Medicine: establishing a 4-year allopathic medical school within the Florida State University; providing legislative intent; providing purpose; providing for transition, organizational structure, and admissions process: providing for partner organizations for clinical instruction in a community-based medical education program; specifying targeted communities and hospitals; providing for development of a plan for graduate medical education in the state; providing for accreditation; providing curricula; providing for clinical rotation sites in local communities; providing for training to meet the medical needs of the elderly; providing for training to address the medical needs of the state's rural and underserved populations; providing for increased participation of underrepresented groups and socially and economically disadvantaged youth; providing for technology-rich learning environments; providing for administration and faculty; providing for collaboration with other professionals for integration of modern health care delivery concepts; authorizing the Florida State University to negotiate and purchase certain liability insurance; specifying that the act be implemented as funded; providing an effective date.

WHEREAS, the United States Department of Health and Human Services has identified 67 regions in Florida, including 13 entire counties, most of them in rural North Florida, as Health Professional Shortage Areas; and 40 percent of the state's 67 counties have fewer than 100 doctors per 100,000 population, compared to the national average of 221 doctors per 100,000 population, and

WHEREAS, in Florida, more than 3.2 million residents are over the age of 60, more than 80 percent of patients who visit a primary care physician are elder persons, and between 60 percent and 70 percent of persons seeking medical care are age 60 and over; and Florida's continuing population growth, especially among its older residents, is contributing to an increasing shortage of physicians in the state, and

WHEREAS, Florida has large areas of medically underserved minority populations, and

WHEREAS, there are hundreds of highly qualified university students in Florida who seek, but cannot gain, admission to medical school, and

WHEREAS, Florida currently imports a substantial number of its doctors from other states or countries, and ranks third highest, nationally, in the percentage of its total allopathic physician workforce who are international medical graduates, and

WHEREAS, Florida's existing medical education system has an extremely limited capacity to serve the state's rapidly growing population, which leaves the state vulnerable to physician shortages at the national level,

while at the same time limiting opportunities for Florida's best students to enter the medical field and serve their communities, and

WHEREAS, a medical school is not required to have its own teaching hospital in order to have a high-quality, accredited medical education program, and

WHEREAS, community-based medical education programs are significantly less expensive than teaching-hospital-based medical education programs, do not involve the financial risks associated with the operation of a hospital, and enable the state to work with local hospitals, and

WHEREAS, a community-based medical education program relies on clinical resources available in each community and requires support by hospitals, private and public health clinics, and other health care organizations willing to enter into affiliation agreements to provide clinical education as part of a medical education program, and

WHEREAS, a number of hospitals, private and public health clinics, and other health care organizations in the state have expressed an interest in affiliating with a Florida State University community-based medical education program, and

WHEREAS, the Florida State University's Tallahassee location is near the center of the region of the state with the greatest current shortage of physicians, and

WHEREAS, the Florida State University has, since 1971, successfully operated a first-year medical school program in concert with the University of Florida College of Medicine and is noted for its success in attracting students who eventually become primary care physicians, and

WHEREAS, the Florida State University has strong research programs in the applied biomedical and behavioral sciences, autism, cancer, chronic diseases, and geriatrics, and

WHEREAS, there has been no new medical school established in the United States in two decades despite the large growth in the nation's population, particularly the elderly population, and

WHEREAS, there is now an unusual opportunity to design and operate an innovative medical education program in our state, which takes advantage of the advances in medical and communication technology, NOW, THERE-FORE,

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

Section 1. Florida State University College of Medicine.—

(1) CREATION.—There is hereby established a 4-year allopathic medical school within the Florida State University, to be known as the Florida State University College of Medicine, with a principal focus on recruiting and training medical professionals to meet the primary health care needs

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of the state, especially the needs of the state's elderly, rural, minority, and other underserved citizens.

(2)LEGISLATIVE INTENT.—It is the intent of the Legislature that the Florida State University College of Medicine represent a new model for the training of allopathic physician healers for the citizens of the state. In accordance with this intent, the governing philosophy of the College of Medicine should include the training of students, in a humane environment, in the scientific, clinical, and behavioral practices required to deliver patientcentered health care in the 21st century. Key components of the College of Medicine, which would build on the foundation of the 30-year-old Florida State University Program in Medical Sciences (PIMS), would include: admission of diverse types of students who possess good communication skills and are compassionate individuals, representative of the population of the state; basic and behavioral sciences training utilizing medical problembased teaching; and clinical training at several dispersed sites throughout the state in existing community hospitals, clinics, and doctors' offices. The Legislature further intends that study of the aging human be a continuing focus throughout the 4-year curriculum and that use of information technology be a key component of all parts of the educational program.

(3) PURPOSE.—The College of Medicine shall be dedicated to: preparing physicians to practice primary care, geriatric, and rural medicine, to make appropriate use of emerging technologies, and to function successfully in a rapidly changing health care environment; advancing knowledge in the applied biomedical and behavioral sciences, geriatric research, autism, cancer, and chronic diseases; training future scientists to assume leadership in health care delivery and academic medicine; and providing access to medical education for groups which are underrepresented in the medical profession.

TRANSITION; ORGANIZATIONAL STRUCTURE; ADMISSIONS (4) PROCESS.—The General Appropriations Act for fiscal year 1999-2000 included initial funding for facilities and operations to provide a transition from the Program in Medical Sciences (PIMS) to a College of Medicine at the Florida State University. For transitional purposes, the Program in Medical Sciences (PIMS) in the College of Arts and Sciences at the Florida State University shall be reorganized and restructured, as soon as practicable, as the Institute of Human Medical Sciences. At such time as the 4-year educational program development is underway and a sufficient number of basic and behavioral sciences and clinical faculty are recruited, the Institute of Human Medical Sciences shall evolve into the Florida State University College of Medicine, with appropriate departments. The current admissions procedure utilized by the Program in Medical Sciences (PIMS) shall provide the basis for the design of an admissions process for the College of Medicine, with selection criteria that focus on identifying future primary care physicians who have demonstrated interest in serving underserved areas. Enrollment levels at the College of Medicine are planned to not exceed 120 students per class, and shall be phased in from 30 students in the Program in Medical Sciences (PIMS), to 40 students admitted to the College of Medicine as the charter class in Fall 2001, and 20 additional students admitted to the College of Medicine in each class thereafter until the maximum class size is reached.

(5) PARTNER ORGANIZATIONS FOR CLINICAL INSTRUCTION; GRADUATE PROGRAMS.—To provide broad-based clinical instruction in both rural and urban settings for students in the community-based medical education program, the College of Medicine, through creation of nonprofit corporations, shall seek affiliation agreements with health care systems and organizations, local hospitals, medical schools, and military health care facilities in the following targeted communities: Pensacola, Tallahassee, Orlando, Sarasota, Jacksonville, and the rural areas of the state. Selected hospitals in the target communities include, but are not limited to, the following:

- (a) Baptist Health Care in Pensacola.
- (b) Sacred Heart Health System in Pensacola.
- (c) West Florida Regional Medical Center in Pensacola.
- (d) Tallahassee Memorial Healthcare in Tallahassee.
- (e) Florida Hospital Health System in Orlando.
- (f) Sarasota Memorial Health Care System in Sarasota.
- (g) Mayo Clinic in Jacksonville.
- (h) Lee Memorial Health System, Inc. in Fort Myers.
- (i) Rural hospitals in the state.

The College of Medicine shall also explore all alternatives for cooperation with established graduate medical education programs in the state to develop a plan to retain its graduates in residency programs in Florida. To this end, the Florida State University is directed to submit to the Legislature, no later than November 30, 2001, a plan to increase opportunities for Florida medical school graduates to enter graduate medical education programs, including residencies, in the state.

(6) ACCREDITATION.—The College of Medicine shall develop a program which conforms to the accreditation standards of the Liaison Committee on Medical Education (LCME).

(7) CURRICULA; CLINICAL ROTATION TRAINING SITES.—

(a) The pre-clinical curriculum shall draw on the Florida State University's Program in Medical Sciences (PIMS) experience and national trends in basic and behavioral sciences instruction, including use of technology for distributed and distance learning. First-year instruction shall include a lecture mode and problem-based learning. In the second year, a small-group, problem-based learning approach shall provide more advanced treatment of each academic subject in a patient-centered context. Various short-term clinical exposures shall be programmed throughout the pre-clinical years, including rural, geriatric, and minority health, and contemporary practice patterns in these areas.

(b) During the third and fourth years, the curriculum shall follow a distributed, community-based model with a special focus on rural health. Subgroups of students shall be assigned to clinical rotation training sites in local communities in roughly equal numbers, as follows:

1. Group 1 - Tallahassee.

2. Group 2 - Pensacola.

3. Group 3 - Orlando.

4. Group 4 - Sarasota.

5. Group 5 - Jacksonville.

<u>6. Group 6 - To be determined prior to 2005, based on emerging state</u> <u>needs.</u>

7. Group 7 - Rural Physician Associate Program (RPAP).

(8) MEDICAL NEEDS OF THE ELDERLY.—The College of Medicine shall develop a comprehensive program to ensure training in the medical needs of the elderly and incorporate principles embodied in the curriculum guidelines of the American Geriatric Society. The College of Medicine shall have as one of its primary missions the improvement of medical education for physicians who will treat elder citizens. To accomplish this mission, the College of Medicine shall establish an academic leadership position in geriatrics, create an external elder care advisory committee, and implement an extensive faculty development plan. For student recruitment purposes, the current Program in Medical Sciences (PIMS) selection criteria shall be expanded to include consideration of students who have expressed an interest in elder care and who have demonstrated, through life choices, a commitment to serve older persons.

(9) MEDICAL NEEDS OF UNDERSERVED AREAS.—To address the medical needs of the state's rural and underserved populations, the College of Medicine shall develop a Department of Family Medicine with a significant rural training track that provides students with early and frequent clinical experiences in community-based settings to train and produce highly skilled primary care physicians. The College of Medicine shall consider developing new, rural-based family practice clinical training programs and shall establish a partnership with the West Florida Area Health Education Center to assist in developing partnerships and programs to provide incentives and support for physicians to practice in primary care, geriatric, and rural medicine in underserved areas of the state.

(10) INCREASING PARTICIPATION OF UNDERREPRESENTED GROUPS.—To increase the participation of underrepresented groups and socially and economically disadvantaged youth in science and medical programs, the College of Medicine shall continue the outreach efforts of the Program in Medical Sciences (PIMS) to middle and high school minority students, including the Science Students Together Reaching Instructional Diversity and Excellence (SSTRIDE), and shall build an endowment income

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to support recruitment programs and scholarship and financial aid packages for these students. To develop a base of qualified potential medical school candidates from underrepresented groups, the College of Medicine shall coordinate with the undergraduate premedical and science programs currently offered at the Florida State University, develop relationships with potential feeder institutions, including 4-year institutions and community colleges, and pursue grant funds to support programs, as well as support scholarship and financial aid packages. The College of Medicine shall develop plans for a postbaccalaureate, 1-year academic program that provides a second chance to a limited number of students per year who have been declined medical school admission, who are state residents, and who meet established criteria as socially and economically disadvantaged. The College of Medicine shall make every effort, through recruitment and retention, to employ a faculty and support staff that reflect the heterogeneous nature of the state's general population.

(11) TECHNOLOGY.—To create technology-rich learning environments, the College of Medicine shall build on the considerable infrastructure that already supports the many technology resources of the Florida State University and shall expand the infrastructure to conduct an effective medical education program, including connectivity between the main campus, community-based training locations, and rural clinic locations. Additional technology programs shall include extensive professional development opportunities for faculty, an on-line library of academic and medical resources for students, faculty, and community preceptors, and technology-sharing agreements with other medical schools to allow for the exchange of technology applications among medical school faculty for the purpose of enhancing medical education. The College of Medicine shall explore the opportunities afforded by Mayo Clinic in Jacksonville through clerkships, visiting professors or lectures through the existing telecommunications systems, and collaboration in research activities at the Mayo Clinic's Jacksonville campus.

(12) ADMINISTRATION; FACULTY.—Each of the major communitybased clinical rotation training sites described in subsection (7) shall have a community dean and a student affairs/administrative officer. Teaching faculty for the community-based clinical training component shall be community physicians serving part-time appointments. Sixty faculty members shall be recruited to serve in the basic and behavioral sciences department. The College of Medicine shall have a small core staff of on-campus, full-time faculty and administrators at the Florida State University, including a dean, a senior associate dean for educational programs, an associate dean for clinical education, a chief financial/administrative officer, an admissions/ student affairs officer, an instructional resources coordinator, a coordinator for graduate and continuing medical education, and several mission focus coordinators.

(13) COLLABORATION WITH OTHER PROFESSIONALS.—To provide students with the skills, knowledge, and values needed to practice medicine in the evolving national system of health care delivery, the College of Medicine shall fully integrate modern health care delivery concepts into its curriculum. For this purpose, the College of Medicine shall develop a partnership with one or more health care organizations in the state and

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shall recruit faculty with strong health care delivery competencies. Faculty from other disciplines at the Florida State University shall be utilized to develop team-based approaches to core competencies in the delivery of health care.

(14) INDEMNIFICATION FROM LIABILITY.—This section shall be construed to authorize the Florida State University, for and on behalf of the Board of Regents, to negotiate and purchase policies of insurance to indemnify from any liability those individuals or entities providing sponsorship or training to the students of the medical school, professionals employed by the medical school, and students of the medical school.

Section 2. <u>This act shall be implemented as provided in the General</u> <u>Appropriations Act.</u>

Section 3. This act shall take effect upon becoming a law.

Approved by the Governor June 15, 2000.

Filed in Office Secretary of State June 15, 2000.