

By the Committee on Health Policy

588-01851-24

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1 A bill to be entitled
2 An act relating to health care innovation; creating s.
3 381.4015, F.S.; defining terms; providing legislative
4 intent; creating the Health Care Innovation Council
5 within the Department of Health for a specified
6 purpose; providing for membership, meetings, and
7 conflicts of interest of the council; specifying
8 conflicts of interest with respect to the revolving
9 loan program established under the act; defining the
10 terms "business relationship" and "relative";
11 specifying duties of the council; requiring the
12 council, by a specified date, to adopt, and update as
13 necessary, a certain document; requiring the council
14 to submit annual reports to the Governor and the
15 Legislature; requiring state agencies and statutorily
16 created state entities to assist and cooperate with
17 the council as requested; requiring the department to
18 provide administrative support to the council;
19 requiring the department to maintain a link to
20 specified information on the homepage of its website;
21 requiring the department to publish specified
22 information on its website; requiring the department
23 to provide technical assistance to certain applicants
24 upon request; requiring the department to administer a
25 revolving loan program for applicants seeking to
26 implement certain health care innovations in this
27 state; providing for administration of the program;
28 requiring the department to adopt certain rules;
29 specifying eligibility and application requirements;

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30 specifying terms, authorized uses, and repayment
31 options for loans; requiring the department to create
32 and maintain a separate account in the Grants and
33 Donations Trust Fund within the department to fund the
34 revolving loan program; providing that funds for the
35 program are not subject to reversion; authorizing the
36 department to contract with a third party to
37 administer the program, including loan servicing, and
38 manage the revolving loan fund; specifying
39 requirements for the contract; requiring the
40 department to publish and update specified information
41 and reports on its website annually; requiring the
42 Office of Economic and Demographic Research and the
43 Office of Program Policy Analysis and Government
44 Accountability to each develop and present an
45 evaluation of the program to the Governor and the
46 Legislature every 5 years, beginning on specified
47 dates; specifying requirements for the evaluations;
48 requiring that the offices be given access to all data
49 necessary to complete the evaluation, including
50 confidential data; authorizing the offices to
51 collaborate on data collection and analysis; requiring
52 the department to adopt rules; providing for future
53 expiration; authorizing the department to adopt
54 emergency rules to implement the act; providing
55 appropriations; providing an effective date.

56
57 Be It Enacted by the Legislature of the State of Florida:
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59 Section 1. Section 381.4015, Florida Statutes, is created
60 to read:

61 381.4015 Florida health care innovation.-

62 (1) DEFINITIONS.-As used in this section, the term:

63 (a) "Council" means the Health Care Innovation Council.

64 (b) "Department" means the Department of Health.

65 (c) "Health care provider" means any person or entity
66 licensed, certified, registered, or otherwise authorized by law
67 to provide health care services in this state.

68 (2) LEGISLATIVE INTENT.-The Legislature intends to harness
69 the innovation and creativity of entrepreneurs and businesses,
70 together with the state's health care system and stakeholders,
71 to lead the discussion and highlight advances and innovations
72 that will address challenges in the health care system as they
73 develop in real time and transform the delivery and strengthen
74 the quality of health care in Florida. Innovative technologies,
75 workforce pathways, service delivery models, or other solutions
76 that improve the quality of care in measurable and sustainable
77 ways, that can be replicated, and that will lower costs and
78 allow that value to be passed on to health care consumers shall
79 be highlighted for adoption across all neighborhoods and
80 communities in this state.

81 (3) HEALTH CARE INNOVATION COUNCIL.-The Health Care
82 Innovation Council, a council as defined in s. 20.03, is created
83 within the department to tap into the best knowledge and
84 experience available by regularly bringing together subject
85 matter experts in a public forum to explore and discuss
86 innovations in technology, workforce, and service delivery
87 models that can be exhibited as best practices, implemented, or

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88 scaled in order to improve the quality and delivery of health
89 care in this state in measurable, sustainable, and reproducible
90 ways.

91 (a) Membership.—

92 1. The Lieutenant Governor shall serve as an ex officio,
93 nonvoting member and shall act as the council chair.

94 2. The council shall be composed of the following voting
95 members, to be appointed by July 1, 2024:

96 a. One member appointed by the President of the Senate and
97 one member appointed by the Speaker of the House of
98 Representatives. The appointing officers shall make appointments
99 prioritizing members who have the following experience:

100 (I) A representative of the health care sector who has
101 senior level experience in reducing inefficiencies in health
102 care delivery systems;

103 (II) A representative of the private sector who has senior
104 level experience in cybersecurity or software engineering in the
105 health care sector;

106 (III) A representative who has expertise in emerging
107 technology that can be used in the delivery of health care; or

108 (IV) A representative who has experience in finance or
109 investment or in management and operation of early stage
110 companies.

111 b. A physician licensed under chapter 458 or chapter 459,
112 appointed by the Governor.

113 c. A nurse licensed under chapter 464, appointed by the
114 Governor.

115 d. An employee of a hospital licensed under chapter 395 who
116 has executive-level experience, appointed by the Governor.

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117 e. A representative of the long-term care facility
118 industry, appointed by the Governor.

119 f. An employee of a health insurer or health maintenance
120 organization who has executive-level experience, appointed by
121 the Governor.

122 g. A resident of this state who can represent the interest
123 of health care patients in this state, appointed by the
124 Governor.

125 3. The chair of the Council of Florida Medical School Deans
126 shall serve as a voting member of the council.

127 4. The council shall be composed of the following ex
128 officio, nonvoting members:

129 a. The State Surgeon General.

130 b. The Secretary of Health Care Administration.

131 c. The Secretary of Children and Families.

132 d. The director of the Agency for Persons with
133 Disabilities.

134 e. The Secretary of Elderly Affairs.

135 5. Except for ex officio members, the term of all
136 appointees shall be for 2 years unless otherwise specified.
137 However, to achieve staggered terms, the appointees in sub-
138 subparagraphs 2.a.-c. shall serve initial terms of 3 years. The
139 appointees may be reappointed for no more than four consecutive
140 terms.

141 5. Any vacancy occurring on the council must be filled in
142 the same manner as the original appointment. Any member who is
143 appointed to fill a vacancy occurring because of death,
144 resignation, or ineligibility for membership shall serve only
145 for the unexpired term of the member's predecessor.

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146 6. Members whose terms have expired may continue to serve
147 until replaced or reappointed. However, members whose terms have
148 expired may not serve longer than 6 months after the expiration
149 of their terms.

150 7. Members shall serve without compensation but are
151 entitled to reimbursement for per diem and travel expenses
152 pursuant to s. 112.061.

153 8. Members may be removed for cause by the appointing
154 entity.

155 9. Each member of the council who is not otherwise required
156 to file a financial disclosure statement pursuant to s. 8, Art.
157 II of the State Constitution or s. 112.3144 must file a
158 disclosure of financial interests pursuant to s. 112.3145.

159 (b) Meetings.—The council shall convene its first
160 organizational meeting by September 1, 2024. Thereafter, the
161 council shall meet as necessary, but at least quarterly, at the
162 call of the chair. In order to provide an opportunity for the
163 broadest public input, the chair shall ensure that a majority of
164 the meetings held in a year are geographically dispersed within
165 this state. As feasible, meetings are encouraged to provide an
166 opportunity for presentation or demonstration of innovative
167 solutions in person. A majority of the members of the council
168 constitutes a quorum, and a meeting may not be held with less
169 than a quorum present. In order to establish a quorum, the
170 council may conduct its meetings through teleconference or other
171 electronic means. The affirmative vote of a majority of the
172 members of the council present is necessary for any official
173 action by the council.

174 (c) Conflicts of interest.—

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- 175 1. A council member may not vote on any matter that would
176 provide:
- 177 a. Direct financial benefit to the member;
178 b. Financial benefit to a relative of the member, including
179 an entity of which a relative is an officer, partner, director,
180 or proprietor or in which the relative has a material interest;
181 or
182 c. Financial benefit to a person or entity with whom the
183 member has a business relationship.
- 184 2. With respect to the revolving loan program established
185 in subsection (7):
- 186 a. Council members may not receive loans under the program;
187 and
188 b. A person or entity that has a conflict-of-interest
189 relationship with a council member as described in sub-
190 subparagraph 1.b. or sub-subparagraph 1.c. may not receive a
191 loan under the program unless that council member recused
192 himself or herself from consideration of the person's or
193 entity's application.
- 194 3. For purposes of this paragraph, the term:
- 195 a. "Business relationship" means an ownership or
196 controlling interest, an affiliate or subsidiary relationship, a
197 common parent company, or any mutual interest in any limited
198 partnership, limited liability partnership, limited liability
199 company, or other entity or business association.
- 200 b. "Relative" means a father, mother, son, daughter,
201 husband, wife, brother, sister, grandparent, father-in-law,
202 mother-in-law, son-in-law, or daughter-in-law of a person.
- 203 (d) Public meetings and records.—The council and any

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204 subcommittees it forms are subject to the provisions of chapter
205 119 relating to public records and the provisions of chapter 286
206 relating to public meetings.

207 (4) HEALTH CARE INNOVATION COUNCIL DUTIES.—In order to
208 facilitate and implement this section, the council shall:

209 (a) By February 1, 2025, adopt and update as necessary a
210 document that sets forth and describes a mission statement,
211 goals, and objectives for the council to function and meet the
212 purposes of this section.

213 (b) Facilitate public meetings across this state at which
214 innovators, developers, and implementers of technologies,
215 workforce pathways, service delivery models, and other solutions
216 may present information and lead discussions on concepts that
217 address challenges to the health care system as they develop in
218 real time and advance the delivery of health care in this state
219 through technology and innovation.

220 1. Consideration must be given to how such concepts
221 increase efficiency in the health care system in this state,
222 reduce strain on the state's health care workforce, improve
223 patient outcomes, expand public access to health care services
224 in this state, or reduce costs for patients and the state
225 without reducing the quality of patient care.

226 2. Exploration and discussion of concepts may include how
227 concepts can be supported, cross-functional, or scaled to meet
228 the needs of health care consumers, including employers, payors,
229 patients, and the state.

230 3. The council may coordinate with the Small Business
231 Development Center Network, the Florida Opportunity Fund, the
232 Institute for Commercialization of Florida Technology, and other

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233 business incubators, development organizations, or institutions
234 of higher education to include emerging and early stage
235 innovators, developers, and implementers of technology, models,
236 or solutions in health care in the exploration and discussion of
237 concepts and breakthrough innovations.

238 4. To support adoption and implementation of innovations
239 and advancements, specific meetings may be held which bring
240 together technical experts, such as those in system integration,
241 cloud computing, artificial intelligence, and cybersecurity, to
242 lead discussions on recommended structures and integrations of
243 information technology products and services and propose
244 solutions that can make adoption and implementation efficient,
245 effective, and economical.

246 5. The council may also highlight broad community or
247 statewide issues or needs of providers and users of health care
248 delivery and may facilitate public forums in order to explore
249 and discuss the range of effective, efficient, and economical
250 technology and innovative solutions that can be implemented.

251 (c) Annually distinguish the most impactful concepts by
252 recognizing the innovators, developers, and implementers whose
253 work is helping Floridians to live brighter and healthier lives.
254 In seeking out projects, initiatives, and concepts that are
255 having a positive impact in Florida, have huge potential to
256 scale that impact throughout this state through growth or
257 replication, or are cutting-edge advancements, programs, or
258 other innovations that have the capability to accelerate
259 transformation of health care in this state, the council may
260 issue awards to recognize these strategic and innovative
261 thinkers who are helping Floridians live brighter and healthier

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262 lives. The council may develop a logo for the award for use by
263 awardees to advertise their achievements and recognition.

264 (d) Consult with and solicit input from health care
265 experts, health care providers, and technology and manufacturing
266 experts in the health care or related fields, users of such
267 innovations or systems, and the public to develop and update:

268 1. Best practice recommendations that will lead to the
269 continuous modernization of the health care system in this state
270 and make the Florida system a nationwide leader in innovation,
271 technology, and service. At a minimum, recommendations must be
272 made for how to explore implementation of innovations, how to
273 implement new technologies and strategies, and health care
274 service delivery models. As applicable, best practices must be
275 distinguished by practice setting and with an emphasis on
276 increasing efficiency in the delivery of health care, reducing
277 strain on the health care workforce, increasing public access to
278 health care, improving patient outcomes, reducing unnecessary
279 emergency room visits, and reducing costs for patients and the
280 state without reducing the quality of patient care. Specifically
281 for information technology, best practices must also recommend
282 actions to guide the selection of technologies and innovations,
283 which may include, but need not be limited to, considerations
284 for system-to-system integration, consistent user experiences
285 for health care workers and patients, and patient education and
286 practitioner training.

287 2. A list of focus areas in which to advance the delivery
288 of health care in this state through innovative technologies,
289 workforce pathways, or service delivery models. The focus areas
290 may be broad or specific, but must, at a minimum, consider all

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291 of the following topics:

292 a. The health care workforce. This topic includes, but is
293 not limited to, all of the following:

294 (I) Approaches to cultivate interest and growth in the
295 workforce, including concepts resulting in increases in the
296 number of providers.

297 (II) Efforts to improve the use of the workforce, whether
298 through techniques, training, or devices to increase
299 effectiveness or efficiency.

300 (III) Educational pathways that connect students with
301 employers or result in attainment of cost-efficient and timely
302 degrees or credentials.

303 (IV) Use of technology to reduce the burden on the
304 workforce during decisionmaking processes such as triage, but
305 which leaves all final decisions to the health care
306 practitioner.

307 b. The provision of patient care in the most appropriate
308 setting and reduction of unnecessary emergency room visits.
309 These topics include, but are not limited to, all of the
310 following:

311 (I) Use of advanced technologies to improve patient
312 outcomes, provide patient care, or improve patient quality of
313 life.

314 (II) The use of early detection devices, including remote
315 communications devices and diagnostic tools engineered for early
316 detection and patient engagement.

317 (III) At-home patient monitoring devices and measures.

318 (IV) Advanced at-home health care.

319 (V) Advanced adaptive equipment.

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320 c. The delivery of primary care through methods, practices,
321 or procedures that increase efficiencies.

322 d. The technical aspects of the provision of health care.
323 These aspects include, but are not limited to, all of the
324 following:

325 (I) Interoperability of electronic health records systems
326 and the impact on patient care coordination and administrative
327 costs for health care systems.

328 (II) Cybersecurity and the protection of health care data
329 and systems.

330 (e) Identify and recommend any changes to Florida law or
331 changes that can be implemented without legislative action which
332 are necessary to:

333 1. Advance, transform, or innovate in the delivery and
334 strengthen the quality of health care in Florida, including
335 removal or update of any regulatory barriers or governmental
336 inefficiencies.

337 2. Implement the council's duties or recommendations.

338 (f) Recommend criteria for awarding loans as provided in
339 subsection (7) to the department and review loan applications.

340 (g) Annually submit by December 1 a report of council
341 activities and recommendations to the Governor, the President of
342 the Senate, and the Speaker of the House of Representatives. At
343 a minimum, the report must include an update on the status of
344 the delivery of health care in this state; information on
345 implementation of best practices by health care industry
346 stakeholders in this state; and highlights of exploration,
347 development, or implementation of innovative technologies,
348 workforce pathways, service delivery models, or other solutions

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349 by health care industry stakeholders in this state.

350 (5) AGENCY COOPERATION.—All state agencies and statutorily
351 created state entities shall assist and cooperate with the
352 council as requested.

353 (6) DEPARTMENT DUTIES.—The department shall, at a minimum,
354 do all of the following to facilitate implementation of this
355 section:

356 (a) Provide reasonable and necessary support staff and
357 materials to assist the council in the performance of its
358 duties.

359 (b) Maintain on the homepage of the department a link to a
360 website dedicated to the council on which the department shall
361 post information related to the council, including the outcomes
362 of the duties of the council and annual reports as described in
363 subsection (4).

364 (c) Identify and publish on its website a list of any
365 sources of federal, state, or private funding available for
366 implementation of innovative technologies and service delivery
367 models in health care, including the details and eligibility
368 requirements for each funding opportunity. Upon request, the
369 department shall provide technical assistance to any person
370 wanting to apply for such funding. If the entity with oversight
371 of the funding opportunity provides technical assistance, the
372 department may foster working relationships that allow the
373 department to refer the person seeking funding to the
374 appropriate contact for such assistance.

375 (d) Incorporate recommendations of the council into the
376 department's duties or as part of the administration of this
377 section, or update administrative rules or procedures as

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378 appropriate based upon council recommendations.

379 (7) REVOLVING LOAN PROGRAM.—The department shall administer
380 a revolving loan program for applicants seeking to implement
381 innovative solutions in this state.

382 (a) Administration.—The council may make recommendations to
383 the department for the administration of the loans. The
384 department shall adopt rules:

385 1. Establishing an application process to submit and review
386 funding proposals for loans. Such rules must also include the
387 process for the council to review applications to ensure
388 compliance with applicable laws, including those related to
389 discrimination and conflicts of interest. If a council member
390 participated in the vote of the council recommending an award
391 for a proposal with which the council member has a conflict of
392 interest, the division may not award the loan to that entity.

393 2. Establishing eligibility criteria to be applied by the
394 council in recommending applications for the award of loans
395 which:

396 a. Incorporate the recommendations of the council. The
397 council shall recommend to the department criteria based upon
398 input received and the focus areas developed. The council may
399 recommend updated criteria as necessary, based upon the most
400 recent input, best practice recommendations, or focus areas
401 list.

402 b. Determine which proposals are likely to provide the
403 greatest return to the state if funded, taking into
404 consideration, at a minimum, the degree to which the proposal
405 would increase efficiency in the health care system in this
406 state, reduce strain on the state's health care workforce,

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407 improve patient outcomes, increase public access to health care
408 in this state, or provide cost savings to patients or the state
409 without reducing the quality of patient care.

410 3. It deems necessary to administer the program, including,
411 but not limited to, rules for application requirements, the
412 ability of the applicant to properly administer funds, the
413 professional excellence of the applicant, the fiscal stability
414 of the applicant, the state or regional impact of the proposal,
415 matching requirements for the proposal, and other requirements
416 to further the purposes of the program.

417 (b) Eligibility.—

418 1. The following entities may apply for a revolving loan:

419 a. Entities licensed, registered, or certified by the
420 Agency for Health Care Administration as provided under s.
421 408.802, except for those specified in s. 408.802(1), (3), (13),
422 (23), or (25).

423 b. An education or clinical training provider in
424 partnership with an entity under sub-subparagraph a.

425 2.a. Council members may not receive loans under the
426 program.

427 b. An entity that has a conflict-of-interest relationship
428 with a council member as described in sub-subparagraph
429 (3)(c)1.b. or sub-subparagraph (3)(c)1.c. may not receive a loan
430 under the program unless that council member recused himself or
431 herself from consideration of the entity's application.

432 3. Priority must be given to applicants located in a rural
433 or medically underserved area as designated by the department
434 which are:

435 a. Rural hospitals as defined in s. 395.602(2).

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436 b. Nonprofit entities that accept Medicaid patients.

437 4. The department may award a loan for up to 50 percent of
438 the total projected implementation costs, or up to 80 percent of
439 total projected implementation costs for an applicant under
440 subparagraph 3. The applicant must demonstrate the source of
441 funding it will use to cover the remainder of the total
442 projected implementation costs, which funding must be from
443 nonstate sources.

444 (c) Applications.—

445 1. The department shall set application periods to apply
446 for loans. The department may set multiple application periods
447 in a fiscal year, with up to four periods per year. The
448 department shall coordinate with the council when establishing
449 application periods to establish separate priority, in addition
450 to eligibility, within the loan applications for defined
451 categories based on the current focus area list. The department
452 shall publicize the availability of loans under the program to
453 stakeholders, education or training providers, and others.

454 2. Upon receipt of an application, the department shall
455 determine whether the application is complete and the applicant
456 has demonstrated the ability to repay the loan. Within 30 days
457 after the close of the application period, the department shall
458 forward all completed applications to the council for
459 consideration.

460 3. The council shall review applications for loans under
461 the criteria and pursuant to the processes and format adopted by
462 the department. The council shall submit to the department for
463 approval lists of applicants that it recommends for funding,
464 arranged in order of priority and as required for the

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465 application period.

466 4. A loan applicant must demonstrate plans to use the funds
467 to implement one or more innovative technologies, workforce
468 pathways, service delivery models, or other solutions in order
469 to fill a demonstrated need; obtain or upgrade necessary
470 equipment, hardware, and materials; adopt new technologies or
471 systems; or a combination thereof which will improve the quality
472 and delivery of health care in measurable and sustainable ways
473 and which will lower costs and allow savings to be passed on to
474 health care consumers.

475 (d) Awards.—

476 1. The amount of each loan must be based upon demonstrated
477 need and availability of funds. The department may not award
478 more than 10 percent of the total allocated funds for the fiscal
479 year to a single loan applicant.

480 2. The interest rate for each loan may not exceed 1
481 percent.

482 3. The term of each loan is up to 10 years.

483 4. In order to equitably distribute limited state funding,
484 applicants may apply for and be awarded only one loan per fiscal
485 year. If a loan recipient has one or more outstanding loans at
486 any time, the recipient may apply for funding for a new loan if
487 the current loans are in good standing.

488 (e) Written agreement.—

489 1. Each loan recipient must enter into a written agreement
490 with the department to receive the loan. At a minimum, the
491 agreement with the applicant must specify all of the following:

492 a. The total amount of the award.

493 b. The performance conditions that must be met, based upon

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494 the submitted proposal and the defined category or focus area,
495 as applicable.

496 c. The information to be reported on actual implementation
497 costs, including the share from nonstate resources.

498 d. The schedule for payment.

499 e. The data and progress reporting requirements and
500 schedule.

501 f. Any sanctions that would apply for failure to meet
502 performance conditions.

503 2. The department shall develop uniform data reporting
504 requirements for loan recipients to evaluate the performance of
505 the implemented proposals. Such data must be shared with the
506 council.

507 3. If requested, the department shall provide technical
508 assistance to loan recipients under the program.

509 (f) *Loan repayment.*—Loans become due and payable in
510 accordance with the terms of the written agreement. All
511 repayments of principal received by the department in a fiscal
512 year shall be returned to the revolving loan fund and made
513 available for loans to other applicants.

514 (g) *Revolving loan fund.*—The department shall create and
515 maintain a separate account in the Grants and Donations Trust
516 Fund within the department as a fund for the program. All
517 repayments of principal must be returned to the revolving loan
518 fund and made available as provided in this section.
519 Notwithstanding s. 216.301, funds appropriated for the revolving
520 loan program are not subject to reversion. The department may
521 contract with a third-party administrator to administer the
522 program, including loan servicing, and manage the revolving loan

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523 fund. A contract for a third-party administrator which includes
524 management of the revolving loan fund must, at a minimum,
525 require maintenance of the revolving loan fund to ensure that
526 the program may operate in a revolving manner.

527 (8) REPORTING.—The department shall publish on its website
528 information related to loan recipients, including the written
529 agreements, performance conditions and their status, and the
530 total amount of loan funds disbursed to date. The department
531 shall update the information annually on the award date. The
532 department shall, beginning on September 1, 2025, and annually
533 thereafter, post on its website a report on this section for the
534 previous fiscal year which must include all of the following
535 information:

536 (a) A summary of the adoption and implementation of
537 recommendations of the council during the previous fiscal year.

538 (b) An evaluation of actions and related activities to meet
539 the purposes set forth in this section.

540 (c) Consolidated data based upon the uniform data reporting
541 by funding recipients and an evaluation of how the provision of
542 the loans has met the purposes set forth in this section.

543 (d) The number of applications for loans, the types of
544 proposals received, and an analysis on the relationship between
545 the proposals and the purposes of this section.

546 (e) The amount of funds allocated and awarded for each loan
547 application period, as well as any funds not awarded in that
548 period.

549 (f) The amount of funds paid out during the fiscal year and
550 any funds repaid or unused.

551 (g) The number of persons assisted and outcomes of any

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552 technical assistance requested for loans and any federal, state,
553 or private funding opportunities.

554 (9) EVALUATION.—

555 (a) Beginning October 1, 2029, and every 5 years
556 thereafter, the Office of Economic and Demographic Research
557 (EDR) shall develop and present to the Governor, the President
558 of the Senate, and the Speaker of the House of Representatives a
559 comprehensive financial and economic evaluation of the
560 innovative solutions undertaken by the revolving loan program
561 administered under this section. The evaluation must include,
562 but need not be limited to, separate calculations of the state's
563 return and the economic value to residents of this state, as
564 well as the identification of any cost savings to patients or
565 the state and the impact on the state's health care workforce.

566 (b) Beginning October 1, 2030, and every 5 years
567 thereafter, the Office of Program Policy Analysis and Government
568 Accountability (OPPAGA) shall develop and present to the
569 Governor, the President of the Senate, and the Speaker of the
570 House of Representatives an evaluation of the administration and
571 efficiency of the revolving loan program administered under this
572 section. The evaluation must include, but need not be limited
573 to, the degree to which the collective proposals increased
574 efficiency in the health care system in this state, improved
575 patient outcomes, increased public access to health care, and
576 achieved the cost savings identified in paragraph (a) without
577 reducing the quality of patient care.

578 (c) Both the EDR and OPPAGA shall include recommendations
579 for consideration by the Legislature. The EDR and OPPAGA must be
580 given access to all data necessary to complete the evaluation,

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581 including any confidential data. The offices may collaborate on
582 data collection and analysis.

583 (10) RULES.—The department shall adopt rules to implement
584 this section.

585 (11) EXPIRATION.—This section expires July 1, 2043.

586 Section 2. The Department of Health shall, and all
587 conditions are deemed met to, adopt emergency rules pursuant to
588 s. 120.54(4), Florida Statutes, for the purpose of implementing
589 s. 381.4015, Florida Statutes. Notwithstanding any other law,
590 emergency rules adopted pursuant to this section are effective
591 for 6 months after adoption and may be renewed during the
592 pendency of the procedure to adopt permanent rules addressing
593 the subject of the emergency rules.

594 Section 3. (1) For the 2023-2024 fiscal year, the sum of
595 \$250,000 in nonrecurring funds from the General Revenue Fund is
596 appropriated to the Department of Health to implement and
597 administer the Health Care Innovation Council under s. 381.4015,
598 Florida Statutes.

599 (2) For the 2024-2025 fiscal year, the recurring sum of \$1
600 million is appropriated from the General Revenue Fund to the
601 Department of Health to implement and administer the Health Care
602 Innovation Council under s. 381.4015, Florida Statutes.

603 (3) By August 1 of each year, beginning in the 2024-2025
604 fiscal year through the 2033-2034 fiscal year, the Chief
605 Financial Officer shall transfer \$75 million in nonrecurring
606 funds from the General Revenue Fund to the Grants and Donations
607 Trust Fund within the Department of Health. Each year, beginning
608 in the 2024-2025 fiscal year through the 2033-2034 fiscal year,
609 the nonrecurring sum of \$75 million is appropriated from the

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610 Grants and Donations Trust Fund to the Department of Health for
611 the revolving loan fund created in s. 381.4015, Florida
612 Statutes. The department may use up to 3 percent of the
613 appropriated funds for administrative costs to implement the
614 revolving loan program.

615 Section 4. This act shall take effect upon becoming a law.