Florida House of Representatives - 2001 HB 1885 By the Committee on Health Promotion and Representative Littlefield

1	A bill to be entitled
2	An act relating to health care; amending s.
3	381.0403, F.S.; transferring the programs for
4	community hospital education and graduate
5	medical education under the "Community Hospital
6	Education Act" from the Board of Regents to the
7	Department of Health; authorizing certain
8	expenditure of funds; revising provisions to
9	conform; authorizing participation in the
10	innovations grant program by individual Florida
11	medical schools providing graduate medical
12	education in community-based clinical settings;
13	revising the membership of a committee;
14	providing rulemaking authority to the
15	Department of Health; amending s. 409.908,
16	F.S.; revising provisions relating to the
17	reimbursement of Medicaid providers to conform
18	to the transfer of the Community Hospital
19	Education Program from the Board of Regents to
20	the Department of Health; providing for the
21	certification of local matching funds;
22	providing requirements for the distribution of
23	federal funds earned as a result of local
24	matching funds; requiring an impact statement;
25	amending s. 409.911, F.S.; revising the
26	definition of the term "charity care"; amending
27	s. 409.9117, F.S.; revising criteria for
28	participation in the primary care
29	disproportionate share program; providing an
30	effective date.
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Be It Enacted by the Legislature of the State of Florida: 1 2 3 Section 1. Paragraphs (a), (b), and (c) of subsection (3), subsections (4) and (5), paragraph (c) of subsection (6), 4 5 and subsections (7) and (9) of section 381.0403, Florida б Statutes, are amended, and subsection (10) is added to said 7 section, to read: 8 381.0403 The Community Hospital Education Act .--(3) 9 PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND LOCAL PLANNING. --10 11 (a) There is established under the Department of 12 Health Board of Regents a program for statewide graduate 13 medical education. It is intended that continuing graduate 14 medical education programs for interns and residents be established on a statewide basis. The program shall provide 15 16 financial support for primary care specialty interns and residents based on policies recommended and approved by the 17 Community Hospital Education Council, herein established, and 18 the department Board of Regents. Only those programs with at 19 20 least three residents or interns in each year of the training 21 program are qualified to apply for financial support. Programs 22 with fewer than three residents or interns per training year are qualified to apply for financial support, but only if the 23 appropriate accrediting entity for the particular specialty 24 25 has approved the program for fewer positions. Programs added 26 after fiscal year 1997-1998 shall have 5 years to attain the 27 requisite number of residents or interns. When feasible and to 28 the extent allowed through the General Appropriations Act, 29 state funds shall be used to generate federal matching funds under Medicaid, or other federal programs, and the resulting 30 31 combined state and federal funds shall be allocated to

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participating hospitals for the support of graduate medical 1 2 education. The department is authorized to spend up to \$75,000 3 of funds provided specifically for purposes of this section, 4 for administrative costs associated with the production of the 5 annual report as specified in subsection (9), and for б administration of the council. 7 (b) For the purposes of this section, primary care 8 specialties include emergency medicine, family practice, internal medicine, pediatrics, psychiatry, 9 obstetrics/gynecology, and combined pediatrics and internal 10 11 medicine, and other primary care specialties as may be 12 included by the council and the department Board of Regents. 13 (c) Medical institutions throughout the state may 14 apply to the Community Hospital Education Council for grants-in-aid for financial support of their approved 15 programs. Recommendations for funding of approved programs 16 17 shall be forwarded to the department Board of Regents. (4) PROGRAM FOR GRADUATE MEDICAL EDUCATION 18 19 INNOVATIONS. --20 (a) There is established under the department Board of 21 Regents a program for fostering graduate medical education 22 innovations. Funds appropriated annually by the Legislature for this purpose shall be distributed to participating 23 hospitals, a consortium or consortia of participating 24 hospitals and Florida medical schools, or a Florida medical 25 26 school for the direct costs of providing graduate medical 27 education in community-based clinical settings, on a 28 competitive grant or formula basis to achieve state health care workforce policy objectives, including, but not limited 29 30 to: 31

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Increasing the number of residents in primary care 1. and other high demand specialties or fellowships; 2. Enhancing retention of primary care physicians in Florida practice; 3. Promoting practice in medically underserved areas of the state; 4. Encouraging racial and ethnic diversity within the state's physician workforce; and 5. Encouraging increased production of geriatricians. (b) Participating hospitals, or consortia of participating hospitals and Florida medical schools, or Florida medical schools providing graduate medical education in community-based clinical settings may apply to the Community Hospital Education Council for funding under this innovations program, except when such innovations directly compete with services or programs provided by participating hospitals or consortia of participating hospitals. Innovations program funding shall provide funding based on policies recommended and approved by the Community Hospital Education Council and the department Board of Regents. (c) Participating hospitals, or consortia of participating hospitals and Florida medical schools, or Florida medical schools providing graduate medical education in community-based clinical settings awarded an innovations grant shall provide the Community Hospital Education Council and the department Board of Regents with an annual report on their project.

(5) FAMILY PRACTICE RESIDENCIES.--In addition to the programs established in subsection (3), the Community Hospital Education Council and the <u>department</u> Board of Regents shall establish an ongoing statewide program of family practice

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CODING: Words stricken are deletions; words underlined are additions.

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residencies. The administration of this program shall be in
 the manner described in this section.

(6) COUNCIL AND DIRECTOR.--

4 (c) The <u>Secretary of Health</u> Chancellor of the State 5 University System shall designate an administrator to serve as 6 staff director. The council shall elect a chair from among 7 its membership. Such other personnel as may be necessary to 8 carry out the program shall be employed as authorized by the 9 department Board of Regents.

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(7) BOARD OF REGENTS; STANDARDS AND POLICIES.--

11 (a) The department Board of Regents, with recommendations from the council, shall establish standards 12 13 and policies for the use and expenditure of graduate medical 14 education funds appropriated pursuant to subsection (8) for a program of community hospital education. The department board 15 16 shall establish requirements for hospitals to be qualified for participation in the program which shall include, but not be 17 limited to: 18

Submission of an educational plan and a training
 schedule.

2. A determination by the council to ascertain that
 each portion of the program of the hospital provides a high
 degree of academic excellence and is accredited by the
 Accreditation Council for Graduate Medical Education of the
 American Medical Association or is accredited by the American
 Osteopathic Association.

Supervision of the educational program of the
 hospital by a physician who is not the hospital administrator.
 (b) The <u>department</u> Board of Regents shall periodically
 review the educational program provided by a participating
 hospital to assure that the program includes a reasonable

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amount of both formal and practical training and that the 1 2 formal sessions are presented as scheduled in the plan 3 submitted by each hospital. 4 (c) In years that funds are transferred to the Agency 5 for Health Care Administration, the department Board of Regents shall certify to the Agency for Health Care 6 7 Administration on a quarterly basis the number of primary care 8 specialty residents and interns at each of the participating 9 hospitals for which the Community Hospital Education Council 10 and the department board recommends funding. 11 (9) ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION; 12 COMMITTEE.--13 (a) The Board of Regents, the Executive Office of the 14 Governor, the Department of Health, and the Agency for Health Care Administration shall collaborate to establish a committee 15 16 that shall produce an annual report on graduate medical 17 education. 1. The committee shall consist of 11 members as 18 19 follows: the five deans of the five Florida medical schools or 20 their designees; two persons appointed by the Governor, one of whom shall be a representative of the Florida Medical 21 22 Association who has supervised or is currently supervising residents or interns and one of whom shall be a representative 23 of the Florida Hospital Association; two persons appointed by 24 the Secretary of Health Care Administration, one of whom shall 25 26 be a representative of a statutory teaching hospital and one 27 of whom shall be a physician who has supervised or is 28 currently supervising residents or interns; and two persons appointed by the Secretary of Health, one of whom shall be a 29 representative of a family practice teaching hospital and one 30 of whom shall be a physician who has supervised or is 31

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currently supervising residents or interns. With the exception 1 2 of the deans, members of the committee shall serve staggered terms of 4 years; however, for the purpose of providing 3 staggered terms, the initial appointees of the Governor shall 4 5 serve a term of 4 years, the initial appointees of the Secretary of Health shall serve a term of 3 years, and the 6 7 initial appointees of the Secretary of Health Care 8 Administration shall serve a term of 2 years. 9 2. An appointment to fill an unexpired term shall be for the remainder of the unexpired term only. A member shall 10 no longer be eligible to serve on the committee if, at any 11 12 point during his or her term, the member no longer possesses 13 his or her representative status. The committee shall elect a 14 chair from among its members, who shall serve a 1-year term. To the maximum extent feasible, the committee shall have the 15 16 same membership as the Graduate Medical Education Study Committee, established by proviso accompanying Specific 17 Appropriation 191 of the 1999-2000 General Appropriations Act. 18 The report shall be provided to the Governor, the President of 19 20 Senate, and the Speaker of the House of Representatives by January 15 annually. Committee members shall serve without 21 22 compensation. From the funds provided pursuant to subsection 23 (3), the committee is authorized to expend a maximum of 24 \$75,000 per year to provide for administrative costs and contractual services. 25 26 (b) The report shall be provided to the Governor, the President of the Senate, and the Speaker of the House of 27 28 Representatives by January 15, annually, and shall address the 29 following: 1.(a) The role of residents and medical faculty in the 30 31 provision of health care.

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1 2.(b) The relationship of graduate medical education 2 to the state's physician workforce. 3 3.(c) The costs of training medical residents for hospitals, medical schools, teaching hospitals, including all 4 5 hospital-medical affiliations, practice plans at all of the 6 medical schools, and municipalities. 7 4.(d) The availability and adequacy of all sources of 8 revenue to support graduate medical education and recommend 9 alternative sources of funding for graduate medical education. 10 5.(e) The use of state and federal appropriated funds 11 for graduate medical education by hospitals receiving such 12 funds. 13 (10) RULEMAKING.--The department has authority to 14 adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this section. 15 Section 2. Paragraphs (a) and (b) of subsection (1) of 16 section 409.908, Florida Statutes, are amended to read: 17 409.908 Reimbursement of Medicaid providers .-- Subject 18 to specific appropriations, the agency shall reimburse 19 20 Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the 21 22 agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee 23 schedules, reimbursement methods based on cost reporting, 24 negotiated fees, competitive bidding pursuant to s. 287.057, 25 26 and other mechanisms the agency considers efficient and 27 effective for purchasing services or goods on behalf of 28 recipients. Payment for Medicaid compensable services made on 29 behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions 30 31 provided for in the General Appropriations Act or chapter 216.

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Further, nothing in this section shall be construed to prevent 1 2 or limit the agency from adjusting fees, reimbursement rates, 3 lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the 4 5 availability of moneys and any limitations or directions 6 provided for in the General Appropriations Act, provided the 7 adjustment is consistent with legislative intent. 8 (1) Reimbursement to hospitals licensed under part I 9 of chapter 395 must be made prospectively or on the basis of 10 negotiation. 11 (a) Reimbursement for inpatient care is limited as 12 provided for in s. 409.905(5), except for: 13 1. The raising of rate reimbursement caps, excluding 14 rural hospitals. 15 2. Recognition of the costs of graduate medical 16 education. 3. Other methodologies recognized in the General 17 18 Appropriations Act. 19 20 During the years funds are transferred from the Department of 21 Health Board of Regents, any reimbursement supported by such 22 funds shall be subject to certification by the Department of Health Board of Regents that the hospital has complied with s. 23 381.0403. The agency is authorized to receive funds from state 24 entities, including, but not limited to, the Department of 25 26 Health, the Board of Regents, local governments, and other 27 local political subdivisions, for the purpose of making 28 special exception payments, including federal matching funds, 29 through the Medicaid inpatient reimbursement methodologies. Funds received from state entities or local governments for 30 this purpose shall be separately accounted for and shall not 31 9

be commingled with other state or local funds in any manner. 1 2 The agency may certify all local governmental funds used as 3 state match under Title XIX of the Social Security Act, to the extent that the identified local health care provider that is 4 5 otherwise entitled to and is contracted to receive such local 6 funds is the benefactor under the state's Medicaid program as 7 determined under the General Appropriations Act and pursuant 8 to an agreement between the Agency for Health Care 9 Administration and the local governmental entity. The local governmental entity shall use a certification form prescribed 10 11 by the agency. At a minimum, the certification form shall 12 identify the amount being certified and describe the 13 relationship between the certifying local government entity 14 and local health care provider. The agency shall prepare an 15 annual statement of impact that documents the specific 16 activities undertaken during the previous fiscal year pursuant 17 to this paragraph, to be submitted to the Legislature no later than January 1, annually.Notwithstanding this section and s. 18 409.915, counties are exempt from contributing toward the cost 19 20 of the special exception reimbursement for hospitals serving a 21 disproportionate share of low-income persons and providing 22 graduate medical education. (b) Reimbursement for hospital outpatient care is 23 limited to \$1,500 per state fiscal year per recipient, except 24 25 for: 26 1 Such care provided to a Medicaid recipient under 27 age 21, in which case the only limitation is medical 28 necessity. 29 2. Renal dialysis services. 30 3. Other exceptions made by the agency. 31

The agency is authorized to receive funds from state entities, 1 2 including, but not limited to, the Department of Health, the 3 Board of Regents, local governments, and other local political subdivisions, for the purpose of making payments, including 4 5 federal matching funds, through the Medicaid outpatient reimbursement methodologies. Funds received from state 6 7 entities and local governments for this purpose shall be 8 separately accounted for and shall not be commingled with 9 other state or local funds in any manner. Section 3. Paragraph (d) of subsection (1) of section 10 11 409.911, Florida Statutes, is amended to read: 12 409.911 Disproportionate share program.--Subject to 13 specific allocations established within the General 14 Appropriations Act and any limitations established pursuant to chapter 216, the agency shall distribute, pursuant to this 15 16 section, moneys to hospitals providing a disproportionate share of Medicaid or charity care services by making quarterly 17 Medicaid payments as required. Notwithstanding the provisions 18 of s. 409.915, counties are exempt from contributing toward 19 20 the cost of this special reimbursement for hospitals serving a 21 disproportionate share of low-income patients. 22 (1) Definitions.--As used in this section and s. 409.9112: 23 24 (d) "Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency 25 26 for Health Care Administration for which there is no 27 compensation, other than restricted and unrestricted revenues 28 provided to a hospital by local governments or tax districts 29 regardless of the method of payment, for care provided to a patient whose family income for the 12 months preceding the 30

31 determination is less than or equal to 150 percent of the

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2 due from the patient exceeds 25 percent of the annual family 3 income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the federal 4 5 poverty level for a family of four be considered charity. Section 4. Subsection (2) of section 409.9117, Florida 6 7 Statutes, is amended to read: 8 409.9117 Primary care disproportionate share 9 program.--10 In the establishment and funding of this program, (2) 11 the agency shall use the following criteria in addition to 12 those specified in s. 409.911., Payments may not be made to a 13 hospital unless the hospital agrees to: (a) Cooperate with a Medicaid prepaid health plan, if 14 one exists in the community. 15 16 (b) Ensure the availability of primary and specialty care physicians to Medicaid recipients who are not enrolled in 17 a prepaid capitated arrangement and who are in need of access 18 to such physicians. 19 20 (c) Coordinate and provide primary care services free 21 of charge, except copayments, to all persons with incomes up 22 to 100 percent of the federal poverty level who are not otherwise covered by Medicaid or another program that provides 23 similar benefits administered by a governmental entity, and to 24 provide such services based on a sliding fee scale to all 25 26 persons with incomes up to 200 percent of the federal poverty 27 level who are not otherwise covered by Medicaid or another 28 program that provides similar benefits administered by a governmental entity, except that eligibility may be limited to 29 persons who reside within a more limited area, as agreed to by 30 the agency and the hospital. 31

federal poverty level, unless the amount of hospital charges

(d) Contract with any federally qualified health 1 2 center, if one exists within the agreed geopolitical 3 boundaries, concerning the provision of primary care services, in order to guarantee delivery of services in a nonduplicative 4 5 fashion, and to provide for referral arrangements, privileges, and admissions, as appropriate. The hospital shall agree to 6 7 provide at an onsite or offsite facility primary care services 8 within 24 hours to which all Medicaid recipients and persons 9 eligible under this paragraph who do not require emergency room services are referred during normal daylight hours. 10

(e) Cooperate with the agency, the county, and other entities to ensure the provision of certain public health services, case management, referral and acceptance of patients, and sharing of epidemiological data, as the agency and the hospital find mutually necessary and desirable to promote and protect the public health within the agreed geopolitical boundaries.

18 (f) In cooperation with the county in which the 19 hospital resides, develop a low-cost, outpatient, prepaid 20 health care program to persons who are not eligible for the 21 Medicaid program, and who reside within the area.

(g) Provide inpatient services to residents within the area who are not eligible for Medicaid or Medicare, and who do not have private health insurance, regardless of ability to pay, on the basis of available space, except that nothing shall prevent the hospital from establishing bill collection programs based on ability to pay.

(h) Work with the Florida Healthy Kids Corporation,
the Florida Health Care Purchasing Cooperative, and business
health coalitions, as appropriate, to develop a feasibility
study and plan to provide a low-cost comprehensive health

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1 insurance plan to persons who reside within the area and who 2 do not have access to such a plan. (i) Work with public health officials and other 3 4 experts to provide community health education and prevention 5 activities designed to promote healthy lifestyles and б appropriate use of health services. 7 (j) Work with the local health council to develop a 8 plan for promoting access to affordable health care services 9 for all persons who reside within the area, including, but not limited to, public health services, primary care services, 10 11 inpatient services, and affordable health insurance generally. 12 13 Any hospital that fails to comply with any of the provisions 14 of this subsection, or any other contractual condition, may not receive payments under this section until full compliance 15 16 is achieved. 17 Section 5. All the statutory powers, duties, and functions and the records, personnel, property, and unexpended 18 19 balances of appropriations, allocations, or other funds of the 20 programs under the Community Hospital Education Act are transferred from the Board of Regents to the Department of 21 22 Health by a type two transfer as defined in s. 20.06, Florida 23 Statutes. 24 Section 6. This act shall take effect July 1, 2001. 25 26 27 28 29 30 31

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2	HOUSE SUMMARY
3	Transforg the programs for community begnital education
4	Transfers the programs for community hospital education and graduate medical education under the "Community Userital Education Dat" from the Board of Boards to the
5	Hospital Education Act" from the Board of Regents to the Department of Health. Authorizes expenditure of a
б	specified amount for administrative costs. Authorizes participation in the innovations grant program by
7	individual Florida medical schools providing graduate education in community-based settings. Revises membership
8	on a committee producing an annual report on graduate medical education. Provides Department of Health
9	rulemaking authority. Authorizes the Agency for Health Care Administration to certify local government funds
10	used as state Medicaid matching funds, under certain circumstances. Requires an annual impact statement
11	documenting such certification activities. Revises the definition of "charity care" under the disproportionate share program. Revises criteria for participation in the
12	primary care disproportionate care program. See bill for details.
13	details.
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