

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 establish
25 and administer a revolving loan program for applicants

26 seeking to implement certain health care innovations
27 in this state; providing for administration of the
28 program; requiring the department to adopt certain
29 rules; specifying eligibility and application
30 requirements; specifying terms, authorized uses, and
31 repayment options for loans; requiring the department
32 to create and maintain a separate account in the
33 Grants and Donations Trust Fund within the department
34 to fund the revolving loan program; providing that
35 funds for the program are not subject to reversion;
36 authorizing the department to contract with a third
37 party to administer the program, including loan
38 servicing, and manage the revolving loan fund;
39 specifying requirements for the contract; requiring
40 the department to publish and update specified
41 information and reports on its website annually;
42 requiring the Office of Economic and Demographic
43 Research and the Office of Program Policy Analysis and
44 Government Accountability to each develop and present
45 an 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; authorizing the department to use a
 56 specified percentage of appropriated funds for
 57 administrative costs to implement the revolving loan
 58 program; providing an effective date.

59

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

61

62 Section 1. Section 381.4015, Florida Statutes, is created
 63 to read:

64 381.4015 Florida health care innovation.-

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

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

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

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

71 (2) LEGISLATIVE INTENT.-The Legislature intends to harness
 72 the innovation and creativity of entrepreneurs and businesses,
 73 together with the state's health care system and stakeholders,
 74 to lead the discussion and highlight advances and innovations
 75 that will address challenges in the health care system as they

76 develop in real time and transform the delivery and strengthen
77 the quality of health care in Florida. Innovative technologies,
78 workforce pathways, service delivery models, or other solutions
79 that improve the quality of care in measurable and sustainable
80 ways, that can be replicated, and that will lower costs and
81 allow that value to be passed on to health care consumers shall
82 be highlighted for adoption across all neighborhoods and
83 communities in this state.

84 (3) HEALTH CARE INNOVATION COUNCIL.—The Health Care
85 Innovation Council, a council as defined in s. 20.03, is created
86 within the department to tap into the best knowledge and
87 experience available by regularly bringing together subject
88 matter experts in a public forum to explore and discuss
89 innovations in technology, workforce, and service delivery
90 models that can be exhibited as best practices, implemented, or
91 scaled in order to improve the quality and delivery of health
92 care in this state in measurable, sustainable, and reproducible
93 ways.

94 (a) Membership.—

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

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

99 a. One member appointed by the President of the Senate and
100 one member appointed by the Speaker of the House of

101 Representatives. The appointing officers shall make appointments
102 prioritizing members who have the following experience:

103 (I) A representative of the health care sector who has
104 senior-level experience in reducing inefficiencies in health
105 care delivery systems;

106 (II) A representative of the private sector who has
107 senior-level experience in cybersecurity or software engineering
108 in the health care sector;

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

111 (IV) A representative who has experience in finance or
112 investment or in management and operation of early stage
113 companies.

114 b. A physician licensed under chapter 458 or chapter 459,
115 appointed by the Governor.

116 c. A nurse licensed under chapter 464, appointed by the
117 Governor.

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

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

122 f. An employee of a health insurer or health maintenance
123 organization who has executive-level experience, appointed by
124 the Governor.

125 g. A resident of this state who can represent the interest

126 of health care patients in this state, appointed by the
 127 Governor.

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

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

132 a. The State Surgeon General.

133 b. The Secretary of Health Care Administration.

134 c. The Secretary of Children and Families.

135 d. The director of the Agency for Persons with
 136 Disabilities.

137 e. The Secretary of Elderly Affairs.

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

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

149 7. Members whose terms have expired may continue to serve
 150 until replaced or reappointed. However, members whose terms have

151 expired may not serve longer than 6 months after the expiration
152 of their terms.

153 8. Members shall serve without compensation but are
154 entitled to reimbursement for per diem and travel expenses
155 pursuant to s. 112.061.

156 9. Members may be removed for cause by the appointing
157 entity.

158 10. Each member of the council who is not otherwise
159 required to file a financial disclosure statement pursuant to s.
160 8, Art. II of the State Constitution or s. 112.3144 must file a
161 disclosure of financial interests pursuant to s. 112.3145.

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

176 action by the council.

177 (c) Conflicts of interest.—

178 1. A council member may not vote on any matter that would
179 provide:

180 a. Direct financial benefit to the member;

181 b. Financial benefit to a relative of the member,
182 including an entity of which a relative is an officer, partner,
183 director, or proprietor or in which the relative has a material
184 interest; or

185 c. Financial benefit to a person or entity with whom the
186 member has a business relationship.

187 2. With respect to the revolving loan program established
188 in subsection (7):

189 a. Council members may not receive loans under the
190 program.

191 b. A person or entity that has a conflict-of-interest
192 relationship with a council member as described in sub-
193 paragraph 1.b. or sub-paragraph 1.c. may not receive a
194 loan under the program unless that council member recused
195 himself or herself from consideration of the person's or
196 entity's application.

197 3. For purposes of this paragraph, the term:

198 a. "Business relationship" means an ownership or
199 controlling interest, an affiliate or subsidiary relationship, a
200 common parent company, or any mutual interest in any limited

201 partnership, limited liability partnership, limited liability
 202 company, or other entity or business association.

203 b. "Relative" means a father, mother, son, daughter,
 204 husband, wife, brother, sister, grandparent, father-in-law,
 205 mother-in-law, son-in-law, or daughter-in-law of a person.

206 (d) Public meetings and records.—The council and any
 207 subcommittees it forms are subject to the provisions of chapter
 208 119 relating to public records and the provisions of chapter 286
 209 relating to public meetings.

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

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

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

223 1. Consideration must be given to how such concepts
 224 increase efficiency in the health care system in this state,
 225 reduce strain on the state's health care workforce, improve

226 patient outcomes, expand public access to health care services
227 in this state, or reduce costs for patients and the state
228 without reducing the quality of patient care.

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

233 3. The council may coordinate with the Florida Small
234 Business Development Center Network, the Florida Opportunity
235 Fund, the Institute for Commercialization of Florida Technology,
236 and other business incubators, development organizations, or
237 institutions of higher education to include emerging and early
238 stage innovators, developers, and implementers of technology,
239 models, or solutions in health care in the exploration and
240 discussion of concepts and breakthrough innovations.

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

249 5. The council may also highlight broad community or
250 statewide issues or needs of providers and users of health care

251 delivery and may facilitate public forums in order to explore
252 and discuss the range of effective, efficient, and economical
253 technology and innovative solutions that can be implemented.

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

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

271 1. Best practice recommendations that will lead to the
272 continuous modernization of the health care system in this state
273 and make the Florida system a nationwide leader in innovation,
274 technology, and service. At a minimum, recommendations must be
275 made for how to explore implementation of innovations, how to

276 implement new technologies and strategies, and health care
277 service delivery models. As applicable, best practices must be
278 distinguished by practice setting and with an emphasis on
279 increasing efficiency in the delivery of health care, reducing
280 strain on the health care workforce, increasing public access to
281 health care, improving patient outcomes, reducing unnecessary
282 emergency room visits, and reducing costs for patients and the
283 state without reducing the quality of patient care. Specifically
284 for information technology, best practices must also recommend
285 actions to guide the selection of technologies and innovations,
286 which may include, but need not be limited to, considerations
287 for system-to-system integration, consistent user experiences
288 for health care workers and patients, and patient education and
289 practitioner training.

290 2. A list of focus areas in which to advance the delivery
291 of health care in this state through innovative technologies,
292 workforce pathways, or service delivery models. The focus areas
293 may be broad or specific, but must, at a minimum, consider all
294 of the following topics:

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

297 (I) Approaches to cultivate interest and growth in the
298 workforce, including concepts resulting in increases in the
299 number of providers.

300 (II) Efforts to improve the use of the workforce, whether

301 through techniques, training, or devices to increase
 302 effectiveness or efficiency.

303 (III) Educational pathways that connect students with
 304 employers or result in attainment of cost-efficient and timely
 305 degrees or credentials.

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

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

314 (I) Use of advanced technologies to improve patient
 315 outcomes, provide patient care, or improve patient quality of
 316 life.

317 (II) The use of early detection devices, including remote
 318 communications devices and diagnostic tools engineered for early
 319 detection and patient engagement.

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

321 (IV) Advanced at-home health care.

322 (V) Advanced adaptive equipment.

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

325 d. The technical aspects of the provision of health care.

326 These aspects include, but are not limited to, all of the
327 following:

328 (I) Interoperability of electronic health records systems
329 and the impact on patient care coordination and administrative
330 costs for health care systems.

331 (II) Cybersecurity and the protection of health care data
332 and systems.

333 (e) Identify and recommend any changes to Florida law or
334 changes that can be implemented without legislative action which
335 are necessary to:

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

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

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

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

351 workforce pathways, service delivery models, or other solutions
352 by health care industry stakeholders in this state.

353 (5) AGENCY COOPERATION.—All state agencies and statutorily
354 created state entities shall assist and cooperate with the
355 council as requested.

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

359 (a) Provide reasonable and necessary support staff and
360 materials to assist the council in the performance of its
361 duties.

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

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

376 department to refer the person seeking funding to the
 377 appropriate contact for such assistance.

378 (d) Incorporate recommendations of the council into the
 379 department's duties or as part of the administration of this
 380 section, or update administrative rules or procedures as
 381 appropriate based upon council recommendations.

382 (7) REVOLVING LOAN PROGRAM.—The department shall establish
 383 and administer a revolving loan program for applicants seeking
 384 to implement innovative solutions in this state.

385 (a) Administration.—The council may make recommendations
 386 to the department for the administration of the loans. The
 387 department shall adopt rules:

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

396 2. Establishing eligibility criteria to be applied by the
 397 council in recommending applications for the award of loans
 398 which:

399 a. Incorporate the recommendations of the council. The
 400 council shall recommend to the department criteria based upon

401 input received and the focus areas developed. The council may
 402 recommend updated criteria as necessary, based upon the most
 403 recent input, best practice recommendations, or focus areas
 404 list.

405 b. Determine which proposals are likely to provide the
 406 greatest return to the state if funded, taking into
 407 consideration, at a minimum, the degree to which the proposal
 408 would increase efficiency in the health care system in this
 409 state, reduce strain on the state's health care workforce,
 410 improve patient outcomes, increase public access to health care
 411 in this state, or provide cost savings to patients or the state
 412 without reducing the quality of patient care.

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

420 (b) Eligibility.—

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

422 a. Entities licensed, registered, or certified by the
 423 Agency for Health Care Administration as provided under s.
 424 408.802, except for those specified in s. 408.802(1), (3), (13),
 425 (23), or (25).

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

428 2.a. Council members may not receive loans under the
429 program.

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

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

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

439 b. Nonprofit entities that accept Medicaid patients.

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

447 (c) Applications.—

448 1. The department shall set application periods to apply
449 for loans. The department may set multiple application periods
450 in a fiscal year, with up to four periods per year. The

451 department shall coordinate with the council when establishing
452 application periods to establish separate priority, in addition
453 to eligibility, within the loan applications for defined
454 categories based on the current focus area list. The department
455 shall publicize the availability of loans under the program to
456 stakeholders, education or training providers, and others.

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

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

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

476 and sustainable ways and which will lower costs and allow
477 savings to be passed on to health care consumers.

478 (d) Awards.—

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

483 2. The interest rate for each loan may not exceed 1
484 percent.

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

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

491 (e) Written agreement.—

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

495 a. The total amount of the award.

496 b. The performance conditions that must be met, based upon
497 the submitted proposal and the defined category or focus area,
498 as applicable.

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

501 d. The schedule for payment.

502 e. The data and progress reporting requirements and
503 schedule.

504 f. Any sanctions that would apply for failure to meet
505 performance conditions.

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

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

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

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

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

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

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

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

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

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

550 (e) The amount of funds allocated and awarded for each

551 loan application period, as well as any funds not awarded in
552 that period.

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

555 (g) The number of persons assisted and outcomes of any
556 technical assistance requested for loans and any federal, state,
557 or private funding opportunities.

558 (9) EVALUATION.-

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

570 (b) Beginning October 1, 2030, and every 5 years
571 thereafter, the Office of Program Policy Analysis and Government
572 Accountability (OPPAGA) shall develop and present to the
573 Governor, the President of the Senate, and the Speaker of the
574 House of Representatives an evaluation of the administration and
575 efficiency of the revolving loan program administered under this

576 section. The evaluation must include, but need not be limited
577 to, the degree to which the collective proposals increased
578 efficiency in the health care system in this state, improved
579 patient outcomes, increased public access to health care, and
580 achieved the cost savings identified in paragraph (a) without
581 reducing the quality of patient care.

582 (c) Both the EDR and OPPAGA shall include recommendations
583 for consideration by the Legislature. The EDR and OPPAGA must be
584 given access to all data necessary to complete the evaluation,
585 including any confidential data. The offices may collaborate on
586 data collection and analysis.

587 (10) RULES.—The department shall adopt rules to implement
588 this section.

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

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

598 Section 3. (1) For the 2023-2024 fiscal year, the sum of
599 \$250,000 in nonrecurring funds from the General Revenue Fund is
600 appropriated to the Department of Health to implement and

601 administer the Health Care Innovation Council under s. 381.4015,
 602 Florida Statutes.

603 (2) For the 2024-2025 fiscal year, the sum of \$1 million
 604 in recurring funds is appropriated from the General Revenue Fund
 605 to the Department of Health to implement and administer the
 606 Health Care Innovation Council under s. 381.4015, Florida
 607 Statutes.

608 (3) By August 1 of each year, beginning in the 2024-2025
 609 fiscal year through the 2033-2034 fiscal year, the Chief
 610 Financial Officer shall transfer the sum of \$50 million in
 611 nonrecurring funds from the General Revenue Fund to the Grants
 612 and Donations Trust Fund within the Department of Health. Each
 613 year, beginning in the 2024-2025 fiscal year through the 2033-
 614 2034 fiscal year, the sum of \$50 million in nonrecurring funds
 615 is appropriated from the Grants and Donations Trust Fund to the
 616 Department of Health for the revolving loan fund created in s.
 617 381.4015, Florida Statutes. The department may use up to 3
 618 percent of the appropriated funds for administrative costs to
 619 implement the revolving loan program.

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