



Select Committee on Health Innovation

**Monday, December 4, 2023
3:30 PM – 5:30 PM
Morris Hall (17 HOB)**

Meeting Packet

**Paul Renner
Speaker**

**Kaylee Tuck
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Select Committee on Health Innovation

Start Date and Time: Monday, December 04, 2023 03:30 pm
End Date and Time: Monday, December 04, 2023 05:30 pm
Location: Morris Hall (17 HOB)
Duration: 2.00 hrs

OPPAGA report: Graduate Medical Education in Florida

Implementation briefing on HB 391 (2023)-Home Health Aides for Medically Fragile Children

To submit an electronic appearance form, and for information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 11/27/2023 4:00PM by Clenord.Judeline



HB 391 (2023) Implementation Update

House Select Committee on Health Innovation

December 4, 2023

HB 391 (2023) – Home Health Aides for Medically Fragile Children: Key Elements

1	Directs the Agency to allow for a new type of home health agency worker that is a family caregiver of a Medically Fragile Child (home health aide for medically fragile children).
2	Establishes an hourly rate of \$25 per hour, to be paid to a licensed home health agency, for the new home health aides for medically fragile children.
3	Directs the Agency, in consultation with the Board of Nursing, to adopt rules to implement a training program for Home Health Aides for medically fragile children.
4	Directs the Agency to conduct an annual assessment of the new program.
5	Requires the Agency to submit a report on the annual assessment findings to the Governor and the Legislature in January 2025.
6	The Agency received 4 FTEs for implementation.



Key Element #1:

Creation of Home Health Aides for Medically Fragile Children

- HB 391 directs the Agency to allow for a new type of home health agency worker, the home health aide for medically fragile children.
- To qualify for reimbursement, the new home health aide must:

Be employed by a licensed home health agency

Be 18 years or older

Be a family caregiver of an “eligible relative”

Demonstrate a minimum competency to read and write

Complete an approved training program or have graduated from an accredited prelicensure nursing education program

Successfully pass the required background screening



Key Element #1: Creation of Home Health Aides for Medically Fragile Children

The new aide will be eligible to provide certain home health services to patients who meet set criteria:

AGE

Patient must be 21 years of age or younger.

CONDITIONS

Patient must have an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently, and is eligible to receive skilled care or respite care services under the Medicaid program.

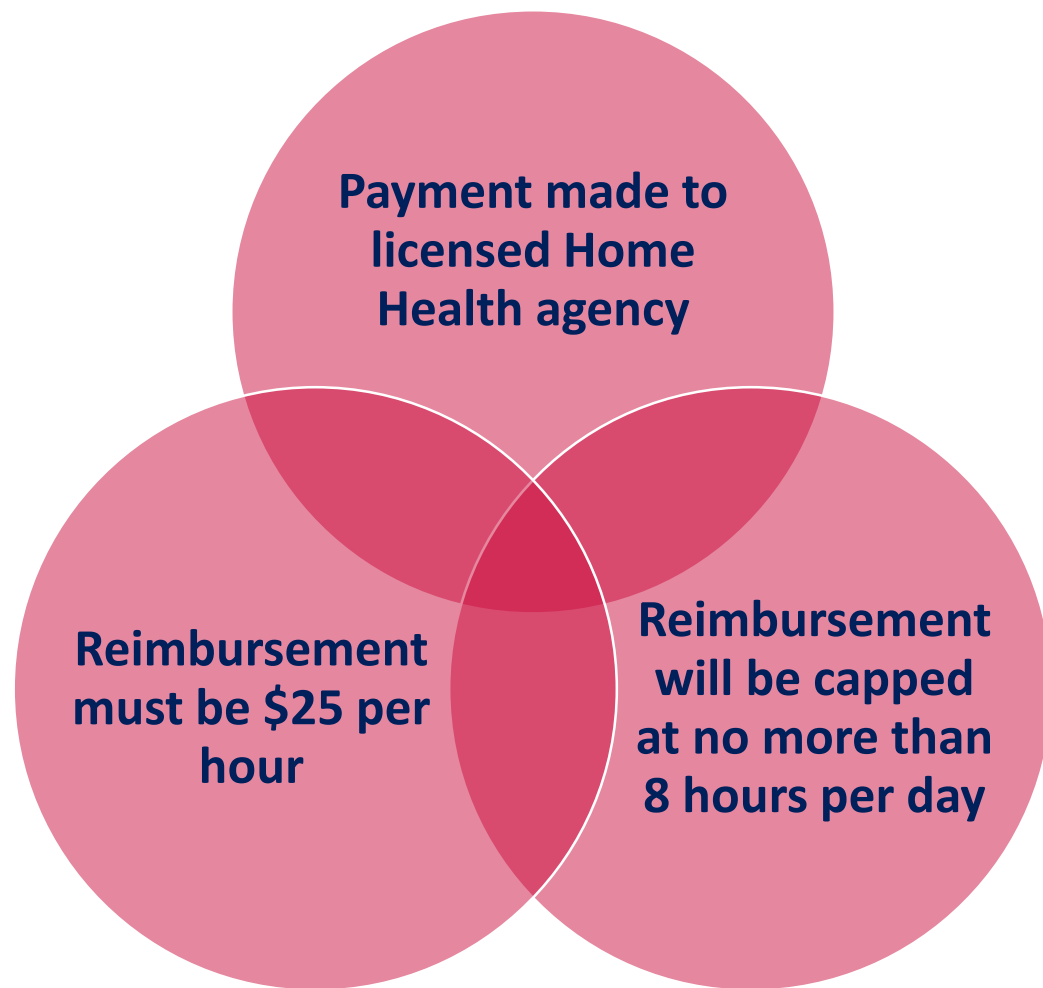
RELATIONSHIP

Patient must be related to his or her family caregiver.



Key Element #2: Establish the \$25 per hour Rate

HB 391 directs the Agency to establish a new Medicaid fee schedule for home health agencies employing a home health aide for medically fragile children.



Key Element #3: HB 391 – Training Program

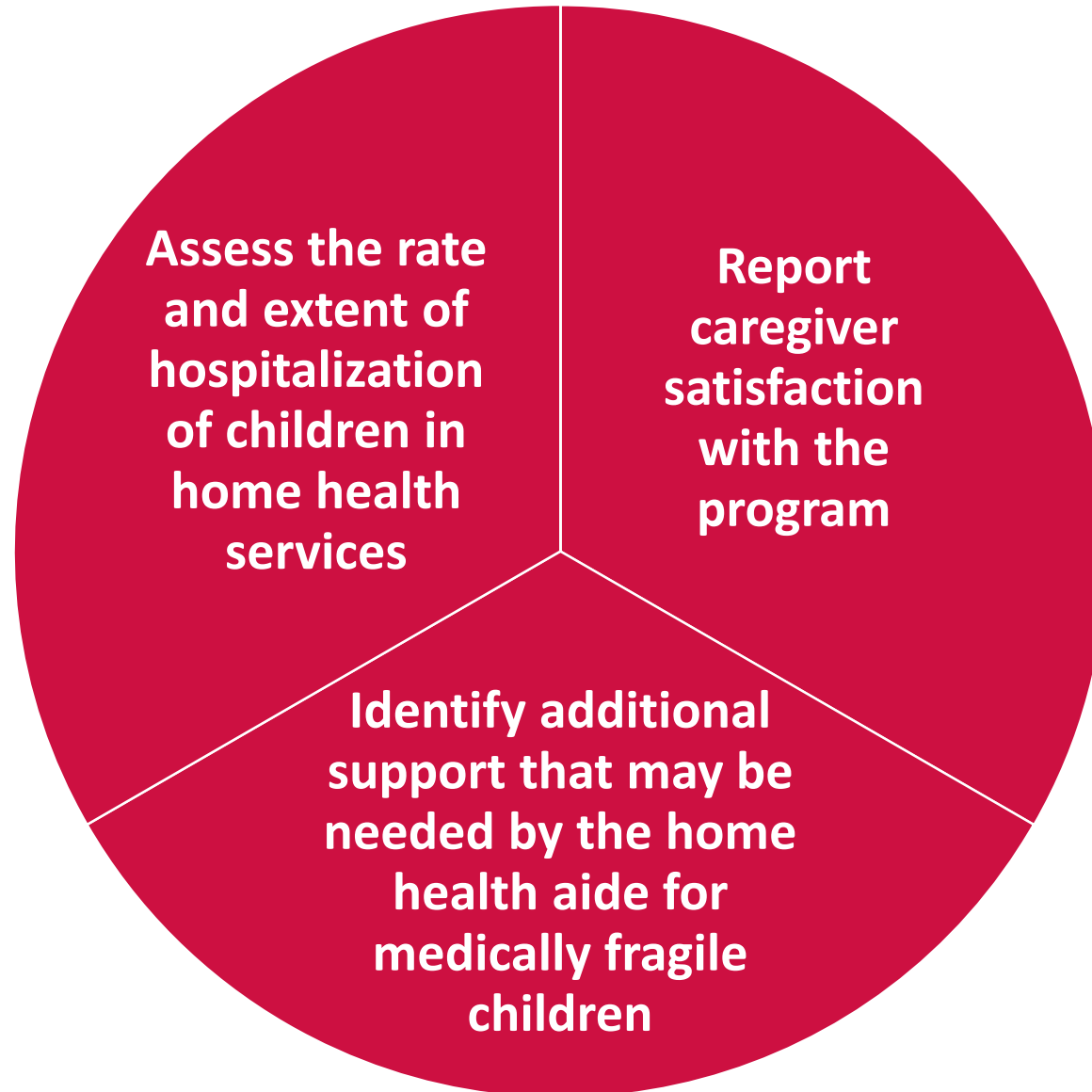
HB 391 directs the agency, in consultation with the Department of Health's Board of Nursing, to adopt rules to implement this program. **The training program must:**

- Train family caregivers as home health aides for medically fragile children.
- Authorize persons to provide trained nursing services as delegated by a registered nurse to eligible relatives.
- Be developed in accordance with 42 C.F.R. ss. 483.151-483.154 and 484.80.
- Ensure that a parent, guardian, or family member who is seeking training required under s. 400.4765 to become a home health aide for medically fragile children is not required to repay or reimburse the home health agency for the costs associated with the home health aide for medically fragile children training program.



Key Element #4: Annual Assessment

HB 391 includes the requirement that the Agency conduct an annual assessment of the new program. The report must:



Key Element #5: Report of Annual Assessment Findings

HB 391 requires the Agency to report, by January 1 of each year, beginning January 1, 2025, the findings from the annual assessment of the program to the Governor, the President of the Senate, and the Speaker of the House of Representatives.



Creation of Home Health Aides for Medically Fragile Children: Status

Steps to Implementation	Status
<p>Medicaid systems update to allow home health agencies to bill for services provided by home health aides for medically fragile children.</p>	<p>The Agency is working with its vendors to ensure systems updates are ready to go live once rulemaking related to licensure is complete.</p>
<p>Amend the Medicaid State Plan (SPA) to incorporate changes for home health aides for medically fragile children.</p>	<p>The Agency has drafted an amendment to the Medicaid State Plan to incorporate licensure rulemaking by reference. The SPA will be finalized and submitted to the Centers for Medicare and Medicaid Services (CMS) once licensure rulemaking is completed.</p>



Establish the \$25 per hour Rate for the New Home Health Aides of Medically Fragile Children: Status

Steps to Implementation	Status
<p>Update the Medicaid home health/private duty nursing (PDN) fee schedule to reflect the new rate of \$25 per hour for the new home health aides for medically fragile children.</p>	<p>The Agency has drafted the updates needed for the PDN Fee Schedule to allow home health agencies to be reimbursed for services provided by home health aides for medically fragile children. The updated fee schedule can be promulgated once licensure rulemaking has concluded.</p>



Health Care Policy and Oversight Implementation: Status

Steps to Implementation	Status
Training Program	Draft rule language created.
Consultation with the Department's of Health Board of Nursing	Meeting scheduled for December 2023.
Hiring of 4 FTEs	All positions are advertised.

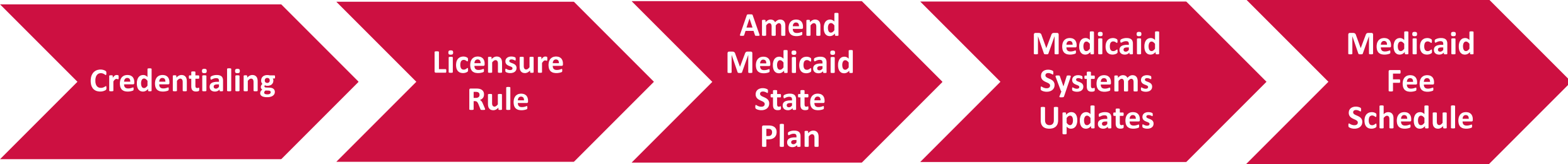


Health Care Policy and Oversight Implementation: Status

Steps to Implementation	Status
Develop an annual assessment of the home health aides for medically fragile children.	Pending final rule adoption
Conduct the annual assessment to the home health aides for medically fragile children.	Pending final rule adoption
Submit the annual assessment report findings to the Governor and Legislature by January 1, 2025.	Due January 1, 2025



Timeline



Questions?



GME Report

Graduate Medical Education in Florida

Presentation to the House Select Committee on Health Care Innovation

Wendy Scott, Staff Director for Health and Human Services



OPPAGA

Office of Program Policy Analysis and Government Accountability

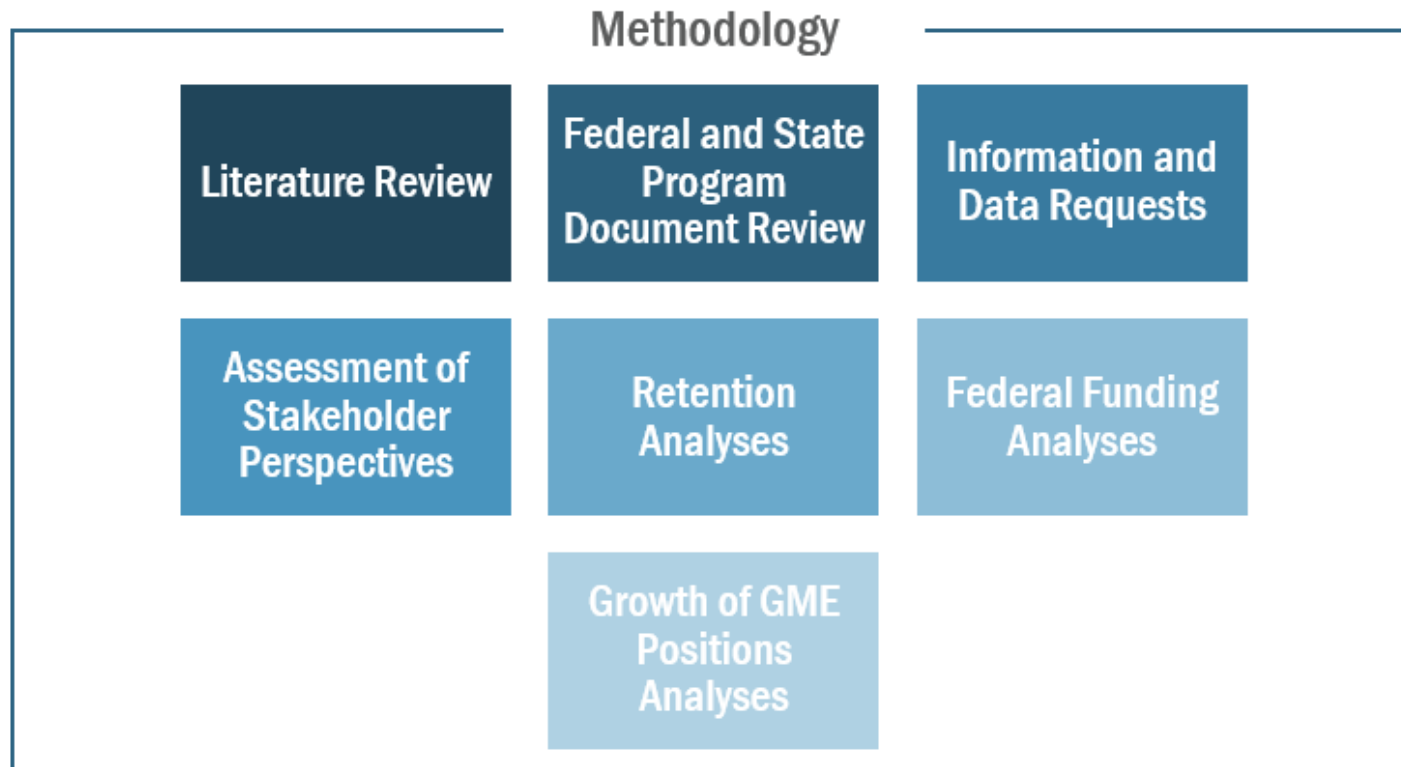
DECEMBER 4, 2023

Presentation Overview

- 1** Project Scope and Methodology
- 2** Background
- 3** Federal and State Funding
- 4** Growth in Facilities, Graduates, and Positions
- 5** Student and Resident Retention to Florida Physician
- 6** Barriers and Preliminary Recommendations

Project Scope and Methodology

- **As directed by the Legislature, OPPAGA**
 - reviewed how funding changes and other state programmatic factors over the past 10 years have affected graduate medical education residency placements and physician retention in Florida; and
 - made recommendations for increasing the retention of medical doctors in the state.



Background

Florida's Physician Workforce



Florida's physician workforce is inadequate to meet projected demand



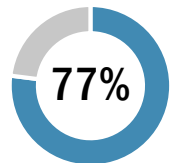
In 2020, Florida was ranked 25th in the nation for active physicians per capita



In 2020, Florida had 273.9 active physicians per 100,000 population



Demand will increase due to population growth and an increase in elderly residents



By 2035, a shortfall of 17,924 physicians is projected and physician supply is estimated to meet 77% of the projected demand



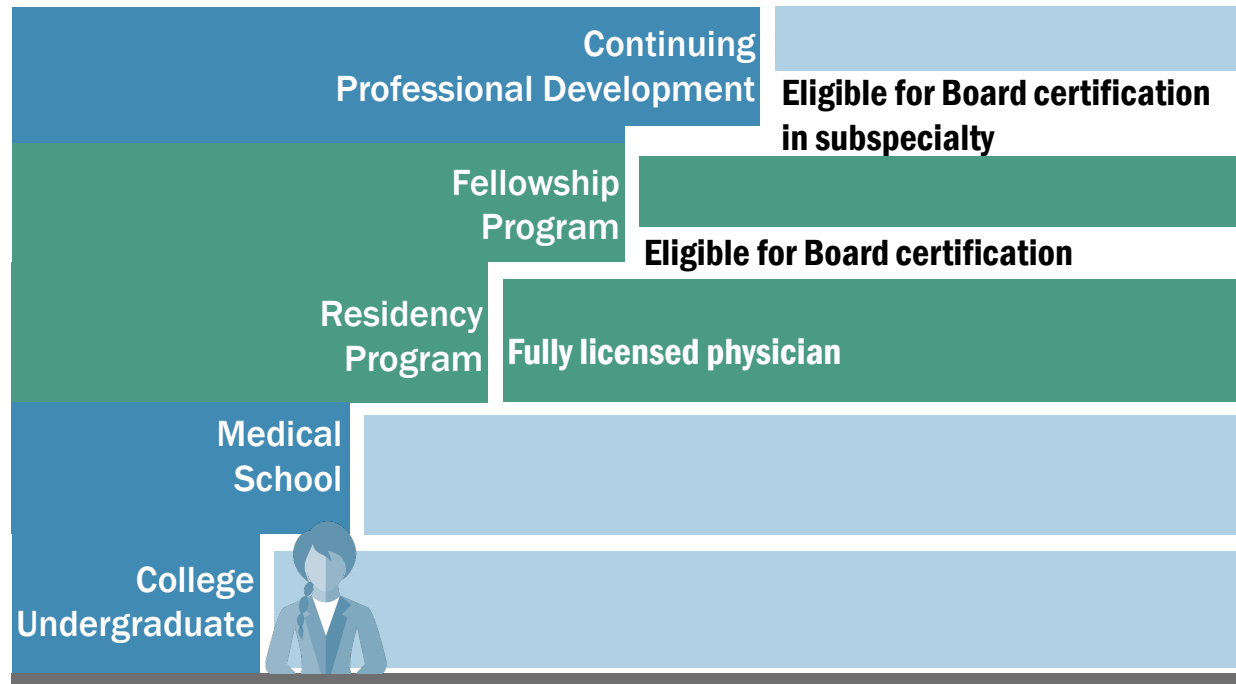
In Fiscal Year 2021-22, Florida had only 1% more physicians per 100,000 population than the state did in Fiscal Year 2012-13

Process of Becoming a Physician



Graduate Medical Education (GME) is an integral component of training physicians to practice medicine

STEPS TO BECOMING A PHYSICIAN



GME Program Administration



GME programs involve multiple entities and are administered by sponsoring institutions



Accreditation Council for Graduate Medical Education accredits sponsoring institutions and the institutions' GME programs to ensure safe, high-quality medical care



Sponsoring Institutions (universities, federally qualified health centers, and hospitals) guarantee all accreditation standards are met through

- Education oversight
- Institution resources
- Program operations



Participating Sites (health care facilities) have agreements with sponsoring institutions to provide clinical rotations and education experiences



Federal and state funding for GME is provided to participating sites

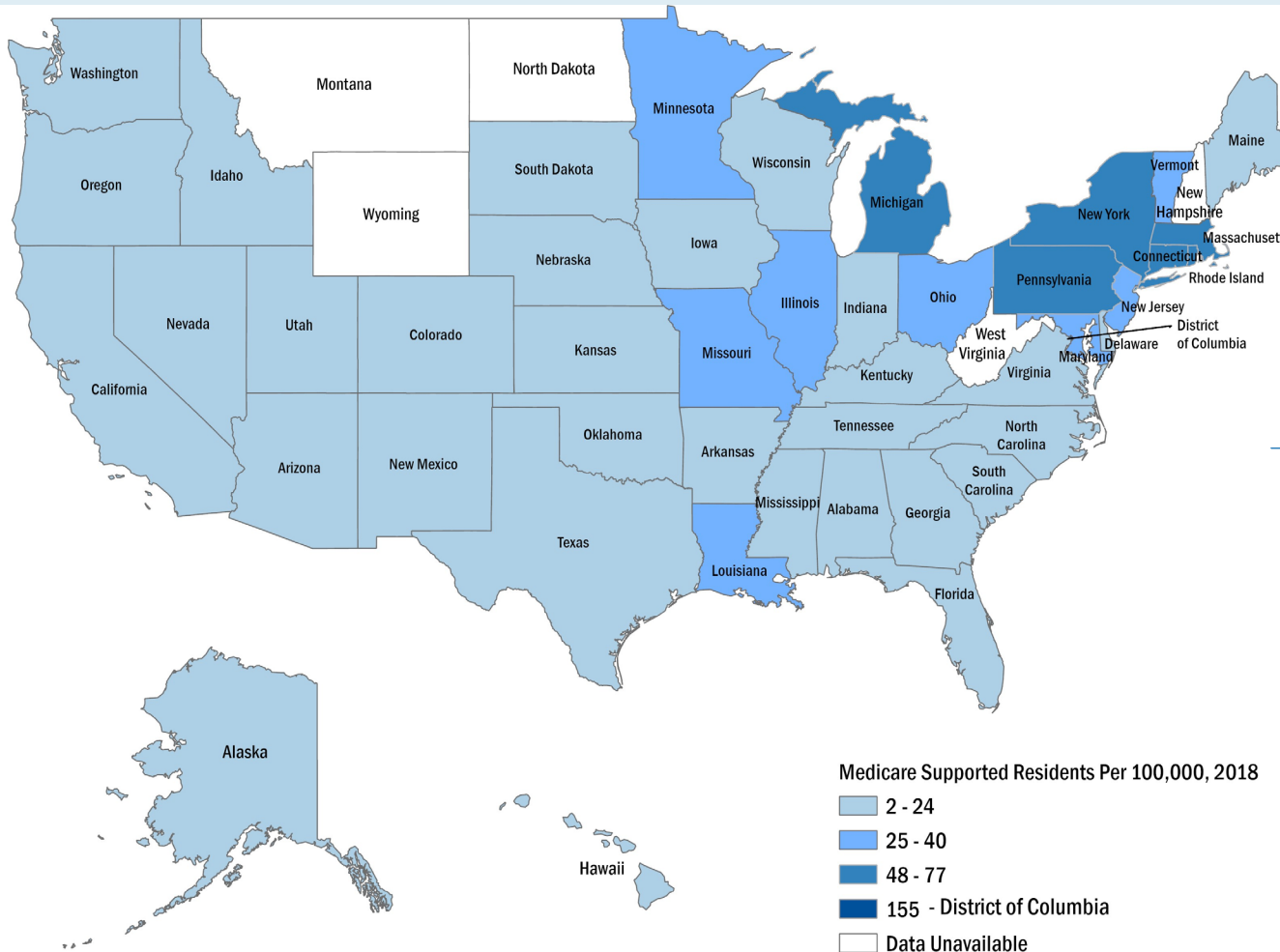


Federal and State Funding

Medicare-Funded Residents



Nationally, the federal government is the largest financial supporter of GME and sets limits on the number of funded positions



- Northeastern states have more physicians, Medicare-funded GME slots, and funding for those slots
- In 2018, the average number of Medicare-supported residents per 100,000 population in the Northeast was approximately 55, while the average for the South was approximately 17
- In Florida in 2018, Medicare supported 15 residents per 100,000 population

Florida GME Incentive Programs



Multiple legislative programs fund GME and encourage expansion

1. Support Current GME Programs

Statewide Medicaid Residency Program: \$80 million (2013-14) to \$191.1 million (2023-24)
Indirect Medical Education (IME): \$501 million (2020-21) to \$613 million (2023-24)

2. Support High-Need Physician Specialties

Severe Deficit: \$10 million (2018-19) to \$30 million (2021-22)
High Tertiary Care: \$30 million (2018-19) to \$66 million (2023-24)

3. Support Mental Health Residencies

Psychiatry: \$480,000 (2019-20) to \$1.3 million (2023-24)
Mental/Behavioral Health: \$2 million (2020-21) to \$4.4 million (2023-24)

4. Support High-Need Medicaid Regions – Primary Care

Medicaid Regions With Certain Demand: \$5 million (2018-19) to \$18 million (2023-24)
Certain Medicaid Regions: \$7.9 million (2020-21) to \$20.1 million (2023-24)

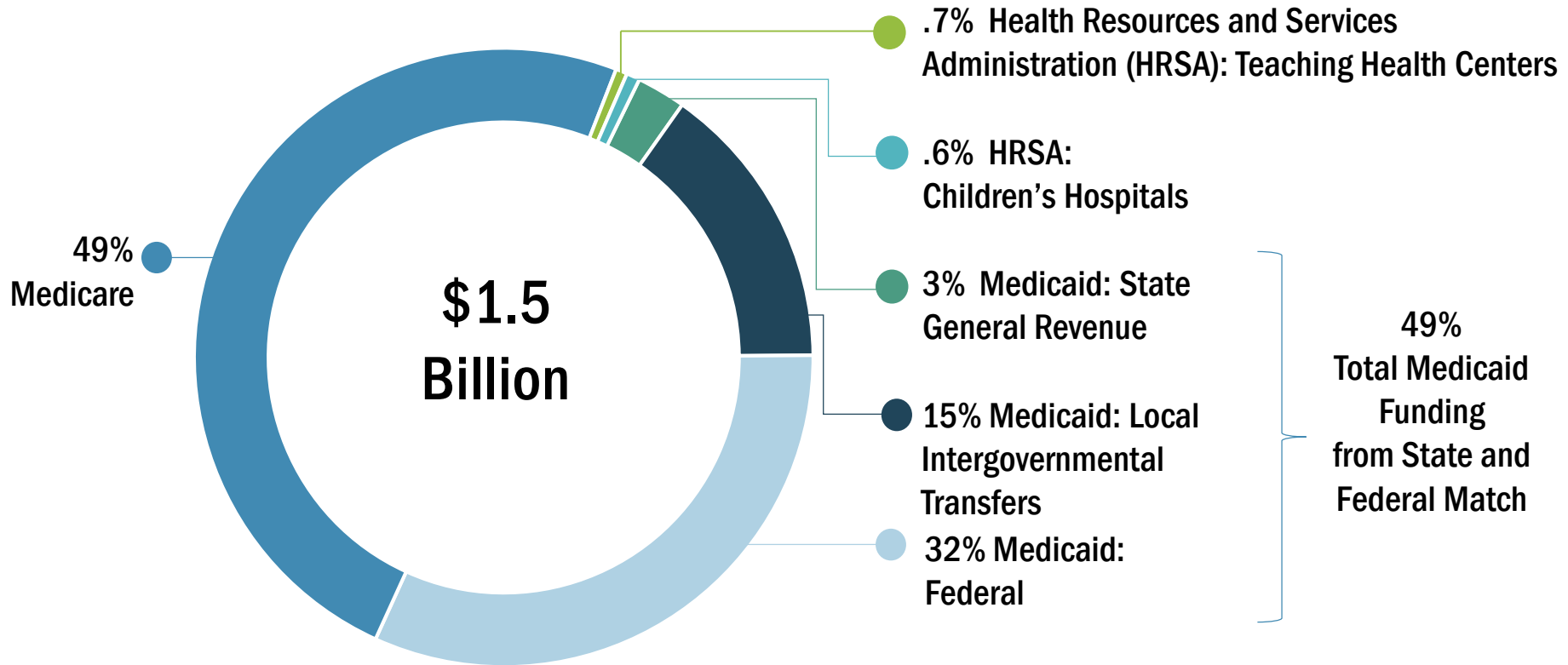
5. Grow GME Programs in High-Need Physician Specialties

GME Startup Bonus: \$100 million (2015-16 through 2023-24)
Slots for Doctors: \$30 million (2023-24)

Florida GME Funding by Source



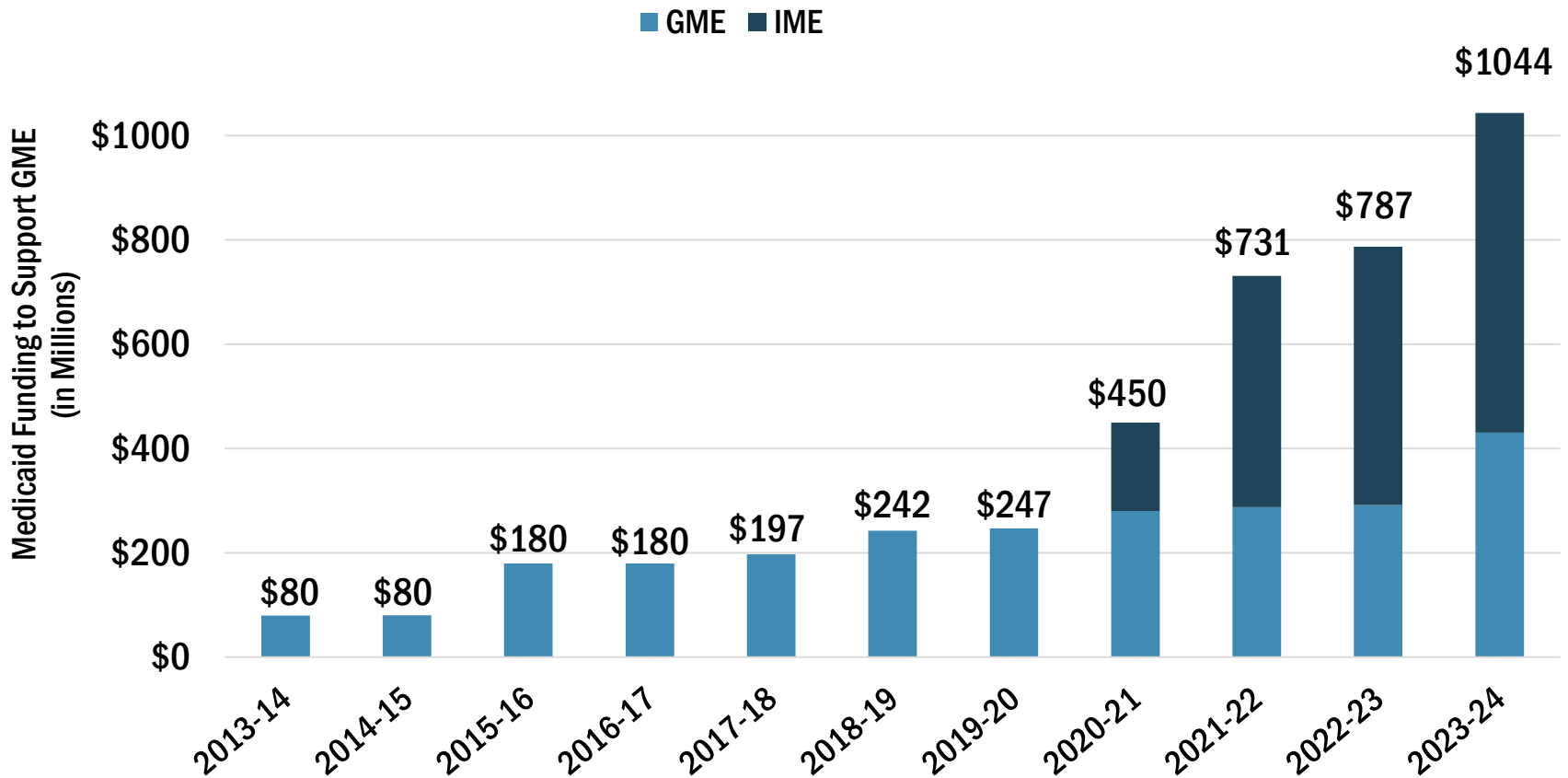
In Fiscal Year 2021-22 approximately half of Florida's GME was funded by Medicare (federal) and half by Medicaid (state funding and federal match)



Indirect Medical Education Funding



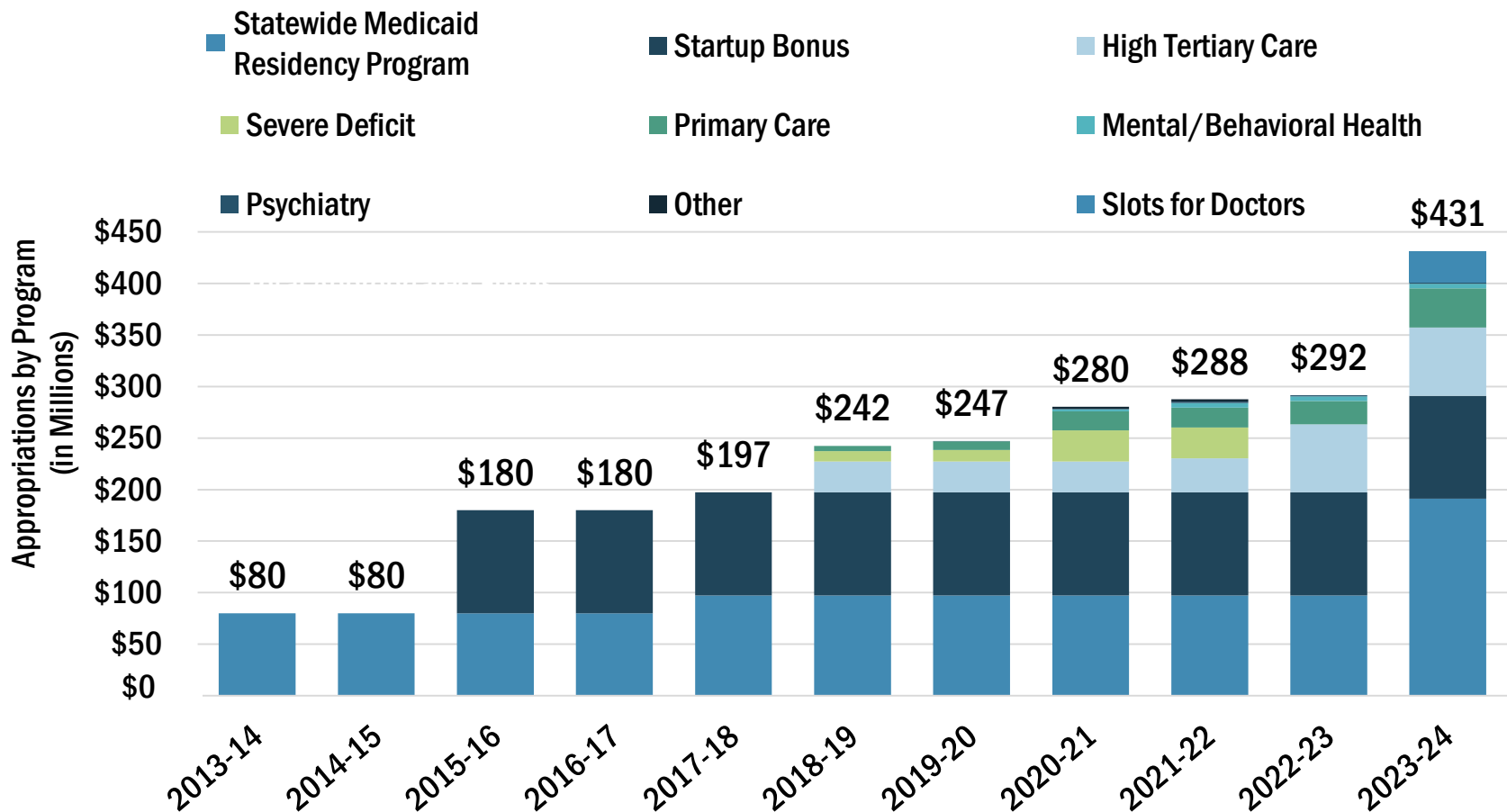
Indirect Medical Education (IME) program funding increased state support for GME



Florida GME Funding Over Time



The state has increased its investment in GME and added new funding programs over time



Entities That Receive GME Program Funding



In addition to hospitals, Florida funds federally qualified health centers and mental/behavioral health facilities

Federally Qualified Health Centers

Safety net providers that primarily provide outpatient clinic services

These facilities include

- ✓ **Community health centers**
- ✓ **Migrant health centers**
- ✓ **Health care centers for the homeless**
- ✓ **Public housing primary care centers**

Mental/Behavioral Health Facilities

Facilities providing evaluation, diagnosis, care, treatment, training, or hospitalizations of persons in need of mental health treatment

These facilities include

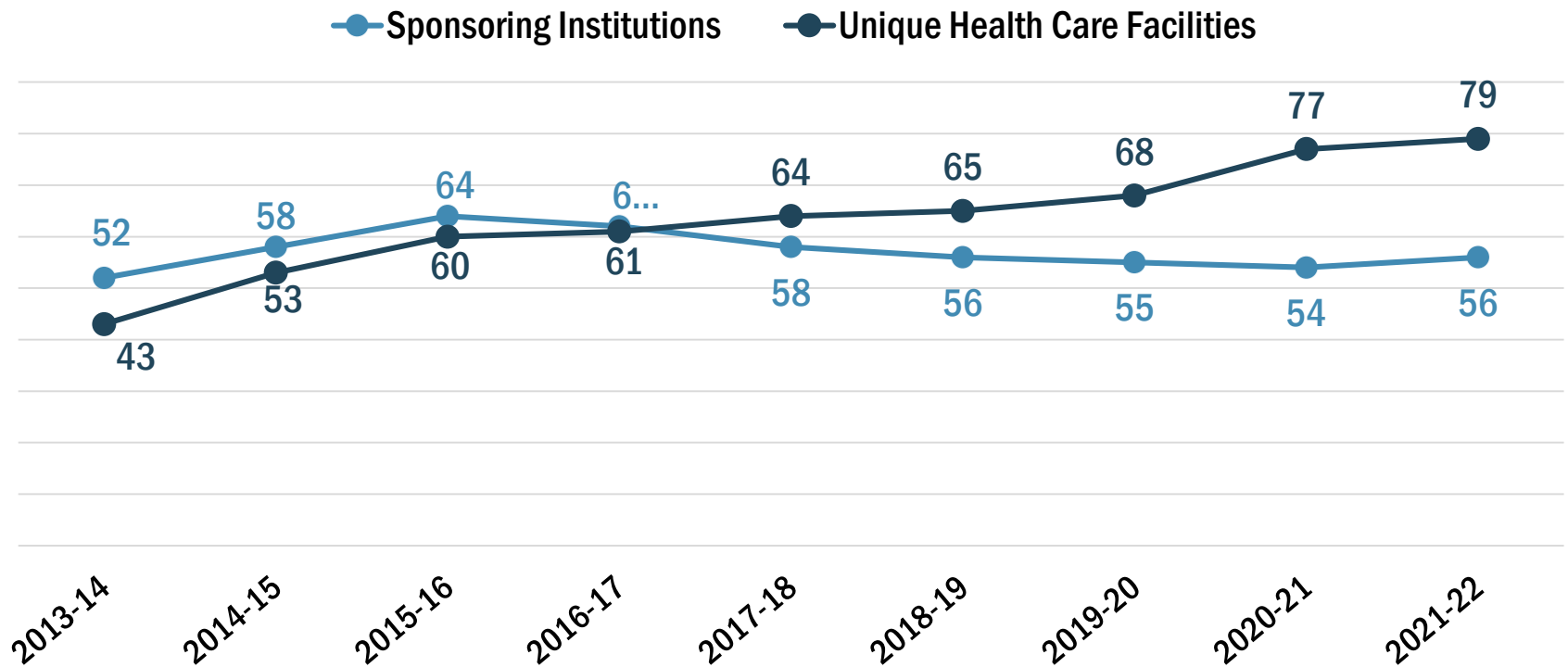
- ✓ **Hospitals**
- ✓ **Community facilities**
- ✓ **Public or private facilities**
- ✓ **Receiving or treatment facilities**

Growth in Facilities, Graduates, and Positions

Growth in Healthcare Facilities Over Time



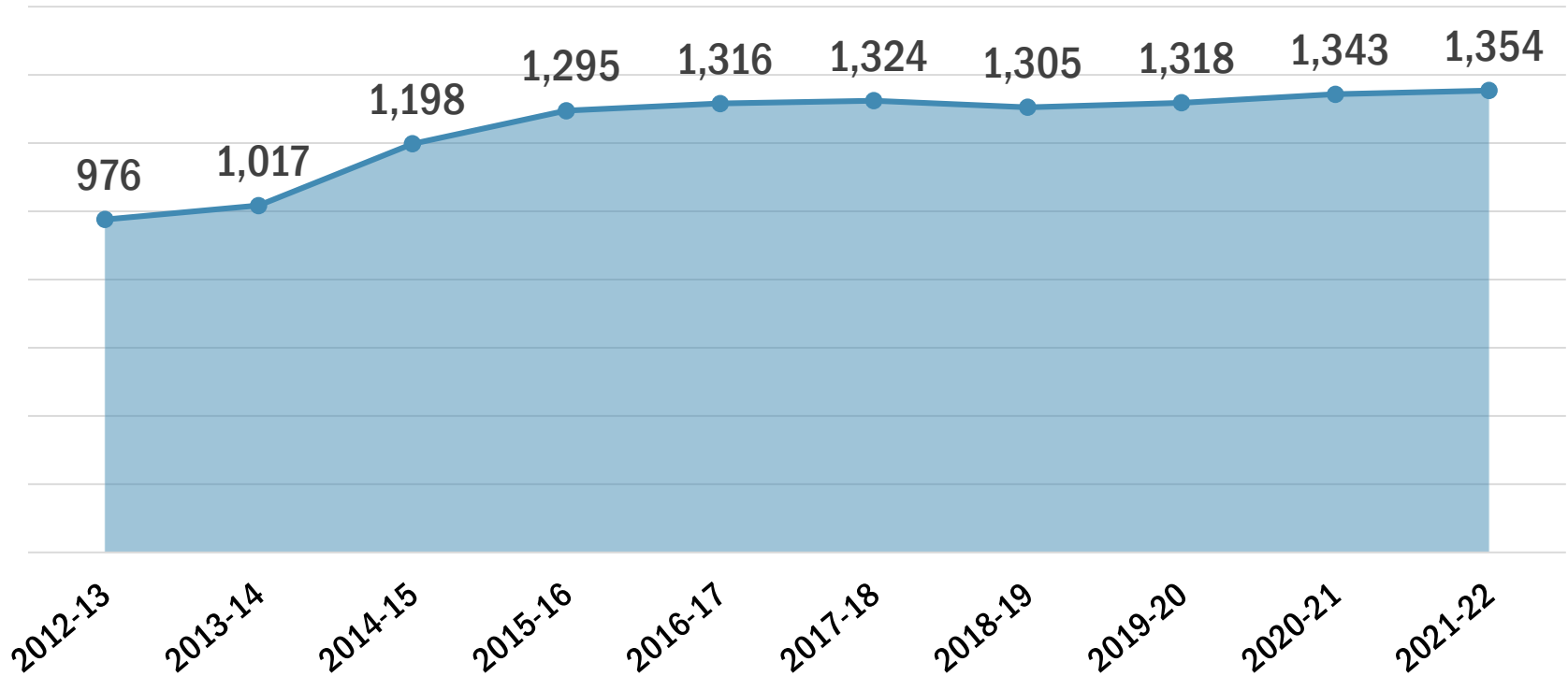
The number of unique health care facilities that received GME and IME funding increased, while the number of sponsoring institutions remained relatively stable



Florida Medical School Graduates Over Time



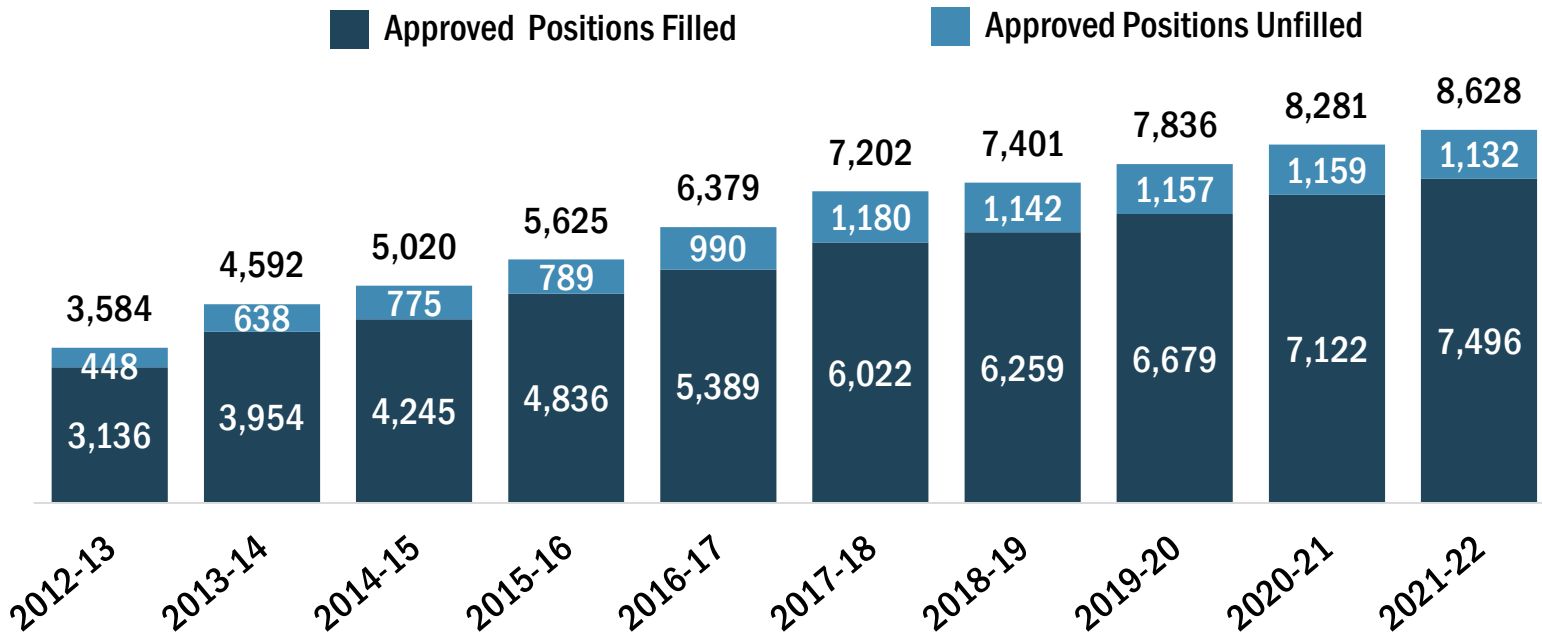
The number of Florida medical school graduates has increased over time



Accredited Residency Positions



The total number of approved and filled accredited positions in Florida grew over time, while the percentage of positions not filled remained stable



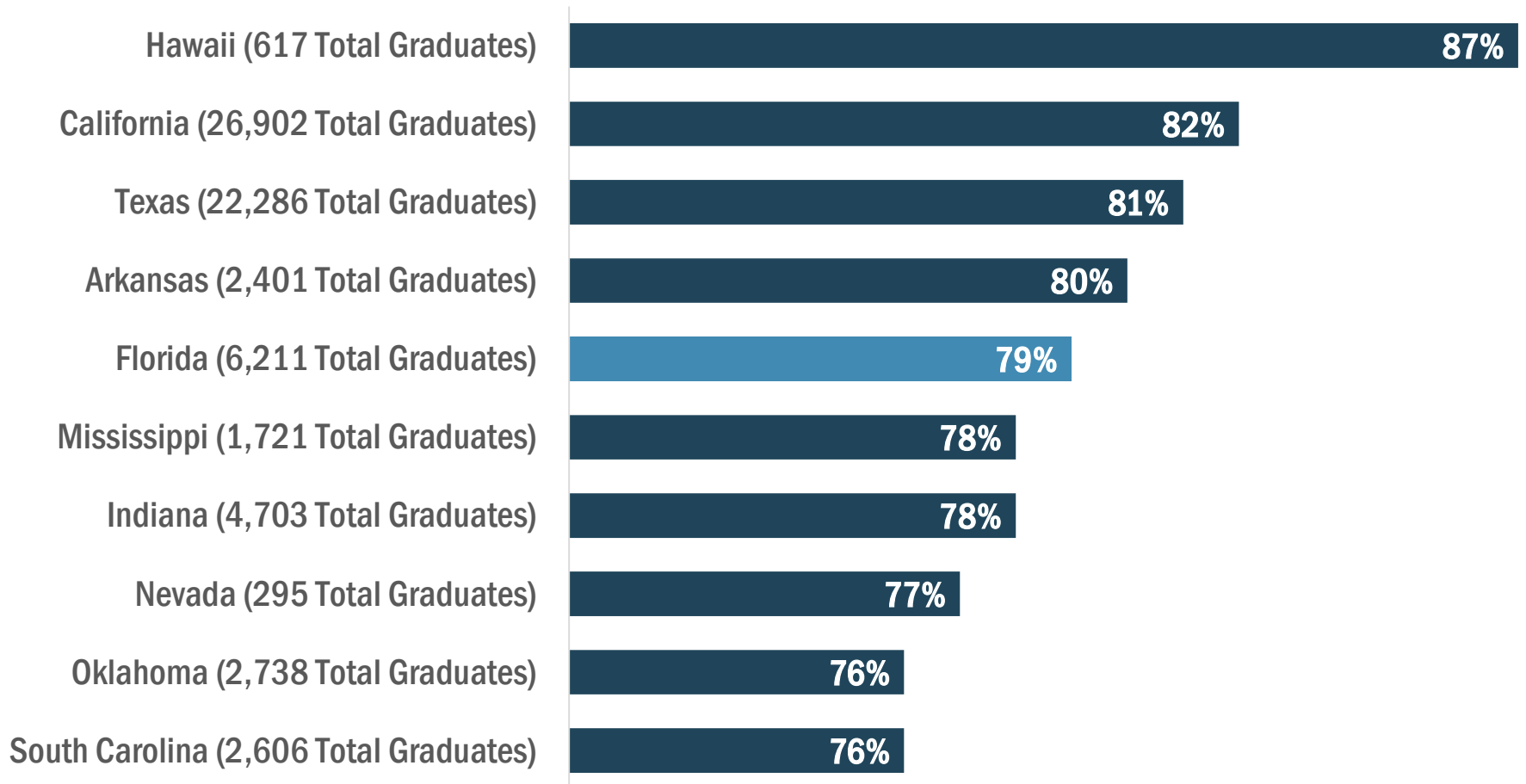
Unfilled positions do not exceed 16% of total approved positions

Student and Resident Retention to Florida Physician

Florida's National Ranking for Physician Retention



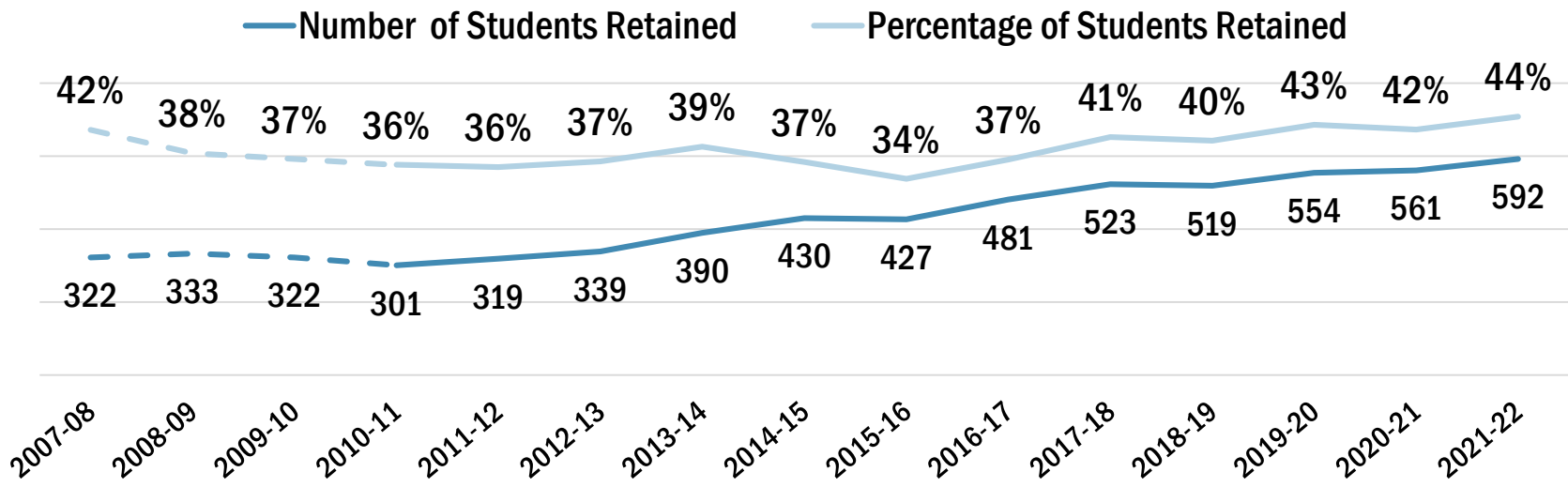
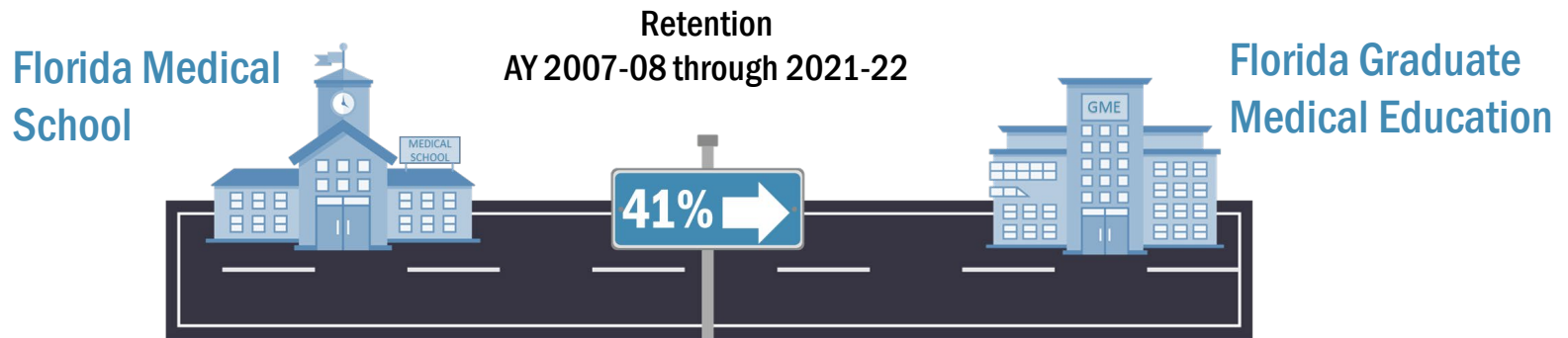
In 2020, according to the Association of American Medical Colleges, Florida ranked 5th in the nation for retention of physicians who completed both medical school and GME in the state



Medical School Student Retention to GME



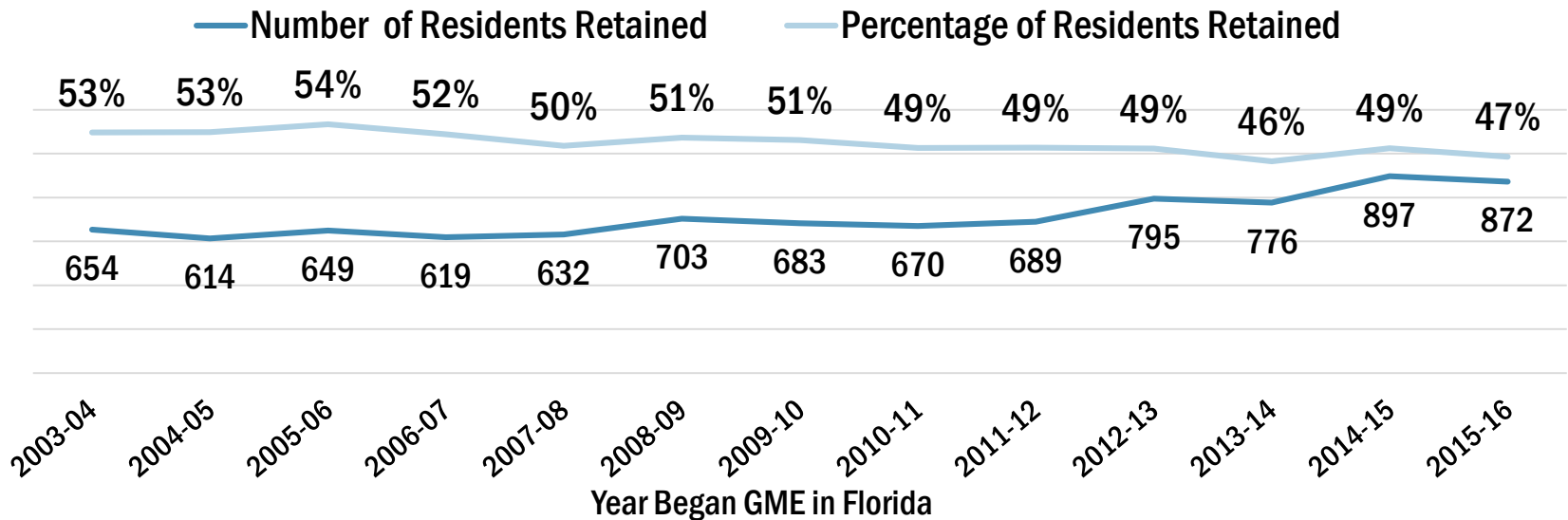
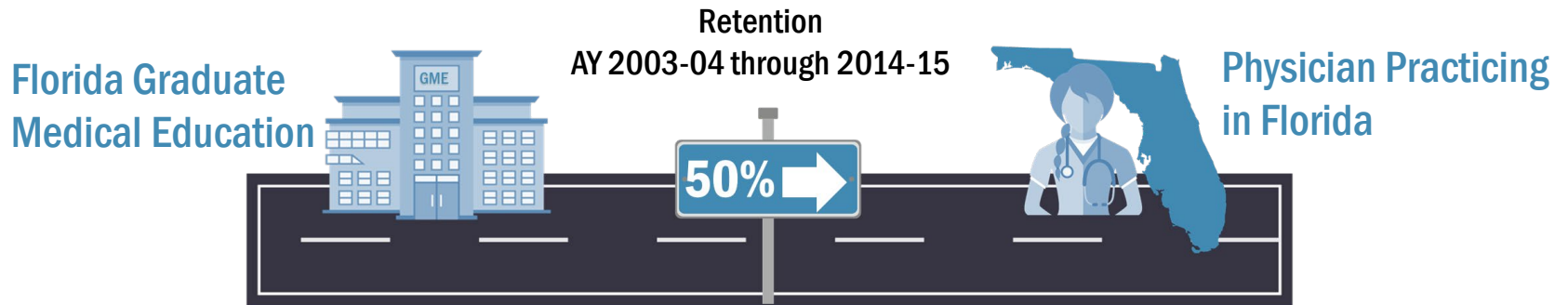
Between 2007 and 2022, on average 41% of students from Florida's 10 medical schools continued to Florida GME



Retention of Residents to Florida Physicians



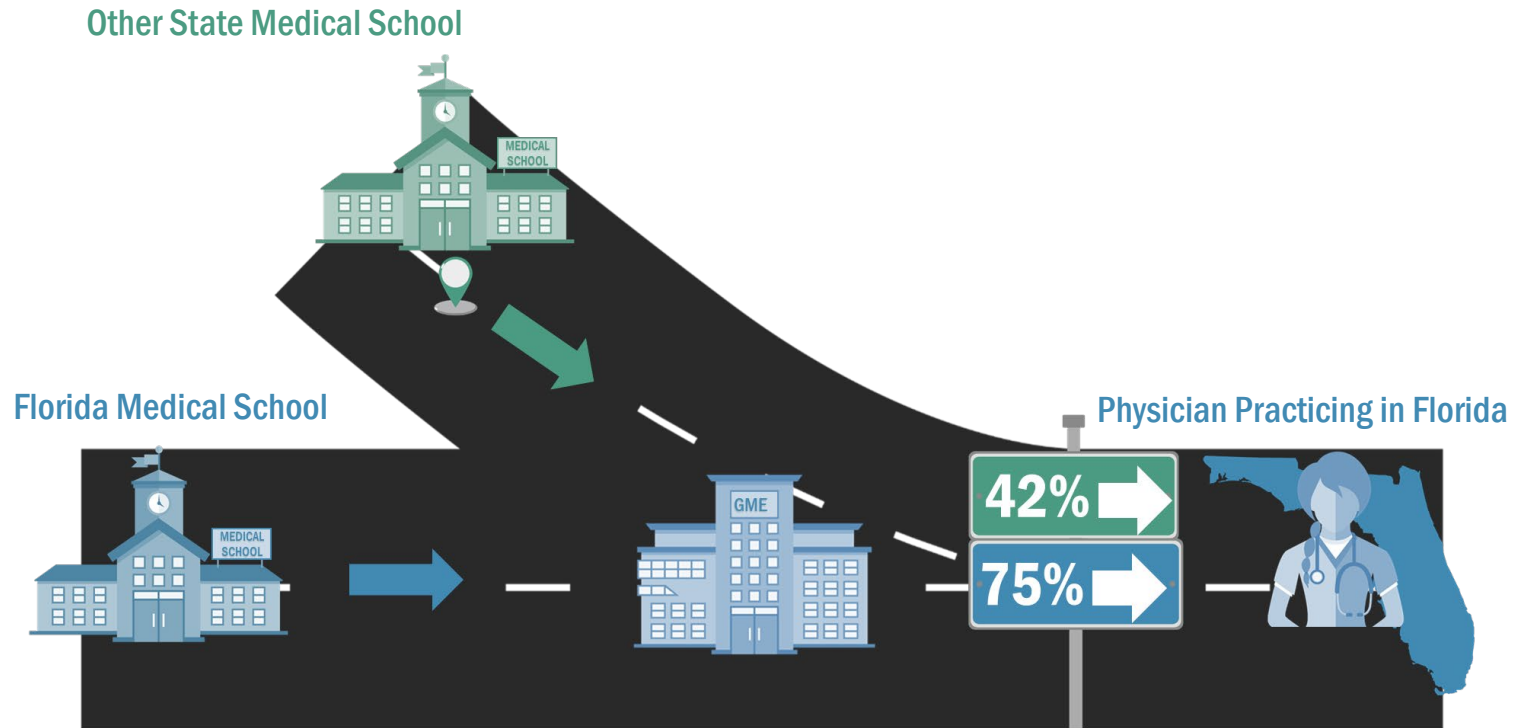
While the percentage of Florida residents retained as Florida physicians has slightly decreased, with an average of 50% retained from 2003-04 to 2014-15, the number of residents retained has increased



Retention of Physicians in Florida



The retention of Florida GME students is most successful when the individuals are also graduates of Florida medical schools



Florida Graduate Medical Education

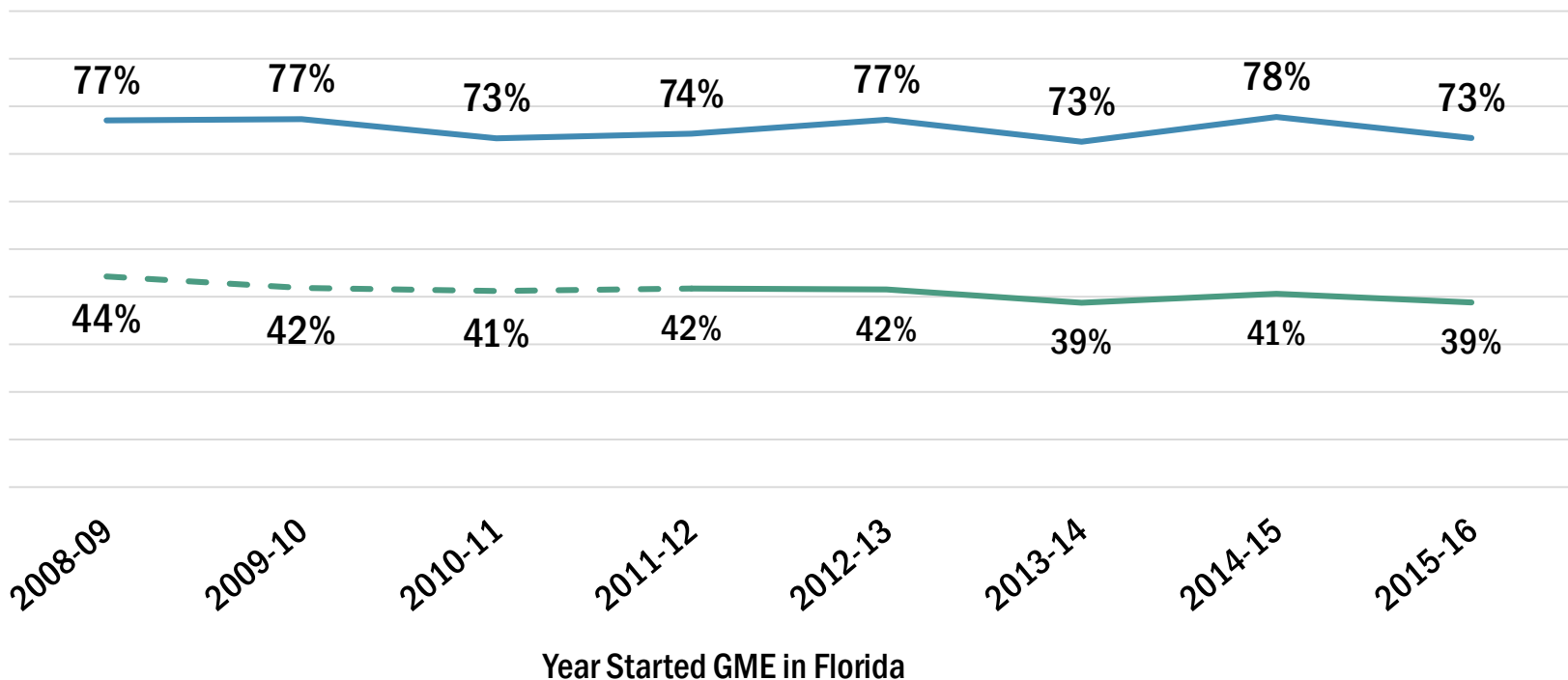
Retention for individuals starting GME between 2008 and 2015

Retention of Physicians Over Time



Between 2008 and 2015, physician retention decreased slightly, but remained much higher for students who completed medical school and GME in Florida

- Percentage Retained Who Completed Both Medical School and GME in Florida
- Percentage Retained Who Completed Medical School Outside of Florida and GME in Florida



Barriers and Preliminary Recommendations

Reasons Physicians Leave Florida



Health care facilities reported several reasons for physicians leaving Florida following their residency



84%

Physicians wanted to be closer to family



69%

Physicians wanted to pursue additional training outside of Florida



33%

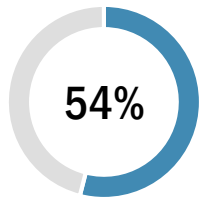
Physicians wanted to live in a desired location outside of Florida

Challenges to Attracting and Retaining GME Students



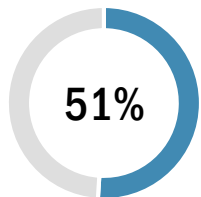
Health care facilities and sponsoring institutions reported challenges to attracting and retaining medical school graduates and physicians

Challenges Reported by Healthcare Facilities



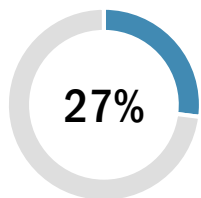
54%

Geographic characteristics



51%

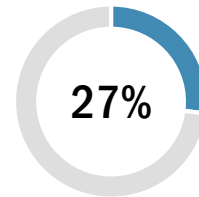
High cost of living



27%

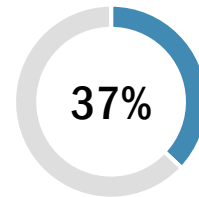
Lack of funding

Challenges Reported by Sponsoring Institutions



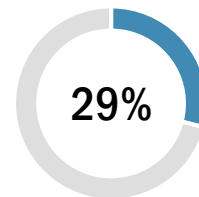
27%

Geographic characteristics



37%

High cost of living



29%

Low pay

OPPAGA's Preliminary Recommendations

Increase Retention

1. Direct sponsoring institutions that receive state funds to give priority in match rankings to graduates of Florida-based medical schools
2. Direct the Department of Health to explore strategies for resident recruitment and retention, including information about opportunities and benefits of training and practicing in Florida

Increase Financial Transparency

5. Direct the Agency for Health Care Administration to establish rules requiring health care facilities that receive state GME funding to report detailed records of GME revenues and expenditures

Conduct Ongoing Analysis

3. Direct OPPAGA to conduct a periodic analysis of the state's GME system
4. Direct the Department of Health to work with OPPAGA to enhance data collection and reliability

Develop State-level Planning

6. Direct the Department of Health to continuously update the strategic plan for physician workforce development with input from relevant stakeholders. The strategic plan would include GME goals, metrics, strategies and recommended funding priorities for the legislature to consider.

Contact Information

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FLORIDA LEGISLATURE OFFICE OF PROGRAM POLICY ANALYSIS AND
GOVERNMENT ACCOUNTABILITY

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.