Nursing Shortage
Part IV

The Senate Appropriations Subcommittee on Health & Human Services assembled a panel of experts from public and private colleges, universities, hospitals and nursing homes to discuss solutions to Florida’s nursing shortage.

Telhealth
Changes Move Forward

On Monday HB 17 (Fabricio) passed the House Health & Human Services Committee unanimously. A similar bill, SB 312 (Diaz), passed the full Senate 36-0.

Physicians’ Free Speech

Growing out of the ideological culture wars that have been exacerbated by the pandemic, House and Senate bills have been filed to restrict state professional oversight boards from punishing physicians for social media statements.

Medicaid Managed Care Program Revamp

“It’s like using a sledgehammer to fix something that could be addressed with correction tape.” ~ Joe Anne Hart, Chief Legislative Officer, Florida Dental Association testifying in House Subcommittee

Major legislation making changes in the Medicaid Managed Care Program began moving through legislative committees in the House and Senate this week. The AHCA bills differ in the Senate and House, with the House making supplemental payments dependent on contracting with all Medicaid managed care plans in the state as well as integrating dental services back into the plans.

Quote of the Week:
“All shall be well, and all shall be well and all manner of thing shall be well.” ~ Julian of Norwich

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How Can Florida Address the Nursing Shortage?

"Why didn’t our university system just shift resources to make new nurses? What is holding the university system back? Wouldn’t it be prudent for the university system to create more medical personnel?"

"How can we make it easier to become faculty?"

~ Chairman Sen. Aaron Bean, Senate Appropriations Subcommittee

The Senate Appropriations Subcommittee on Health & Human Services heard from a panel of experts including Belinda Keiser, Vice Chancellor, Keiser University; Kathryn Hebda, Chancellor of the Florida College System; Mary Mayhew, President & CEO of the Florida Hospital Association; Dr. Christy England, Vice Chancellor of Academic and Student Affairs, Florida Board of Governors; Dr. Tim Moore, President of Indian River State College; and Jennifer Daves, a nursing home administrator. Chair Bean said that it is known that resources are needed and solve many problems. However, he asked panelists what could be done with existing resources and framework? Notwithstanding the chair’s charge, the need for additional resources was a major theme of the panel. These are the main takeaways from their remarks:

The Landscape:

- In the last three years Keiser University has produced 3,300 registered nurses.
- Independent Colleges & Universities of Florida (ICUF) [private schools] produce roughly 25% of the nurses in Florida.
- By 2035, Florida will be short 60,000 nurses.
- Around 82% of the ICUF nursing graduates stay in Florida.
- The SUS produces about 1,700 registered nurses every year.
- The SUS has 10 colleges of nursing; 90% graduate on time; and 96% pass the NCLEX the first time.
- The Florida College System produces LPNs, RNs, and BSNs.
- About 22,000 students are enrolled this year and around 10,000 are produced each year. Over 17,000 allied health practitioners were produced in 2021.

Recommendations:

- Invest in more simulation labs (the nursing board allows 50% to count toward clinical rotations).
- Increase access to clinical sites.
- Address the faculty shortage.
- Expand pipeline programs.
- Retain the nursing graduates in Florida.
- Increase the amount of the Effective Access to Student Education (EASE) grants for students to pursue nursing.
- Design hospital employment contracts to pay student tuition in return for service.
- Create a pilot program with paid externship with faculty mentors at hospital for nursing students.
- Fund wellness training for nurses prior to graduation.
- Design flexibility to allow the use hospital nurses as faculty in the nursing education programs.
- Create public-private partnerships between the education programs and hospitals.
- Share space, faculty and equipment with hospitals and other education programs.
- Use nonrecurring funds to add nursing student slots, then use tuition funds generated by the program to fund on a recurring basis.
- Fund Scholarship and loan repayment programs.
- Convene regional stakeholder sessions.
- Require clinical rotations in geriatric settings, including nursing homes.
- Design funding match programs to incentivize investments in nursing education programs.
- Create interstate compacts for health practitioners.
- Create programs that will fund health practitioner career pathways.

Chair Bean closed the meeting by telling the panelists that they “planted some strong seeds.”

Statewide Medicaid Managed Care Program Bills

Florida has seen 1.1 million more enrollments in Medicaid during the COVID-19 pandemic, leading to the state’s largest Medicaid population (4.9 million) in history. Further, the Social Services Estimating Conference projects an increased total caseload in FY 2022-23 to 5,084,503.

SSSS. The lobbyist full employment bills are on the move in the House and Senate. The bills began the trek toward passage this week. Why so much interest? There is big money at stake because the Agency for Health Care Administration’s (AHCA) procurement process begins for selection of the managed care organizations later this year that will serve Medicaid beneficiaries beginning in 2025. The managed care organizations that are selected are awarded multiyear contracts worth tens of billions of dollars. Several legislative changes in the bills set the chess board for the pieces of that procurement.

Overview. The House Finance and Facilities Subcommittee PCB FFS 22-01 (Garrison) makes changes the program in several ways, including:
1) merging the current 11 Medicaid regions into 8 regions; 2) removing the “carve out” of dental services and reintegrating these benefits back into the Medicaid managed medical assistance (MMA) program; 3) providing updated statutory language on the upcoming AHCA Statewide Medicaid Managed Care (SMMC) program procurement; 4) expanding the Healthy Behaviors Program; 5) requiring plans to contract with Florida cancer hospitals; 6) allowing certain plan contributions in support of medical education to be credited against medical loss ratio and the Achieved Savings Rebate; and 7) other administrative changes.

Mandatory Contracting. The bill requires essential providers to have a network contract with all plans in their region or statewide and AHCA would determine whether network contracts exist prior to releasing supplemental payments to the provider. Otherwise, AHCA will withhold the supplemental payments as of January 1 of each year until the contracts are in place, giving the upper hand to the managed care plans in negotiations. This also creates a hardship for faculty practice plans, RPICCs, FQHCs, children’s hospitals, and teaching hospitals, among others.

Medical Loss Ratio and Workforce. Federal regulations require standards for the calculation and reporting of a medical loss ratio (MLR) applicable to Medicaid contracts with managed care organizations (MCOs). The MLR is a measure of the percentage of premium dollars that an MCO health plan spends on medical services and quality improvements, versus administrative costs including executive salaries, overhead, and marketing. Medicaid contracts require 85% of the capitation amount to be paid to the managed care plan for the provision of health care covered services. The bill expands the type of education funding that may be allowed as a medical expense for calculation of the MLR. Currently, investments in graduate medical education institutions for residency positions are allowed as a medical expense. The bill expands this to allow funds provided for positions: 1) graduate student nursing education positions; 2) undergraduate student nursing education positions, and 3) student positions in any degree or technical education positions in any health care workforce training program.

After discussion and testimony concerning the dental “carve out” and statewide contracting provisions, the House Finance and Facilities Subcommittee submitted PCB FFS 22-01 as a committee bill by a vote of 14 Yeas, 4 Nays.

The Senate companion, CS/SB 1950 (Brodeur), passed the Senate Health Policy Committee unanimously this week. The mostly similar bill leaves dental services carved out and has several other differences in the program that are not in the House bill.
Telehealth Legislation Passes the Senate & Moves Forward in the House

“Thank you for delivering a proposal that the parties can agree on”… “a legislative unicorn.”
~ Chris Nuland, Florida Chapter, American College of Physicians

During the pandemic, physicians were temporarily authorized to prescribe controlled substances through telehealth and it was a big success. Under current law, health care practitioners have the ability to prescribe drugs via telehealth, but state and federal law limits the ability of practitioners to dispense controlled substances using telehealth. Federal law requires a health care practitioner to perform at least one in-person medical evaluation before only telephone calls, e-mail messages, or facsimile transmission under Florida law.

SB 312 (Diaz) passed the Senate unanimously 36-0. The bill differs from the House bill in that it allows audio-only telephone calls. It also allows a telehealth provider to issue a renewal prescription for a controlled substance listed in Schedule III, IV, or V of s. 893.03, F.S., through telehealth, within the scope of his or her practice, and in accordance with other state and federal laws. The prohibition on the prescribing of only Schedule II controlled substances through telehealth, is narrowed to specific circumstances.

HB 17 (Fabricio) passed the House Health and Human Services Committee unanimously. The bill authorizes health care practitioners to prescribe Schedule III, IV, and V controlled substances using telehealth services without limitation and retains current law restrictions on prescribing Schedule II controlled substances through telehealth. Public testimony vigorously supported the bill. Compelling testimony came from Dr. Kamal Shair, a Mayo physician, who provided a gripping example of the life-saving convenience that telehealth provides for his wheelchair-bound rural patient.

CS/SB 1184 (Broxson) passed the Senate Health Policy Committee by a vote of 6-3. The bill prohibits regulatory boards within the Department of Health (DOH), or the DOH if there is no applicable board, from reprimanding, sanctioning, revoking or threatening to revoke a license, certificate, or registration of a health care practitioner for exercising his or her constitutional right of free speech, including speech through the use of a social media platform. In addition to physicians, the bill applies to dentists, nurses, pharmacists, massage therapists, naturopaths, midwives, speech therapists, and many other health care providers. The DOH or its licensure boards could also be liable for up to $1.5 million to any physician or health care practitioner who suffers direct or indirect damages as a result of an unsuccessful regulatory effort.

The House companion bill, HB 687 (Drake), has not yet been considered in subcommittee.

Physicians’ Free Speech Bill Passes Committee

House and Senate bills have been filed to restrict state professional oversight boards from punishing physicians for social media statements. Concern for patient safety was pitted against the free speech rights of physicians in the Health Policy Committee meeting testimony this week. Physicians and other advocates for Ivermectin treatment testified that the bill is important, while other advocates argued that the boards exercise important oversight to protect patients, when they promote medically questionable treatments or cures over social media.

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Bills that might be of Interest

SB 1770 (Book) relating to donor milk bank services, passed the Senate Health Policy Committee by a unanimous vote. The bill authorizes AHCA to pay for donor human milk bank services as optional Medicaid service. The House companion, HB 1333 (McFarland) has not been heard yet.

HB 9353 – Graduate Medical Education - Tallahassee Memorial Hospital (Shoaf) unanimously passed the House Health Care Appropriations Subcommittee placing it in position to be included in the Appropriations bill. The bill requests $800,000 in NR funds for the TMH Internal Medicine program. Last year funding of $672,224 was provided.

HB 9351 – Disproportionate Share Hospital - Tallahassee Memorial Healthcare (Shoaf) unanimously passed the House Health Care Appropriations Subcommittee placing it in position to be included in the Appropriations bill. The bill requests $950,000 in NR funds for the TMH for Disproportionate Share costs. TMH provides a high volume of Medicaid and charity uncompensated care and the funds will assist the hospital in caring for vulnerable patients.

Additional Resources:

FSU Governmental Relations: http://govrel.fsu.edu/
The Florida Channel: http://thefloridachannel.org/
Florida Senate: http://www.flsenate.gov/
Florida House of Representatives: http://www.myfloridahouse.gov/
Florida Governor’s Office: http://www.flgov.com/

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Dog of the Week

BMO -- “grandson” of Doug Carlson, Director of Public Affairs and Communications.