Medical Education Reimbursement

SB 1442 (Jones) passed committee this week. The bill expands the Medical Education Reimbursement and Loan Repayment Program eligibility criteria to health care practitioners who provide primary care to racial and ethnic minority populations that experience health disparities.

“Hospital At Home” Services

Several months ago, during interim committee meetings legislative committees heard from a panel of hospital administrators about innovative practices adopted during the pandemic. Bills are moving that will provide legal flexibility for the programs.

Organ Donors’ Insurance

Legislation protecting living organ donors from insurance discrimination is moving in the House and Senate. CS/SB 1026 (Cruz) unanimously passed the Senate Health Policy Committee and CS/HB 1099 (Latvala), is on the House Calendar.

House and Senate Committees Pass Appropriations Bills

The House’s appropriations bill (HB 5001) for Fiscal Year 2022-23 totals $105.3 billion, an increase of 3.6% over the current year. The proposed increase in General Revenue spending is $2.7 billion (7.4%). The House’s appropriations bill places more than $11.1 billion in reserves. The Senate’s appropriations bill (SB 2500) totals $108.6 billion. The Governor’s recommended budget totaled $99.7 billion.

Quote of the Week:

“Never regret anything that made you smile.” ~ Mark Twain
Senate Committee Approves Medical Education Reimbursement & Loan Repayment Program Changes

Challenges in recruiting health care practitioners to rural and underserved areas have exacerbated over the last several years. Through the years the State of Florida has funded and unfunded loan repayment programs. Now, the program is unfunded. Two years ago, $5 million in recurring funds was appropriated for APRNs registered to engage in autonomous practice; however, it was not spent since the Department of Health (DOH) did not have a position to administer the program. The program’s funding was cut in the 2021-22 budget.

SB 1442 (Jones) passed the Senate Health Policy Committee by a vote of 10-0. The bill expands the Medical Education Reimbursement and Loan Repayment Program eligibility criteria to health care practitioners who provide primary care to racial and ethnic minority populations that experience health disparities.

The Medical Education Reimbursement and Loan Program was established to encourage health care practitioners to practice in underserved locations. The program provides payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced practice registered nurse (APRN) licensure or physician assistant (PA) licensure.

To receive payments under the program for serving racial and ethnic minority populations, the health care practitioner must provide proof that at least 50 percent of patients are of racial or ethnic minorities in this state, regardless of practice location. The DOH is required to make payments of up to $4,000 per year for licensed practical nurses and registered nurses, up to $10,000 per year for APRNs and PAs, and up to $20,000 per year for physicians. For these practitioners, educational expenses include costs for: tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the DOH.

The House companion bill, HB 657 (Brown), has not been heard in committee yet. The House Appropriations bill (HB 5001) includes $10 million in recurring funds for the program.

Human Donor Milk Bank Services Legislation

Before she retired, Dr. Joan Meek said the Human Donor Milk Bank legislation is essential because “is really important to have reimbursement from Medicaid for pasteurized donor human milk from not-for-profit milk banks like the one we established in Orlando. Pasteurized donor human milk can be life-saving for extremely premature infants.”

Currently, human donor breast milk is not a covered benefit in the Medicaid program. The Florida Medical Schools Quality Network has been working on a special project on this issue. CS/HB 1333 (McFarland) unanimously passed the House Finance & Facilities Subcommittee this week.

The bill allows Medicaid reimbursement for donor human milk for hospital inpatient use as an optional covered service in the fee-for-service delivery system and requires health plans participating in the Statewide Medicaid Managed Care program to cover donor human milk bank services. The Medicaid coverage would be for infants who are medically or physically unable to receive maternal breast milk or whose mother medically or physically unable to produce maternal breast milk or breastfeeding.

The bill lists health conditions that human donor milk services would be medically necessary and provides requirements that milk banks must meet in order to qualify as Medicaid providers. The bill also provides Medicaid’s reimbursement rates for donor human milk, which cannot be less than the milk bank’s cost to procure it plus reasonable processing and handling fees.

The companion bill, SB 1770 (Book), is in the Appropriations Subcommittee on Health and Human Services.
Living Organ Donors’ Insurance Policies

Most organ donations occur after the donor’s death; however, some donations are made by living organ donors. A transplant removes an organ or portion of an organ from a living donor and places it in another person who needs the replacement organ. The most common organ transplants are kidney and liver organ transplants, although a living organ donor can also donate tissues for transplants such as skin, bone marrow, and stem cells to replace organs or tissue that have been damaged or destroyed by disease, drugs or radiation.

Studies indicate that some living organ donors have difficulty obtaining various types of insurances. **CS/SB 1026** (Cruz) makes it unlawful to discriminate against living organ donors in specific types of insurance coverage, based solely on their status as a living organ donor. The insurance types include: life insurance, including industrial life insurance and group life insurance; credit life insurance and credit disability insurance; and long-term care insurance. The bill also makes this discrimination a violation of the Unfair Insurance Trade Practices Act, subject to existing penalties within the Act.

The House companion bill, **CS/HB 1099** (Latvala), is on the House Calendar.

Acute and Post-acute Hospital Care at Home

In November, 2020, the Acute Hospital Care at Home program was created, allowing eligible hospitals to treat eligible patients in their homes. Treatment for more than 60 acute conditions, such as asthma, congestive heart failure, pneumonia, and chronic obstructive pulmonary disease, were provided through the program. As of January, 2022, 90 hospital systems and 197 hospitals across 37 states participated in the program. Participants in Florida include Mayo Clinic, Cleveland Clinic, Health First hospitals, Keralty Hospital, and Tampa General Hospital.

**CS/CS/SB 1222** (Bean) makes changes to facilitate “hospital at home” services. The bill authorizes paramedics and pharmacies to serve hospital patients at their homes. Under the bill, a paramedic, under the supervision of a physician or acting under other standing orders, may provide basic life support services and advanced life support services to a patient receiving acute and post-acute hospital care at his or her permanent residence through a program approved by the Centers for Medicare and Medicaid Services and the Agency for Health Care Administration. An institutional pharmacy may dispense, distribute, compound, and fill prescriptions for medicinal drugs for these same patients.

For example, the Mayo Clinic Program wraps services around patients to provide hospitalization in homes. Under the direction of Mayo Clinic physicians, advanced care at home provides comprehensive and restorative health care services including infusions, skilled nursing, medications, laboratory and imaging services, behavioral health, and rehabilitation services from a network of paramedics, nurses and an ecosystem of support team members.

The legislation should free up hospital beds for patients with more serious conditions, while enabling patients to be at home, thus enabling health care services to be provided in a more cost-effective manner. The House companion bill, **CS/HB 937** (Altman) is in the House Health & Human Services Committee.
On page 1, the photos of Sens. Jones, Bean and Cruz are from Senate website. The other photos were on the FSU COM website. The FSU Day photo of President McCullough and the Soccer Team was on the FSU website. Sources included articles from Christine Jordan Sexton, Jim Turner, Gary Fineout, Renzo Downey, James Call, Jim Turner, as well as the Florida Channel and House & Senate bill analyses.

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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