



# 2024 Florida Legislative Summary

(\*Implemental dates, provided Governor's approval)

## Budget Victories

- \$127 million for Medicaid provider rate increases in primary care and behavioral health
- \$46 million for medical loan repayment for primary care physicians practicing in rural areas
- \$62 million for enhancing GME funding for residency positions
- \$25 million for Training, Education, and Clinicals in Health funding program (TEACH)

The FAFP's 2024 Legislative Summary highlights legislation that passed and didn't pass, which impacts family medicine in Florida. Of course, members are encouraged to read the weekly **FAFP Capitol Updates** on [www.fafp.org](http://www.fafp.org) that track bills throughout each legislative session. Not to mention, the Advocacy page provides resources family physicians can use to address legislative mandates.



### **Legislation Impacting Florida's Family Physicians**


**SB 7016 "Live Healthy" Senate President Kathleen Passidomo's #1 priority includes the budget victories above** and revises or creates numerous provisions of Florida law relating to the state's health care workforce, health care services, health care practitioner licensure and regulation, health care facility licensure and regulation, the Medicaid program, and health-care-related education programs. Specific issues impacting family medicine include:




### **Florida Reimbursement Assistance for Medical Education (FRAME) Program:**

An additional \$30 million in reoccurring funding was added to the FRAME program which was originally authorized last year to encourage primary care physicians and other healthcare professionals to practice in underserved locations. While awards for qualified family physicians remains \$20,000 in 2024, SB 7016 enhances physician-specific awards next year

(2025) for up to \$150,000 in loan repayment over the course of four, non-consecutive years. FAFP members are encouraged visit <http://www.fdohframe.com/> to apply before the extended deadline of April 15, 2024, and learn more about the program for the future.



**GME Funding:** The "Slots for Docs" program which was originally funded in 2023 for \$30million and 300 residency positions has been expanded by an additional \$50m for 500 more slots (\$100k per slot). An additional \$12m was added specifically for behavioral health teaching hospitals. The FAFP will be working with the Florida Department of Health and the FMA to ensure as much of this funding is made available to family medicine residencies with a special emphasis on rural areas.



### **Training, Education, and Clinicals in Health Funding Program (TEACH):**

Similar to national advocacy efforts to support teaching health centers, \$25million was secured for qualified facilities (e.g., FQHC, behavioral health centers, etc.) to offset administrative expenses and lost revenue associated with maintaining a training center. Live Healthy also

includes provisions to enhance access to care in Florida in the following areas:

- **Foreign-Trained Physicians:** allows foreign trained physicians with education and training comparable to U.S. standards and approved by the Board of Medicine to practice in Florida.
- **Graduate Assistant Physicians:** allows medical school graduates who have not matched but passed the USMLE to practice under the supervision of a FL licensed physician (MD/DO). Supervision by a supervising physician is limited to no more than two graduate assistant physicians who can only practice in this capacity for no more than three years. Rules for protocol requirements and prescriptive authority will be created by the boards of medicine in the coming months.
- **Interstate Medical Licensure Compact:** Florida joins the compact of 37 other states and territories that allows out of state physicians to practice in Florida under the jurisdiction of the states' boards of medicine.
- **ER Diversion Initiative** Requires Florida licensed hospitals with emergency departments to have an AHCA approved "non-emergent care access plan" or NCAP to assist patients lacking in access to primary care. While the details will need to be worked out within each institution, the FAFP stands ready to assist in the required education the hospital NCAPs must have that emphasizes the importance of having and maintaining a relationship with a primary care physician or provider.



**Access to HIV PEP** (HB 159 Franklin/SB 1320 Calatayud) Allows licensed pharmacists to dispense post-exposure prophylaxis (PEP) pursuant to a collaborative agreement with a licensed physician (MD or DO). \* **Effective July 1, 2024**



**Coverage for Skin Cancer Screenings** (SB 56 Harrell/HB 241 Dr. Massullo) Requires the Florida State Group Insurance to reimburse dermatologists for skin cancer screenings with no cost sharing required. \* **Effective July 1, 2024**



**Coverage for Biomarker Testing** (HB 885 Gonzalez Pittman) Requires the Medicaid program and State Group Insurance to cover biomarker testing. \* **Effective July 1, 2024**



**Sickle Cell Care** (HB 349 Skidmore/SB552 Rouson) Establishes a research and treatment grant program for projects aimed at improving sickle cell awareness and healthcare services. More importantly, the FAFP collaborated with the FMA to prevent a 2-hour mandatory education requirement for physician licensure. \* **Effective July 1, 2024**



**Increased Workers Compensation Reimbursement** (HB 161 Daley/SB 362 Bradley) This legislation improved medical office visit rates to 175% of Medicare and surgical rates to 210%(increases from 110% and 140% respectively). \* **Effective January 1, 2025**



**FAFP Priority** - Invalid Restrictive Covenants with Physicians (HB 11 Dr. Rudman/SB 458 Brodeur) FAFP's #1 legislative priority only passed two of six committee references, but efforts will continue until passage is achieved making void and unenforceable restrictive covenants which prevent physician from practicing medicine within specified area for certain period of time.



**Scope of Practice Legislation Defeated** Expansion of scope of practice for acupuncturists, naturopaths, CRNAs, psychiatric nurses and more were defeated due to a collaborative effort by the FAFP, FMA, and organized medicine lobby as a whole.

While the outline below highlights some of the more high-profile issues, FAFP members are encouraged to reach out to the Jay Millson (jmillson@fafp.org) to address any other questions, obtain further details or express concerns.



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