

**Florida Agency for Health Care Administration
New Section 1115(a) Medicaid Demonstration
for Florida Health Care Workforce Sustainability**

Overview

The Agency for Health Care Administration (Agency) is seeking federal authority to implement an innovative Section 1115(a) Medicaid Demonstration to create and expand training programs that will strengthen Florida's health care workforce to meet the growing health needs of our state. Florida is the first state to seek federal support for a targeted, standalone 1115 demonstration program testing innovation across the health care workforce on a broad scale. Florida is committing almost \$1.4 billion which, with federal support, will provide an average of \$617 million each year for five years to build, strengthen, and sustain the health care workforce and incentivize health care professionals to serve Medicaid recipients in medically underserved areas. The impact of this initiative will be both immediate and long-range. Immediate impacts include loan repayment support for over 3,000 doctors, nurses, physician assistants, dentists, dental hygienists, and mental health practitioners who serve Medicaid recipients in medically underserved areas for as many as five years. Long-range effects include expanding resident and student training programs to up to 844 qualified federally qualified health centers, rural health clinics, community mental health centers, and certified community behavioral health centers. This not only expands training opportunities but shifts training to the community settings where there are health care professional shortages. Other long-range impacts also include supporting the indirect costs of nursing education in approximately 13 facilities, which will help grow the nursing workforce.

The demonstration seeks federal matching Medicaid funds for workforce programs authorized through Florida's recently enacted Live Healthy Act ([Senate Bill \(SB\) 7016 \(2024\)](#)) and budget bill (House Bill (HB) 5003 (2024)):

- Workforce Training Program
 - *The Training, Education, and Clinicals in Health (TEACH) Funding Program* will provide funds to participating federally qualified health centers, community mental health centers, certified community behavioral health clinics, and rural health clinics to offset the costs of training resident physicians and health care professional students to become licensed health care providers who serve Medicaid recipients in medically underserved areas.
- Educational Loan Repayment Programs
 - *Florida Reimbursement Assistance for Medical Education (FRAME) Program* will repay educational loans for primary care physicians, physician assistants, mental health professionals, licensed practical nurses, registered nurses, and advance practice registered nurses who serve Medicaid recipients in medically underserved areas.

- *The Dental Student Loan Repayment Program* will repay educational loans for dentists and dental hygienists who serve Medicaid recipients in medically underserved areas.
- Nursing Indirect Medical Education
 - *The Florida Funding Initiative for the Recruitment, Sustainment, and Training of Nursing (FIRST) Program* will make semi-annual payments to eligible public teaching hospitals to offset the higher patient care expenses and increased complexity of cases resulting from nursing education.

These programs will supplement existing federal initiatives and previously approved Florida programs to address the specific needs of the second-fastest growing state in the nation with a high proportion of older adults and 4.7 million Medicaid enrollees.

Statement of Demonstration Purpose

In this demonstration application, we justify the need for the requested support by providing an overview of federal and Florida health care workforce demands, highlighting Florida’s specific health challenges, and describing health care professional workforce development programs that these new initiatives will strengthen.

Health care workforce shortages are widespread nationally. Florida has additional challenges because it is one of the largest and fastest-growing states in the nation. Moreover, Florida is home to a larger percentage of older adults compared to other states. The federal government has recognized the need to invest in the health care workforce and has several initiatives to increase the numbers of health care workers, especially in medically underserved areas. Over the years, Florida Medicaid has made substantial investments in its health care workforce. However, Florida’s health care need is outpacing workforce supply similar to what is occurring across the nation. The need for health care professionals particularly impacts people living in poverty who have higher rates of acute and chronic health conditions and access challenges due to limited transportation, time off from work, and childcare options.¹

To address these workforce issues, on March 21, 2024, Governor DeSantis approved the “Live Healthy” legislation (SB 7016, SB 7018, SB 330, and SB 1758) to strengthen Florida’s health care workforce, increase access to health care services, and incentivize innovation – aspects that are fundamental to establishing a more resilient and patient-focused health care delivery system for Florida residents. Live Healthy received near unanimous bipartisan support from Florida’s legislature. Collectively, they took unprecedented action to increase Florida’s health care workforce to keep pace with the state’s continued rapid population growth and aging population. They created new laws, revised existing laws, and appropriated hundreds of millions of dollars for state agencies to conduct health care workforce expansion objectives.

¹ Health Affairs, Health, Income, & Poverty: Where We Are and What Could Help, October 18, 2018, <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/>

Live Healthy builds upon existing foundations to improve health care access and quality, which may serve as a national model because of its innovative focus on workforce supply. Specifically, SB 7016 directs the Agency to seek federal approval to use Title XIX matching funds for the workforce training and loan repayment program components of this strategic investment so that all Florida Medicaid beneficiaries will achieve their highest level of health.

Goals and Objectives

The goals of this workforce section 1115 demonstration are to improve Medicaid beneficiary access to services and quality of care by:

1. Enhancing the capacity and effectiveness of Florida's health care workforce to meet the evolving needs of the state's diverse population by implementing targeted training and recruitment programs;
2. Improving health care access and quality across Florida by strategically addressing workforce shortages and retention challenges through innovative workforce development initiatives supported by federal funding; and,
3. Developing a resilient framework for community-based health care workforce initiatives aimed at resolving pediatric home care nursing concerns highlighted by the Department of Justice, particularly for children enrolled in Medicaid with complex medical conditions.

Health Care Workforce Challenges

National Challenges

Access to health care requires a sufficient number and adequate distribution of health care professionals in all parts of the country. The United States (U.S.) is experiencing a health care worker shortage, which is expected to worsen without significant policy interventions.

- In 2020, the Association of American Medical Colleges (AAMC) projected that physician demand will outpace physician supply, leading to a shortage of between 54,100 and 139,000 physicians by 2033, with the most significant gaps in primary care and rural communities.²
- In 2024, the AAMC reported physician demand for several medical specialties is continuing to outpace physician supply. The projected physician shortfalls are expected to worsen if investments in graduate medical education (GME) are not increased.³
- The Health Resources and Services Administration (HRSA) Bureau of Health Workforce also projected shortages due to aging of the health care workforce. In 2019,

² The Complexities of Physician Supply and Demand: Projections From 2018 to 2033, American Association of Medical Colleges, 2020, <https://www.aamc.org/news/us-physician-shortage-growing>

³ The Complexities of Physician Supply and Demand: Projections From 2021 to 2036, American Association of Medical Colleges, March 2024, <https://www.aamc.org/media/75236/download?attachment>

approximately half of registered nurses were over 50 years or older, and 44 percent of physicians were 55 years or older.⁴

- HRSA projected that by 2025, 37 states, including Florida, will have a shortage of primary care physicians.⁵
- The American Hospital Association reported critical shortages of allied health and behavioral health professionals, especially in historically medically underserved communities.⁶
- Nearly 60 percent of adults with behavioral health disorders report not receiving services for their conditions due to lack of an available provider.⁷
- HRSA projected shortages of psychiatrists and addiction counselors to persist through 2030.⁸
- HRSA projected a need for an additional 9,902 dental practitioners to meet the needs of the nearly 58 million individuals living in designated U.S health professional shortage areas.⁹

Health care workers are not distributed in proportion to the population or its needs. HRSA reported 8,352 designated primary care Health Professional Shortage Areas (HPSAs) in the U.S., with 66 percent of designated primary care HPSAs being in rural areas.¹⁰ Doctors are reluctant to practice in rural and medically underserved areas due to apprehensions about income, working hours, career development opportunities, and isolation from peers. Doctors graduate from medical school with an average of \$200,000 in debt.¹¹ This level of debt has some influence on where to practice. However, surveys indicate that young doctors who are commonly of childbearing age are also concerned about educational options for their children, professional opportunities for their spouses, and social opportunities for their young families. Policy measures can influence physicians' practice location choices, such as offering financial incentives to work in underserved areas, educational loan repayments, increasing enrollments of students from underserved areas in medical training programs, decentralizing training locations from urban hospitals to rural clinic settings, and reorganizing service delivery to enhance working conditions in underserved regions.

⁴ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, "Brief Summary of Results from the 2018 National Sample Survey of Registered Nurses." (2019), <https://data.hrsa.gov/DataDownload/NSSRN/GeneralPUF18/nssrn-summary-report.pdf>

⁵ HRSA live data dashboard for "Health Workforce Shortage Areas," <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

⁶ American Hospital Association, Fact Sheet: Strengthening the Health Care Workforce, <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce> (June 2022)

⁷ See Footnote 6

⁸ Health Resources & Services Administration, Bureau of Health Workforce, Health Workforce Projections, <https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>

⁹ Health Resources & Services Administration, Health Workforce Shortage Areas, May 2024, <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

¹⁰ HRSA Health Workforce, State of the Primary Care Workforce, 2023, November 2023, <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-of-primary-care-workforce-2023.pdf>

¹¹ American Medical Association, American Medical Association. Say goodbye to physician residency—and medical student-loan debt? *American Medical Association*. <https://www.ama-assn.org/medical-residents/medical-residency-personal-finance/say-goodbye-physician-residency-and-medical>, April 5, 2024.

The COVID-19 pandemic exacerbated these challenges. The U.S. Department of Health and Human Services (DHHS) reported challenges with hospital and outpatient clinician workforce because of COVID-19. The report concludes that “the COVID-19 pandemic has put extreme stress on the health care workforce in the United States, leading to workforce shortages as well as increased health care worker burnout, exhaustion, and trauma. These pandemic-related challenges have taken place in a context of significant preexisting workforce shortages and maldistribution, as well as in a workforce where burnout, stress, and mental health problems (including an ongoing risk of post-traumatic stress disorder) were already significant problems.”¹² The report explains that “even after the pandemic, many of the effects the pandemic has had on the health care workforce will likely persist. Addressing these impacts as well as the underlying challenges that pre-dated the pandemic can help build a stronger and more resilient health care system for the future.”¹³

Another limitation in meeting the need for health care workers now, and in future, is the availability of training, particularly for nursing. The American Association of Colleges of Nursing reported that in 2020, more than 80,000 qualified applicants were not accepted at nursing schools, reflecting shortages in clinical sites and faculty. This includes nearly 13,000 applicants who were turned away from graduate programs, which could exacerbate shortages in nursing faculty.¹⁴

Finally, there is a growing trend to deliver health care in non-acute care facilities. However, clinical training for most health care professional students occurs in hospitals. This not only limits the numbers of workers who can be trained, but limits students’ exposure to community-based care. In 2023, the National Academies of Sciences, Engineering and Medicine published a landmark consensus study report, “Implementing High-Quality Primary Care,” which recommended expanding medical school enrollments in rural and underserved regions and supporting the development of primary care residency programs that train health care practitioners where people live and work, with a particular focus on community-based, primary practice environments. The study also called for funding to support training all members of the interprofessional primary care team, including nurse practitioners, pharmacists, physician assistants, behavioral health specialists, pediatricians, and dental professionals.

Florida’s Distinct Health Care Workforce Challenges

¹² Impact of the COVID-19 Pandemic on the Hospital and Outpatient Clinician Workforce, ASPE Office of Health Policy, May 3, 2022 Issue Brief, <https://aspe.hhs.gov/sites/default/files/documents/9cc72124abd9ea25d58a22c7692dccb6/aspe-covid-workforce-report.pdf>

¹³ Impact of the COVID-19 Pandemic on the Hospital and Outpatient Clinician Workforce, ASPE Office of Health Policy, May 3, 2022 Issue Brief, <https://aspe.hhs.gov/sites/default/files/documents/9cc72124abd9ea25d58a22c7692dccb6/aspe-covid-workforce-report.pdf>

¹⁴ American Association of Colleges of Nursing (AACN), <https://www.aacnnursing.org/news-data/factsheets/nursing-faculty-shortage> <https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/24802/2020-survey-data-student-enrollment>

Florida faces many of the same workforce challenges as the U.S. Florida’s physician supply is projected to meet only 77 percent of demand by 2035, a shortage of 17,924 full-time equivalent physicians.¹⁵ The Florida Department of Health’s 2023 Physician Workforce Annual Report showed that 34 percent (19,396) of physicians are age 60 years or older, and 9.6 percent (5,429) of all physicians who provide direct patient care are planning to retire in the next five years.¹⁶

Florida is also challenged with geographic distribution of health care professionals. There are high concentrations of doctors in metropolitan cities such as Miami, Orlando, and Tampa. In contrast, rural areas of the Panhandle and Lake Okeechobee areas have low concentrations of doctors. Among all physicians working in Florida, 98 percent work in urban counties while only 2 percent work in rural counties.¹⁷

Of Florida’s 67 counties, 24 counties (36 percent) have a per capita rate of 10 or fewer physicians per 10,000 population.¹⁸ A prior report showed that areas with physician to population ratios below 1:3500 were associated with a one year loss of life compared to areas where the ratio was above 1:3500.¹⁹ Florida’s critical workforce shortage designations as identified by HRSA are listed below:

Florida Health Professional Shortage Areas²⁰ as of March 31, 2024²¹

Provider Type	Total HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove Designation
Primary Care Providers	277	5,979,660	37%	1,295
Dental Providers	263	5,519,905	19%	1,173
Mental Health Providers	212	7,812,746	24%	446

Florida has also been cited by the Department of Justice as having specific issues related to home care of children with complex medical needs. The Agency is tasked via an injunction with transitioning children in nursing facilities to a home or community-based setting and to incrementally increase the percentage of in-home nursing hours provided for children until 100 percent of authorized hours are staffed. Thus, Florida Medicaid has a priority need for nurses with training in home and community-based pediatric care.

¹⁵ Iacobucci, Will, et al. "Florida Statewide and Regional Physician Workforce Analysis: 2019 to 2035." (2021)

¹⁶ 2023 Florida Physician Workforce Annual Report, November 1, 2023, <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/physician-workforce-development-and-recruitment/2023DOHPhysicianWorkforceAnnualReport-FINAL1.pdf>.

¹⁷2023 Florida Physician Workforce Annual Report, see footnote 16.

¹⁸2023 Florida Physician Workforce Annual Report, see footnote 16.

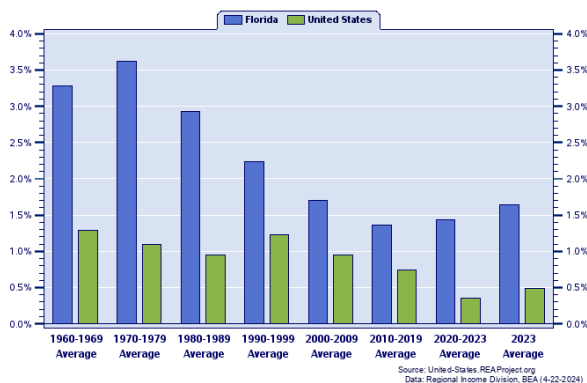
¹⁹ Basu S, Phillips RS, Berkowitz SA, et al. Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States. *Annals of Internal Medicine*. 2021 Jul; 174(7):920-926. DOI: 10.7326/m20-7381. PMID: 33750188.

²⁰ HRSA identifies HPSAs to identify areas and population groups in the U.S. that are experiencing a shortage of health professionals. To be an HPSA, an area must have a population-to-provider ratio of a certain threshold. For example, for dental care, the population to provider ratio must be at least 5,000 to 1 (4,000 to 1 if there are unusually high needs in the community). Data available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.

²¹ HRSA live data dashboard for “Health Workforce Shortage Areas,” <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

In addition to these workforce challenges, Florida has the unique stressors of rapid population growth and high percentage of older residents. Florida is the third most populous state in the nation, with over 22.6 million residents²² and was the second-fastest growing state in 2022-2023.²³ The U.S. Census Bureau projects that Florida’s population will continue to grow at a more accelerated rate than the national population. National population growth trends are projected to average 0.3 percent per year compared to Florida’s average growth rate of 1.4 percent.²⁴ This graphic compares the national annual percent population change by decade. Relative to national trends, Florida has historically outpaced national population growth rates over the decades. Between 2020-2023, Florida population grew by 1.44% annually, well over the U.S. annual population growth rate of 0.35% for the same time period.²⁵

Population Growth:
Average Annual Percent Change by Decade



This chart compares the decade average growth rates for Florida to the United States

With a rapidly growing population, there is a need for a corresponding increase in health care services, and this is especially true for older adults, who use more health care services. Adults ages 65 years or older (65+) account for approximately 12 percent of the U.S. population, but account for approximately 26 percent of all physician office visits, 35 percent of all hospital stays, and 34 percent of all prescriptions.²⁶ Florida is the state with the highest percentage of residents aged 65+.²⁷ The 65+ age group was also the fastest growing age group in Florida between 2010 and 2022, increasing 46 percent.²⁸ In addition, individuals age 50+ are attracted to Florida at a rate of 300,000 new residents per year, which means that the older population will continue to increase at a rapid rate and need more health care services in the near future.²⁹

²² U.S. Census Bureau – <https://www.census.gov/newsroom/press-releases/2023/population-trends-return-to-pre-pandemic-norms.html>

²³ U.S. Census Bureau, see footnote 22.

²⁴ U.S. Census Bureau, “New Florida Estimates Show Nation’s Third-Largest State Reaching Historic Milestone”, <https://www.census.gov/library/stories/2022/12/florida-fastest-growing-state.html#:~:text=Between%202010%20and%202020%2C%20national,the%20fastest%20among%20the%20states>

²⁵ Florida vs. United States Comparative Trends Report: Population, 1958-2023 Regional Income and Product, Divisions of the Bureau of Economic Analysis, U.S. Department of Commerce, https://united-states.reaproject.org/analysis/comparative-trends-analysis/population/reports/120000/0/#page_2

²⁶ Institute of Medicine (US) Committee on the Future Health Care Workforce for Older Americans. Retooling for an Aging America: Building the Health Care Workforce. Washington (DC): National Academies Press (US); 2008. 2, Health Status and Health Care Service Utilization, <https://www.ncbi.nlm.nih.gov/books/NBK215400/>

²⁷ U.S. Census Bureau, see Footnote 22.

²⁸ USA FACTS, Florida population data - <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/florida/>

²⁹ In 2022, the 60 to 69-year-old age group represented the largest share of people moving to Florida from other states per the U.S. Census Bureau's American Community Survey. The second-largest age group moving to Florida was people ages 50 to 59. See <https://www.cbsnews.com/miami/news/expert-its-the-highest-number-its-ever-been-as-florida-population-growth-continues/>.

Workforce Solutions

Federal Solutions

The federal government has recognized these workforce challenges and has significantly increased efforts to provide funding to build a well-trained, high-quality health workforce that reflects the health care needs of their communities of practice. These efforts acknowledge that historic investments in the health workforce are needed to serve U.S. health needs. The DHHS Health Workforce Strategic Plan 2021 provided a framework for health care workforce improvements across all federal agencies centered around key goals:

- 1) Expanding the health workforce supply to meet evolving community needs;
- 2) Improving workforce in underserved and rural communities;
- 3) Improving health care quality through professional development; and,
- 4) Enhancing the use of data and evidence to understand opportunities to strengthen the nation's health workforce.

DHHS's "Health Workforce Initiative" aims to support, strengthen, and increase the health care workforce, including physicians, nurses, dentists, behavioral health care providers, community health workers, and peer support specialists.³⁰ The initiative leverages programs across DHHS, including through a \$2.7 billion workforce investment for HRSA.³¹ HRSA administers numerous programs focused on growing and supporting the health care workforce, with a particular focus on meeting the health care needs of underserved and rural communities. HRSA's leading health care workforce programs – the *National Health Service Corps* and the *Teaching Health Center Graduate Medical Education Program* – are prioritized for funding to support the recruitment and development of clinicians to deliver community-based care through loan repayment, scholarships, and residency training.³² HRSA's budget also prioritizes investments in increasing the nursing and behavioral health care workforce and supporting innovative programs to foster new approaches in workforce development and training.

HRSA identified clinical training as a vital component for virtually all health care professionals that serves as a bridge between learning in the classroom and successful clinical practice in the community. HRSA determined that hospital-based GME does not evenly address the needs of all Americans and leaves rural areas in a state of persistent shortage.³³ Place-based training initiatives that provide more residency training positions in rural hospitals and community health facilities have produced graduates who remain in those areas, and studies show that many students will choose to practice in settings near where they completed their clinical/residency

³⁰ New HHS Initiative Aims to Strengthen Nation's Health Workforce, July 6, 2023, <https://www.hhs.gov/about/news/2023/07/06/new-hhs-initiative-aims-strengthen-nations-health-workforce.html>

³¹ New HHS Initiative Aims to Strengthen Nation's Health Workforce, see Footnote 30.

³² New HHS Initiative Aims to Strengthen Nation's Health Workforce, see Footnote 30.

³³ Investing in a Health Workforce that Meets Rural Needs, HRSA Council on Graduate Medical Education (COGME), Issue Brief #2: Rural Health, February 2021, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/graduate-medical-edu/publications/cogme-rural-health-issue-brief.pdf>

training.³⁴ This is also in line with the recommendations of experts who advocate for more community-based training.³⁵ In response, HRSA recommended expanding and extending successful place-based training initiatives that promote access to care and expanding clinical training outside of teaching hospitals to include more rural, remote, or other locations that are difficult to access, exposing students to the unique needs of populations living in these areas.³⁶

HRSA's key ongoing activities to address these workforce issues include:

- Increased funding to organizations to train and expand access to behavioral health professionals and to increase health professions' scholarship and loan repayment award amounts by 27 percent.
- Nurse Faculty Loan Program: assists graduate students pursuing faculty careers. Students must agree to teach at a school of nursing in exchange for cancellation of up to 85 percent of their educational loans, plus interest, over a four-year period.
- National Health Service Corps Program: supports primary care medical, dental, and behavioral health providers through scholarships and loan repayment programs with a focus on supporting qualified health care providers dedicated to working in areas with limited access to care.
- Teaching Health Center Graduate Medical Education Program: trains physician and dental residents in outpatient settings in the community (versus hospital settings), such as community health centers, with a focus on rural and underserved communities.³⁷

The DHHS Health Workforce Strategic Plan and Health Workforce Initiative reflects a coordinated and intentional effort to proactively address long-standing barriers to strengthening the health workforce to appropriately respond to the increasing health needs driven by a rising and aging national population – much like Florida's Live Healthy comprehensive legislation intends to grow Florida's health care workforce.

Florida Solutions

Florida has developed proactive approaches to address state health care workforce challenges. In 2005, Florida was recognized by the National Center on Education and the Economy as highly innovative in workforce development with state legislation and leadership being credited as the catalysts in addressing workforce issues.³⁸ Over the years, Florida has been at the forefront of implementing activities to build and sustain its health care workforce by establishing a state

³⁴ Florida Statewide and Regional Physician Workforce Analysis: 2019 to 2035 (2021), see Footnote 15.

³⁵ National Academy of Sciences, Engineering, and Medicine, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*, 2021 <https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>

³⁶ *Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities*, HRSA Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), January 2018, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/sixteenth-2018.pdf>

³⁷ HRSA 2021 Health Workforce Highlights, <https://www.hrsa.gov/sites/default/files/hrsa/about/hrsa-health-workforce-fact-sheet.pdf>

³⁸ "Workforce Development in the State of Florida: An Overview, 2005", National Center on Education and the Economy, Pat Fahy, 2006, https://ncee.org/wp-content/uploads/2011/08/Florida_Case_Study.pdf

agency to lead workforce development, operating 24 regionally-focused workforce boards to better target the needs of the community, implementing multiple state-level work councils and employment training programs, and maintaining a statewide strategic plan with immediate and long-term approaches that include building connections with Florida’s community college system as a bridge to new workforce.³⁹

The Agency’s public health care workforce efforts expanded in 2006 to incorporate federal Medicaid funds approved under section 1115 demonstration authority for the Low Income Pool (LIP) that, in part, permits the state to build and sustain Medicaid workforce by providing supplemental funding to cover uncompensated care in hospitals, federally qualified health centers and rural health clinics, medical school faculty physician practices, and community behavioral health providers. Eligibility requirements vary across provider types, but at a minimum, the provider must participate in Medicaid. LIP provides over \$1 billion annually to support the health care workforce that is serving low-income beneficiaries.

In 2013, the Agency broadened workforce-sustaining efforts focused on Medicaid by implementing a statewide GME program to improve the quality of care and access to care for Medicaid recipients, expand the availability of GME, and increase the supply of highly-trained physicians statewide. Today, Florida operates a comprehensive statewide GME program comprised of eight programs that together provide over \$430 million annually in a multi-pronged approach to solving challenges that impact sustaining workforce.⁴⁰ Some of Florida’s key GME programs are described in this table:

Graduate Medical Education (GME) Program	GME Program Description
Statewide Medicaid Residency Program	Provides funding to qualified participating hospitals involved in graduate medical education to improve access to care for Medicaid recipients and increase the supply of highly-trained physicians statewide.
Startup Bonus Program	Provides funding to hospitals with newly accredited physician residency programs or positions in the statewide supply-and-demand deficit specialties or subspecialties.
Slots for Doctors Program	Provides funding to address the physician workforce shortage by increasing the supply of highly-trained physicians through the creation of new resident positions, which will increase access to care and improve health outcomes for Medicaid recipients.

³⁹ “Florida’s University Graduates Tend to Stay in the State Workforce After Completing Their Degrees” (2005), <https://oppaga.fl.gov/Documents/Reports/05-59.pdf>.

⁴⁰ AHCA House Health Care Appropriations, February 15, 2021, https://ahca.myflorida.com/content/download/5868/file/House_Health_Care_Appropriations_Medicaid_Presentation_Supplemental_Payments_20210215.pdf and Florida Medicaid: Graduate Medical Education Overview, November 14, 2023, https://ahca.myflorida.com/content/download/23696/file/Graduate%20Medical%20Education%20Program%20Overview%20Final_.pdf

Graduate Medical Education (GME) Program	GME Program Description
High Tertiary Program	Provides funds to teaching hospitals offering highly specialized tertiary care, including comprehensive stroke and Level 2 adult cardiovascular services; NICU II and III; and adult open heart; with more than 30 FTE residents over the Medicare cap in accordance with the CMS-2552.
Severe Deficit Program	Provides funding to address declining GME in severe deficit physician specialties. The program funds up to \$100,000 per FTE to residency positions in urology, thoracic surgery, nephrology, and ophthalmology.
Primary Care Program	Provides funding up to \$150,000 per full time resident in primary care and training in Medicaid regions with primary care demand greater than supply by 25 percent or more.
Mental/Behavioral Health Program	Distributes funding for residents, fellows or interns who rotate through mental health and behavioral health facilities to address the severe deficit of physicians trained in these areas.

In 2021, the Agency sought and received federal support for an Indirect Medical Education (IME) program to support hospitals with physician residents. The IME program provides over \$705 million annually to cover the costs associated with residency training programs that are known to incur higher patient care costs relative to non-teaching hospitals.

Since 2022, to address the nursing shortage in the state, Governor DeSantis has approved over \$300 million in state funding to nursing education programs in Florida’s college system, school districts, and technical career centers through the Linking Industry to Nursing Education (LINE) Fund and the Programs, Employers, and Learners through Incentives for Nursing Education (PIPELINE) grant opportunity. The programs are designed to increase access to high quality nursing education.

The Live Healthy legislation is the next evolution of the state’s strategic efforts to ensure sufficient number of health professionals who will ensure the effectiveness, efficiency, and quality of care of Florida’s health system. The Live Healthy workforce programs align with the goals of the DHHS Health Workforce Strategic Plan and federal programs that strengthen the health care workforce and connect skilled health care providers to underserved communities. The Live Healthy workforce programs implemented under the demonstration will support locally licensed health care professionals and students through new funding for training, certification, and loan repayment. These programs will increase resources for training health care practitioners in community settings by helping health clinics establish, expand, and sustain a health workforce that will evolve with the needs of Florida’s increasing and aging population, specifically with focus on rural and medically underserved communities. The Live Healthy workforce initiatives are expected to increase access and incentivize innovation for a stronger health care workforce, and with CMS approval, will support Florida in carrying out a strategy to mitigate the impact of a national health care workforce shortage and other practice challenges.

Program Eligibility, Benefits, Health Care Delivery System, and Cost-Sharing

The demonstration will authorize federal medical assistance percentage for the state to operate new programs focused on provider certification, training, and student loan repayment. The goal of these programs is to build Florida's health care workforce to keep pace with the expected medical demand of the state's growing and aging population. The demonstration is not intended to enroll individuals into Medicaid as beneficiaries or providers but rather to expand federal support to implement provider workforce training programs that will support people who enroll in Medicaid through existing program authorities. The demonstration benefits are the training certification, reimbursement, and loan repayment programs described below for eligible qualified providers and facilities. There will be no cost-sharing imposed for workforce training offered under the demonstration.

Florida Medicaid utilizes a mandatory managed care delivery system for enrolling eligible beneficiaries, except those specifically exempted due to short-term eligibility, limited-service eligibility, or institutional placement other than nursing home care. As this demonstration is not providing direct care to Medicaid beneficiaries, it is not expected to impact program eligibility, enrollment, or the delivery of medical services to beneficiaries.

WORKFORCE PROGRAMS

A. Training, Education, and Clinicals in Health (TEACH) Funding Program

The TEACH Funding Program will provide a high-quality educational experience while supporting participating federally qualified health centers, community mental health centers, rural health clinics, and certified community behavioral health clinics by offsetting administrative costs and loss of revenue associated with training residents and students to become licensed health care practitioners. The legislative intent for TEACH is to support the Medicaid program and underserved populations by expanding the available health care workforce. Key elements include:

- **Funding support:** Offsets the administrative costs and loss of revenue associated with establishing, maintaining, or expanding a clinical training program for the types of students detailed below. Reimbursement will be based on the number of clinical training hours reported quarterly. The Agency will reimburse qualified facilities a per student hourly rate by student type as designated in the law. A qualified facility may not be reimbursed more than \$75,000 per fiscal year; however, if it operates a residency program, it may be reimbursed up to \$100,000 each fiscal year.
- **Eligible qualified facilities:** Federally qualified health centers (FQHC), community mental health centers, rural health clinics, or certified community behavioral health clinics.
- **Training and technical support for preceptors:** Preceptors are Florida-licensed health care practitioners who direct, teach, supervise, and evaluate the learning experience of a

resident or student during a clinical rotation. The Agency will develop training for preceptors and provide technical support for preceptors.

Upon the Agency's approval of the application, the qualified facility must enter into a contractual agreement that will require it to do all of the following:

1. Agree to provide appropriate supervision or precepting for one or more of the following categories of residents or students:
 - Allopathic or osteopathic residents pursuing a primary care specialty.
 - Qualified primary care specialties: general internal medicine, family medicine, obstetrics and gynecology, general pediatrics, psychiatry, geriatric medicine, or any other specialty identified by the state as primary care
 - Dental residents
 - Advanced practice registered nursing students pursuing a primary care specialty
 - Nursing students
 - Allopathic or osteopathic medical students
 - Dental students
 - Dental hygiene students
 - Physician assistant students
 - Behavioral health students, including students studying psychology, clinical social work, marriage and family therapy, or mental health counseling
2. Meet and maintain all requirements to operate an accredited residency program if the qualified facility operates a residency program.
3. Obtain and maintain accreditation from an accreditation body approved by the Agency if the qualified facility provides clinical rotations.
4. Ensure that clinical preceptors meet agency standards for precepting students, including the completion of any training required by the Agency.
5. Submit quarterly reports to the Agency that minimally include:
 - Type of residency or clinical rotation offered
 - Number of residents or students participating in each type of clinical rotation or residency
 - Number of hours worked by each resident or student each month
 - Evaluations by the residents and student participants of the clinical experience on an evaluation form designated by the Agency
 - Itemized list of administrative costs associated with the operation of the clinical training program, including accreditation costs and other costs relating to the creation, implementation, and maintenance of the program
 - Calculation of lost revenue associated with operating the clinical training program

6. A qualified facility must furnish data and information requested by the Agency to support reporting and evaluation including, but not limited to, the program's effectiveness in:
 - Enabling qualified facilities to provide clinical rotations and residency opportunities to students and medical school graduates, as applicable
 - Enabling the recruitment and retention of health care professionals in geographic and practice areas experiencing shortages

B. Florida Reimbursement Assistance for Medical Education (FRAME) Program

The FRAME program supports the state Medicaid program by promoting access to qualified medical professionals by encouraging practice in underserved locations where there are shortages of such personnel. The program will make 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 licensure or physician assistant licensure. The following licensed or certified health care practitioners professionals are eligible to participate in the FRAME program:

- Medical doctors with primary care specialties: obstetrics, gynecology, general and family practice, geriatrics, internal medicine, pediatrics, psychiatry, osteopathic medicine, and other specialties which may be identified by the Department of Health (DOH)
- Advanced practice registered nurses registered to engage in autonomous practice in accordance with Florida law
- Advanced practice registered nurses
- Physician assistants
- Mental health professionals, including licensed clinical social workers, licensed marriage and family therapists, licensed mental health counselors, and licensed psychologists
- Licensed practical nurses and registered nurses

FRAME funds will be awarded over a four-year period of continued proof of practice in a rural or underserved area as designated by DOH:

- Up to \$150,000 for physicians
- Up to \$90,000 for advanced practice registered nurses registered to engage in autonomous practice and practicing autonomously
- Up to \$75,000 for advanced practice registered nurses and physician assistants
- Up to \$75,000 for mental health professionals
- Up to \$45,000 for licensed practical nurses and registered nurses

Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by DOH. Each practitioner is eligible to receive an award for only one four-year period of continued proof of practice; however, the four years of practice are not required to be

consecutive. At the end of each year that a practitioner participates in the FRAME program, DOH will issue a loan repayment award that equals 25 percent of a practitioner's principal loan amount at the time he or she applied for the program up to the maximum dollar award.

All FRAME payments are contingent on continued proof of:

1. Primary care practice in a rural hospital or an underserved area designated by DOH, provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement.
2. For practitioners other than physicians, practicing in other settings, including but not limited to, a nursing home facility, a home health agency, or an intermediate care facility for the developmentally disabled – any such setting must be located in, or serve residents or patients in, an underserved area designated by DOH, and must provide services to Medicaid patients.
 - Locations with high incidences of infant mortality, high morbidity, or low Medicaid participation by health care professionals may be designated by DOH as underserved.
3. Providing 25 hours annually of volunteer primary care services in a free clinic or through another volunteer program operated by the state. Volunteer hours must be verifiable in a manner determined by DOH.

C. The Dental Student Loan Repayment Program

The Dental Student Loan Repayment Program supports the Florida Medicaid program by promoting access to dental care by supporting qualified dentists and dental hygienists who treat medically underserved populations in dental health professional shortage areas or medically underserved areas.⁴¹ The program will benefit Florida-licensed dentists and dental hygienists who:

1. Demonstrate active employment in a public health program or private practice that serves Medicaid recipients and other low-income patients and is located in a dental health professional shortage area or a medically underserved area; and,
2. Volunteer 25 hours per year providing dental services in a free clinic that is located in a dental health professional shortage area or a medically underserved area, through another volunteer program operated by the state, or through a pro bono program approved by the Florida Board of Dentistry. In order to meet the requirements, the volunteer hours must be verifiable in a manner determined by DOH.

The program will equal 20 percent of a dentist's or dental hygienist's principal loan amount at the time he or she applied for the program but may not exceed \$50,000 per year, per eligible dentist or \$7,500 per year, per eligible dental hygienist. Loan repayment awards can

⁴¹ Medically underserved area means a geographic area, an area having a special population, or a facility which is designated a health professional shortage area, and which has a shortage of dental health professionals who serve Medicaid recipients and other low-income patients.

only be used to pay the costs of tuition, books, dental equipment and supplies, uniforms, and living expenses.

A dentist or dental hygienist may receive up to a maximum of five awards for each year he or she maintains eligibility for the program for the entire year. Loan repayment awards are not required to be awarded in consecutive years and, if a dentist or dental hygienist loses eligibility for the current year, he or she may reapply for the program in a future year once he or she has regained eligibility. A practitioner is not eligible to receive funds under the program if the dentist or dental hygienist:

1. Is no longer employed by a public health program or private practice that meets legal requirements or does not verify that he or she has volunteered his or her dental services for the required number of hours.
2. Ceases to participate in the Florida Medicaid program.
3. Has disciplinary action taken against his or her license by the Board of Dentistry for a violation of statute.

D. Nursing Indirect Medical Education (IME) Program

Florida's Funding Initiative for the Recruitment, Sustainment and Training of Nursing (FIRST) IME is a nursing workforce expansion and education program. The Agency will make semi-annual payments to eligible public teaching hospitals to address the nursing shortage in Florida. Florida FIRST implements federal recommendations to support the recruitment, training, and retention of nursing staff in public teaching hospitals that provide care to a higher percentage Medicaid beneficiaries compared to other facilities.

Eligible Hospitals: An eligible hospital is a public hospital with residents in approved Accreditation Council for Graduate Medical Education training programs as of January 1, 2023.

Payment Calculation: On or before October 1 of each year, the Agency will calculate the Florida FIRST IME payment pool based on each hospital's ratio of nursing full-time equivalents to beds and Medicaid inpatient payments. Semi-annual IME payments will be calculated using the most recently filed and available Medicare Cost Report (CMS Form 2552) extracted from the Healthcare Cost Report Information System and the Florida Hospital Uniform Reporting System (FHURS).

Payments: One half of the annual computed IME payment will be paid to eligible teaching hospitals on a semi-annual basis. The semi-annual payments are considered final and will not be reconciled or amended due to updated or amended Medicare Cost Reports or FHURS reports. Payments to participating hospitals are contingent on the nonfederal share being provided through intergovernmental transfers.

Reporting: Hospitals participating in Florida FIRST will provide quarterly reports to the Agency detailing the number of nurses being trained in each participating hospital.

Potential Program Impact

This section estimates the ranges of newly qualified practitioners and/or teaching facilities that will be eligible to receive awards over the initial five-year demonstration period. Actual participation in the programs may vary.

For TEACH, the estimated number of participating facilities varies depending on whether the facility operates a residency program.

- TEACH – 633 – 844 qualified health facilities will be eligible to receive awards each year of the demonstration period.

For FRAME and the Dental Student Loan Repayment Program, the estimates assume full participation up to the total appropriated amount for each workforce program. The variance in numbers in each program reflects the differences in the loan reimbursement amount available to different practitioner types. These estimates potentially underestimate the number of participants, as some practitioners may not qualify for the maximum reimbursement in a year or qualify for all years of reimbursement.

- FRAME – 2887 – 9591 licensed or certified health care practitioners professionals, depending on practice area, will be eligible to receive awards each year of the demonstration period.
- Dental Student Loan Repayment Program – 459 – 3065 qualified dentists and dental hygienists will be eligible to receive awards each year of the demonstration period.

For FIRST IME, for which the state share will be funded by intergovernmental transfers, the estimated number of participating hospitals is based on the count of public hospitals that received physician IME funding.

- Approximately 13 qualified public hospitals with residency training programs will be eligible to receive awards each year of the demonstration period.

The TEACH, FRAME, Dental Student Loan Repayment Program, and FIRST IME workforce programs are otherwise not expected to impact program eligibility or enrollment.

Total Costs and Budget Neutrality

In alignment with previously approved CMS funding models for similar medical education certification and repayment programs, the Agency proposes a “hypothetical” budget neutrality model for this workforce demonstration. The estimated total expenditures (state and federal share) for each demonstration year are listed below.

Projected (Title XIX) Medicaid Expenditures by Demonstration Year (DY) (Dollar amounts of estimated total expenditures inclusive of state and federal share.)

Workforce Program	DY01	DY02	DY03	DY04	DY05
Training, Education, and Clinicals in Health (TEACH) Funding Program	\$63,335,679	\$61,629,765	\$60,416,200	\$59,787,422	\$59,668,508
FRAME Medical Student Loan Repayment Program	\$107,905,231	\$104,998,859	\$102,931,305	\$101,860,053	\$101,657,459
Dental Student Loan Repayment Program	\$23,457,659	\$22,825,839	\$22,376,371	\$22,143,490	\$22,099,448
Nursing IME	\$446,538,686	\$434,511,395	\$425,955,341	\$421,522,236	\$420,683,850
PROGRAMS TOTAL:	\$641,237,255	\$623,965,857	\$611,679,217	\$605,313,202	\$604,109,264

Evaluation Parameters

The Agency, in consultation with a to-be selected evaluator, will identify validated performance measures that will assess the impact of the demonstration on the state’s health care workforce. In addition, the Agency intends to work with the selected evaluator to identify meaningful comparison groups in designing the evaluation plan. The Agency intends to follow all CMS evaluation design guidance in working with the evaluator to draft an evaluation plan. It is notable that in the five-year period of the demonstration, results in the form of providers completing their education/training program or required service component of the loan repayment programs may be limited. The proposed evaluation parameters are listed in the table below.

Proposed Evaluation Parameters

Proposed Hypothesis	Anticipated Measure(s)	Proposed Data Sources
The TEACH program will increase the number federally qualified health centers, community mental health centers, certified community behavioral health clinics, and rural health clinics offering clinical training and/or increase the overall numbers of training	Number of federally qualified health centers, community mental health centers, certified community behavioral health clinics, and rural health clinics offering clinical training. Number of training slots offered by federally qualified health centers, community	Agency for Health Care Administration Live Healthy program reports

Proposed Hypothesis	Anticipated Measure(s)	Proposed Data Sources
slots for the targeted practitioners.	mental health centers, certified community behavioral health clinics, and rural health clinics.	
The FRAME program and the Dental Student Loan Repayment Program will increase the recruitment and retention of health care professionals in Florida’s medically underserved areas.	<p>Number of practitioners receiving loan repayment who initiate their service commitment.</p> <p>Length of service in underserved areas by practitioners receiving loan repayment.</p>	<p>Agency for Health Care Administration Live Healthy program reports</p> <p>Department of Health licensure data</p>
The number of nurses in clinical training will increase.	Number of nurse trainees in TEACH and nursing IME.	<p>Agency for Health Care Administration</p> <p>Florida Center for Nursing</p>
The number of mental health therapists in clinical training will increase.	Number of social work, mental health counseling, marriage and family therapy, and psychology students in TEACH.	Agency for Health Care Administration Live Healthy program reports

Waiver and Expenditure Authorities

- **Section 1115(a)(1) Waiver Authorities.** The Agency is not expected to need any waivers of section 1902 of the Social Security Act to implement the demonstration as proposed.
- **Section 1115(a)(2) Expenditure Authorities.** The Agency is requesting section 1115(a)(2) expenditure authority under Title XIX for federal assistance matching percentage to implement the workforce programs as proposed therein.

Documentation of State Public Notice

The abbreviated notice was published on December 11, 2024, on the Agency for Health Care Administration's website, AHCA.myflorida.com. Notice for tribal consultation was sent on December 11, 2024, to both the Miccosukee and the Seminole Tribes of Florida. As outlined in these public notices, the Agency is providing a 45-day public comment period from December 11, 2024, through January 24, 2024. The draft section 1115 demonstration application and related public notice materials are posted for the 45-day public comment period starting December 11, 2024 on the Agency's Medicaid Federal Authorities home page: <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/federal-authorities/federal-waivers>.

The rest of this application section will be completed in the final submission to CMS after the state completes the full state public notice process in alignment with CMS requirements. In addition to publishing notices, the Agency will conduct two public hearings on the proposed application as outlined in the state's published public notices as well as on the Agency's website. The Agency will also collect and analyze all public comments received during the 45-day comment period into a report summary reflecting common trends and themes for inclusion in the final submission to CMS.