



RETAINING PHYSICIANS & HEALTHCARE WORKERS IN MIAMI- DADE

Recommended Strategies

2025

Presented by

The Greater Miami Chamber of Commerce Healthcare Committee

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Disclaimer

This document is presented by the Greater Miami Chamber of Commerce Healthcare Committee as a proposal. The findings, interpretations, conclusions and recommendations expressed are a result of a collaborative process facilitated and endorsed by the Greater Miami Chamber of Commerce but whose results do not necessarily represent the views of entirety of its Members, Partners or other stakeholders.

Abstract

The medical workforce in Miami is facing significant retention challenges, primarily driven by the high cost of living and limited retention-oriented initiatives. The "Live Healthy" package recently added 700 new residency slots, offering critical support the community. However, ensuring the long-term retention of healthcare professionals requires targeted strategies and focused investment in local infrastructure, affordable housing, loan forgiveness programs, and enhanced community support for new graduates.

This document identifies key factors affecting Miami's healthcare workforce retention. High housing costs are shown to be a primary deterrent, with many medical residents and recent graduates considering relocation despite competitive salaries. Current workforce housing programs, such as the Infill Housing Developer Program, the Workforce Housing Development Program, and the Miami Forever Bond, are valuable but not sufficient. Additionally, comparative analysis of other states' best practices reveals that effective retention strategies often include loan forgiveness programs, employer-assisted housing, and integrated medical cities that support healthcare professionals' needs.

To address these gaps, the Greater Miami Chamber of Commerce Healthcare Committee recommends the following solutions: the establishment of medical cities in strategic locations, housing assistance programs tailored for healthcare professionals, loan forgiveness initiatives for those working in underserved areas, and expanded transportation options.

The Committee urges Miami's policymakers and industry leaders to collaborate on high-impact retention solutions that address the critical needs of the healthcare workforce. Immediate legislative action can enhance Miami's appeal for healthcare professionals, ensuring a stable and accessible healthcare system for the future and continued access to quality care for the community.

Executive Summary

Miami faces a critical challenge in retaining its healthcare workforce due to rising living costs, particularly housing, and limited local retention initiatives.

The Live Healthy package has added new residency positions for physicians training. This expansion provides the foundation to address the growing need for healthcare professionals, particularly in underserved areas. A solid strategy for retaining Medical Residents upon graduation, and healthcare workers at large, in Miami, requires ongoing investment in both the individuals and the communities where they are placed, to achieve persistent improvements in healthcare access and quality.

Key Findings

- **Cost of Living:** High housing costs are the primary factor driving healthcare professionals away from Miami. Many medical graduates face significant student debt and find it challenging to secure affordable housing, pushing them to consider relocating.
- **Existing Housing Programs:** Miami has implemented several workforce housing initiatives, including the Infill Housing Developer Program, the Workforce Housing Development Program, and the Miami Forever Bond. However, these programs alone are insufficient to meet the demands of Miami's healthcare workforce.
- **Incentive Programs:** Best practices from other states reveal the impact of targeted incentives like loan forgiveness, employer-assisted housing, and medical cities. These models create supportive environments that encourage healthcare professionals to remain where they completed their residency program.

Proposed Solutions

1. **Establish Medical Cities:** Develop integrated healthcare and residential hubs near Miami's major hospitals and healthcare institutions to foster a supportive environment among professionals and reduce commute times.
2. **Housing Assistance:** Provide targeted financial assistance for homeownership or rental housing near healthcare facilities, and incentivize developers to create affordable units in areas of high need.
3. **Loan Forgiveness Programs:** Implement loan forgiveness for early-career physicians working in underserved areas, making Miami a more attractive location for new graduates.
4. **Transportation Solutions:** Offer accessible, discounted transportation options and microtransportation services along key routes to improve work-life balance and reduce commute-related stress for healthcare workers.

Call to Action

This White Paper urges Miami's policymakers and industry leaders to collaborate on high-impact retention solutions that address the critical needs of the healthcare workforce. Immediate legislative action on housing, incentives, and integrated healthcare hubs can enhance Miami's appeal for healthcare professionals, ensuring a stable and accessible healthcare system for the future.

Effectiveness & Sustainability - Live Healthy Package

Retaining physicians and healthcare workforce in Miami-Dade



The Live Healthy package added new residency positions for physicians training. This expansion provides the foundation to address the growing need for healthcare professionals, particularly in underserved areas. A solid strategy for retaining Medical Residents upon graduation, and healthcare workers at large, in Miami requires ongoing investment in both the individuals and the communities where they are placed, to achieve persistent improvements in healthcare access and quality.

Recommended strategies and transformative interventions



Establish Medical Cities around local healthcare systems as integrated complexes that unite hospitals, research institutes, medical universities, biotech companies, and health-related services. These cities foster cross-sector collaboration, enhance research, education, innovation and healthcare delivery, while promoting work-life balance and encouraging **long-term retention**.



Provide financial assistance for homeownership or rentals near residents' workplaces and incentivize developers specifically in areas around local healthcare systems. This strategy fosters a sense of belonging, strengthens local economies, revitalizes neighborhoods, and ensures our healthcare **workforce stays in Miami** and engaged, helping our communities flourish.



Implement a loan forgiveness initiative to ease the financial burden on early-career physicians and secure a continuous and reliable supply of healthcare providers in underserved areas. By providing student loan relief, we create a powerful incentive for medical professionals to commit to and remain in the communities that need them most, ensuring **healthcare stability and access**.



Provide accessible and discounted transportation options and introduce microtransportation solutions on key routes to ensure that healthcare professionals commute seamlessly and remain focused on providing high-quality care to those who need it most. This strengthens and improve the **well-being of our vital workforce**.

CONSIDER THIS:

A Resident ends medical school with 300K of debt. During Residency, salary is 50-60K and a family has been established.

Upon graduation, housing is the #1 factor considered when making the decision to leave the state and relocate.



A comprehensive and integrated retention strategy must be implemented. We urge legislators to take swift action to develop vibrant health cities, provide housing assistance, loan forgiveness programs, and transportation support for healthcare professionals. Miami can create an attractive environment for them, ensuring they remain engaged and dedicated to serving our community. Now is the time to act to **secure Miami's healthcare future**.

PROPOSAL • Reallocating a portion of the \$1.2 billion currently used to pay residents can strategically support this plan. A shift in funding to incentivize housing development and/or provide housing offers is a sustainable approach to revitalize our healthcare system and maximize the impact of available resources.



• Implementing a matching funds program to further support this plan amplifies these efforts and demonstrates a strong commitment to strengthening our healthcare infrastructure and ensuring long-term community health.

For additional information please contact Peter J Campbell , Vice President of Governmental Affairs at the Greater Miami Chamber of Commerce at: pjcampbell@miamichamber.com

Introduction

The **Live Healthy** package is a strategic initiative aimed at strengthening Miami's healthcare infrastructure by expanding the medical workforce with an additional 700 residency positions focused on training new physicians in a variety of specialties. This significant investment addresses the immediate demand for medical professionals, particularly in underserved areas, where access to medical care remains challenging. While this expansion serves as a critical foundation for addressing Miami's healthcare needs, the long-term success of this initiative hinges on a sustainable approach that ensures physicians remain in the area post-residency, thus providing continuity and stability in healthcare access and quality.

To retain medical residents upon graduation, and healthcare professionals at large, Miami must prioritize ongoing investments not only in the individuals themselves but also in the communities where they live and work. Retention efforts must go beyond initial training and must address key factors influencing the decision of healthcare professionals to stay long-term in the area. The 2024 Miami-Dade Education and Workforce Development Survey Report outlined critical issues impacting the retention of skilled professionals, particularly physicians, within the region. This survey, which gathered data from a broad spectrum of local employers, reveals significant obstacles in attracting and retaining healthcare talent across Miami.

The most prominent challenge highlighted is the high cost of living, with housing affordability standing out as a major factor in employee turnover. For medical residents, who often balance considerable student loan debt with relatively modest starting salaries, the high cost of living can be a deterrent to remaining in the area. Moreover, the overall expenses associated with living in Miami make it difficult for many professionals to justify a long-term commitment to the region despite competitive salaries.

Beyond housing costs, additional factors influence retention rates among new medical graduates. Key contributors include the strength of medical infrastructure, availability of financial incentives, loan forgiveness programs, work-life balance, professional networking opportunities, mentorship, and clear career development pathways.

This document details the current housing programs available in Miami, successful retention initiatives from other states, and a range of proposed strategies expected to positively impact Miami's healthcare industry. By implementing these strategies, Miami has an opportunity to not only attract but retain the skilled healthcare workforce needed to support the health and well-being of its diverse population.

Initiatives deployed to retain Physicians after Residency

A. Housing initiatives in Miami, Florida

Miami is a vibrant, diverse, and rapidly expanding city, recognized globally for its cultural richness, tourism, and economic opportunities. However, these attributes are paired with significant challenges, specifically the high cost of living.

Over the past decade, Miami has consistently ranked among the most expensive U.S. cities, largely due to rising housing costs that have outpaced income growth. The affordability crisis in Miami has reached an acute stage. High demand, limited land availability, and the influx of new residents have led to elevated home prices and rental rates, making housing unaffordable for many professionals. Recent studies highlight that Miami ranks among the top cities where housing costs consume a large portion of household income.

For early-career medical professionals, often burdened with student debt and still establishing their careers, securing stable, affordable housing presents a significant conundrum. The inability to afford housing close to workplaces contributes to longer commutes, reduced quality of life, and lower job satisfaction. Furthermore, Miami's ability to retain essential professionals, such as physicians and healthcare workers, is threatened if they cannot find affordable housing within reasonable proximity to their workplaces.

During the last years, several housing initiatives have been designed and implemented to increase access to stable, affordable housing for essential workers. These initiatives include:

Infill Housing Developer Program

The Infill Housing Developer Program leverages county-owned land to incentivize developers to construct affordable housing units for low- and moderate-income families. Additionally, the program's focus on revitalizing underutilized spaces contributes to neighborhood revitalization, creating vibrant communities to live and work. As part of the general population, medical graduates benefit from this access to affordable housing particularly to those that are located near healthcare facilities, reducing commute times and facilitating community integration.

Challenges: The program's reliance on the availability of county-owned land and developer participation may limit the number of units produced. Furthermore, income-based eligibility requirements might exclude some medical graduates whose earnings exceed the program's threshold.

Workforce Housing Development Program

This program provides financial incentives, including density bonuses and waived zoning impact fees, to developers creating affordable housing targeted at working professionals. For recent medical graduates, this results in an expanded supply of housing within their income range, enabling them to settle in Miami without excessive rent or mortgage payments. Proximity to healthcare hubs further enhances work-life balance for these professionals, which is essential in the early stages of their careers.

Challenges: As a voluntary program, developer participation is not guaranteed, potentially leading to limited or uneven distribution of workforce housing. Additionally, while zoning fees are waived, broader market conditions can still influence housing costs, potentially affecting affordability.

Miami Forever Bond

The Miami Forever Bond dedicates \$100 million to affordable housing projects, expanding housing options across multiple income levels. The bond's focus on diverse housing developments near medical centers facilitates ease of access for healthcare professionals, encouraging long-term retention. Additionally, the preservation aspect of the bond ensures that newly constructed units remain affordable for incoming medical professionals.

Challenges: Public funding and large-scale project timelines can result in delays, and fluctuating economic conditions may affect construction costs, limiting the bond's intended impact.

Live Local Act

The Live Local Act provides property tax exemptions and funding incentives to developers for creating mixed-use developments with affordable housing units. This initiative offers new graduates housing options aligned with their incomes, within well-connected neighborhoods. The emphasis on commercial and industrial zones enhances access to essential services and fosters a sense of community among residents.

Challenges: The act's focus on mixed-use developments may situate housing in commercially dense areas, which may not suit all professionals' residential preferences. Additionally, complex eligibility criteria for tax exemptions could reduce developer participation.

Workforce Housing Incentive Program (WHIP) Grant

WHIP stabilizes rent prices for units in existing properties through grants to landlords, making these units affordable for professionals earning between 30% and 140% of the Area Median Income (AMI). For recent graduates, WHIP provides a secure, short-term rental solution during the transition to full-time practice.

Challenges: As a pilot program, WHIP's limited scale restricts its availability, and the affordability benefits are time-bound, potentially exposing graduates to significant rent increases after three years.

Expedited Plan Review Program

This program accelerates affordable housing development by streamlining the permitting process, facilitating quicker availability of new housing units. It supports developers in meeting the housing demand for essential workers, including medical professionals, without the delay of bureaucratic issues.

Challenges: While it reduces permitting times, external factors such as construction costs and developer interest still impact overall housing availability and affordability.

These housing initiatives represent critical steps toward addressing Miami's affordability crisis for medical professionals. However, their limited scale and reliance on market and public funding constraints underscore the need for additional, comprehensive, and inclusive housing strategies to adequately meet the needs of Miami's healthcare workforce.

B. Housing initiatives in other states

Top states with robust graduate medical education (GME) programs have developed best practices to retain newly trained physicians, addressing factors such as affordable housing, professional development, financial incentives, work-life balance, and strong support networks. These initiatives highlight the importance of strategic investments in retention efforts that yield long-term benefits for local healthcare systems.

Physician Retention Rates post-residency vary across states and specialties. Data from the Association of American Medical Colleges (AAMC) shows that approximately 57.1% of physicians remain in the state where they completed their residency. These figures highlight the importance of residency location in influencing where physicians choose to practice after completing their training. However, this rate is significantly higher in states that implement targeted incentives, particularly in rural and high-need areas. This correlation underscores the critical role of strategic incentives in retaining healthcare talent.

Workforce Housing Complexes

Workforce housing complexes for healthcare professionals have emerged as a powerful tool to improve recruitment, retention, and overall job satisfaction in high-cost areas.

- **Atrium Health (Charlotte, North Carolina):** Partnering with developers, Atrium Health reserves affordable housing units near medical campuses specifically for healthcare workers, addressing the critical housing needs of its employees.
- **Providence Health (Seattle, Washington):** High housing costs in Seattle led Providence Health to invest in workforce housing, stabilizing employee turnover and enhancing healthcare delivery.
- **Nationwide Children's Hospital (Columbus, Ohio):** The "Healthy Neighborhoods, Healthy Families" initiative addresses workforce housing needs while revitalizing surrounding neighborhoods, improving living conditions, and supporting local economic stability.
- **Vail Health (Vail, Colorado):** In response to Vail's high living costs, Vail Health developed a workforce housing complex to accommodate healthcare employees, providing a mix of rental units reserved exclusively for healthcare workers.
- **Bozeman Health (Gallatin, Montana):** In a rapidly growing region, Bozeman Health partnered with ERES Capital to secure affordable rental units, crucial for employee retention as housing costs rise.

Despite the effectiveness of these programs, it is important to consider key limitations. Workforce housing complexes may lack sufficient units to meet demand, creating competition for available spaces and potential dissatisfaction. Additionally, living among colleagues in close quarters may blur personal-professional boundaries, potentially leading to workplace conflict. Long-term maintenance, adequate management, and budget considerations are critical for sustaining these housing complexes without eroding their benefits.

Employer-Assisted Housing Programs

Employer-assisted housing programs have demonstrated a clear link to higher retention rates by fostering homeownership close to workplaces, reducing commute times, and reinforcing community bonds.

- **Cleveland Clinic's Greater Circle Living Initiative:** This program offers financial incentives for employees, including forgivable loans for home purchases, rental assistance, and funding for home repairs, creating lasting community ties and encouraging healthcare professionals to live in the neighborhoods they serve.
- **BJC HealthCare, Washington University (St. Louis) & Johns Hopkins (Baltimore):** The "Live Near Your Work" programs provide forgivable loans and grants to help employees purchase homes in designated areas, reducing commuting stress and supporting local stability.
- **Northwell Health's Employee Housing Assistance Program (New York):** In collaboration with the Long Island Housing Partnership, Northwell Health's program provides grants to eligible employees for down payments and renovations, bolstering long-term retention by facilitating homeownership close to work.

Medical Cities

"Medical cities" or "health cities" are large-scale, integrated health and medical complexes designed to foster excellence in healthcare delivery, research, education, and innovation. These cities create a supportive environment for healthcare professionals by combining medical facilities, research institutions, housing, and essential services within a single, strategically planned area. Medical cities emphasize community, work-life balance, and proximity to advanced facilities, enhancing healthcare professionals' sense of belonging and stability.

- **Intermountain Healthcare's Medical City (Utah):** This network of hospitals and research centers integrates resources to support work-life balance, with family-friendly amenities and a strong community infrastructure.
- **Geisinger's Health City (Pennsylvania):** This healthcare ecosystem includes hospitals, research facilities, a medical school, and community health initiatives. It emphasizes professional growth and collaboration, making the area attractive for long-term physician retention.

C. Additional initiatives in other states

Loan Repayment and Forgiveness Programs

Loan repayment and forgiveness programs targeting underserved or high-need areas have proven highly effective in physician retention.

- **Doctors Across New York (DANY):** This program provides loan repayment up to \$120,000 over three years for physicians practicing in underserved communities.
- **California's State Loan Repayment Program (SLRP):** This program offers substantial loan forgiveness for physicians committing to underserved areas, supporting high retention in these regions.

- **U.S. Department of Veterans Affairs (VA) Education Debt Reduction Program (EDRP):** The VA's EDRP provides up to \$200,000 in loan repayment over five years, significantly improving retention rates for early-career healthcare professionals.

Access and Affordability to Childcare Services

One of the critical challenges for healthcare professionals, particularly for those with young families, is access to affordable and reliable childcare. Addressing this issue requires the implementation of targeted childcare support programs. These include employer-subsidized childcare, partnerships with local childcare providers to offer reduced rates, and the establishment of on-site childcare facilities at major healthcare centers providing flexible childcare options, such as extended hours and drop-in care, to accommodate the unpredictable schedules of medical professionals.

- **Massachusetts introduced the Early Education and Care Workforce and Innovation Grant:** Funds on-site childcare centers at hospitals and other workplaces to support essential workers. These facilities offer sliding-scale fees based on income, ensuring affordability for healthcare workers at all levels.
- **Colorado's Emerging Workforce Childcare Partnership:** Offer subsidized care for healthcare workers working nontraditional hours. This program incorporates extended hours and weekend availability.

Career Development and Community Integration

States such as Pennsylvania and Michigan have adopted community-building initiatives that promote integration and provide mentorship, networking, and leadership development for medical residents, making them feel connected to the local community and supporting retention.

Workforce Education Programs

Employers partner with organizations like Guild and InStride to provide career development and advanced education opportunities for healthcare professionals. These programs support further specialization and leadership skills, addressing the career growth needs that are critical to physician retention.

Comprehensive Retention Strategy: A Case Study of California

Collectively, these initiatives offer valuable insights that can be adapted and applied in various healthcare environments to improve physician retention. However, to truly derive maximum impact, a comprehensive and integrated retention strategy is recommended. California exemplifies an integrated approach to physician retention. According to the AAMC, California has one of the highest physician retention rates in the country, with 77.8% of residents remaining in the state after completing their residency training. California's approach encompasses all the following initiatives:



1. **Robust GME Programs:** California's prestigious institutions (e.g., Stanford, UCLA, UCSF) offer high-quality training and professional development.
2. **Financial Incentives and Loan Forgiveness:** Programs such as the Steven M. Thompson Physician Corps Loan Repayment provide loan forgiveness for physicians working in underserved areas.
3. **Work-Life Balance and Quality of Life:** California's diverse environments, high standard of living, and focus on work-life balance make it an appealing location for physicians to settle.
4. **Collaboration and Networking:** Professional networks and collaborations strengthen the support system for new physicians.

Proposed Solutions

Physician retention in Miami is influenced by factors such as the high cost of living, limited growth opportunities, and the need for competitive compensation. The 2024 Miami-Dade Education and Workforce Development Survey Report underscores cost-of-living concerns as a primary factor in employee turnover, especially for skilled professionals like physicians. High housing costs and general living expenses make it difficult for many to justify staying in Miami long-term.

To address these retention challenges, a comprehensive set of solutions tailored to Miami's unique needs is essential. The proposed initiatives aim at creating a more attractive and sustainable ecosystem for Miami's healthcare workforce, ensuring that skilled professionals choose to build their careers and lives within the community.

I. Establish Medical Cities



Establish Medical Cities around local healthcare systems as integrated complexes that unite hospitals, research institutes, medical universities, biotech companies, and health-related services. These cities foster cross-sector collaboration, enhance research, education, and healthcare delivery, while promoting work-life balance and encouraging **long-term retention**.

Miami has yet to establish a fully integrated medical city on par with those found in other regions, though promising developments are laying the groundwork for this concept. For example, the Miami Health District is one of the largest medical districts in the United States, encompassing major facilities such as the University of Miami Health System (UHealth), Jackson Memorial Hospital, and the Miami VA Medical Center. This district serves as a dynamic center for healthcare, medical education, and research but currently lacks the cohesive infrastructure of a dedicated medical city. Expanding the health district with a focus on public-private

partnerships could transform it into a fully integrated medical city, offering comprehensive support across healthcare, research, and biotechnology.

Additionally, the Baptist Health Main Campus is emerging as a concentrated hub with a hospital, research centers, centers of excellence, outpatient facilities, educational buildings, and hospitality services, making it another potential foundation for a medical city. Establishing these locations as fully integrated infrastructure would attract top-tier healthcare professionals, researchers, and entrepreneurs to Miami, elevating the city's healthcare ecosystem and reinforcing its position as a global hub for healthcare innovation and excellence.

2. Provide Housing Assistance



Provide financial assistance for homeownership or rentals near residents' workplaces and incentivize developers specifically around local healthcare systems. This strategy fosters a sense of belonging, strengthens local economies, revitalizes neighborhoods, and ensures our healthcare **workforce stays in Miami** and engaged, helping our communities flourish.

A "Live Near Your Work" program can create stable, accessible housing near key healthcare hubs like Highland Park and the FIU main campus. Investing in housing options near healthcare workplaces provides a dual benefit: it reduces commute times, improving quality of life for healthcare workers, and builds stronger, more vibrant communities around essential service areas. When healthcare professionals can live near their places of employment, they are more likely to engage deeply with their communities and establish long-term roots. This sense of belonging supports retention efforts, ensuring that Miami's healthcare workforce is stable and committed to serving the city's residents.

Additionally, incentivizing development in these targeted areas stimulates local economic growth, revitalizing neighborhoods and fostering a sense of renewal in the surrounding community. Over time, these initiatives will not only meet the immediate housing needs of healthcare workers but will also contribute to a healthier, more sustainable urban environment, benefiting Miami's residents.

3. Implement a Loan Forgiveness Mechanism



Implement a loan forgiveness initiative to ease the financial burden on early-career physicians and secure a continuous and reliable supply of healthcare providers in underserved areas. By providing student loan relief, we create a powerful incentive for medical professionals to commit to and remain in the communities that need them most, ensuring **healthcare stability and access**.

A targeted loan forgiveness initiative could be a transformative solution, as seen with the success of the Veterans Affairs loan forgiveness programs for veterans' healthcare providers in South Florida, which is widely recognized as an essential tool for reducing turnover among physicians and specialists in high-demand fields, including mental health, primary care, and surgical specialties. The financial relief provided by this program has proven to be a powerful motivator, helping retain professionals within the VA system who might otherwise be drawn to

higher-paying private sector roles. Implementing a similar loan forgiveness program for other healthcare organizations across Miami could produce comparable results by relieving financial pressures on new graduates.

For Miami's broader healthcare ecosystem, a loan forgiveness program would create an attractive incentive for medical professionals to practice in underserved areas, thereby ensuring a steady, reliable supply of healthcare providers where they are needed most (Appendix 2). Loan forgiveness can help build a pipeline of committed, long-term physicians who view their practice not just as a career steppingstone but as an opportunity to contribute meaningfully to the communities they serve.

4. Improve access to transportation options



Provide accessible and discounted transportation options and introduce microtransportation solutions on key routes to ensure that healthcare professionals commute seamlessly and remain focused on providing high-quality care to those who need it most. This strengthens and improves the **well-being of our vital workforce**.

High transportation costs and lengthy commutes add stress and reduce the time healthcare providers can dedicate to patient care and personal well-being. Implementing accessible, discounted transportation options, along with microtransportation solutions on key routes, would offer healthcare workers a smoother, more cost-effective commute.

Microtransportation options, such as dedicated shuttle services, positioned near hospitals and major healthcare centers, could significantly cut down on last-mile commute times, making it easier for professionals to get to work without the added hassle of navigating traffic or finding parking. Discounted transit passes, in collaboration with public transit providers, would allow healthcare workers to commute affordably.

In addition to enhancing convenience, these transportation solutions promote a better work-life balance and improve overall job satisfaction. Moreover, by providing an eco-friendly transportation network, Miami can reduce its carbon footprint, aligning with broader sustainability goals and benefiting the community. Such transportation initiatives not only strengthen the well-being of Miami's healthcare workforce but also foster a more accessible, sustainable, and connected city, contributing to the retention and engagement of essential healthcare providers across the region.

Call to Action

To secure a resilient healthcare future for Miami, a comprehensive and integrated retention strategy is essential. This White Paper calls on legislators and community leaders to take decisive action to create vibrant medical cities, expand housing assistance, implement loan forgiveness programs, and enhance transportation options for physicians, and healthcare professionals at large. These targeted initiatives will address the unique challenges of retaining a skilled healthcare workforce in Miami, ensuring that essential workers have the support, infrastructure, and incentives they need to remain committed to our community. By investing in these high-impact solutions, Miami can foster a welcoming, sustainable ecosystem where

healthcare professionals are empowered to thrive, ultimately benefiting the health and well-being of residents across the region.

Now is the time to act - our community's healthcare stability depends on it!

Acknowledgements

The Healthcare Committee would like to thank its members and broader community collaborators for their ongoing commitment and contributions to the development of this White Paper. We extend special gratitude to the Healthcare Committee Chair for prioritizing this topic and guiding the Committee towards actionable solutions.

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We appreciate the valuable insights, discussions, and contributions of all Healthcare Committee members, whose engagement was instrumental in refining these strategies. Special thanks to the Housing Committee and Transportation Committee for their significant input, providing expertise that strengthened the recommendations on housing assistance and transportation support for Miami's healthcare professionals.

This White Paper was made possible through the collective dedication and expertise of our committee members and partners, exemplifying our shared commitment. The views expressed herein do not necessarily represent those of individual committee members or their organizations but aim to spark ongoing dialogue and actionable change to fostering a supportive and sustainable healthcare environment in Miami.

Contributors

Zuanel Diaz, PhD

Assistant Vice President Interprofessional Education, Baptist Health South Florida

Angel Bosch-DeLeon

Managing Director, Dade County Medical Association

Eneida Roldan, MD, MPH, MBA

Executive Dean for the College of Health and Wellness, Barry University

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Appendices

1. Appendix I: Extracts of Live Healthy Initiative

SB 7016 LIVE HEALTHY - Senator Colleen Burton

- Revises purposes and eligibility for the Dental Student Loan Repayment Program and the Florida Reimbursement Assistance for Medical Education Program.
- Establishes the Health Care Screening and Services Grant Program and the TEACH Funding Program.
- Expands telehealth services for minority maternity care statewide.
- Introduces the Interstate Medical Licensure Compact for healthcare professionals.
- Adopts the Audiology and Speech-Language Pathology Interstate Compact and the Physical Therapy Licensure Compact.
- Provides appropriations for healthcare-related programs and initiatives.
- Specifies eligibility, responsibilities, and regulatory authority for participation in these programs.

SB 7018 Health Care Innovation - Senator Gayle Harrell

- Establishes the Health Care Innovation Council within the Department of Health to promote innovation in Florida's health care system.
- Defines roles and structure of the Health Care Innovation Council, including membership, meetings, and conflict of interest policies.
- Outlines council duties such as adopting a mission statement, facilitating public meetings, distinguishing impactful health care innovations, and recommending legislative or procedural changes.
- Mandates the Department of Health to provide administrative support, publish relevant information online, and offer technical assistance for innovation funding applicants.
- Directs the department to administer a revolving loan program to support health care innovations, detailing application, eligibility, and loan terms.
- Requires annual and 5-year evaluation reports on the loan program's financial, economic, and efficiency impacts.
- Includes provisions for appropriations to fund the Council and loan program.
 1. amending s. 1009.65, F.S.; renaming the Medical Education Reimbursement and Loan Repayment Program as the Florida Reimbursement Assistance for Medical Education Program
 2. amending s. 383.2163, F.S.; expanding the telehealth minority maternity care program from a pilot program to a statewide program;
 3. amending s. 394.4598, F.S.; authorizing certain psychiatric nurses to provide opinions to the court for the appointment of guardian advocates; authorizing certain psychiatric nurses to consult with guardian advocates for purposes of obtaining consent for treatment;
 - a. amending s. 394.4615, F.S.; authorizing psychiatric nurses to make certain determinations related to the release of clinical records;
 - b. amending s. 394.4625, F.S.; requiring certain treating psychiatric nurses to document specified information in a patient's clinical record within a

- specified timeframe of his or her voluntary admission for mental health treatment; requiring clinical psychologists who make determinations of involuntary placement at certain mental health facilities to have specified clinical experience; authorizing certain psychiatric nurses to order emergency treatment for certain patients;
- c. amending s. 394.463, F.S.; authorizing certain psychiatric nurses to order emergency treatment of certain patients; requiring a clinical psychologist to have specified clinical experience to approve the release of an involuntary patient at certain mental health facilities;
 - d. amending s. 394.4655, F.S.; requiring clinical psychologists to have specified clinical experience in order to recommend involuntary outpatient services for mental health treatment; authorizing certain psychiatric nurses to recommend involuntary outpatient services for mental health treatment; providing an exception; authorizing psychiatric nurses to make certain clinical determinations that warrant bringing a patient to a receiving facility for an involuntary examination; making a conforming change;
 - e. amending s. 394.467, F.S.; requiring clinical psychologists to have specified clinical experience in order to recommend involuntary inpatient services for mental health treatment; authorizing certain psychiatric nurses to recommend involuntary inpatient services for mental health treatment; providing an exception;
 - f. amending s. 394.4781, F.S.; revising the definition of the term “psychotic or severely emotionally disturbed child”;
 - g. amending s. 394.4785, F.S.; authorizing psychiatric nurses to admit individuals over a certain age into certain mental health units of a hospital under certain conditions; requiring the agency to seek federal approval for Medicaid coverage and reimbursement authority for mobile crisis response services; requiring the Department of Children and Families to coordinate with the agency to provide specified education to contracted mobile response team services providers;
 - h. amending s. 394.875, F.S.; authorizing certain psychiatric nurses to prescribe medication to clients of crisis stabilization units;
4. amending s. 395.1055, F.S.; requiring the agency to adopt rules ensuring that hospitals that accept certain payments give enrollment priority to certain medical students, regardless of such payments, and requiring certain hospitals to submit a nonemergent care access plan (NCAP) to the agency for approval before initial licensure or licensure renewal; requiring that, beginning on a specified date, such NCAPs be approved before a license may be issued or renewed; requiring such hospitals to submit specified data to the agency as part of the licensure renewal process and update their NCAPs as needed, or as directed by the agency, before each licensure renewal; specifying requirements for NCAPs; requiring the agency to establish a process for hospitals to share certain information with certain patients’ managed care plans; providing construction;

- a. amending s. 408.051, F.S.; requiring certain hospitals to make available certain data to the agency's Florida Health Information Exchange program for a specified purpose; authorizing the agency to adopt rules;
 - b. amending s. 409.909, F.S.; authorizing the agency to allocate specified funds under the slots for Doctors Program for existing resident positions at hospitals and qualifying institutions if certain conditions are met; requiring hospitals and qualifying institutions that receive certain state funds to report specified data to the agency annually; defining the term "sponsoring institution"; requiring such hospitals and qualifying institutions, beginning on a specified date, to produce certain financial records or submit to certain financial audits; providing applicability; providing that hospitals and qualifying institutions that fail to produce such financial records to the agency are no longer eligible to participate in the Statewide Medicaid Residency Program until a certain determination is made by the agency; requiring hospitals and qualifying institutions to request exit surveys of residents upon completion of their residency; providing requirements for the exit surveys; creating the Graduate Medical Education Committee within the agency;
5. creating s. 409.91256, F.S.; creating the Training, Education, and Clinicals in Health (TEACH) Funding Program for a specified purpose; providing legislative intent; defining terms; requiring the agency to develop an application process and enter into certain agreements to implement the program; specifying requirements to qualify to receive reimbursements under the program; requiring the agency, in consultation with the Department of Health, to develop, or contract for the development of, specified training for, and to provide technical support to, preceptors; providing for reimbursement under the program; requiring the agency to submit an annual report to the Governor and the Legislature; providing requirements for the report; requiring the agency to contract with an independent third party to develop and conduct a design study for evaluating the impact of the program; specifying requirements for the design study; requiring the agency to begin collecting data for the study and submit the study results to the Governor and the Legislature by specified dates; authorizing the agency to adopt rules; requiring the agency to seek federal approval to use specified matching funds for the program; providing for future repeal of the program; amending s. 409.967, F.S.; requiring the agency to produce a specified annual report on patient encounter data under the statewide managed care program; providing requirements for the report; requiring the agency to submit the report to the Governor and the Legislature by a specified date; authorizing the agency to contract with a third-party vendor to produce the report
6. amending s. 458.311, F.S.; revising an education and training requirement for physician licensure; exempting foreign-trained applicants for physician licensure from the residency requirement if they meet specified criteria; providing that applicants who do not meet the specified criteria may be certified for restricted licensure under certain circumstances; providing certain employment requirements

- for such applicants; requiring such applicants to notify the Board of Medicine of any changes in employment within a specified timeframe;
- a. repealing s. 458.3124, F.S., relating to restricted licenses of certain experienced foreign-trained physicians;
 - b. amending s. 458.314, F.S.; authorizing the board to exclude certain foreign medical schools from consideration as an institution that provides medical education that is reasonably comparable to similar accredited institutions in the United States; providing construction; deleting obsolete language;
 - c. amending s. 458.3145, F.S.; revising criteria for medical faculty certificates; deleting a cap on the maximum number of extended medical faculty certificates that may be issued at specified institutions;
 - d. amending ss. 458.315 and 459.0076, F.S.; authorizing that temporary certificates for practice in areas of critical need be issued to physician assistants, rather than only to physicians, who meet specified criteria; making conforming and technical changes;
 - e. amending ss. 458.317 and 459.0075, F.S.; specifying who may be considered a graduate assistant physician; creating limited licenses for graduate assistant physicians; specifying criteria a person must meet to obtain such licensure; requiring the Board of Medicine and the Board of Osteopathic Medicine, respectively, to establish certain requirements by rule; providing for a one-time renewal of such licenses; providing that limited licensed graduate assistant physicians are not eligible to apply for another limited license; authorizing limited licensed graduate assistant physicians to provide health care services only under the direct supervision
 - f. creating s. 320 464.0121, F.S.; providing that temporary certificates for practice in areas of critical need may be issued to advanced practice registered nurses who meet specified criteria; providing restrictions on the issuance of temporary certificates; waiving licensure fees for such applicants under certain circumstances;
7. amending s. 464.0123, F.S.; requiring certain certified nurse midwives, as a condition precedent to providing out-of-hospital intrapartum care, to maintain a written policy for the transfer of patients needing a higher acuity of care or emergency services; requiring that such policy prescribe and require the use of an emergency plan-of-care form; providing requirements for the form; requiring such certified nurse midwives to document specified information on the form if a transfer of care is determined to be necessary; requiring certified nurse midwives to verbally provide the receiving provider with specified information and make himself or herself immediately available for consultation; requiring certified nurse midwives to provide the patient's emergency plan-of-care form, as well as certain patient records, to the receiving provider upon the patient's transfer; requiring the Board of Nursing to adopt certain rules; of a physician and pursuant to a written protocol; providing requirements for, and limitations on, such supervision and practice; providing requirements for the supervisory protocols; providing that supervising physicians are liable for any acts or omissions of such graduate assistant physicians acting under their supervision and control; authorizing third-party payors to provide

- reimbursement for covered services rendered by graduate assistant physicians; authorizing the Board of Medicine and the Board of Osteopathic Medicine, respectively, to adopt rules
8. creating s. 456.4501, F.S.; enacting the Interstate Medical Licensure Compact in this state; providing the purpose of the compact; providing that state medical boards of member states retain jurisdiction to impose adverse action against licenses issued under the compact; defining terms; specifying eligibility requirements for physicians seeking an expedited license under the compact; providing requirements for designation of a state of principal license for purposes of the compact; authorizing the Interstate Medical Licensure Compact Commission to develop certain rules; providing an application and verification process for expedited licensure under the compact; providing for expiration and termination of expedited licenses; authorizing the Interstate Commission to develop certain rules; providing requirements for renewal of expedited³⁷⁸ licenses; authorizing the Interstate Commission to develop certain rules; providing for the establishment of a database for coordinating licensure data amongst member states; requiring and authorizing member boards to report specified information to the database; providing for confidentiality of such information; providing construction; authorizing the Interstate Commission to develop certain rules; authorizing member states to conduct joint investigations and share certain materials; providing for disciplinary action of physicians licensed under the compact; creating the Interstate Medical Licensure Compact Commission; providing purpose and authority of the commission;

SB 330 Behavioral Health Teaching Hospitals - Senator Jim Boyd

- Establishes a framework for designating behavioral health teaching hospitals in Florida, setting criteria for such designation, and providing funding and reporting mechanisms.
- Authorizes hospitals to apply for a behavioral health teaching hospital designation, outlining specific criteria they must meet.
- Requires designated hospitals to affiliate with a state university, develop integrated workforce development programs, and collaborate on behavioral health care.
- Establishes a grant program to fund designated behavioral health teaching hospitals.
- Mandates annual reports from designated hospitals on program details and achievements.
- Authorizes the Agency for Health Care Administration to allocate funds for resident positions and other expenses related to maintaining integrated workforce development programs.
- Creates the Florida Center for Behavioral Health Workforce within the Louis de la Parte Florida Mental Health Institute to support the behavioral health workforce.
- Requires a comprehensive study of inpatient treatment services for adults with serious mental illness and children with serious emotional disturbance.
- Appropriates funds for the operation of the Florida Center for Behavioral Health Workforce, resident positions in designated hospitals, and the implementation of related programs.

1. An act relating to behavioral health teaching hospitals; creating part VI of ch. 395, F.S., entitled "Behavioral Health Teaching Hospitals"; creating s. 395.901, F.S.; defining terms; providing legislative findings and intent; creating s. 395.902, F.S.; authorizing hospitals to apply for a behavioral health teaching hospital designation beginning on a specified date
2. amending s. 409.909, F.S.; authorizing certain residency positions to be allocated for designated behavioral health teaching hospitals; amending s. 1004.44, F.S.; establishing the Florida Center for Behavioral Health Workforce within the Louis de la Parte Florida Mental Health Institute for a specified purpose;

SB 644 Rural Emergency Hospitals - Senator Cory Simon

- The bill outlines provisions for the designation and operation of rural emergency hospitals in Florida.
- Subjects rural emergency hospitals to specific emergency services and care requirements.
- Revises the definition of a "rural hospital" to include specific bed number and service area criteria.
- Defines "rural emergency hospital" and "rural emergency services," allowing qualifying hospitals to apply for rural emergency hospital designation.
- Specifies requirements for rural emergency hospital designation, including adherence to the Consolidated Appropriations Act of 2021, a maximum of 50 beds, and the ability to provide rural emergency services 24/7.
- Exempts designated rural emergency hospitals from requirements for acute inpatient care beyond 24 hours, surgery, obstetrical care, or similar services.
- Mandates the agency to suspend or revoke a rural emergency hospital's designation if it fails to meet the specified requirements.

SB 1600 Interstate Mobility - Senator Jay Collins

- Floridian regulations are modified to simplify the process for professionals moving from other states, territories, or foreign countries to obtain local licenses via reciprocity and endorsement, ensuring their qualifications align with Florida's standards.
- Specifies that health care professionals may obtain licensure by meeting similar conditions, including holding an active, unencumbered license and fulfilling all applicable federal and state requirements.
- Outlines grounds for ineligibility for licensure under this act, such as pending disciplinary proceedings or criminal convictions related to the health care profession.
- Directs the Department of Health to utilize the National Practitioner Data Bank for verifying applicant credentials.

Requires the issuing of licenses to qualifying applicants within 7 days of receiving all necessary documentation, with provisions for state-specific examinations if required.

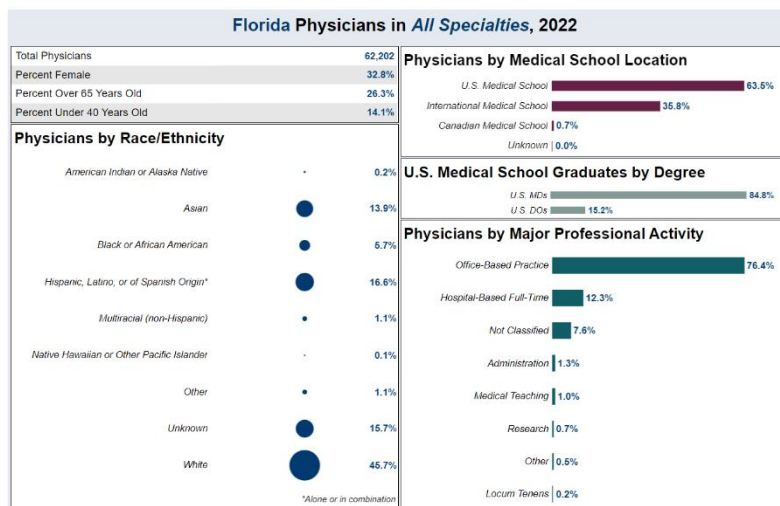
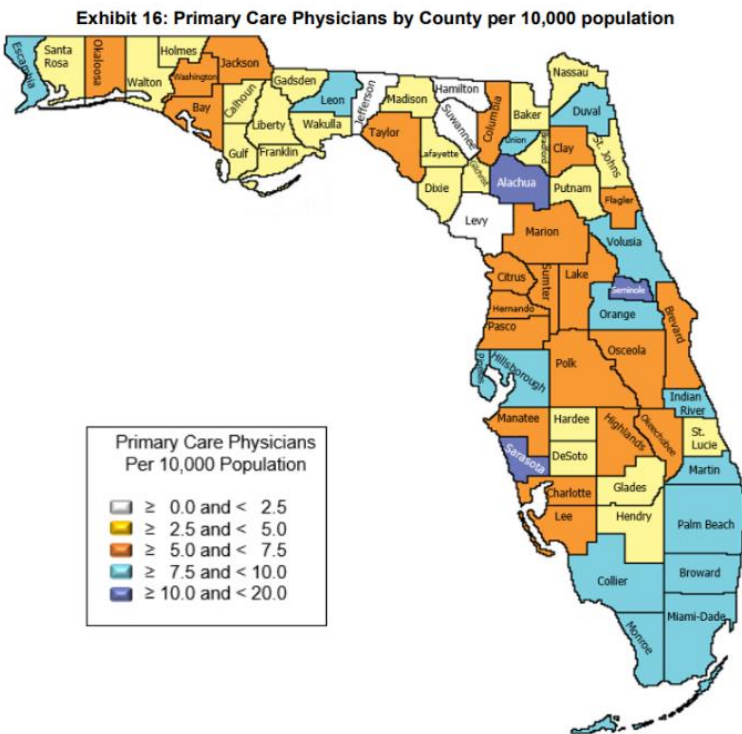
Appendix 2: Distribution of low-income neighborhoods, rural areas and areas in critical needs

1. LI - Aventura - Non-rural
2. LI- Biscayne Park - Non-rural
3. LI - Cutler Bay/Homestead - Non-rural
4. LI - Doral - Non-rural
5. LI - Doral/Medley - Non-rural
6. LI - Fontainebleau/Olympia Heights
7. LI - Golden Glades - Non-rural & Rural
8. LI-Hialeah Garden - Non-rural
9. LI-Hialeah - Non-rural
10. LI - Homestead - Non-rural
11. LI - Kendall
12. LI- Liberty City - Non-rural
13. LI - Little Havana - Non-rural
14. LI - Miami Beach - Low Income Population HPSA - Non-rural
15. LI - Naranja
16. LI - Norland - Non-rural
17. LI - North Miami - Non-rural
18. LI-North Miami Beach - Non-rural
19. LI - Opa Locka - Non-rural
20. LI- South Beach - Non-rural
21. LI - South Florida Behavioral Network - Circuit 11
22. LI - Southwest Dade - Non-rural
23. LI - Tamiami
24. LI - West Miami/Coral Terrace - Non-rural
25. LI-West Perrine - Non-rural
26. LI-Wynwood - Non-rural
27. Banyan Community Health Center, Inc. - Federally Qualified Health Center - Non-rural
28. Borinquen Health Care Center, Inc. - Federally Qualified Health Center - Non-rural
29. CAMILLUS HEALTH CONCERN INC - Federally Qualified Health Center - Non-rural
30. CARE RESOURCE COMMUNITY HEALTH CENTERS INCORPORATED - Federally Qualified Health Center -Non-rural
31. Center For Family And Child Enrichment, Inc., The - Federally Qualified Health Center - Non-rural
32. Community Health South Florida, Inc. - Federally Qualified Health Center - Non-rural
33. Citrus Health Network, Inc. - Federally Qualified Health Center - Non-rural
34. Community Health South Florida, Inc. - Federally Qualified Health Center
35. JESSIE TRICE COMMUNITY HEALTH SYSTEM, INC. - Federally Qualified Health Center - Non-rural
36. EMPOWER U, INCORPORATED - Federally Qualified Health Center - Non-rural
37. Miami Beach Community Health Center Inc. - Federally Qualified Health Center
38. Miccosukee Health Department - Indian Health Service, Tribal Health, and Urban Indian Health Organizations - Rural
39. Dade Correctional Institution - Correctional Facility - Non-rural
40. Everglades Correctional Institution/Reentry Center - Correctional Facility - Non-rural
41. FCI - Miami - Correctional Facility - Non-rural

- 42. Homestead Correctional Institution - Correctional Facility - Non-rural South Florida Reception Center - Correctional Facility - Non-rural
- 43. South Florida Reception Center - South Unit Annex - Correctional Facility - Non-rural

Appendix 3. Type of Residency Program

- Primary Care (36)
- Dental (30)
- Mental Health (20)





ONE DOWNTOWN
1 SE 3RD AVENUE, SUITE 1410
MIAMI, FL 33131

(305) 350-7700

MIAMICHAMBER.COM

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