

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Care Committee

BILL: SPB 7064

INTRODUCER: For consideration by Health Care Committee

SUBJECT: Physicians

DATE: December 22, 2005 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HE	Pre-meeting
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The proposed committee bill requires the Division of Health Access and Tobacco within the Department of Health (DOH) to monitor, evaluate, and report on the supply and distribution of allopathic physicians and osteopathic physicians in Florida. The division must develop a strategy to track and analyze, on an ongoing basis, the distribution of Florida-licensed physicians by specialty and geographic location using data that are available from public and private sources. The division must submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2008, and annually thereafter.

The bill requires initial applicants for full licensure to practice as a medical physician in Florida to submit core credentials to the Federation of State Medical Boards for verification.

This bill amends ss. 458.311, 458.313, 458.316, 458.3165, and 458.317, F.S.

This bill reenacts s. 458.347, F.S.

This bill creates s. 381.0304, F.S., and one undesignated section of law.

II. Present Situation:

Allopathic and Osteopathic Physician Licensure

Chapter 458, F.S., governs the practice of allopathic medicine under the Board of Medicine within DOH. Section 458.311, F.S., specifies licensure by examination requirements for medical physicians. The applicant must be at least 21 years of age; have good moral character; have not committed any act or offense in Florida or any other jurisdiction which would constitute the

basis for physician discipline; if graduated from medical school after October 1, 1992, have completed the equivalent of 2 academic years of preprofessional, postsecondary education which covers certain science curricula as specified by rule of the Board of Medicine before entering medical school; meet specified medical education and postgraduate training requirements from recognized U.S. or foreign allopathic medical schools or colleges; and completion of an approved residency of specified duration. Similarly, ch. 459, F.S., governs the practice of osteopathic medicine under the Board of Osteopathic Medicine within DOH.

Allopathic and osteopathic physician licensure applicants must submit a set of fingerprints and a fee for a criminal background check of the applicant. The applicant must submit specified information along with his or her application, which information is compiled into a practitioner profile. As part of the initial licensure process, the staff of the Board of Medicine and the Board of Osteopathic Medicine verifies an applicant's core credentials. The core credentials include medical education, all postgraduate medical training, national licensure examination history, Educational Commission for Foreign Medical Graduates (ECFMG) certification, any current staff privileges, and any physician licenses held in other states, disciplinary history, and medical malpractice claims.

State boards that regulate allopathic and osteopathic physicians verify, through a primary source, the credentials required for physician licensure. Primary source verification of a physician licensure applicant's credentials can be a laborious process, which results in substantial delay in a board's evaluation of an applicant's credentials. The Florida Board of Medicine encourages, but does not require, licensure applicants to use the Federation Credentials Verification Service (FCVS) to have the applicant's core credentials verified. The Federation of State Medical Boards operates FCVS.

Physician Workforce Data

Recently, the Council on Graduate Medical Education, a national advisory organization that makes recommendations on the adequacy of the supply and distribution of physicians, predicted that the demand for physicians, nationally, would significantly outpace the supply.¹ In Florida, the costs of medical malpractice insurance, the recent adoption of a constitutional amendment that prohibits licensure or continued licensure of physicians who have committed three or more incidents of medical malpractice, displacement of medical students and licensed physicians by natural disasters, and other variables, may affect the number of students applying to medical schools in Florida and the number of allopathic and osteopathic physicians applying for licensure and practicing in Florida. Floridians' access to necessary health care services could be adversely affected by a shortage of licensed physicians practicing in Florida.

The statewide collection of physician data and its analysis is fragmented in Florida. Under s. 408.05, F.S., the State Center for Health Statistics within the Agency for Health Care Administration (AHCA) must collect data on health resources, including physicians, dentists, nurses, and other health care professionals. The Division of Health Access and Tobacco within DOH administers several programs that relate to physician access. The Florida Medicaid

¹ See Report by the Council on Graduate Medical Education, "Physician Workforce Policy Guidelines for the United States, 2000-2020 Sixteenth Report January 2005."

program in AHCA has claims data for physicians participating in the Medicaid program. Although several entities collect information on Florida physicians, there is no centralized responsibility for statewide collection and analysis of health workforce data, including physician data.

Interim Project Report 2006-136

As part of an assigned interim project, committee staff reviewed the history, implementation, and effectiveness of the current law governing allopathic and osteopathic physician licensure and relevant data on physician workforce trends. Staff researched physician workforce data collection initiatives throughout the United States and found that several states have established strategies to ensure the production and distribution of physicians and to support graduate medical education.

Interim Project Report 2006-136, found that no changes are needed in the licensure process, other than the verification of core credentials of medical physicians. The report also found that, although a variety of information is collected about physicians, there is no centralized repository for physician workforce data in Florida and much of the data that is collected is not systematically updated, verified, or analyzed for purposes of ensuring that Floridians have access to needed physician services. Information submitted as part of the licensure process by medical physicians and osteopathic physicians, and related procedures such as profiling, may serve as a primary vehicle for the collection of physician workforce data. The report recommends that the Division of Health Access and Tobacco within DOH should be funded and charged to monitor, evaluate, and report on the supply and distribution of physicians using data from other public and private sources. The report also recommends that at a minimum, the division should develop a strategy to track and analyze, on an ongoing basis, the distribution of Florida-licensed physicians by specialty and geographic location.

III. Effect of Proposed Changes:

Section 1. Creates s. 381.0304, F.S., to require the Division of Health Access and Tobacco of the Department of Health to monitor, evaluate, and report on the supply and distribution of allopathic physicians and osteopathic physicians in Florida. The division must develop a strategy to track and analyze, on an ongoing basis, the distribution of Florida-licensed physicians by specialty and geographic location using data that are available from public and private sources. The division must submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2008, and annually thereafter.

Section 2. Amends s. 458.311, F.S., relating to medical physician licensure by examination, to require applicants for physician licensure to submit core credentials to the Federation of State Medical Boards for verification.

Section 3. Amends s. 458.313, F.S., relating to medical physician licensure by endorsement, to require applicants for physician licensure to submit core credentials to the Federation of State Medical Boards for verification.

Section 4. Reenacts s. 458.347, F.S., relating to physician assistants, to incorporate the amendment to s. 458.311, F.S., contained in Section 2.

Section 5. Amends s. 458.316, F.S., relating to public health certificates, to correct statutory cross-references to conform to amendments in the bill to s. 458.311, F.S.

Section 6. Amends s. 458.3165, F.S., relating to public psychiatry certificates, to correct statutory cross-references to conform to amendments in the bill to s. 458.311, F.S.

Section 7. Amends s. 458.317, F.S., relating to limited licenses of medical physicians, to correct statutory cross-references to conform to amendments in the bill to s. 458.311, F.S.

Section 8. Creates an undesignated section of law, to provide for an appropriation from the General Revenue Fund to DOH for implementing this act during the 2006-07 fiscal year. The act may be implemented contingent on an appropriation in the General Appropriations Act.

Section 9. Provides that the bill take effect on October 1, 2006.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Art. III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Medical physician applicants will incur costs for the FCVS primary source verification of their core credentials. The FCVS charges physician applicants a base fee of \$275. The FCVS may impose additional surcharges to cover costs incurred to collect examination transcripts, ECFMG certification, if applicable, and other miscellaneous verification fees. Applicants who complete the verification process establish a permanent, lifetime

portfolio of primary-source verified credentials, allowing quick, easy and inexpensive access to medical credentials. The verified credentials may be used throughout the applicant's career for state licensure, hospital privileges, employment and professional memberships.

C. Government Sector Impact:

The Department of Health estimates that, to implement the provisions of the bill that require the Division of Health Access and Tobacco to create a physician workforce database, it will incur costs of \$170,716 for fiscal year 2006-07 and \$107,816 for fiscal year 2007-08.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

VIII. Summary of Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
