

The Florida Senate
PROFESSIONAL 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: Governmental Operations Committee

BILL: CS/CS/SB 770

INTRODUCER: Committee on Governmental Operations, Committee on Health Regulation and Senator Atwater and others

SUBJECT: Physician Workforce

DATE: April 12, 2007 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HR	Fav/CS
2.	Rhea	Wilson	GO	Fav/CS
3.			HA	
4.			RC	
5.				
6.				

I. Summary:

The bill expresses legislative intent, which recognizes that physician workforce planning is an essential component of ensuring that there is an adequate and appropriate supply of well-trained physicians to meet Florida’s future health care service needs.

The bill creates the Office of Physician Workforce Assessment and Development within the Division of Health Access and Tobacco of the Department of Health (DOH). The office must serve as a coordinating and strategic planning body to actively assess Florida’s current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected workforce needs. The office must maximize the use of existing programs under the DOH and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of the strategic plan. The DOH must maintain a database to serve as the official statewide source of valid, objective, and reliable data concerning the physician workforce.

The bill requires each Florida-licensed allopathic or osteopathic physician, in conjunction with the renewal of his or her license under procedures adopted by the DOH to furnish specified information to the DOH in a physician survey. The bill lists the information for inclusion in a form to be developed by the DOH for the physician survey.

The DOH must issue a nondisciplinary citation to any Florida-licensed allopathic or osteopathic physician who fails to complete the survey within 90 days after the renewal of his or her license to practice as a physician. The citation must notify a physician who fails to complete the required

survey that his or her license will not be renewed for any subsequent licensure renewal unless the physician completes the survey. In conjunction with issuing the license-renewal notice, the DOH must notify each allopathic or osteopathic physician who has failed to complete the survey at the licensee's last known address of record with the DOH of the requirement that the physician survey be completed prior to the subsequent license renewal. At any subsequent license renewal, the DOH may not renew the license of any allopathic or osteopathic physician, until the required survey is completed by the licensee.

The Office of Physician Workforce Assessment and Development must analyze the results of the required physician survey and determine by geographic area and specialty the number of physicians who:

- Perform deliveries of children in Florida;
- Read mammograms and perform breast-imaging-guiding procedures in Florida;
- Perform emergency care on a on-call basis for a hospital emergency department;
- Plan to reduce or increase emergency on-call hours in a hospital emergency department;
- or
- Plan to relocate their allopathic practice or osteopathic practice outside of Florida.

The office must report its findings to the Governor and the Legislature by November of each year.

The bill creates the Physician Workforce Advisory Council in the Department of Health, a council as defined in s. 20.03(7), F.S. The council is required to comply with the requirements of s. 20.052, F.S. The council consists of five members appointed by the Secretary of Health from recommendations made by the Florida Medical Association, the Florida Osteopathic Medical Association, the Florida Council of Medical School Deans, the Florida Area Health Education Network, and the Florida Hospital Association. The council must review and comment on data analysis by the DOH for physician workforce issues and provide advice and expertise to the DOH in the development of additional issues to be incorporated in the survey completed by allopathic or osteopathic physicians, upon license renewal.

This bill creates s. 381.4018, Florida Statutes, and three undesignated sections of law.

II. Present Situation:

Organizational Structure of the Executive Branch – Article II, s. 3 of the State Constitution provides:

The powers of the state government shall be divided into legislative, executive and judicial branches. No person belonging to one branch shall exercise any powers appertaining to either of the other branches unless expressly provided herein.

Additionally, Article IV, s. 6 of the State Constitution provides:

All functions of the executive branch of state government shall be allotted among not more than twenty-five departments, exclusive of those specifically provided for or

authorized in this constitution. The administration of each department, unless otherwise provided in this constitution, shall be placed by law under the direct supervision of the governor, the lieutenant governor, the governor and cabinet, a cabinet member, or an officer or board appointed by and serving at the pleasure of the governor, except:

- (a) When provided by law, confirmation by the senate or approval of three members of the cabinet shall be required for appointment to or removal from any designated statutory office.
- (b) Boards authorized to grant and revoke licenses to engage in regulated occupations shall be assigned to appropriate departments and their members appointed for fixed terms, subject to removal only for cause.

The manner of appointment of statutory officers may not unconstitutionally infringe upon the authority of the Governor to appoint executive branch officers:

As the chief executive officer in whom the supreme executive power is vested, the Governor has direct supervision over all executive departments unless the legislature places that supervision in the hands of one of the following other executive officers: the lieutenant governor, the governor and cabinet, a cabinet member, or an officer or board appointed by and serving at the pleasure of the governor. Inherent in that direct supervisory authority is the power to appoint executive officers to public office.¹

Chapter 20, F.S., provides for the organizational structure of the executive branch.² Section 20.04, F.S., provides that the department is the principal administrative unit of the executive branch³ and subdivides departments into divisions headed by division directors,⁴ bureaus headed by bureau chiefs,⁵ sections headed by administrators⁶ and subsections headed by supervisors.⁷

The internal structure of all departments must adhere to standard terms, except for the Department of Financial Services, the Department of Children and Family Services, the Department of Corrections, the Department of Management Services, the Department of Revenue, and the Department of Transportation.⁸ Pursuant to subsection (3) of the section, the principal unit of the department is the “division,” with each division headed by a “director.” The principal unit of the division is the “bureau,” with each bureau headed by a “chief.” No definition for “office” is provided in chapter 20, F.S.

Additionally, s. 20.03, F.S., establishes definitions for other entities within the executive branch. The section provides:

¹ *Jones v. Chiles*, 638 So.2d 48 (Fla. 1994).

² Section 20.04, F.S.

³ Section 20.04(1), F.S.

⁴ Section 20.04(3)(a), F.S.

⁵ Section 20.04(3)(b), F.S.

⁶ Section 20.04(3)(c), F.S.

⁷ Section 20.04(3)(d), F.S.

⁸ Section 20.04(3), F.S.

(7) “Council” or “advisory council” means an advisory body created by specific statutory enactment and appointed to function on a continuing basis for the study of the problems arising in a specified functional or program area of state government and to provide recommendations and policy alternatives.

(9) “Coordinating council” means an interdepartmental advisory body created by law to coordinate programs and activities for which one department has primary responsibility but in which one or more other departments have an interest.

Section 20.052, F.S., establishes requirements that each advisory body, commission, board of trustees, or any other collegial body created by specific statutory enactment as an adjunct to an executive agency must be established, evaluated, or maintained.

Health Professions Workforce Data Collection

The United States Department of Health and Human Services recommends that states that are considering the establishment of a comprehensive health workforce data collection system should consider whether the data should be collected annually. States should also consider whether the data should be coordinated with other data collection efforts and what definitions should be used when collecting data to ensure compatibility with other data sets that would allow the data to be easily aggregated. Regulatory mechanisms to collect workforce data serve as an integral base of accurate information for workforce planning. Regulatory boards over health care professionals are encouraged to work collaboratively with public and private agencies that use workforce data for policy planning to identify standard data elements, which are comparable and accessible. Regulatory agencies are encouraged to share data collected on health professionals, but should not have the sole responsibility to analyze such data.

There are five regional health workforce centers (University of California at San Francisco, State University of New York at Albany, University of Illinois at Chicago, University of Washington at Seattle, and University of Texas Health Science Center at San Antonio) supported through cooperative agreements with the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), National Center for Health Workforce Analysis. The centers cover health workforce issues in HRSA-designated southwest, northeast, northwest, north central, and south central regions. In September 2003, a regional center at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (Chapel Hill) became the sixth center. It covers health workforce issues in the southeast region of the United States.

The HRSA-designated regional centers collect, analyze, and provide health workforce information and facilitate workforce-planning efforts. Each regional center carries out projects that are funded through the National Center for Workforce Analysis. These projects are generally related to health workforce issues of national importance. Supplemental projects are carried out by the regional centers through state, local, and private funding.

Over the past 20 years, the Sheps Center has developed the North Carolina Health Professions Data System to collect and provide data on selected licensed health professionals in North Carolina. The data system receives ongoing financial support from the North Carolina Area

Health Education Centers program and the University of North Carolina (Chapel Hill). The Center maintains data that includes: name, home address, business address, birth year, sex, race, information on basic professional education, specialty, activity status, form of employment, practice setting, total hours worked in an average week, and percent of time in direct patient care. The data are provided by health professionals upon initial licensure or renewal to the respective licensing boards and the data remain the property of the boards. The data are confidential and any requests for names, addresses, or other information that would lead to the identification of any individuals may not be granted without the prior written approval of the appropriate licensing board.

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.⁹ 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 Florida Center for Health Information and Policy Analysis 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 the DOH administers several programs that relate to physician access. The Florida Medicaid 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.

In Florida, a number of efforts have been made to create a health care or physician work force database available for use by state policymakers. *Senate Interim Project 2004-164* concluded that in Florida, although there are several health care workforce data initiatives, there is no centralized repository for statewide health workforce data. The report focused on data relating to physicians.

Senate Interim Project Report 2006-136, 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

⁹ See Report by the Council on Graduate Medical Education, "Physician Workforce Policy Guidelines for the United States, 2000-2020 Sixteenth Report January 2005."

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 the 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.

As a part of the license renewal of allopathic physicians in October 2006, the DOH sent a survey¹⁰ to the physicians, which included some questions developed by stakeholders interested in physician workforce data. The department reports that responses to the survey were voluntary and that a response rate of 84 percent was achieved.

Florida Department of Health

The Department of Health is created in s. 20.43, F.S. The purpose of the department is to promote and protect the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. Among the duties assigned to the department in s. 20.43(1), F.S., is the duty to:

Serve as the statewide repository of all aggregate data accumulated by state agencies related to health care; analyze that data and issue periodic reports and policy statements, as appropriate; require that all aggregated data be kept in a manner that promotes easy utilization by the public, state agencies, and all other interested parties; provide technical assistance as required; and work cooperatively with the state's higher education programs to promote further study and analysis of health care systems and health care outcomes.

Section 20.43(3), F.S., establishes divisions within the department. One of the divisions is the Division of Health Access and Tobacco. The division includes the following subdivisions:

- Office of Health Professional Recruitment and Primary Care Access, which identifies medically underserved areas throughout the state and administers several programs to alleviate these shortages and improve access to primary care;
- Volunteer Health Services Program, which promotes access to quality health care for medically underserved and uninsured residents of Florida through the commitment of volunteers;
- Office of Injury Prevention, which conducts injury surveillance and develops the State Injury Prevention Strategic Plan;
- Community Hospital Education Program/Community Hospital Education Council/Graduate Medical Education Committee, which provide upgraded health care services for residents of Florida through graduate medical education programs;
- Office of Rural Health, which fosters the provision of health care services in rural areas and serves as a catalyst for improved health services to citizens in rural areas of the state;

¹⁰ Section 120.52, F.S., defines "rule" in part, to mean each agency statement of general applicability that... solicits any information not specifically required by statute or by an existing rule. The Department of Health did not adopt the survey as a rule.

- Area Health Education Centers, which serve as a catalyst for the primary care training of health professionals through increased opportunities for training in medically under-served areas;
- Local Health Councils, which provide technical assistance, recommend changes to the local health care system, and attempt to implement recommendations for change;
- Florida Brain and Spinal Cord Injury Program, which develops and administers a statewide coordinated system of care to serve persons who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries; and
- Florida Tobacco Prevention and Control Program, which administers a comprehensive tobacco prevention program and enforces the Florida Clean Indoor Act that prohibits smoking in enclosed indoor workplaces.

Another division within the department is the Division of Medical Quality Assurance, which is responsible for the regulation and licensure of over forty health care professions.

Allopathic and Osteopathic Physician Licensure

Chapter 458, F.S., governs the practice of allopathic medicine under the Board of Medicine within the 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 two 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 the 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.

Section 456.004(1), F.S., grants rulemaking authority for the DOH to establish a procedure for the biennial renewal of licenses for professions regulated in the department.

Section 456.038(1)(a), F.S., requires the department to forward a licensure renewal notification at least 90 days before the end of a licensure cycle to a licensed practitioner at the practitioner's last known address of record. Chapter 64-9, Florida Administrative Code, provides rules governing the biennial licensure renewal for all health care professions regulated under the Division of Medical Quality Assurance. The biennial renewal cycle for medical physicians is divided into two groups so that one-half renews licensure in even years and the other half in odd

years. Approximately 25,000 or one-half of medical physician licenses must be renewed on January 31 of each year. Osteopathic physicians renew their licenses in even years. Osteopathic physician licenses must be renewed on March 31, 2008. Physician residents, interns, and fellows renew their licenses every year on a staggered basis.

The Division of Medical Quality Assurance has established computer-online services for electronic initial licensure and electronic licensure renewal. Electronic licensure renewal (E-renewal) was developed and implemented in 2001. Health care practitioners are given a unique identifier and a pin number so that they may electronically renew their licenses through the Internet and pay the renewal fee with a credit card. License renewal applicants must electronically attest that they meet all licensure renewal requirements. Physicians who electronically renew their licenses must additionally review their practitioner profile and financial responsibility status and attest that such information is updated and correct.

Practitioner Profiles

Section 456.039, F.S., requires each licensed medical physician, osteopathic physician, chiropractic physician, and podiatric physician to submit specified information which, beginning July 1, 1999, has been compiled into practitioner profiles to be made available to the public. The information must include: graduate medical education; hospitals at which the physician has privileges; the address at which the physician will primarily conduct his or her practice; specialty certification; year the physician began practice; faculty appointments; a description of any criminal offense committed; a description of any final disciplinary action taken within the most recent 10 years; and professional liability closed claims reported to the Office of Insurance Regulation. The professional liability claims to be published in the practitioner profiles are limited to paid claims reported within the previous 10 years that exceed specified amounts under s. 456.041(4), F.S.¹¹ In addition, the physician may submit: professional awards and publications; languages, other than English, used by the physician to communicate with patients; an indication of whether the physician participates in the Medicaid program; and relevant professional qualifications, as defined by the applicable board of the physician. Each person who applies for initial licensure as a medical physician, osteopathic physician, chiropractic physician, or podiatric physician must, at the time of application, and each medical physician, osteopathic physician, chiropractic physician, or podiatric physician must, in conjunction with the renewal of the license, submit the information required for practitioner profiles.

Section 456.042, F.S., requires each person who has submitted information under the practitioner profiling requirements to update that information in writing by notifying the DOH within 15 days after the occurrence of an event or the attainment of a status that requires reporting as part of the profiling requirements.¹² Persons who register to practice medicine as an intern, resident, or fellow and who apply for physician licensure are exempt from the practitioner profiling requirements. The Department of Health must compile the information submitted by a physician licensure applicant into a practitioner profile.

¹¹ Section 456.051(1), F.S., requires DOH to make all reports of claims or actions for damages for personal injury available as a part of the practitioner's profile within 30 calendar days without any specified limitation on the amount of the claim or the time that the claim was incurred.

¹² Sections 456.039 and 456.0391, F.S., require that the written update be provided within 45 days of the occurrence of an event or the attainment of a status that requires reporting as part of the profiling requirements.

III. Effect of Proposed Changes:

The bill creates s. 381.4018, F.S., relating to physician workforce assessment and development. The bill expresses legislative intent, which recognizes that physician workforce planning is an essential component of ensuring that there is an adequate and appropriate supply of well-trained physicians to meet Florida's future health care service needs. The Legislature finds that items to consider relative to assessing the physician workforce may include: physician practice status, specialty mix, geographic distribution, demographic information, and needs of current or projected medically underserved areas in Florida. Strategies to provide for a well-trained supply of physicians must include ensuring the availability and capacity of quality graduate medical schools in Florida.

The bill creates the Office of Physician Workforce Assessment and Development within the Division of Health Access and Tobacco of the DOH. The office must serve as a coordinating and strategic planning body to actively assess Florida's current and future physician workforce needs and work with multiple stakeholders to develop strategies and alternatives to address current and projected workforce needs. The office must maximize the use of existing programs under the DOH and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of the strategic plan. The office, in developing the strategic plan, must:

- Monitor, evaluate, and report on the supply and distribution of Florida-licensed allopathic and osteopathic physicians;
- Develop a model and quantify the adequacy of Florida's current and future physician workforce as reliable data becomes available;
- Develop and recommend strategies to determine whether the number of qualified medical school applicants who might become practicing physicians in Florida will be sufficient to meet the capacity of Florida medical schools;
- Develop, if appropriate, strategies and recommendations and identify, working with other entities, best-practice programs that introduce health care as a profession and strengthen skills needed for medical school admission for students, and improve premedical education at the precollege and college level;
- Develop strategies to ensure that the number of graduates from Florida's public and private allopathic and osteopathic medical schools are adequate to meet physician workforce needs, based on the analysis of the physician workforce data;
- Develop strategies to ensure that Florida's medical schools are adequately funded;
- Pursue strategies and policies to create, expand, and maintain graduate medical education positions in Florida based on the analysis of the physician workforce data;
- Develop options to address federal funding limitations on graduate medical education and consider options to provide direct state funding for graduate medical education positions;
- Consider funding residency positions as a means of addressing certain physician shortages and Florida's physician workforce needs;
- Develop strategies to maximize federal and state programs that provide incentives to attract physicians to Florida or to retain physicians in Florida;
- Coordinate and enhance activities relative to workforce needs, undergraduate medical education and graduate medical education;

- Work in conjunction with and act as a coordinating body for governmental and nongovernmental stakeholders to address matters relating to Florida's physician workforce assessment and development for the purpose of ensuring an adequate supply of well-trained physicians to meet Florida's future needs;
- Serve as a liaison with other states and federal agencies and programs to enhance resources available to Florida's physician workforce and medical education continuum; and
- Act as a clearinghouse for collecting and disseminating information concerning the physician workforce and medical education continuum in Florida.

The DOH must maintain a database to serve as the official statewide source of valid, objective, and reliable data concerning the physician workforce.

The bill requires each Florida licensed allopathic or osteopathic physician, in conjunction with the renewal of his or her license under procedures adopted by the DOH to furnish specified information to the DOH in a physician survey. The bill lists the information for inclusion in a form to be developed by the DOH for the physician survey.

The DOH must issue a nondisciplinary citation to any Florida-licensed allopathic or osteopathic physician who fails to complete the survey within 90 days after the renewal of his or her license to practice as a physician. The citation must notify a physician who fails to complete the required survey that his or her license will not be renewed for any subsequent licensure renewal unless the physician completes the survey. In conjunction with issuing the license-renewal notice, the DOH must notify each allopathic or osteopathic physician who has failed to complete the survey at the licensee's last known address of record with the DOH of the requirement that the physician survey be completed prior to the subsequent license renewal. At any subsequent license renewal, the DOH may not renew the license of any allopathic or osteopathic physician, until the required survey is completed by the licensee.

The Office of Physician Workforce Assessment and Development must analyze the results of the required physician survey and determine by geographic area and specialty the number of physicians who:

- Perform deliveries of children in Florida;
- Read and perform breast-imaging-guided procedures in Florida;
- Perform emergency care on a on-call basis for a hospital emergency department;
- Plan to reduce or increase emergency on-call hours in a hospital emergency department; or
- Plan to relocate their allopathic practice or osteopathic practice outside of Florida.

The office must report its findings to the Governor and the Legislature by November of each year.

The bill creates a five-member advisory council on physician workforce issues within the DOH. The council must review and comment on data analysis by the DOH for physician workforce issues and provide advice and expertise to the DOH in the development of additional issues to be incorporated in the survey completed by allopathic or osteopathic physicians, upon license

renewal. The bill creates the Physician Workforce Advisory Council in the Department of Health, a council as defined in s. 20.03(7), F.S. The council is required to comply with the requirements of s. 20.052, F.S. The council consists of five members appointed by the Secretary of Health from recommendations made by the Florida Medical Association, the Florida Osteopathic Medical Association, the Florida Council of Medical School Deans, the Florida Area Health Education Network, and the Florida Hospital Association.

The bill provides an effective date upon becoming a law.

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 Article VII, Section 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 Article I, Section 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 Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Health projects that it will incur costs to establish the Office of Physician Workforce Assessment and Development, including development of databases, data analysis, strategic plan development, and coordination with governmental agencies. The department reports that 2 FTE planning consultants, 1 FTE Administrative Assistant III, and 1 FTE Computer Programmer 1 will be necessary. The department estimates total costs for salaries, benefits, and expenses, including for advisory council meetings and travel expenses, will be \$291,309 for the first year and \$272,405 for the second year.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Chapter 20, F.S., establishes the organizational structure of the executive branch. Pursuant to s. 20.04(3), F.S., the internal structure of all departments must adhere to standard terms, except for the Department of Financial Services, the Department of Children and Family Services, the Department of Corrections, the Department of Management Services, the Department of Revenue, and the Department of Transportation. Pursuant to that subsection, the principal unit of the department is the “division,” with each division headed by a “director.” The principal unit of the division is the “bureau,” with each bureau headed by a “chief.” Chapter 20, F.S., does not contain a definition for a “office.” It is unclear why an “office” is being created by the bill instead of a “bureau.”

This Senate Professional 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 Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
