# 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.)

BILL: CS/CS/SB 1154 and CS/1462

SPONSOR: Appropriations Subcommittee on Health and Human Services; Health, Aging and Long-Term Care; Senators Peaden and Jones

SUBJECT: Health Care Practitioner Workforce Database

DATE: March 29, 2004 REVISED: _____ _____ _____ _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|---|---|---|---|---|
| 1. | Munroe | Wilson | HC | Fav/CS |
| 2. | Erickson | Cannon | CJ | Favorable (s1462) |
| 3. | Peters | Belcher | AHS | Fav/Combined CS |
| 4. | | | AP | |
| 5. | | | CJ | |
| 6. | | | | |

## I. Summary:


The bill creates the Florida Health Care Practitioner Workforce Database in the Department of Health (DOH). To the extent resources are allocated, the department is required to collect, compile, maintain, and analyze data for the state's health care workforce. The database is intended to serve as the official state repository of data that can be used by the Legislature, the Executive Office of the Governor, state agencies, and state, regional, and local entities involved in planning, analysis, and policy development for the health care workforce and in the delivery of health care services.

The bill requires data elements to be maintained for as many years as necessary to allow for an analysis of longitudinal trends. To the maximum extent feasible, data elements must be collected and maintained using standardized definitions in order to allow for multistate or national comparisons of this state's data. DOH may implement the workforce database in phases but must give the highest priority to the data elements for allopathic and osteopathic physicians. In deciding to include basic data elements for other health care practitioners, DOH must give priority to the health care practitioners who are subject to the practitioner profiling system. The department must identify data elements for collection from nurses based upon recommendations made by the Florida Center for Nursing. The department must develop an implementation plan that identifies the priority order by which other health care practitioners may be added to the database.

The bill specifies the basic data elements for licensed allopathic and osteopathic physicians, graduates of a Florida allopathic or osteopathic medical school, and allopathic and osteopathic physicians completing a graduate medical education program in Florida to be included in the database. The bill requires each medical school in Florida to annually submit the data required

for each graduate of the medical school, and each graduate medical education program to annually submit the data required for each allopathic or osteopathic physician completing a graduate medical education program in Florida to DOH, in a manner prescribed by the department. The medical school graduates, interns, or residents must provide written consent for release of the data to DOH for use in the database.

Legislative intent is expressed to minimize the cost of creating and operating the database and to avoid unwarranted duplication of existing data. To the maximum extent possible, the data included in the database must be derived from existing data sources, with specified exceptions. The Secretary of Health may establish an advisory committee to monitor the creation and implementation of the Florida Health Care Practitioner Workforce Database. The department may employ or assign staff, or may contract, on a competitive-bid basis, with an appropriate entity to administer the workforce database.

The bill provides that Section 1 shall not take effect unless sufficient funds are allocated in a specific appropriation or in the General Appropriations Act for the 2004-2005 fiscal year to fund the Florida Health Care Practitioner Workforce Database. The Medical Quality Assurance Trust Fund, used for health care practitioner regulation within DOH, may not be used to fund the administration of this act.

The bill requires specified information about physicians to be verified prior to publication in the practitioner profiles; requires audits of information regarding current staff privileges for physician applicants at initial licensure and renewal licensure; expands the information collected from physicians subject to profiling requirements; requires electronic submission of licensure applications and updates to the practitioner profiles; requires the Florida Department of Law Enforcement (FDLE) to retain the fingerprints of physicians and advanced registered nurse practitioners that are submitted for initial licensure in its statewide automated fingerprint identification system; enables the Department of Health (DOH) to receive automated criminal history arrest information on such practitioners subject to profiling requirements from FDLE; and corrects several inconsistencies in the law relating to the number of days within which a practitioner must update information for practitioner profiles and the requirements for reports of medical malpractice claims published in a practitioner profile to be those claims in excess of a specified amount and accrued within a specified time period as required in s. 456.041(4), F.S.

The bill provides an appropriation of $7,065,560 from the Medical Quality Assurance Trust Fund to the Department of Health and authorizes six positions for the purpose of implementing sections 3 through 11 of this act during the 2004-05 fiscal year.

This bill creates section 381.03015, Florida Statutes. This bill amends sections 456.039, 456.0391, 456.041, 456.042, 456.051, 458.319, 459.008, 460.407, and 461.007, Florida Statutes.

This bill creates three undesignated sections of law.

## II. Present Situation:

### 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.

In Florida, although there are several health care workforce data initiatives, there is no centralized repository for statewide health workforce data.

- In 2001, the Legislature passed s. 464.0195, F.S., establishing the Florida Center for Nursing (FCN) which is funded through voluntary contributions from nurses and state budget support. The FCN is housed in the College of Health and Public Affairs of the University of Central Florida and has been conducting research on nursing issues and gathering relevant Florida data on nursing shortage issues.

- The DOH gathers data necessary for recommending areas for designation by the federal government as health professional shortage areas. It also gathers data in its efforts to provide consultation and technical assistance to increase access to primary care.

- Local health councils were established in 1982 to carry out regional health planning activities. Under s. 408.033, F.S., local health councils are authorized to collect, compile, and analyze health data to identify local health needs. The local health councils have established a common set of data elements that they collect and have gathered data on the numbers of licensed health care professionals by district.

- The Department of Education gathers health workforce data related to enrollment and completion in health programs in Florida, and salaries and placement of graduates.

- The Agency for Workforce Innovation gathers data by surveying employers of selected health professionals.

The staff of the Council of Florida Medical School Deans, the Florida DOH, and other interested stakeholders have been reviewing the need for the establishment of a centralized, comprehensive source of data on Florida's health professions workforce. The Graduate Medical Education Committee, the Community Hospital Education Council, and the Council of Florida Medical School Deans have endorsed the establishment of a comprehensive database within DOH that will serve as a official repository for accurate, objective, and current health professions workforce data. The stakeholders met and reviewed existing sources of data maintained by DOH relevant to a physician workforce database and identified several issues for resolution associated with the creation of a comprehensive database on Florida's health professions workforce in the department.

The staff of the Council of Florida Medical School Deans has identified some limitations on the use of DOH's practitioner profiles database for physician workforce supply research. The data identifying a physician's medical school, and the location of the medical school and graduate medical education program are provided by physicians responding to an open-ended questionnaire and application which allows significant variation. The resulting variation in the responses by practitioners to such data make it difficult to sort the data for research purposes. The primary information in the practitioner profiles for allopathic and osteopathic physicians is compiled from a paper-based licensure application process which does not conform to the practitioner profile questionnaire which is mailed to an applicant to obtain verification of the information within a profile before the department publishes the profile on the Internet.

The staff of the Council of Florida Medical School Deans proposed several revisions to both the licensure and profiling requirements, which ultimately would suggest a greater need for electronic licensure through the Internet. The council staff proposed revisions to the licensure and practitioner profiling requirements to improve the use and sorting of the data elements in the practitioner profiles for use as a statewide source of valid, objective and reliable data on physician workforce supply. The council proposed the following changes:

- To prevent misidentification of a medical school and its location, assign a code for accredited U.S. and Canadian medical schools and a code should be assigned for medical schools recognized by the Educational Commission of Foreign Medical School Graduates. Licensure applicants should be required to designate the name and location of their medical school from a list provided with the initial licensure application.

- To prevent misidentification of a graduate medical education program, revise the manner in which applicants classify the kind of graduate medical education program attended by the applicant and require applicants to indicate the state and country of the program, if the program is not located in Florida.

- To get the identity of the specialty area in which applicants who are not board certified practice, require all applicants to indicate: principal area(s) of practice from a list of specialties and subspecialties (list should identify national specialty boards recognized by the board); date of initial board certification; and date of most recent re-certification.

- To obtain secondary practice locations, require applicants to provide a street address for each practice location and the approximate percent of time spent in practice at each location and indicate the type of primary practice setting from a list of practice settings.

- To get approximate date of expected retirement, request licensure renewal applicants to indicate if the applicant anticipates retiring from or leaving medical practice during the license renewal period.

- To obtain the percent of time spent in the active practice of medicine, require initial licensure and licensure renewal applicants to indicate the percent of time devoted to patient care.

The staff of the council and other interested stakeholders recommended that procedures for allopathic and osteopathic physician licensure renewal be revised to enhance and expand the data collected by implementation of a one-time, special survey of licensed physicians and random sample surveys to verify and correct practitioner profiling data during the interim between initial licensure and license renewal. The council also suggested creation, by law, of a comprehensive, state-level health practitioner workforce database which would define data elements, authorize the use of data collected through licensure and practitioner profiling, provide procedures for collection of data, and provide for funding and administration of a health practitioner workforce database.

**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.[1] 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 456.039, F.S., requires medical physicians, osteopathic physicians, chiropractic physicians, and podiatric physicians to submit fingerprints for a national criminal history check as part of initial licensure. The section also requires already licensed medical physicians, osteopathic physicians, chiropractic physicians, and podiatric physicians to submit, on a one-time-basis, a set of fingerprints for the initial renewal of their licenses after January 1, 2000, to DOH. DOH must submit the fingerprints of licensure renewal applicants to FDLE and FDLE then must forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's license after January 1, 2000. For any subsequent renewal of the applicant's license, DOH must submit the required information for a statewide criminal history check of the applicant.

Section 456.0391, F.S., requires advanced registered nurse practitioners to comply with the practitioner profiling requirements and submit specified information for compilation into a practitioner profile. DOH began compiling profiles for advanced registered nurse practitioners on July 1, 2001.

Section 456.041, F.S., requires DOH to indicate if the criminal history information reported by a medical physician, osteopathic physician, chiropractic physician, podiatric physician, or advanced registered nurse practitioner is, or is not, corroborated by a criminal history check. DOH or the board having regulatory authority over the practitioner must investigate any information it receives. The department must include in each practitioner's profile criminal history information that directly relates to a practitioner's ability to competently practice his or

[1]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.

her profession. Each practitioner's profile must include the following statement: "The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public."

Medical physicians, osteopathic physicians, chiropractic physicians, podiatric physicians, and advanced registered nurse practitioners applying for licensure renewal must submit the information required for the practitioner profiles. However, an applicant who has submitted fingerprints to DOH for a national criminal history check upon initial licensure and is renewing his or her license for the first time, only needs to submit the information and fee required for a statewide criminal history check.

The department must provide in each practitioner profile, for every final disciplinary action taken against the practitioner, an easy-to-read narrative description that explains the administrative complaint filed against the practitioner and the final disciplinary action imposed on the practitioner. The department must include a hyperlink to each final order listed in its website report of dispositions of recent disciplinary actions taken against practitioners. Within 30 calendar days after receiving information required by the practitioner profiling requirements, the department must update the practitioner's profile. The profile must include a statement of how the practitioner has elected to comply with financial responsibility requirements. For podiatric physicians, the department must include information on liability actions reported within the last 10 years for paid claims over $5,000. For medical or osteopathic physicians, the department must include information on liability claims reported within the previous 10 years for paid claims over $100,000. The profile must also include the date of any reported disciplinary action taken by a Florida-licensed hospital or ambulatory surgical center and must state whether such action related to professional competence and the delivery of services to a patient.

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 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.[2] 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. DOH must compile the information submitted by a physician licensure applicant into a practitioner profile.

**Physician Licensure**

The initial licensure procedures for health care practitioners regulated in the Division of Medical Quality Assurance of DOH, for the majority of professions, is a paper-bound process that requires applicants to submit written responses to comply with statutory requirements for licensure. Registered nurse applicants may apply for initial licensure through the Internet. Statutory requirements for licensure are outlined in the practice acts of the practitioners and their boards are required to adopt, by rule, the application forms used for initial licensure. The Board of Medicine and the Board of Osteopathic Medicine have both adopted initial licensure

[2]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.

application forms that include specific data deemed necessary for the board to determine the qualifications of the applicant to practice medicine or osteopathic medicine in Florida. Applicants for initial licensure and initial licensure renewal after January 1, 2000, must submit a properly executed fingerprint card and payment of costs to process the fingerprint card for the performance of a criminal background check.

The 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 Florida Board of Medicine staff has indicated that it verifies an applicant's core credentials as part of the initial licensure process. The core credentials identified by the Board of Medicine staff include medical education, all postgraduate medical training, national licensure examination history, Educational Commission on Foreign Medical Graduates (ECFMG) certification, any current staff privileges, any physician licenses held in other states, disciplinary history, and medical malpractice claims. The FCVS provides a permanent repository that is designed to provide primary-source verification of a physician applicant's core credentials, including identity, medical education, postgraduate training, examination history, ECFMG certification, and disciplinary history. The Florida Board of Osteopathic Medicine staff has indicated that the board similarly verifies an applicant's core credentials as part of the initial licensure process.

Section 456.004(1), F.S., grants rulemaking authority for 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 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. One half of medical physician licenses must be renewed on January 31, 2004, and the other half on January 31, 2005. Osteopathic physicians renew their licenses in even years. Osteopathic physician licenses must be renewed on March 31, 2004. 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. Since August 2003, electronic initial licensure is only available to registered nurse applicants. Electronic licensure renewal (E-renewal) was developed and implemented in 2001. Health care practitioners may electronically renew their licenses through the Internet and pay the renewal fee with a credit card.

**Public Inspection of Information Required from Applicants**

Section 456.014(1), F.S., establishes public access to information obtained by DOH regarding licensure applicants, with specified exceptions.

> (1) All information required by the department of any applicant shall be a public record and shall be open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades,

> and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except members of the board, the department, and staff thereof, who have a bona fide need to know such information. Any information supplied to the department by any other agency which is exempt from the provisions of chapter 119 or is confidential shall remain exempt or confidential pursuant to applicable law while in the custody of the department or the agency.

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. Social Security numbers are mandatory pursuant to Title 42 United States Code, sections 653 and 654; and ss. 456.004(9), 409.2577, and 409.2598, F.S. Social security numbers are used to allow efficient screening of health care practitioner applicants and licensees by the Title IV-D child support agency to assure compliance with child support obligations. Social security numbers are recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

**Verification of Information**

Information that DOH publishes in the practitioner profiles is an unverified public record. To the extent that some of the information in each practitioner profile is obtained from licensure records, a portion of the data which does not require any update may be accurate to the extent it is verified as needed for initial licensure of the practitioner. For medical and osteopathic physicians, DOH, at the time of initial licensure, verifies medical education, all postgraduate medical training, national licensure examination history, Educational Commission on Foreign Medical Graduates (ECFMG) certification, any current staff privileges, any physician licenses held in other states, disciplinary history, and medical malpractice claims.

Some of the information on the practitioner profiles is subject to change at any time, such as staff privileges, disciplinary actions taken by hospitals, malpractice claims, practice locations, and criminal convictions. Keeping such information absolutely current would be difficult, if not impossible. Hospitals are required by s. 395.0193, F.S., to report the identity of any disciplined medical or osteopathic physician, in writing to DOH, within 30 working days after the initial occurrence of any disciplinary action taken against the medical or osteopathic physician. In lieu of verifying every data element within the profile, DOH relies upon the practitioner who is the subject of the profile to ensure that information contained in the profile is accurate. The practitioner who is the subject of the profile is given 30 days to correct any factual inaccuracies and is subject to administrative penalties for failure to update the profile with accurate information regarding the occurrence of an event or a change in status that requires reporting as part of the profiling requirements.

If DOH verified all the information submitted by physicians as part of the practitioner profiles, it estimates that it would require an appropriation of $14,523,967 and 4 positions. Information collected as part of the profiles may be useful to state policymakers in setting public policies, such as malpractice tort reform, education planning for health care practitioners, and the funding of health care workforce initiatives. Administrative support for health care professional regulation is funded with the collection of licensure fees and fines. The development,

maintenance, and expansion of current health care professional data collection by DOH would require additional financial investment and may succeed only if supported by adequate resources.

**Criminal History**

Applicants for physician licensure and initial licensure renewal after January 1, 2000, must submit a properly executed applicant fingerprint card and payment of costs for performance of an FBI and state criminal history check. Applicants must follow certain procedures for completing the fingerprint card. Applicants must provide the following information for processing the fingerprint card: name (last, first, middle); place of birth (city and state); eye color; height; residence; signature; social security number; hair color; sex; date of birth; aliases; weight; race; and citizenship. Fingerprint cards are included in application packages sent to applicants by U.S. Mail and cannot be downloaded or emailed through the Internet. For subsequent renewals the applicant must submit the required information for a statewide criminal history check of the applicant.

During the period between licensure renewals DOH must rely on the applicant and other sources to report any arrests or convictions of the licensed physician. DOH was criticized in recent newspaper articles for delays in updating and verifying physician profiles. DOH attributed the delays to an agency policy to verify criminal information, which allows physicians a period of time to respond before a change in status of the information in a profile is posted on the website. Department officials indicated that it posted erroneous information because of its reliance on physicians to self-report specified information required under the practitioner profiling requirements.

DOH reports that it has received criticism from practitioners regarding what criminal history information may be posted as part of a profile. Section 456.041(3), F.S., requires the department to publish criminal history information that directly relates to the practitioner's ability to competently practice his or her profession. If an applicant is found to be competent to practice his or her profession by his or her board despite a criminal history, it raises an issue as to what criminal history information relates to that practitioner's competency to practice his or her profession. The department recommends that the publishing requirements for criminal history in a profile be revised to delete the requirement that the information directly relate to the practitioner's competency to practice.

Recent technological improvements in capturing fingerprint data through electronic scanning have made it possible for FDLE to provide employers and licensing agencies with an electronic transmission of criminal history information. The new technology will enable employers and licensing agencies that require background checks to regularly receive automated criminal history arrest information. FDLE will need statutory authority to retain the fingerprints of the specified licensees and to enter the records into the statewide automated fingerprint identification system authorized by s. 943.05(2)(b), F.S. FDLE did not retain the fingerprint cards that were originally submitted for purposes of the practitioner profiles, so new fingerprint cards or electronic fingerprint scans will be required. According to FDLE, the statewide automated fingerprint identification system should be online around January, 2005.

**Disciplinary Procedures**

Section 456.073, F.S., sets forth procedures DOH must follow in order to conduct disciplinary proceedings against practitioners under its jurisdiction. DOH, for the boards under its jurisdiction, must investigate all written complaints filed with it that are legally sufficient. Complaints are legally sufficient if they contain facts, which, if true, show that a licensee has violated any applicable regulations governing the licensee's profession or occupation. Even if the original complainant withdraws or otherwise indicates a desire that the complaint not be investigated or prosecuted to its completion, the department at its discretion may continue its investigation of the complaint. DOH may investigate anonymous, written complaints or complaints filed by confidential informants if the complaints are legally sufficient and the department has reason to believe after a preliminary inquiry that the alleged violations are true. If DOH has reasonable cause to believe that a licensee has violated any applicable regulations governing the licensee's profession, the department may initiate an investigation on its own.

When investigations of licensees within the department's jurisdiction are determined to be complete and legally sufficient, DOH is required to prepare, and submit to a probable cause panel of the appropriate board, if there is a board, an investigative report along with a recommendation of the department regarding the existence of probable cause. A board has discretion over whether to delegate the responsibility of determining probable cause to DOH or to retain the responsibility to do so by appointing a probable cause panel for the board. The determination as to whether probable cause exists must be made by majority vote of a probable cause panel of the appropriate board, or by DOH if there is no board or if the board has delegated the probable cause determination to DOH.

The subject of the complaint must be notified regarding DOH's investigation of alleged violations that may subject the licensee to disciplinary action. When DOH investigates a complaint, it must provide the subject of the complaint or her or his attorney a copy of the complaint or document that resulted in the initiation of the investigation. Within 20 days after the service of the complaint, the subject of the complaint may submit a written response to the information contained in the complaint. DOH may conduct an investigation without notification to the subject if the act under investigation is a criminal offense. If DOH's secretary or her or his designee and the chair of its probable cause panel agree, in writing, that notification to the subject of the investigation would be detrimental to the investigation, then DOH may withhold notification of the subject.

If the subject of the complaint makes a written request and agrees to maintain the confidentiality of the information, the subject may review the department's complete investigative file. The licensee may respond within 20 days of the licensee's review of the investigative file to information in the file before it is considered by the probable cause panel. Complaints and information obtained by DOH during its investigations are exempt from the public records law until 10 days after probable cause has been found to exist by the probable cause panel or DOH, or until the subject of the investigation waives confidentiality. If no probable cause is found to exist, the complaints and information remain confidential in perpetuity.

When DOH presents its recommendations regarding the existence of probable cause to the probable cause panel of the appropriate board, the panel may find that probable cause exists or

does not exist, or it may find that additional investigative information is necessary in order to make its findings regarding probable cause. Probable cause proceedings are exempt from the noticing requirements of ch. 120, F.S. After the panel convenes and receives DOH's final investigative report, the panel may make additional requests for investigative information. Section 456.073(4), F.S., specifies time limits within which the probable cause panel may request additional investigative information from DOH and within which the probable cause panel must make a determination regarding the existence of probable cause. Within 30 days of receiving the final investigative report, DOH or the appropriate probable cause panel must make a determination regarding the existence of probable cause. The secretary of DOH may grant an extension of the 15-day and 30-day time limits outlined in s. 456.073(4), F.S. If the panel does not issue a letter of guidance or find probable cause within the 30-day time limit as extended, DOH must make a determination regarding the existence of probable cause within 10 days after the time limit has elapsed.

Instead of making a finding of probable cause, the probable cause panel may issue a letter of guidance to the subject of a disciplinary complaint. Letters of guidance do not constitute discipline. If the panel finds that probable cause exists, it must direct DOH to file a formal administrative complaint against the licensee under the provisions of ch. 120, F.S. The department has the option of not prosecuting the complaint if it finds that probable cause has been improvidently found by the probable cause panel. In the event DOH does not prosecute the complaint on the grounds that probable cause was improvidently found, it must refer the complaint back to the board that then may independently prosecute the complaint. DOH must report to the appropriate board any investigation or disciplinary proceeding not before the Division of Administrative Hearings under ch. 120, F.S., or otherwise not completed within 1 year of the filing of the complaint. The appropriate probable cause panel then has the option to retain independent legal counsel, employ investigators, and continue the investigation, as it deems necessary.

When an administrative complaint is filed against a subject based on an alleged disciplinary violation, the subject of the complaint is informed of her or his right to request an informal hearing if there are no disputed issues of material fact, or a formal hearing if there are disputed issues of material fact or the subject disputes the allegations of the complaint. The subject may waive her or his rights to object to the allegations of the complaint, which allows DOH to proceed with the prosecution of the case without the licensee's involvement. Notwithstanding s. 120.569(2), F.S., DOH shall notify the division within 45 days after receipt of a petition or request for a formal hearing.

Once the administrative complaint has been filed, the licensee has 21 days to respond to the department. If the subject of the complaint and DOH do not agree in writing that there are no disputed issues of material fact, s. 456.073(5), F.S., requires a formal hearing before a hearing officer of the Division of Administrative Hearings under ch. 120, F.S. The hearing provides a forum for the licensee to dispute the allegations of the administrative complaint. At any point before an administrative hearing is held the licensee and the department may reach a settlement. The settlement is prepared by the prosecuting attorney and sent to the appropriate board. The board may accept, reject, or modify the settlement offer. If accepted, the board may issue a final order to dispose of the complaint. If rejected or modified by the board, the licensee and DOH may renegotiate a settlement or the licensee may request a formal hearing. If a hearing is held,

the hearing officer may make findings of fact and conclusions of law that are placed in a recommended order. The licensee and DOH's prosecuting attorney may file exceptions to the hearing officer's findings of facts. The determination of whether or not a licensed health care practitioner has violated the laws and rules regulating the profession, including a determination of the reasonable standard of care, is a conclusion of law to be determined by the board, or department when there is no board, and is not a finding of fact to be determined by an administrative law judge. The administrative law judge shall issue a recommended order pursuant to ch. 120, FS. The boards resolve the exceptions to the hearing officer's findings of facts when they issue a final order for the disciplinary action.

The boards within DOH have the status of an agency for certain administrative actions, including licensee discipline. A board may issue an order imposing discipline on any licensee under its jurisdiction as authorized by the profession's practice act and the provisions of ch. 456, F.S. Typically, boards are authorized to impose the following disciplinary penalties against licensees: refusal to certify, or to certify with restrictions, an application for a license; suspension or permanent revocation of a license; restriction of practice or license; imposition of an administrative fine for each count or separate offense; issuance of a reprimand or letter of concern; placement of the licensee on probation for a specified period of time and subject to specified conditions; or corrective action. DOH investigates and prosecutes disciplinary complaints.

**Alternatives to Disciplinary Actions**

As an alternative to the regular disciplinary procedures, when a complaint is received DOH may under s. 456.073(3), F.S., provide a licensee with a notice of noncompliance for an initial offense of a minor violation. For purposes of issuing a notice of noncompliance for an initial offense of a minor violation, each board, or DOH if there is no board, must establish by rule those minor violations which do not endanger the public health, safety, and welfare and which do not demonstrate a serious inability to practice the profession. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.

Notwithstanding s. 456.073, the board or DOH if there is no board, must adopt rules to permit the issuance of citations under s. 456.077, F.S. The citation must clearly state that the subject may choose, in lieu of accepting the citation, to follow the standard procedures for a disciplinary action under s. 456.073, F.S. If the subject does not dispute the matter in the citation within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. The penalty for a citation must be a fine or other conditions as established by rule.

Notwithstanding s. 456.073, F.S., the board or DOH if there is no board, must adopt rules to designate which violations of the applicable practice act are appropriate for mediation. They may designate as mediation offenses those complaints where harm caused by the licensee is economic in nature or can be remedied by the licensed health care practitioner.

**Interim Project Report 2004-164**

Inquiries during the 2003 legislative debate over the medical malpractice insurance crisis highlighted the inadequacies of state-level databases regarding physician practice and the availability of physicians services for Floridians. These data inadequacies also hinder the State's health workforce planning and education efforts. See Interim Project Report 2004-164 for more details.

## III. Effect of Proposed Changes:

**Section 1.** Creates s. 381.03015, F.S., relating to the Florida Health Care Practitioner Workforce Database in DOH to serve as an electronic repository of data elements for each health care profession identified by the department for inclusion in the database. The bill provides legislative findings and intent and definitions. "Health care practitioner" is defined to have the same meaning as provided in s. 456.001, F.S.[3] Legislative intent is expressed that the database is created to provide the capacity for the collection, compilation, maintenance, and analysis of data concerning the state's health care workforce. The database is intended to serve as the official state repository of data that can be used by the Legislature, the Executive Office of the Governor, state agencies, and state, regional, and local entities involved in planning, analysis, and policy development for the health care workforce and in the delivery of health care services.

The data elements shall be maintained for as many years as necessary to allow for an analysis of longitudinal trends. To the maximum extent feasible, data elements must be collected and maintained using standardized definitions in order to allow for multistate or national comparisons of this state's data. DOH may implement the workforce database in phases but must give the highest priority to the data elements for allopathic and osteopathic physicians in the database. Inclusion of basic data elements for other professions may be accomplished in subsequent phases, as resources allow, with priority given to the inclusion of health care practitioners who are subject to the practitioner profiling system under s. 456.041, F.S.

The department must develop an implementation plan that recommends the priority order in which other health care practitioners may be added to the database, identifies the data elements to be collected for each group of health care practitioners, and provides an estimate of the cost associated with the addition of each group of health care practitioners added to the database. The data elements collected for nurses must be identified by DOH based on recommendations made by the Florida Center for Nursing. The implementation plan must also provide an analysis of technical issues and an estimate of the costs associated with collecting specified data elements for allopathic and osteopathic physicians through the licensing processes of the Board of

[3] Section 456.001, F.S., defines "health care practitioner" to mean any person licensed under ch. 457, F.S., (acupuncture), ch. 458, F.S., (medicine), ch. 459, F.S., (osteopathic medicine), ch. 460, F.S., (chiropractic medicine), ch. 461, F.S., (podiatric medicine), ch. 462, F.S., (naturopathic medicine), ch. 463, F.S., (optometry), ch. 464, (nursing), ch. 465, F.S., (pharmacy), ch. 466 (dentistry and dental hygiene), ch. 467 (midwifery), parts I, II, III, V, X, XIII, or XIV of ch. 468 (speech-language pathology and audiology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, and orthotics, prosthetics, and pedorthics), ch. 478, F.S., (electrology or electrolysis), ch. 480, F.S., (massage therapy), parts III or IV of ch. 483, F.S., (clinical laboratory personnel or medical physics), ch. 484, F.S., (opticianry and hearing aid specialists), ch. 486 (physical therapy), ch. 490 (psychology), and ch. 491, F.S. (psychotherapy).

Medicine and the Board of Osteopathic Medicine or through the practitioner profiling requirements. The specified data elements include:

- The physician's secondary practice location, if any, including the street address, municipality, county, and zip code;
- The approximate number of hours per week spent in each practice location;
- Each practice setting, by major category of practice setting;
- Whether the physician is a full-time member of a medical school faculty; and
- Whether the physician plans to reduce his or her practice volume by a significant percent within the effective period of the currently held license.

The implementation plan must be submitted to the Governor and Legislature by December 1, 2005.

The bill specifies the data elements for allopathic and osteopathic physicians that must be included in the database. Data elements for each Florida-licensed allopathic and osteopathic physician must include: name; date of birth; place of birth; gender; race; social security number; name of medical school; year of graduation from medical school; location of medical school; name of each graduate medical education program completed; year of completion of each graduate medical education program; location of each graduate medical education program completed; type of each graduate medical education program completed; each medical specialty or subspecialty that the physician practices; each medical specialty board certification held; and the primary practice location, including the street address, municipality, county, and zip code for each location.

The bill specifies data elements for each graduate of a Florida allopathic or osteopathic medical school, which must include: name; date of birth; place of birth; gender; race; social security number; name of medical school; year of graduation from medical school; name and location, by state and country, of the graduate medical education program that the graduate plans to enter; and type of graduate medical education program the graduate plans to enter, including the identification of graduate medical education programs during postgraduate year 1 and postgraduate year 2, if applicable, for graduates entering preliminary or transitional positions during postgraduate year 1.

The bill specifies data elements for each Florida allopathic or osteopathic physician completing a graduate medical education program in Florida, which must include: name; date of birth; place of birth; gender; race; social security number; name of medical school; year of graduation from medical school; location, by state and country, of the medical school; and name and location, by state and country, of the gradate medical education program.

Legislative intent is expressed to minimize the cost of creating and operating the database and to avoid unwarranted duplication of existing data. To the maximum extent possible, the data included in the database must be derived from existing data sources except for specified additional data elements that the Board of Medicine and the Board of Osteopathic Medicine must collect from initial licensure and licensure renewal applicants after July 1, 2005. New data must be collected for inclusion in the database only when the department has determined that it cannot

be obtained from existing sources and when such data are essential for evaluating and analyzing the health care professions.

The bill requires DOH to collect the data elements for Florida-licensed allopathic and osteopathic physicians from the licensing processes of the Board of Medicine and the Board of Osteopathic Medicine and the practitioner profiling requirements. After July 1, 2005, the bill requires the Board of Medicine and the Board of Osteopathic Medicine to collect from physician initial licensure and licensure renewal applicants: the place of the applicant's birth; the state and country of the medical school from which the applicant graduated; and each medical specialty or subspecialty that the physician practices. After July 1, 2005, DOH must enter this data collected by the boards into the database used for licensure or an equivalent database.

The bill requires each medical school in Florida to annually submit to DOH the data required for each graduate of the allopathic or osteopathic medical school who provides written consent to the medical school authorizing release of his or her data to DOH, in a manner prescribed by the department. The bill requires each graduate medical education program to submit to DOH the data required for each allopathic or osteopathic physician completing a graduate medical education program in Florida who provides written consent to the residency program authorizing release of his or her data to DOH, in a manner prescribed by the department.

The Secretary of Health may establish an advisory committee to monitor the creation and implementation of the Florida Health Care Practitioner Workforce Database. The department may employ or assign staff, or may contract, on a competitive-bid basis, with an appropriate entity to administer the workforce database. The department must adopt rules to administer the bill's requirements conferring duties on it.

**Section 2.** The bill provides that Section 1 shall not take effect unless sufficient funds are allocated in a specific appropriation or in the General Appropriations Act for the 2004-2005 fiscal year to fund the Florida Health Care Practitioner Workforce Database. The Medical Quality Assurance Trust Fund, used for health care practitioner regulation within DOH, may not be used to fund the administration of this act.

**Section 3.** Amends s. 456.039, F.S., relating to the practitioner profiling requirements, to expand the information collected from physician applicants to:

- Identify any other address at which the physician regularly conducts his or her practice, in addition to the address at which he or she primarily conducts his or her practice;
- Indicate the percentage of time the physician practices in a board-certified specialty, if the physician is a board-certified specialist;
- Indicate the practice area to which the physician limits his or her practice, if the physician is not a board-certified specialist;
- Indicate the type of practice settings in which the physician practices;
- Indicate whether the physician has retired and is not actively practicing his or her profession;
- Indicate whether the physician practices fewer than 20 hours per week or practices between 20 and 40 hours per week if the physician is actively practicing fewer than 40 hours per week; and

- Indicate the method by which the physician is in compliance with the financial responsibility requirements, including the type of coverage obtained, the amount of coverage maintained, and the name of the coverage provider, if applicable.

DOH is required to issue a notice of noncompliance to any physician applicant who fails to submit the new information required under the practitioner profiling requirements.

Requirements for the submission of fingerprints and other information needed for criminal history checks are revised to authorize DOH to receive automated criminal history information on physicians applying for initial licensure who are already subject to a criminal history check as part of licensure and profiling requirements. Applicants for initial licensure as medical physicians, osteopathic physicians, chiropractic physicians, or podiatric physicians must, in accordance with procedures established in their practice acts, submit fingerprints to be retained by FDLE in the statewide automated fingerprint identification system.

The physician fingerprints obtained by DOH must be retained by FDLE and must be entered in the statewide automated fingerprint identification system. Such fingerprints will be available for all purposes and uses authorized for arrest fingerprint cards entered in the fingerprint identification system. Beginning December 15, 2004, FDLE must search all arrest fingerprint cards against the physicians' fingerprints retained in the statewide automated fingerprint system. Any arrest records that are identified with the retained applicant fingerprints must be reported to DOH. DOH must participate in this search process by paying an annual fee to FDLE and by informing FDLE of any change in licensure status of the applicants whose fingerprints are retained in the system. FDLE must establish by rule the amount of the annual fee to be imposed on DOH for performing the searches, for retaining fingerprints of licensed health care practitioners, and for disseminating search results. Each licensure and licensure renewal applicant who is subject to the automated fingerprint identification system requirements must pay DOH, at the time of licensure or licensure renewal, an amount equal to the costs incurred by DOH for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the applicant.

An inconsistency in the law relating to the number of days within which a practitioner must update information reported as part of the practitioner profiling requirements is made uniform to require updates within 15 days after the occurrence of an event or the attainment of a status that is required to be reported.

**Section 4.** Amends s. 456.0391, F.S., to revise requirements for the submission of fingerprints and other information needed for criminal history checks to authorize DOH to receive automated criminal history information on advanced registered nurse practitioners applying for initial certification who are already subject to a criminal history check as part of certification and profiling requirements. An applicant for initial certification as an advanced registered nurse practitioner must submit fingerprints to DOH to be retained by FDLE in the statewide automated fingerprint identification system.

The advanced registered nurse practitioner fingerprints obtained by DOH must be retained by FDLE and must be entered in the statewide automated fingerprint identification system. Such fingerprints will be available for all purposes and uses authorized for arrest fingerprint cards

entered in the fingerprint identification system. Beginning December 15, 2004, FDLE must search all arrest fingerprint cards against the advanced registered nurse practitioners' fingerprints retained in the statewide automated fingerprint system. Any arrest records that are identified with the retained applicant fingerprints must be reported to DOH. DOH must participate in this search process by paying an annual fee to FDLE and by informing FDLE of any change in certification status of the applicants whose fingerprints are retained in the system. FDLE must establish by rule the amount of the annual fee to be imposed on DOH for performing the searches, for retaining fingerprints of licensed health care practitioners, and for disseminating search results. Each certification or certification renewal applicant who is subject to the automated fingerprint identification system requirements must pay DOH, at the time of certification or certification renewal, an amount equal to the costs incurred by DOH for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the applicant.

An inconsistency in the law relating to the number of days within which an advanced registered nurse practitioner must update information reported as part of the practitioner profiling requirements is made uniform to require updates within 15 days after the occurrence of an event or the attainment of a status that is required to be reported.

**Section 5.** Amends s. 456.041, F.S., to require DOH, beginning January 1, 2005, to verify through a source, other than the applicant, the information concerning medical school education, postgraduate medical training, any physicians licenses held in other states, disciplinary history, and malpractice claims submitted as part of the practitioner profiles by each physician applicant for initial and renewal licensure, if DOH determines that the information submitted during the initial licensure process was not verified. This information is currently verified for medical and osteopathic physicians as part of initial licensure and can be verified by the Federation Credentials Verification Service. Beginning January 1, 2005, DOH must perform random audits to determine the accuracy of information submitted under the practitioner profiling requirements regarding current staff privileges for physician applicants for initial and renewal licensure. DOH is required to provide the status of the practitioner's license on each profile and indicate, upon notification, the date of death of the practitioner.

**Section 6.** Creates an undesignated section, to require, beginning July 1, 2006, the initial licensure and licensure renewal application forms for medical physicians, osteopathic physicians, chiropractic physicians, and podiatric physicians to be submitted electronically through the Internet unless the applicant provides an explanation for not doing so. Beginning July 1, 2007, the initial licensure and licensure renewal application forms for medical physicians, osteopathic physicians, chiropractic physicians, and podiatric physicians must be submitted electronically through the Internet. DOH must issue the license or renew a license if the applicant provides satisfactory evidence that all conditions and requirements of licensure or license renewal have been met.

**Section 7.** Amends s. 456.042, F.S., to require, beginning July 1, 2007, a practitioner who is subject to the profiling requirements to electronically submit, through the Internet, any update of required information. Prior to July 1, 2007, practitioners *may* submit the required information electronically through the Internet.

**Section 8.** Amends s. 456.051, F.S., to correct an inconsistency in the law relating to procedures for practitioner profiling, to require reports of medical malpractice claims published in a practitioner profile to be those claims in excess of a specified amount and accrued within a specified time period as required in s. 456.041(4), F.S.

**Section 9.** Amends s. 458.319, F.S., relating to licensure renewal of medical physicians, to revise the requirements for submission of fingerprints for a criminal history check, to conform with requirements in the bill for DOH's access to FDLE's statewide automated fingerprint identification system. After the statewide automated fingerprint identification system is implemented, the applicant whose fingerprints are retained in that system must pay DOH an amount equal to the costs incurred by DOH for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the licensure renewal applicant.

If an applicant's fingerprints are retained by FDLE in the statewide automated fingerprint identification system and DOH is using that system for access to arrest information of licensed health care practitioners, then the applicant must submit the information and fee required in s. 456.039, F.S., for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a criminal background check of the applicant.

**Section 10.** Amends s. 459.008, F.S., relating to licensure renewal of osteopathic physicians, to revise the requirements for submission of fingerprints for a criminal history check, to conform with requirements in the bill for DOH's access to FDLE's statewide automated fingerprint identification system. After the statewide automated fingerprint identification system is implemented, the applicant whose fingerprints are retained in that system must pay DOH an amount equal to the costs incurred by DOH for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the licensure renewal applicant.

If an applicant's fingerprints are retained by FDLE in the statewide automated fingerprint identification system and DOH is using that system for access to arrest information of licensed health care practitioners, then the applicant must submit the information and fee required in s. 456.039, F.S., for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a criminal background check of the applicant.

**Section 11.** Amends s. 460.407, F.S., relating to licensure renewal of chiropractic physicians, to revise the requirements for submission of fingerprints for a criminal history check, to conform with requirements in the bill for DOH's access to FDLE's statewide automated fingerprint identification system. After the statewide automated fingerprint identification system is implemented, the applicant whose fingerprints are retained in that system must pay DOH an amount equal to the costs incurred by DOH for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the licensure renewal applicant.

If an applicant's fingerprints are retained by FDLE in the statewide automated fingerprint identification system and DOH is using that system for access to arrest information of licensed health care practitioners, then the applicant must submit the information and fee required in

s. 456.039, F.S., for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the applicant.

**Section 12.** Amends s. 461.007, F.S., relating to licensure renewal of podiatric physicians, to revise the requirements for submission of fingerprints for a criminal history check, to conform with requirements in the bill for DOH's access to FDLE's statewide automated fingerprint identification system. After the statewide automated fingerprint identification system is implemented, the applicant whose fingerprints are retained in that system must pay DOH an amount equal to the costs incurred by DOH for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal background check of the licensure renewal applicant.

If an applicant's fingerprints are retained by FDLE in the statewide automated fingerprint identification system and DOH is using that system for access to arrest information of licensed health care practitioners, then the applicant must submit the information and fee required in s. 456.039, F.S., for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a criminal background check of the applicant.

**Section 13.** The bill provides an appropriation of $7,065,560 from the Medical Quality Assurance Trust Fund to the Department of Health and authorizes six positions for the purpose of implementing sections 3 through 11 of this act during the 2004-05 fiscal year.

**Section 14.** Provides an effective date of July 1, 2004.

## 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, 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 Article III, Subsection 19(f) of the Florida Constitution.

## V. Economic Impact and Fiscal Note:

### A. Tax/Fee Issues:

DOH will collect a fee from health care practitioners at initial licensure and renewal to cover the costs incurred by DOH for access to records of licensed health care

practitioners whose fingerprints are retained by FDLE's statewide automated fingerprint identification system.

B. Private Sector Impact:

Florida medical schools and graduate medical education programs will incur some costs to furnish data to DOH on allopathic and osteopathic physicians attending their schools or programs.

Improved health care planning data may promote some increased cost efficiencies for public and private health care policymakers.

Practitioners subject to the profiling requirements may incur costs to provide the additional data which is collected under the bill's revision of the profiling requirements.

Physician applicants may incur costs to electronically submit through the Internet information for initial and renewal licensure. Practitioners may incur costs to submit through the Internet updates of information required for profiles.

C. Government Sector Impact:

The Department of Health estimates that to implement section 1 of the bill, it will need $935,822 for fiscal year 2004-2005 and $872,653 in fiscal year 2005-2006. These figures include 5 professional positions: 1 contract employee (Management Review Specialist) @ $43,460, 2 Government Analyst II (Pay grade 22), 1 Regulatory Supervisor (Pay grade 20), and 2 Regulatory Specialists II (Pay grade 17); and cover costs associated with equipment, software, system support services, and statistical software. The fiscal impact assumes the costs of acquiring the data elements specified in the bill for all of the health professions regulated in the Medical Quality Assurance Division (MQA) of the department.

The department states that the MQA licensing system would support some of the basic data collection functions of the required fields, but that additional technical support is required for data collection from state universities for new required data elements that are not collected through the licensing processes. Statistical analysis will be required to use the data for any future queries. Technical support is required to build and maintain additional web applications to support data collection processes for the new data elements not collected through current licensing processes.

Section 2 of the bill contains a provision that if sufficient funds are not appropriated to cover the cost of implementing section 1 during the 2004-05 fiscal year, section 1 shall not take effect. It further states that the Medical Quality Assurance Trust Fund may not be used to fund the administration of this act.

Section 13 of the bill provides an appropriation from the Medical Quality Assurance Trust Fund to cover the costs of this bill for sections 3 through 12. The Department of Health estimated the cost of these sections at $7,065,560 for year 1 and $3,139,621 for

year 2. Year 1 appropriations of $7,065,560 are included in the bill. There are six positions and associated staff costs to implement the required management and oversight provisions in this bill.

The total estimated revenues are $177,000 for year 1 and $177,000 for year 2. First year and second year revenue projections are based on collecting $47.00 for FBI and FDLE initial background screen and $12.00 for two-year FDLE reporting and storage costs from 3,000 initial heath care practitioners.

The fingerprint processing costs would be $141,000 since the proposal no longer requires the department to collect fingerprints on all profiled practitioners. In addition, the FDLE Annual storage costs would $18,000 for year 1 and $36,000 for year 2. The fingerprint processing costs and storage costs is based on collecting and storing approximately 3,000 initial licensure applicant's fingerprints in the statewide-automated fingerprint system.

The Department of Health would need $22,000 in OCO budget for year 1 to purchase one scanner to accommodate practitioners who submit their prints on a fingerprint card and $200,900 for servers and disk storage. In addition, they would need $44,000 in expense budget for year 2 to cover the maintenance costs for the hardware and software.

Since the department is not an accredited verification organization, it will be necessary to contract with an organization to verify the information reported by the practitioner at initial licensure and license renewal. The initial verification costs for year 1 are based on verifying information for 77,000 profiled practitioners at $75 each. The 77,000 equals 74,000 existing practitioners plus 3,000 new practitioners whose applications we receive each year. The recurring verification costs of $2,150,000 for year 2 are based on maintaining the records for 77,000 profiled practitioners at $25 each and for verifying information received from an estimated 3,000 new licensees at the initial verification price of $75 each. The price was computed based on an estimate received from an accredited verification organization in 2001. If the verification required is done on random audits instead of every practitioner and every data element, there could be a reduction in the $5,775,000 contracted amount for verification.

Following is a detailed a detailed chart of the costs and expected revenues associated with this bill:

A. FISCAL IMPACT ON THE DEPARTMENT OF HEALTH:

| Estimated Expenditures | 1st Year | 2nd Year (Annualized/Recurr.) |
|---|---|---|
| **Salaries – 6 FTE** | *$ 111,045* | *$ 148,059* |
| **Expense** | | |
| *Standard expense package, no travel* | *$ 29,745* | *$ 20,562* |
| *Hardware/Software* | | *$44,000* |
| *Statistical Software* | *$ 20,000* | *$ 0* |
| *Online Form Development Software* | *$ 100,000* | *$ 0* |
| *13-Computer workstations and installation costs to support live scan systems* | *$ 39,000* | *$ 0* |
| *FDLE Fingerprint Processing Costs* | *$141,000* | *$141,000* |
| *FDLE Annual Storage Costs* | *$ 18,000* | *$ 36,000* |
| *System Support Services* | *$ 550,000* | *$ 550,000* |
| *Outreach Costs* | *$ 50,000* | *$ 50,000* |
| *Data Verification Costs* | *$5,775,000* | *$ 2,150,000* |
| **Operating Capital Outlay** | | |
| *Standard OCO packages* | *$ 9,000* | *$ 0* |
| *2-Servers* | *$ 40,000* | *$ 0* |
| *Disk Storage* | *$ 40,000* | *$ 0* |
| *13-Live Scan Management Systems* | *$ 120,900* | *$ 0* |
| *Card Fingerprint Scanner* | *$22,000* | *$ 0* |
| Total Estimated Expenditures | *$ 7,065,690* | *$ 3,139,621* |

| Estimated Revenue | 1st Year | 2nd Year (Annualized/Recurring) |
|---|---|---|
| *Fingerprint processing fees and storage costs* | *$177,000* | *$ 177,000* |
| **Total Estimated Revenue** | *$ 177,000* | *$ 177,000* |

## VI. Technical Deficiencies:

None.

## VII. Related Issues:

None.

## VIII. Amendments:

None.