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/SB 1154

SPONSOR: Health, Aging, and Long-Term Care Committee and Senators Peaden and Jones

SUBJECT: Florida Health Care Practitioner Workforce Database

DATE: March 3, 2004 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HC	Favorable/CS
2.			AHS	
3.			AP	
4.				
5.				
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 it 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.

This bill creates section 381.03015, Florida Statutes.

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 456.042, 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

[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.

[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.

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.

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.

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 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.

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.

III. Effect of Proposed Changes:

The bill creates 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.

The bill provides that it 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 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, 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:

None.

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.

C. Government Sector Impact:

DOH reports that to implement 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 reports 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.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

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