

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** HB 895 Specialty Certification  
**SPONSOR(S):** Garcia  
**TIED BILLS:** None. **IDEN./SIM. BILLS:** SB 2584 (i)

---

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care		Mitchell	Collins
2)			
3)			
4)			
5)			

---

**SUMMARY ANALYSIS**

Under current law (ss. 458.3312 and 459.0152, F.S.), a physician may only hold him or herself out as “board certified” if certified by a board of the American Board of Medical Specialties or the American Osteopathic Association, or by another certifying agency approved by the Florida Board of Medicine or the Florida Board of Osteopathic Medicine.

Currently, the American Board of Medical Specialties is the only association named in statute for board certification of medical physicians and the American Osteopathic Association is the only association named in statute for board certification of osteopathic physicians.

HB 895 amends ss. 458.3312 and 459.0152, F.S., to authorize physicians and osteopathic physicians to be certified as specialists by a certification board of the American Association of Physician Specialists (AAPS), which has been approved by both the medical and osteopathic boards. The change will recognize specialty certification by AAPS for advertising by physicians in Florida.

According to the Department of Health, the bill will have no impact on the department.

The effective date of the bill is upon becoming law.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. DOES THE BILL:

- |                                      |   |                             |   |
|--------------------------------------|---|-----------------------------|---|
| 1. Reduce government?                | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 2. Lower taxes?                      | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom?        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/>            |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. Empower families?                 | Yes <input type="checkbox"/>            | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

For any principle that received a "no" above, please explain:

#### B. EFFECT OF PROPOSED CHANGES:

HB 895 amends ss. 458.3312 and 459.0152, F.S., to authorize physicians and osteopathic physicians to be certified as specialists by a certification board of the American Association of Physician Specialists (AAPS). The change will recognize specialty certification by AAPS for advertising by physicians in Florida.

The effective date of the bill is upon becoming law.

#### CURRENT SITUATION

Under current law (ss. 458.3312 and 459.0152, F.S.), a physician may only hold him or herself out as "board certified" if certified by a board of the American Board of Medical Specialties or the American Osteopathic Association or by another certifying agency approved by the Florida Board of Medicine or the Florida Board of Osteopathic Medicine. Currently, the American Board of Medical Specialties is the only association named in statute for board certification of medical physicians, and the American Osteopathic Association is the only association named in statute for board certification of osteopathic physicians.

Prior to 2002, the Board of Medicine recognized three such organizations. In February of 2002, the American Association of Physician Specialists (AAPS) applied for recognition by the Board of Medicine and it was granted. Each AAPS affiliated Board of Certification requires completion of a medical residency training program approved by either the Accreditation Council of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) that includes substantial and identifiable training in the specialty being recognized.

#### **Board Certification of Medical Specialties**

Most physicians in the U.S. become specialists following training and certification in a primary specialty that is recognized by their board. Specialty certification is independent of state licensure to practice medicine. Specialty certification is a voluntary process. It is not required to practice medicine. According to the American Board of Medical Specialties (ABMS), almost 90% of all licensed physicians in the United States are certified by an ABMS member board.

Certification of a physician by a medical specialty board means that the physician has successfully completed an approved educational and training program, and a rigorous evaluation process designed to assess the knowledge, skills and experience necessary to provide quality patient care in that specialty. Upon graduation from medical school, physicians who voluntarily wish to become certified as specialists by a medical specialty board, enter a residency program approved by the Accreditation

Council for Graduate Medical Education (ACGME), an organization responsible for setting and evaluating standards for the majority of graduate medical education in the U.S.

Depending upon the specialty, these programs require from 3 to 7 years of training after the completion of medical school. Upon successful completion of such a training program, a candidate for certification submits credentials to the appropriate board. The credentials are reviewed to determine whether the individual meets the requirements of the certifying board and will be allowed to sit for the examination.

### **American Association of Physician Specialists (AAPS)**

According to the American Association of Physician Specialists (AAPS), it is the third largest medical specialty certifying organization in the United States. AAPS is a 501(c) (6), not-for-profit organization with executive offices located in Atlanta, Georgia. AAPS was first organized in 1950 for the purpose of providing a clinically recognized mechanism for specialty certification for physicians who had obtained advanced training in various areas. Since 1984, AAPS has served as an administrative headquarters for certification boards for a number of medical specialties.

Distinct from other medical societies, AAPS accepts qualified physicians into membership who have either an allopathic (M.D.) or osteopathic (D.O.) degree. AAPS specialty boards provide certification and re-certification for allopathic and osteopathic physicians around the country, including over 200 Florida physicians.

The 14 specialty areas supported by AAPS include:

- Anesthesiology
- Dermatology
- Emergency Medicine
- Family Practice
- Geriatric Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Plastic and Reconstructive Surgery
- Psychiatry
- Diagnostic Radiology
- Radiation Oncology
- Surgery

### **AAPS Approval by Florida Board of Medicine and the Florida Board of Osteopathic Medicine**

In 2000, the AAPS petitioned the Florida Board of Medicine and the Florida Board of Osteopathic Medicine for recognition as a specialty certifying organization for Florida's physicians. Both boards determined that the AAPS specialty credentials deserve equal recognition to the American Board of Medical Specialties and the American Osteopathic Association. On February 19, 2002, the Florida Board of Medicine made a specific finding of fact that AAPS, with its specialty certification boards, is a legitimate and bona fide specialty credentialing organization. This was followed by a unanimous vote of the Florida Board of Osteopathic Medicine on June 7, 2002, to grant approval to AAPS as a specialty recognizing agency.

### **American Board of Medical Specialties (ABMS)**

The American Board of Medical Specialties (ABMS) is the oldest and largest organization that supports medical specialty boards. Established in 1933, the ABMS coordinates the activities of 24 member boards.

The governing body of each member board is comprised of specialists qualified in the specialty represented by the board. The individual boards evaluate physician candidates who voluntarily seek certification. Boards determine whether candidates have received appropriate preparation in approved residency training programs in accordance with established educational standards, evaluate candidates with comprehensive examinations, and certify those candidates who have satisfied the board requirements. Physicians who are successful in achieving certification are called diplomates of the respective specialty board. The ABMS maintains a list of all board certified diplomates. The boards also offer recertification for qualified diplomates at intervals of seven to ten years.

### **Florida Medical Association Opposition to AAPS Recognition**

The Florida Medical Association (FMA) has objected to the Florida Board of Medicine's (BOM) recognition of AAPS. In response to FMA's concerns, the BOM set up a committee to review the approval process. After extensive review, the committee found in October 2003 that original Board recognition should stand. The President of the FMA issued a letter in support of AAPS.

In November of 2003, the FMA agreed to no longer ask the Board of Medicine to revisit the petition, since the Board of Medicine had formed a standing committee to oversee credentialing organizations. The FMA felt that with this Board oversight, an organization could lose its recognition if it dropped below appropriate standards for credentialing.

According to the FMA, the main reason for their continued concern is that the AAPS standard that certification requires residency training approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), is only required for all the AAPS certification boards for applicants who graduated from medical school after January 1, 2002.

According to the FMA, because AAPS does not have a long track record with this requirement, and only serves about 200 certified doctors in Florida, it is not appropriate for the recognition of AAPS to be in statute. The three other certification organizations the Board recognizes by rule are not in statute. According to the FMA, placing recognition in statute will remove the Board of Medicine's ability to remove recognition of a certification board that does not meet appropriate standards.

### **Current Regulatory Framework for Health Professions in Florida**

Licensure is a state regulatory function that is completely independent from specialty certification by national professional boards. Chapter 456, F.S., provides the general regulatory provisions for Florida health care professions that are carried out by the Division of Medical Quality Assurance of the Department of Health. The Division of Medical Quality Assurance regulates 37 professions and 6 facilities, and works with 22 boards and 6 councils. Each profession, except those regulated directly by the department, is represented by a board or council comprised of individuals licensed in that profession, as well as consumer members. The division provides administrative support to the boards as they review cases related to health care practitioner licensure and disciplinary actions. It also helps conduct board meetings--345 per year on average.

#### **C. SECTION DIRECTORY:**

**Section 1.** Amends s. 458.3312, F.S., relating to specialties of allopathic physicians, to include board certification by the American Association of Physician Specialties, Inc.

**Section 2.** Amends s. 459.0152, F.S., relating to specialties of osteopathic physicians, to include board certification by the American Association of Physician Specialties, Inc.

**Section 3.** Amends s. 456.039, F.S., relating to required licensure information, to conform.

**Section 4.** Amends s. 459.001, F.S., relating to osteopathic physicians, to conform.

**Section 5.** Provides an effective date of upon becoming law.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

See Fiscal Comments.

### D. FISCAL COMMENTS:

The increased recognition of certification by boards of the American Association of Physician Specialists, Inc., may create increased competition for certification and continuing education services for the American Board of Medical Specialties and the American Osteopathic Association.

The Department of Health indicates this bill will have no impact on the department.

## III. COMMENTS

### A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

### B. RULE-MAKING AUTHORITY:

According to the Department of Health, no additional rule authority is required.

C. DRAFTING ISSUES OR OTHER COMMENTS:

While physician licensure is a responsibility of the Division of Medical Quality Assurance of the Department of Health, specialty certification is independent of licensure and is the responsibility of certification boards of the respective medical professions.

**IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES**