

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

Prepared By: Health Care Committee

BILL: CS/SB 478

SPONSOR: Health Care Committee and Senator Clary

SUBJECT: Podiatric Medicine

DATE: February 10, 2005

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HE	Fav/CS
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The bill authorizes a registered resident podiatric physician to prescribe medicinal drugs described in schedules set out in chapter 893, Florida Statutes, and pursuant to the practice of podiatric medicine, if the resident is authorized by the hospital or teaching hospital to use an institutional Drug Enforcement Administration (DEA) number issued to the hospital, prescribes only in the normal course of employment, and is identified by a discrete suffix appended to the institution's DEA number. The use of the institution's identification number and the resident's suffix must conform to the requirements of the DEA.

The bill requires each hospital that has a podiatric residency program to submit a list of podiatric residents annually, rather than semiannually, to the Board of Podiatric Medicine. The bill revises from 2 to 3 years the period during which a residency program may allow a podiatric physician resident to continue as an unlicensed resident. The bill provides that podiatric physicians registered under the Board of Podiatric Medicine to practice as residents are subject to disciplinary provisions applicable to the practice of podiatric medicine. The Board of Podiatric Medicine is required to adopt rules as necessary to administer the requirements of the bill.

This bill substantially amends section 461.014, Florida Statutes.

II. Present Situation:

Chapter 893, Florida Statutes, sets forth the Florida Comprehensive Drug Abuse Prevention and Control Act. The chapter classifies controlled substances into five schedules in order to regulate the manufacture, distribution, preparation, and dispensing of the substances. The chapter defines practitioners to include licensed medical physicians, dentists, veterinarians, osteopathic

physicians, naturopathic physicians, and podiatric physicians who may hold a valid federal controlled substance registry number to prescribe controlled substances.

The DEA permits an individual practitioner who is an agent of a hospital or other institution, when acting in the normal course of business or employment, to use an institutional DEA number for purposes of dispensing, administering, and prescribing controlled substances.¹ Under applicable federal regulation, an individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution which is registered in lieu of being registered himself or herself, if:

- Such dispensing, administering or prescribing is done in the usual course of his/her professional practice;
- Such individual practitioner is authorized or permitted to do so by the jurisdiction in which he or she is practicing;
- The hospital or other institution by whom he or she is employed has verified that the individual practitioner is so permitted to dispense, administer, or prescribe drugs within the jurisdiction;
- Such individual practitioner is acting only within the scope of his or her employment in the hospital or institution;
- The hospital or other institution authorizes the individual practitioner to administer, dispense or prescribe under the institution's registration and designates a specific internal code number for each individual practitioner so authorized. The code number must consist of numbers, letters, or a combination thereof and must be a suffix to the institution's DEA registration number, preceded by a hyphen (e.g., APO123456-10 or APO123456-A12); and
- A current list of internal codes and the corresponding individual practitioners is kept by the hospital or other institution and is made available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.²

Chapter 461, F.S., provides for the regulation of the practice of podiatric medicine by the Board of Podiatric Medicine. Section 461.014, F.S., requires the board to encourage and develop podiatric residency programs in hospitals in this state and requires hospitals that have podiatric residency programs to submit a list of podiatric residents and such other information as required by the board semiannually on January 1st and July 1st of each year.³ A residency program may not allow a resident to continue as an unlicensed resident for an aggregate period of time in excess of 2 years. Section 460.013, F.S., within the podiatric medicine act, specifies grounds for which the Board of Podiatric Medicine may discipline a podiatric physician. Podiatric residents are not made explicitly subject to s. 461.013, F.S., relating to grounds for disciplinary action. Sections 458.345(5) and 459.021(8), F.S., make resident allopathic and osteopathic physicians, interns, and fellows explicitly subject to ss. 458.331 and 459.015, F.S., respectively, relating to grounds for disciplinary action.

¹ See 21 CFR 1301.22(c).

² See 21 CFR 1301.22.

³ See also Rules 64B18-16.002, 64B18-16.005, and 64B18-16.006, Florida Administrative Code.

III. Effect of Proposed Changes:

The bill authorizes a registered resident podiatric physician to prescribe medicinal drugs described in schedules set out in chapter 893, F.S., and pursuant to the practice of podiatric medicine, if the resident is authorized by the hospital or teaching hospital to use an institutional DEA number issued to the hospital, prescribes only in the normal course of employment, and is identified by a discrete suffix appended to the institution's DEA number. The use of the institution's identification number and the resident's suffix must conform to the requirements of the DEA.

The bill requires each hospital that has a podiatric residency program to submit a list of podiatric residents annually, rather than semiannually, to the Board of Podiatric Medicine. The bill revises from 2 to 3 years the period during which a residency program may allow a podiatric physician resident to continue as an unlicensed resident. The bill provides that podiatric physicians registered under the Board of Podiatric Medicine to practice as residents are subject to disciplinary provisions applicable to the practice of podiatric medicine. The Board of Podiatric Medicine is required to adopt rules as necessary to administer the requirements of the bill.

The bill provides an effective date of July 1, 2005.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

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

B. Public Records/Open Meetings Issues:

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

C. Trust Funds Restrictions:

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

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

To the extent the bill authorizes a podiatric resident to prescribe controlled substances using the hospital's DEA registration number for the resident's employment duties within the hospital, the patients of the resident who receive treatment may benefit, if the resident

no longer must locate a licensed physician to provide a prescription for a controlled substance.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

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

VIII. Summary of Amendments:

None.

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