

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 881

Physician Licensure Requirements

SPONSOR(S): Flores

TIED BILLS:

IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care Regulation Committee		Hamrick	Mitchell
2) Colleges & Universities Committee			
3) Health Care Appropriations Committee			
4) Health & Families Council			
5) _____			

SUMMARY ANALYSIS

To be eligible for a license to practice medicine, medical doctors must complete an approved residency program. Residency is the period of clinical education in a medical specialty that follows graduation from medical school and prepares physicians for the independent practice of medicine.

HB 881 provides that in lieu of a residency program individuals may opt, with approval by the board of medicine, to complete a 2-year community-based internship at a hospital licensed in the state. If a doctor successfully completes the community-based internship, they meet the residency education requirement. The bill provides that the community-based internship must be "substantially equivalent" to the current residency program. The bill provides that if the community-based internship is provided in a hospital that is not licensed in the state, the department will impose a condition, limitation, or restriction on a license.

The community-based internship location and program must be approved by the board prior to an individual entering the internship. The bill provides the board the authority to adopt rules to implement the community-based internship, to include the implementation of fees to cover administrative costs. The bill provides the board of medicine the authority to determine by rule what is "substantially equivalent" to the current residency program and whether a medical doctor has successfully completed the community-based internship.

Fiscal Impact: According to the Department of Health, implementation of the bill will involve added costs for public hearings and the rulemaking authority, the exact cost is indeterminate.

The bill takes effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Promote personal responsibility-The bill allows individuals to work in the profession for which they were trained.

B. EFFECT OF PROPOSED CHANGES:

To be eligible for a license to practice medicine, medical doctors must complete an approved clinical residency program after graduation from medical school that prepares them for the independent practice of medicine.

The bill provides that in lieu of a residency program individuals may with approval by the board of medicine, complete a 2-year community-based internship at a hospital licensed in the state. The bill provides that the community-based internship must be “substantially equivalent” to the current residency program. The bill provides that if the community-based internship is provided in a hospital that is not licensed in the state, the department will impose a condition, limitation, or restriction on a license.

The community-based internship location and program must be approved by the board prior to entering the internship. The bill provides the board the authority to adopt rules to implement the community-based internship, and implement fees to cover administrative costs. The bill provides the board of medicine the authority to determine by rule what is “substantially equivalent” to the current residency program and whether a medical doctor has successfully completed the community-based internship.

PRESENT SITUATION

Accredited by the Council for Graduate Medical Education (ACGME) and Residency Programs

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD (residency) medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.¹ ACGME accredits nearly 7,800 residency education programs.

To gain and maintain accreditation, residency programs are expected to comply with the Accreditation Standards for their discipline and adhere to a set of Institutional Requirements. Compliance with the ACGME's standards are measured through periodic reviews of all programs.

Educational Commission for Foreign Medical Graduates (ECFMG) Program Certification

The Educational Commission for Foreign Medical Graduates (ECFMG), through its program of certification, assesses whether international medical graduates are ready to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME).²

ECFMG and its organizational members define an international medical graduate as a physician who received his/her basic medical degree or qualification from a medical school located outside the United States and Canada. ECFMG Certification assures directors of ACGME-accredited residency and

¹Accreditation Council for Graduate Medical Education. *About ACGME*. <http://www.acgme.org/acWebsite/home/home.asp> (February 12, 2006).

² ECFMG Information Booklet. *Frequently Asked Questions*. <http://www.ecfm.org/2006ib/ibfaq.html> (February 12, 2006)

fellowship programs, and the people of the United States, that international medical graduates have met minimum standards of eligibility required to enter such programs. International medical graduates (IMG), who were formally referred to as foreign trained medical graduates, must have had at least four credit years (or academic years for which credit has been given toward completion of the medical curriculum) in attendance at a medical school listed in the International Medical Education Directory (IMED).

In general, an international medical graduate is defined as a physician whose basic medical degree or qualification was conferred by a medical school located outside the United States, Canada, and Puerto Rico.

United States Medical Licensing Examination (USMLE) Examination and Credentialing

To be eligible for certification by ECFMG, international medical graduates must meet an examination and medical education credential requirement. The examination requirement requires applicants to pass Step 1 and both parts of Step 2 of the United States Medical Licensing Examination (USMLE). Step 2 of the exam has two separately administered components: the Clinical Knowledge (CK) component and the Clinical Skills (CS) component.³ The medical education credential requirement requires applicants to provide their medical education credentials, which includes their final medical diploma and final medical school transcript. ECFMG certification is one of the eligibility requirements to take Step 3 of the USMLE examination.

Examination Requirements that were formally available to International Medical Graduates

The 1-day ECFMG medicine examination, the 2-day Visa Qualifying Examination, the Part I and Part II examinations of the National Board of Medical Examiners (NBME), and Day 1 and Day 2 of the Foreign Medical Graduate Examination in the Medical Sciences are no longer administered, but a passing performance on any of those medical science examinations is accepted for ECFMG certification.

The 3-day Federation Licensing Examination (FLEX) is accepted for ECFMG certification if taken prior to June 1985 with a score of 75 or higher on each of the 3 days of a single administration.

While foreign national physicians may meet the medical science examination requirement for ECFMG certification based on the former 1-day ECFMG examination that was last administered in February 1984, or the FLEX examination taken prior to June 1985, these examinations are not currently recognized by the US Secretary of Health and Human Services as meeting the medical science examination requirement to obtain a visa to enter the United States.

Fifth Pathway Program provided by the Liaison Committee on Medical Education (LCME)

The Liaison Committee on Medical Education (LCME) is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. The LCME is sponsored by the Association of American Medical Colleges and the American Medical Association. Accreditation by the Liaison Committee on Medical Education (LCME) is required for schools to receive federal grants for medical education and to participate in federal loan programs.⁴

The LCME also accredits the Fifth Pathway Program that provides an alternative for clinical residency. Currently, only two medical schools provide the Fifth Pathway Program. They are located in New York and Puerto Rico.⁵

³ Ibid.

⁴ Liaison Committee on Medical Education. Overview: Accreditation and the LCME. <http://www.lcme.org/> (February 12, 2006).

⁵ Accreditation Council for Graduate Medical Education. Section I: Graduate Medical Education Useful Information. http://www.acgme.org/acWebsite/GME_info/gme_sect1Policy.asp (February 13, 2006).

The Fifth Pathway Program is an academic year of supervised clinical education provided in a medical school accredited by the Liaison Committee on Medical Education (LCME). It is available to persons who meet all of the following conditions:

- Have completed, an accredited US college or university, undergraduate premedical work of the quality acceptable for matriculation in an accredited US medical school;
- Have studied medicine in a medical school located outside the United States, Puerto Rico, and Canada that is listed in the World Directory of Medical Schools, published by the World Health Organization;
- Have completed all of the formal requirements of the non-US medical school except internship and/or social service. (Those who have completed all of these requirements, including internship and/or social service, are not eligible for a fifth pathway program.)

Students who have completed the academic curriculum in residence at a non-US medical school and who meet the above conditions may be offered the opportunity to substitute, an academic year of supervised clinical training provided in a medical school accredited by the LCME, for an internship and/or social service required by a non-US medical school.

Before beginning the supervised clinical training, students must pass an examination acceptable to the sponsoring medical school.

Physicians who have a Fifth Pathway Certificate and have passed Steps I and II of the United States Medical Licensing Examination (USMLE) are eligible for appointment to a residency program. They must also meet requirements established by the state medical board in the state where the residency program is located and must be accepted for appointment by the director of the residency program. Any medical school accredited by the LCME can provide Fifth Pathway education.

Statutory Provisions for Foreign Trained Physicians

Restricted License

Section 458.312, F.S., expired on December 31, 2000. This section provided an exemption to foreign trained medical graduates that allowed them to apply to take Step III of the USMLE examination if they successfully complete a two-year period of direct and indirect supervised training as a restricted licensee. Applicants for the restricted license had to have at least legally practiced medicine for 5 years in the county where they received their medical degree, received ECFMG certification, and been a resident of Florida since July 1, 1996.

Under this program, the applicant was required to practice for the first year under the direct supervision of a licensed medical doctor, approved by the Board of Medicine. For the second year, they were required to practice under indirect supervision in a community service setting that served the indigent population.

If the foreign trained medical graduate completed the two-year period of supervised training and successfully passed part III of the USMLE examination they were eligible for full licensure.

Graduates of a Medical School may work in Hospitals

Section 458.345, F.S., provides that a person who is at least 21 years of age, has not committed any act or offense within or outside the state that would constitute grounds for disciplinary action, and is a graduate of a medical school or college is eligible to work in a hospital as a house physician, resident physician, assistant resident physician, intern, or fellow in fellowship training. Registration under this provision expires every two years.

According to the Department of Health, currently, there are 307 individuals licensed as a house physician.

C. SECTION DIRECTORY:

Section 1. Amends s. 458.311, F.S., to provide a definition for “community-based internship,” and provide an option to licensure applicants to compete an internship; to require the Department of Health to develop procedures and an approval process relating to the completion of the internship requirements; to authorize the department to adopt rules to implement the internship requirements and set fees to cover costs; to allow the department to impose conditions, limitations, or restrictions of a license for an individual who completes a community-based internship.

Sections 2 through 6 amend ss. 458.313, 458.316, 458.3165, 458.317, and 458.347, F.S., to correct cross-references.

Section 7. Provides that the bill will take effect on July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See “D. FISCAL COMMENTS.”

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The community-based internship will allow medical doctors who have practiced medicine in their native countries and who are older than the traditional medical student, the opportunity to practice medicine in their community. Medical doctors from other states who do not receive a slot in a traditional residency program may seek licensure in Florida by successfully completing a community-based internship.

D. FISCAL COMMENTS:

Implementing a two-year community-based internship will involve added costs for public hearings and the rulemaking process by both the Department of Health and the Board of Medicine. Board review of these training programs to determine whether they are “substantially similar” to approved residency programs will increase meeting, travel, and administrative costs. The costs are indeterminate, but may be substantial if Florida faces a strong demand for community-based internships.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or 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 revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides the rulemaking authority to the Department of Health and the Board of Medicine to implement the community-based internship requirements.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill sponsor has prepared a strike-all amendment to address these issues.

DRAFTING ISSUES:

According to the Department of Health, the bill is not intended to change the need to pass the ECFMG examination; however, the way it is drafted may cause unintended consequences and may cause controversy as to whether it allows applicants under the Fifth Pathway option to sit for Part III of the USMLE examination.

Due to the fact that only two schools offer the Fifth Pathway, controversy over this issue would probably be minimal.

OTHER COMMENTS:

According to DOH, the department and the Board of Medicine do not have the resources or the expertise to evaluate and manage postgraduate training in the form of "community-based internships" in Florida. The department and the Board of Medicine would be tasked with investigating and credentialing special training programs in Florida hospitals and with evaluating whether the training is substantially equivalent to Florida's residency programs. This task is new to the department and Board of Medicine regulatory mission and will require additional time, resources and staff. The number of programs that would seek approval is unknown. The proposed program may attract national attention for those who have been unable to find a residency as well as those who have taken and failed to successfully complete a residency.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES