

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 414

INTRODUCER: Health Regulation Committee and Senator Negron

SUBJECT: Osteopathic Physicians

DATE: December 7, 2011 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	Fav/CS
2.			BC	
3.				
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

A. COMMITTEE SUBSTITUTE..... Statement of Substantial Changes

B. AMENDMENTS..... Technical amendments were recommended

Amendments were recommended

Significant amendments were recommended

I. Summary:

The bill revises requirements for licensure to practice osteopathic medicine in Florida for physicians who have not actively practiced osteopathic medicine for more than the previous two years and for new, unlicensed physicians who completed internship, residency, or fellowship more than two years ago. Any such physician whose present ability and fitness to practice osteopathic medicine has been adversely affected by the interruption of his or her active practice of osteopathic medicine, as determined by the Board of Osteopathic Medicine (the board), may, at the board's discretion, be denied licensure in Florida, granted a license with restrictions, or granted full licensure upon fulfillment of certain conditions.

The bill removes the requirement that a person desiring to be registered to practice as a resident physician, intern, or fellow must pass all parts of the examination conducted by the National Board of Osteopathic Medical Examiners and complete one year of residency, and deletes obsolete and redundant nomenclature.

This bill substantially amends ss. 459.0055 and 459.021, F.S.

II. Present Situation:

General Licensure Requirements

Osteopathic physicians are licensed to practice under ch. 459, F.S. Licensure requirements for osteopathic physicians are set forth in s. 459.0055, F.S. An applicant must:

- Submit the appropriate application form and fees;
- Be at least 21 years of age and of good moral character;
- Complete at least 3 years of pre-professional post-secondary education;
- Not have committed or be under investigation for any violation of ch. 459, F.S., unless the board determines the violation does not adversely affect the applicant's fitness and ability to practice osteopathic medicine;
- Not have had a medical license revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction unless the board determines the underlying action does not adversely affect the applicants current ability and fitness to practice osteopathic medicine;
- Have received satisfactory evaluations from his or her residency or fellowship training programs unless poorer evaluations are deemed to not adversely affect the applicant's current ability and fitness to practice osteopathic medicine;
- Undergo a background check with the Department of Health (the department);
- Have graduated from a medical college approved by the American Osteopathic Association;
- If graduated from an osteopathic medical school after 1948, have completed at least 1 year of residency training in an approved hospital; and
- Pass all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the board no more than five years before applying for licensure in Florida.

Reciprocity does exist for an osteopathic physician licensed in another state if the physician's license was initially issued within five years of passing an examination conducted by the National Board of Medical Examiners or its equivalent. This reciprocity does not extend to physicians who have been out of practice for more than two years, unless this period of inactivity is not considered to have adversely affected the physician's fitness and ability to practice osteopathic medicine.

If an applicant has committed a violation of any part of this chapter or has a license suspended, revoked, or otherwise acted against by a licensing authority in a different jurisdiction, the board may choose to provide that applicant a restricted osteopathic medical license.

Special Licenses

Limited licenses may be issued to osteopathic physicians who do not hold an active license to practice osteopathic medicine in Florida but have been licensed in any jurisdiction or U.S. territory in good standing for at least 10 years. Limited licenses may only be used to practice for public agencies or institutions or 501(c)(3) nonprofit organizations in medically underserved areas of the state.¹

¹ Section 459.0075, F.S.

Temporary certificates may be issued to osteopathic physicians who are currently licensed in any jurisdiction or who have practiced as a military physician for at least 10 years and have been honorably discharged. Temporary certificates may be used to practice for county health departments, correctional facilities, Veterans' Affairs clinics, or other department-approved institution that serves a population of critical need or in underserved areas. Temporary certificates may also be used to practice for a limited time in an area of physician-specialty, demographic, or geographic need as determined by the State Surgeon General.²

Osteopathic faculty certificates may be issued without examination to osteopathic physicians who are licensed in other states and otherwise meet the standards for licensure described under s. 459.0055, F.S. A faculty certificate may be used to practice medicine only in conjunction with the holder's teaching duties at an accredited school of osteopathic medicine and its affiliated teaching hospitals and clinics.³

Renewal of Licenses and Certificates

Osteopathic medical practice licenses and certificates are renewed biennially. Applicants for renewal must submit the appropriate paperwork and fee, complete a physician workforce survey provided by the department, submit to a background check, and complete a certain number of hours of continuing education.⁴

Educational Pipeline for Osteopathic Physicians

The training of osteopathic physicians begins with a four-year bachelor's degree, followed by four years of medical school. A potential osteopathic physician must also pass a series of examinations developed and administered by the National Board of Osteopathic Medical Examiners. Level 1, and Level 2-CE, and Level 2-PE must be passed during medical school; Level 3 may only be taken after graduation from medical school.⁵ Passage of all three levels of the National Board of Osteopathic Medical Examiners examination or a similar examination is required for licensure of osteopathic physicians in all states.

Terminology for Medical Residents

After graduation from medical school, new physicians enter residency programs for further practical training in the various specialties of medicine. Physicians must complete at least one year of residency training before they may be licensed in Florida.⁶ Residency programs range in length from three to seven years depending on the educational institution and medical specialty.

² Section 459.0076, F.S.

³ Section 459.0077, F.S.

⁴ Section 459.008, F.S.

⁵ National Board of Osteopathic Medical Examiners, *COMLEX-USA Bulletin of Information 2011-2012*, available at <http://www.nbome.org/docs/comlexBOI.pdf> (last visited on November 2, 2011).

⁶ Section 459.0055(1)(l), F.S., concerning osteopathic physicians, and s. 458.311(1)(f), F.S., concerning allopathic physicians.

A resident in his or her first year of training is called an intern. A resident in a training year other than the first is simply called a resident. After completing residency, a physician can enter a fellowship program which provides further specialized training in a particular area. Such physicians are called fellows.

Another name for a resident is a house physician. Assistant resident physicians do not exist.

III. Effect of Proposed Changes:

Section 1 amends s. 459.0055, F.S., relating to general licensure requirements for osteopathic physicians. Licensure provisions related to reciprocity for osteopathic physicians licensed in other states is moved from subsection (2) to subsection (1).

The bill grants the board licensure options for:

- Osteopathic physicians licensed in other states who have not actively practiced medicine for more than the previous two years, or
- New, unlicensed physicians who completed internship, residency, or fellowship more than two years ago;
- And physicians whose present ability and fitness to practice osteopathic medicine has been adversely affected by the interruption of their active practice of osteopathic medicine, as determined by the board.

Such physicians may be denied licensure in Florida; be granted a license with restrictions such as the requirement to practice under the supervision of another physician; or be fully licensed upon completion of reasonable conditions, such as remedial training as prescribed by the board. Currently, an osteopathic physician licensed in another state may only be granted a full license, notwithstanding a break in practice for two or more years if the board determines the interruption has not adversely affected the osteopathic physician's ability and fitness to practice osteopathic medicine.

Section 2 amends s. 459.021, F.S., to remove obsolete and redundant language concerning nomenclature for physicians in training. It also removes language requiring persons desiring to be registered to practice as resident physicians, interns, or fellows to have passed all parts of the examination conducted by the National Board of Osteopathic Medical Examiners and to have completed 1 year of residency.

Section 3 provides the bill will take effect on July 1, 2012.

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 the 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. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The department indicates it may experience a slight increase in workload by evaluating the competencies of certain physicians. However, such evaluations will help improve healthcare in the state by ensuring that all licensed osteopathic physicians are fit to practice independently, and the fiscal impact will be negligible.⁷

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation on December 7, 2011:

The CS provides more general guidelines to the board concerning the evaluation for licensure of osteopathic physicians who have been out of active practice for more than two years. Any physician whose present ability and fitness to practice osteopathic medicine has been adversely affected by the interruption of his or her active practice of osteopathic medicine, as determined by the board, may, at the board's discretion, be denied licensure in Florida, granted a license with restrictions, or granted full licensure

⁷ Department of Health, *2012 Bill Analysis, Economic Statement, and Fiscal Note for SB 414*. A copy of this analysis is on file with the Senate Health Regulation Committee.

upon fulfillment of certain conditions. This replaces language in SB 414 which stated that the board could only deny licensure or grant restricted licensure to those osteopathic physicians who the board determined may lack clinical competency, possess diminished or inadequate skills, lack necessary medical knowledge, or exhibit patterns of deficits in clinical decisionmaking.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
