

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 Appropriations Subcommittee on Health and Human Services

BILL: PCS/CS/SB 1620 (903010)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Health Policy Committee; and Senator Gainer and others

SUBJECT: Health Care Licensing Requirements

DATE: April 18, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Gerbrandt	Kidd	AHS	Recommend: Fav/CS
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/CS/SB 1620 creates s. 456.0231, F.S., to grant physicians who are employees of the U.S. Department of Veterans Affairs (VA) an exemption from Florida's physician licensure requirements when providing medical treatment to veterans in a Florida-licensed hospital, if such physicians meet certain criteria and furnish specified documentation to the Florida Department of Health (DOH).

The bill provides for an expiration of that exemption, allows for a renewal process, and creates conditions under which an exemption can be revoked or invalidated by the DOH.

The bill has no fiscal impact on state expenditures. The bill has an effective date of July 1, 2019.

II. Present Situation:

Regulation of Health Care Practitioners in Florida

The Department of Health (DOH) is responsible for the regulation of health care practitioners and certain health care facilities in Florida for the preservation of the health, safety, and welfare of the public. The Division of Medical Quality Assurance (MQA), working in conjunction with 22 boards and six councils, licenses and regulates seven types of health care facilities, and more

than 200 license types, in over 40 health care professions.¹ Any person desiring to be a licensed health care professional in Florida must apply to the MQA in writing.² Most health care professions are regulated by a board or council in conjunction with the DOH, and all professions have different requirements for initial licensure and licensure renewal.³

Licensing of Florida Physicians

The regulation of the practices of medicine and osteopathic medicine fall under chapters 458 and 459, F.S., respectively. The practice acts for both professions establish the regulatory boards, a variety of licenses, the application process with eligibility requirements, and financial responsibilities for the practicing physicians. The boards have the authority to establish, by rule, standards of practice and standards of care for particular settings.⁴ Such standards may include education and training, medication including anesthetics, assistance of and delegation to other personnel, sterilization, performance of complex or multiple procedures, records, informed consent, and policy and procedures manuals.⁵

The current licensure application fee for a medical doctor is \$350 and is non-refundable.⁶ Applications must be completed within one year. If a license is approved, the initial license fee is \$355.⁷ The entire process may take from two to six months from the time the application is received.⁸

For osteopathic physicians, the current application fee is non-refundable \$200, and if approved, the initial licensure fee is \$305.⁹ Applications must be completed within one year. The entire process may take from two to six months from the time the application is received.¹⁰ If an applicant is licensed in another state, the applicant may request that Florida “endorse” the exam scores of the others states licensing exam. The applicant must demonstrate that the out of state license was issued based on those exam scores. The applicant must also show that the exam was substantially similar to any exam that Florida allows for licensure.¹¹

¹ Florida Department of Health, Medical Quality Assurance, *Annual Report and Long Range Plan, 2017-2018*, p. 6, available at: <http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/documents/annual-report-1718.pdf> (last visited Apr. 4, 2019).

² Section 456.013, F.S.

³ See chs. 401, 456-468, 478, 480, 483, 484, 486, 490, and 491, F.S.

⁴ Sections 458.331(1)(v) and 459.015(1)(z), F.S.

⁵ *Id.*

⁶ Florida Board of Medicine, *Medical Doctor - Fees*, available at: <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (Last visited Mar. 8, 2019).

⁷ A change to Rule 64B-3.002, F.A.C., is effective March 11, 2019 which modifies the fee schedule for licensure applications. The fee for licensure by examination will increase to \$500 and the fee for licensure by endorsement will increase also to \$500. The time to complete an initial applications is also reduced from one year to six months.

⁸ Florida Board of Medicine, *Medical Doctor Unrestricted – Process*, available at: <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited Mar. 8, 2019).

⁹ Florida Board of Osteopathic Medicine, *Osteopathic Medicine Full Licensure - Fees*, available at: <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited: Mar. 8, 2019).

¹⁰ Florida Board of Osteopathic Medicine, *Osteopathic Medicine Full Licensure - Process*, available at: <https://floridasosteopathicmedicine.gov/licensing/osteopathic-medicine-full-licensure/> (last visited Mar. 8, 2019).

¹¹ Florida Board of Osteopathic Medicine, *Osteopathic Medicine Full Licensure – Requirements*, available at: <https://floridasosteopathicmedicine.gov/licensing/osteopathic-medicine-full-licensure/> (last visited Mar. 8, 2019).

The general requirements for licensure under both practice acts are very similar with the obvious differences found in the educational backgrounds of the applicants. However, the practice acts are not identical in their licensure offerings as shown in the table below which compares some of the contents of the two practice acts. Where the practice acts share the most similarities are the qualifications for licensure. Both the Board of Medicine and the Board of Osteopathic Medicine require their respective applicants to meet these minimum qualifications:

- Complete an application form as designated by the appropriate regulatory board.
- Be at least 21 years of age.
- Be of good moral character.
- Have completed at least two years (medical) or three years (osteopathic) of pre-professional post-secondary education.
- Have not previously committed any act that would constitute a violation of this chapter or lead to regulatory discipline.
- Have not had an application for a license to practice medicine or osteopathic medicine denied or a license revoked, suspended or otherwise acted upon in another jurisdiction by another licensing authority.
- Must submit a set of fingerprints to the DOH for a criminal background check.
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the applicant’s respective professional association.
- Demonstrate that she or he has successfully completed a resident internship (osteopathic medicine) or supervised clinical training (medical) of not less than 12 months in a hospital approved for this purpose by the applicant’s respective professional association.
- Demonstrate that he or she has obtained a passing score, as established by the applicant’s appropriate regulatory board, on all parts of the designated professional examination conducted by the regulatory board’s approved medical examiners no more than five years before making application to this state; or, if holding a valid active license in another state, that the initial licensure in the other state occurred no more than five years after the applicant obtained a passing score on the required examination.¹²

Statutory References for Practice Acts - Licensure Medical and Osteopathic Physicians: Ch. 458 and 459, F.S.		
Issue	Medical Physicians	Osteopathic Physicians
Regulatory Board	Board of Medicine s. 458.307, F.S.	Board of Osteopathic Medicine s. 459.004, F.S.
Rulemaking Authority	s. 458.309., F.S.	s. 459.005, F.S.
General Requirements for Licensure	s. 458.311, F.S.	s. 459.0055, F.S.
Licensure Types		
<i>Restricted License</i>	s. 458.310, F.S.	No provision
<i>Restricted License Certain foreign physicians</i>	s. 458.3115, F.S.	No provision
<i>Licensure by Endorsement</i>	s. 458.313, F.S.	No provision
<i>Temporary Certificate</i>	s. 458.3135, F.S.	No provision

¹² See ss. 458.311, F.S. and 459.0055, F.S.

Statutory References for Practice Acts - Licensure Medical and Osteopathic Physicians: Ch. 458 and 459, F.S.		
Issue	Medical Physicians	Osteopathic Physicians
<i>(Approved Cancer Centers)</i>		
<i>Temporary Certificate (Training Programs)</i>	s. 458.3137, F.S.	No provision
<i>Medical Faculty Certificate</i>	s. 458.3145, F.S.	s. 459.0077, F.S.
<i>Temporary Certificate Areas of Critical Need</i>	s. 458.315, F.S.	s. 459.0076, F.S.
<i>Temporary Certificate Areas of Critical Need – Active Duty Military & Veterans</i>	s. 458.3151, F.S.	s. 459.00761, F.S.
<i>Public Health Certificate</i>	s. 458.316, F.S.	No provision
<i>Public Psychiatry Certificate</i>	s. 458.3165, F.S.	No provision
<i>Limited Licenses</i>	s. 458.317, F.S.	s. 459.0075, F.S.
<i>Expert Witness</i>	s. 458.3175, F.S.	s. 459.0066, F.S.
License Renewal	s. 458.319, F.S. \$500/max/biennial renewal	s. 459.008, F.S.
Financial Responsibility <i>Condition of Licensure</i>	s. 458.320, F.S.	s. 459.0085, F.S.
Penalty for Violations	s. 458.327, F.S.	s. 459.013, F.S.

In Florida, to practice medicine an individual must become a licensed medical doctor through licensure by examination¹³ or licensure by endorsement.¹⁴ Florida does not recognize automatically another state’s medical license or provide licensure reciprocity. Licensure by endorsement requires the medical physician to meet the following requirements:

- Be a graduate of an allopathic United States Medical School recognized and approved by the United States Office of Education (AMG) and completed at least one year of residency training;
- Be a graduate of an allopathic international medical school (IMG) and have a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate and completed an approved residency of at least two years in one specialty area; or
- Be a graduate who has completed the formal requirements of an international medical school except the internship or social service requirements, passed parts I and II of the National Board of Medical Examiners (NBME) or ECFMG equivalent examination, and completed an academic year of supervised clinical training (5th pathway) and completed an approved residency of at least two years in one specialty area.
- And both of the following:
 - Passed all parts of a national examination (the NBME; the Federation Licensing Examination offered by the Federation of State Medical Boards of the United States, Inc.; or the United States Medical Licensing Exam); and

¹³ Section 458.311, F.S.

¹⁴ Section 458.313, F.S.

- Be licensed in another jurisdiction and actively practiced medicine in another jurisdiction for at least two of the immediately preceding four years; or passed a board-approved clinical competency examination within the year preceding filing of the application or; successfully completed a board approved postgraduate training program within 2 years preceding filing of the application.¹⁵

Financial Responsibility

As a condition of licensure all Florida-licensed allopathic physicians are required to maintain professional liability insurance or other financial responsibility to cover potential claims for medical malpractice as a condition of licensure, with specified exemptions.¹⁶ Physicians who perform surgeries in a certain setting or have hospital privileges must maintain professional liability insurance or other financial responsibility to cover an amount not less than \$250,000 per claim.¹⁷ Physicians without hospital privileges must carry sufficient insurance or other financial responsibility in coverage amounts of not less than \$100,000 per claim.¹⁸ Certain physicians who are exempt from the requirement to carry professional liability insurance or other financial responsibility must provide notice to their patients.¹⁹

Florida-licensed osteopathic physicians have similar financial responsibility requirements as allopathic physicians²⁰. With specified exceptions, the DOH must suspend, on an emergency basis, any licensed allopathic or osteopathic physician who fails to satisfy a medical malpractice claim against him or her within specified time frames.²¹

Disciplinary Process: Fines and Sanctions

Chapter 456, F.S., contains the general regulatory provisions for health care professions and occupations under the Division of Medical Quality Assurance (MQA) in the DOH. Section 456.072, F.S., specifies 40 acts that constitute grounds for which disciplinary actions may be taken against a health care practitioner. Section 458.331, F.S., identifies 43 acts that constitute grounds for which disciplinary actions may be taken against a medical physician and s. 459.015, F.S., identifies those acts which are specific to an osteopathic physician. Some parts of the review process are public and some are confidential.²²

Complaints and allegations are received by the MQA unit for determination of legal sufficiency and investigation. A determination of legal sufficiency is made if the ultimate facts show that a

¹⁵ Florida Board of Medicine, *Medical Doctor-Unrestricted; Licensure by Endorsement*, available at: <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited Apr. 1, 2019).

¹⁶ Section 458.320, F.S.

¹⁷ Section 458.320(2), F.S.

¹⁸ Section 458.320(1), F.S.

¹⁹ Section 458.320(5)(f) and (g), F.S.

²⁰ Section 459.0085, F.S.

²¹ Sections 458.320(8) and 459.0085(9), F.S.

²² Fla. Department of Health, Division of Medical Quality Assurance, *Enforcement Process*, available at: http://www.floridahealth.gov/licensing-and-regulation/enforcement/_documents/enforcement-process-chart.pdf (last updated Mar. 11, 2019).

violation has occurred.²³ The complainant is notified by letter as to whether the complaint will be investigated and if any additional information is needed. Complaints which involve an immediate threat to public safety are given the highest priority.

The DOH is responsible for reviewing each report to determine if discipline against the provider is warranted.²⁴ Authorization for the discipline of allopathic and osteopathic physicians can be found in state law and administrative rule.²⁵ If held liable for one of the offenses, the fines and sanctions by category and by offense are based on whether it is the physician's first, second, or third offense.²⁶ The boards may issue a written notice of noncompliance for the first occurrence of a single minor violation.²⁷ The amount of fines assessed can vary depending on the severity of the situation, such as improper use of a substance to concealment of a material fact. A penalty may come in the form of a reprimand, a licensure suspension, or revocation followed by some designated period of probation if there is an opportunity for licensure reinstatement. Other sanctions may include supplemental continuing education requirements which require proof of completion before the license can be reinstated.

Disciplinary Process: Emergency Procedures

When a third report of a professional liability claim has been submitted, within a 5-year period, against a licensed physician, the DOH is required to initiate an emergency investigation and the BOM or BOOM must conduct an emergency probable cause hearing to determine if a physician should be disciplined for committing medical malpractice, gross medical malpractice, or repeated medical malpractice.²⁸

Disciplinary Process: Physician's Consent

During an investigation of a complaint, every Florida-licensed physician is deemed to have given his or her consent to the following:²⁹

- To render a handwriting sample to an agent of the DOH and waive any objections to its use as evidence;
- To waive the confidentiality and authorize the preparation and release of medical reports, including symptoms, diagnosis, treatment prescribed, relevant history, and progress, pertaining to his or her mental or physical condition; and
- To waive any objection to the admissibility of the reports as constituting privileged communications.

²³ Fla. Department of Health, *Consumer Services – Administrative Complaint Process*, available at:

<http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/consumer-services.html> (last visited Mar. 11, 2019).

²⁴ See ss. 458.351(5) and 459.026(5), F.S.

²⁵ See ss. 458.307 and 459.004, F.S., for the regulatory boards, and ss. 64B8-8 and 64B15-19, F.A.C., for administrative rules relating to disciplinary procedures.

²⁶ *Id.*

²⁷ Sections 64B8-8.011 and 64B15-19.0065, F.A.C. A minor violation is deemed to not endanger the public health, safety, and welfare and does not demonstrate a serious inability to practice.

²⁸ See ss. 458.3311 and 459.0151, F.S.

²⁹ See ss. 458.339 and 459.017, F.S.

The DOH may issue subpoenas duces tecum, requiring the names and addresses of some or all of the patients of a licensed physician against whom a complaint has been filed pursuant to s. 456.073, F.S.³⁰

Itemized Patient Billing

All licensed allopathic and osteopathic physicians are required, upon request, to provide to a patient an itemized statement of the specific services rendered and the charge for each service.³¹

Florida Background Checks

Effective January 1, 2013, all applicants for initial physician licensure must undergo a Level 2 background screening³² and use a *Livescan* provider³³ to submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to applicant. The results of the search are returned to the Care Provider Background Screening Clearinghouse and made available to the DOH for consideration during the licensure process. The fingerprints submitted by the applicant are retained by FDLE and the Clearinghouse. All costs for conducting a criminal history background screening are borne by the applicant.³⁴

Applicants for physician licensure can use any FDLE-approved *Livescan* provider to submit their fingerprints. The applicant is fully responsible for selecting the service provider and ensuring the results are reported to the DOH. An applicant must use a DOH form available on its website and take it to the *Livescan* provider.³⁵

A physician licensed in Florida must undergo a Level 2 background screening every five years. Effective January 1, 2019, the fee to retain fingerprints within the Clearinghouse is \$43.25, plus minimal service fee. Once fingerprints have been retained by the Clearinghouse, they are good for five years. Clearinghouse renewals can only be requested within a specific timeframe that is based on the retained print expiration date.

VA Practitioners in Florida

Health care practitioners practicing in VA facilities in Florida are not required to be licensed in Florida. In order for a practitioner to practice at any VA facility, the VA requires the practitioner to have an active, unrestricted license from any state.³⁶ Thus, a VA health care practitioner may treat any veteran in a VA facility located in Florida, regardless of the state of licensure. However, a VA practitioner may not provide medical services to any patient, veteran or otherwise, outside of a VA facility unless he or she holds a Florida license. If a VA practitioner

³⁰ See ss. 458.343 and 459.019, F.S.

³¹ See ss. 458.323 and 459.012, F.S.

³² Sections 435.04 and 458.311(1) (g), FS.

³³ Section 435.12, F.S.

³⁴ Florida Department of Health, *Board of Medicine, Medical Doctor – Licensure Requirements*, available at: <https://flboardofmedicine.gov/licensing/medical-doctor-unrestricted/> (last visited Apr. 11, 2019).

³⁵ *Id.*

³⁶ U.S. Department of Veterans Affairs, *Navigating the Hiring Process*, (updated January 06, 2019) available at: <https://www.vacareers.va.gov/ApplicationProcess/NavigatingHiringProcess> (last visited April 8, 2019).

is not licensed in Florida and provides such services outside a VA facility, the practitioner could be prosecuted for the unlicensed practice of a health care practitioner.

VA Background Checks

All VA employees are subject to an evaluation process for the purpose of determining their suitability for work through a background investigation process. The level of investigation is determined by the sensitivity of the position in question, which is then rated as low, moderate, or high risk. At a minimum, VA employees should receive a Tier 1 investigation to verify that the individual is suitable for employment. Most medical facility staff, including physicians, nurses, pharmacists, and laboratory technicians, are required to receive this type of investigation.³⁷

In March 2018, the VA Office of Inspector General published the findings of an investigation conducted to evaluate controls over the adjudication of background investigations at VA medical facilities for the five-year period ending September 30, 2016. The report included the following:³⁸

- The VA did not provide effective governance of the personnel suitability program necessary to ensure that background investigation requirements were met at medical facilities nationwide;
- While background investigations were required for most medical facility staff, about 6,200 employees who were working at the facilities did not have a background investigation initiated, including health care practitioners who were employed to provide direct patient care to veterans;³⁹
- VA adjudicators had not been reviewing background investigations timely, and suitability program staff were not maintaining official personnel records as required;
- The VA office responsible for evaluating compliance with personnel suitability program requirements, including the background investigation process, lacked sufficient staff to conduct regular oversight;
- The VA personnel suitability program was allowed to operate unmonitored and without assurance that background investigations were properly initiated and adjudicated; and
- The VA could not reliably attest to the suitability of its largest workforce, thereby exposing veterans and employees to individuals who have not been properly vetted.

Military Health Care Practitioners

Florida offers an expedited licensure process to facilitate veterans seeking licensure in a health care profession in Florida through its Veterans Application for Licensure Online Response System (VALOR).⁴⁰ In order to qualify, a veteran must apply for the license within 6 months before, or 6 months after, he or she is honorably discharged from the Armed Forces. There is no application fee, licensure fee, or unlicensed activity fee for such expedited licensure.⁴¹

³⁷ VA Office of Inspector General, *Veterans Health Administration, Audit of Personnel Suitability Program*, p. 1, available at: <https://www.va.gov/oig/pubs/VAOIG-17-00753-78.pdf> (last visited April 11, 2019).

³⁸ *Id.* pp. i-ii

³⁹ *Id.* p. 4

⁴⁰ Florida Dep't of Health, Veterans, <http://www.flhealthsource.gov/valor#Veterans>, (last visited April 4, 2019).

⁴¹ *Id.*

Section 456.024, F.S., provides that any member of the U.S. Armed Forces is eligible for licensure as a health care practitioner in Florida if he or she:

- Serves, or has served, as a health care practitioner in the U.S. Armed Forces, the U.S. Reserve Forces, or the National Guard;
- Serves, or has served, on active duty with the U.S. Armed Forces as a health care practitioner in the United States Public Health Service; or
- Is the spouse of a person serving on active duty with the U.S. Armed States Armed Forces and is a health care practitioner in another state, the District of Columbia, or a possession or territory of the U.S.⁴²

The DOH is required to waive fees and issue a license if such individuals submit a completed application and proof of the following:

- An honorable discharge within 6 months before or after the date of submission of the application;⁴³
- One of the following:
 - An active, unencumbered license from another state, the District of Columbia, or U.S. possession or territory, with no disciplinary action taken within the 5 years preceding the application; or
 - That he or she is a military health care practitioner in a profession that does not require licensure in a state or jurisdiction to practice in the U.S. Armed Forces, if he or she submits to the DOH evidence of :
 - Military training or experience substantially equivalent to the requirements for licensure; and
 - Evidence of a passing score on an examination from a national or regional standards organization, if such exam is required in this state; or
 - That he or she is the spouse of a person serving on active duty in the U.S. Armed Forces and is a health care practitioner in a profession that licensure is not required in another state or jurisdiction, if he or she submits to the DOH evidence of:
 - Training or experience substantially equivalent to the requirements for licensure in this state; and
 - Evidence of a passing score on an examination from a national or regional standards organization, if such exam is required in this state.
- An affidavit that he or she is not the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U. S. Department of Defense for reasons related to the practice of the profession; and
- Active practice in the profession for the 3 years preceding the application.

An applicant must also submit fingerprints for a background screening, if required for the profession for which the applicant is applying.⁴⁴

The DOH must verify all information submitted by an applicant using the National Practitioner Data Bank; and an applicant under s. 456.024(3), F.S., for initial licensure as a physician or

⁴² Section 456.024(3)(a), F.S.

⁴³ A form DD-214 or an NGB-22 is required as proof of honorable discharge. See Department of Health, Veterans, available at: <http://www.flhealthsource.gov/valor> (last visited Apr. 4, 2019).

⁴⁴ Section 456.024(3)(b), F.S.

advanced practice registered nurse (APRN) must submit all information required by ss. 456.039(1) and 456.0391(1), F.S., no later than 1 year after the license is issued.⁴⁵

A board, or the DOH if there is no board, may also issue a temporary health care professional license to the spouse of an active duty member of the Armed Forces upon submission of an application form and fees. The applicant must hold a valid license for the profession issued by another state, the District of Columbia, or a possession or territory of the U.S. and may not be the subject of any disciplinary proceeding in any jurisdiction relating to the practice of a regulated health care profession in Florida.

III. Effect of Proposed Changes:

CS/SB 1620 creates s. 456.0231, F.S., to grant physicians who are employees of the VA an exemption from Florida's physician licensure requirements when providing medical treatment to veterans in a Florida-licensed hospital, if such physicians meet certain criteria and furnish specified documentation to the DOH.

The bill defines "physician" as a person who holds an active, unencumbered license to practice allopathic medicine or osteopathic medicine issued by another state; the District of Columbia; or a possession, commonwealth, or territory of the United States.

To be exempt from Florida licensure requirements pertaining to medical doctors under ch. 458, F.S., or osteopathic physicians under ch. 459, F.S., such a physician must submit the following to the DOH:

- Proof that the physician holds an active, unencumbered license to practice allopathic medicine or osteopathic medicine, as applicable, issued by another state; the District of Columbia; or a possession, commonwealth, or territory of the United States; and
- Proof of current employment with the VA;

As a condition of receiving the licensure exemption, the physician must submit a notarized attestation that he or she will provide only medical services to veterans:

- Pursuant to employment as a physician with the VA; and
- In Florida-licensed hospitals.

The exemption is contingent upon a physician's continued employment with the VA and requires that a physician notify the DOH within 15 business days after their employment with the VA is terminated. The DOH is required to revoke the exemption upon receipt of such notification. Exemptions granted under the bill expire after 24 months unless it has been revoked or is renewed. The bill allows for exemptions to be renewed upon the submission of certain information.

The bill requires the DOH to notify the physician within 15 business days after receipt of the documentation that the physician is exempt. The notification must include information related to

⁴⁵ Section 456.024, (3)(d), F.S. The information required by ss. 356.039(1) and 356.0391(1), F.S., includes: 1) school name where education and training received; 2) names of locations and hospitals where practice; 3) address of primary practice location; 4) year applicant began practice; 5) any certification or designation; 6) any faculty appointments; 7) any criminal record; and 8) Any professional disciplinary action.

the conditions under which the DOH may invalidate or revoke an exemption and exemption renewal requirements.

The bill authorizes the DOH to adopt rules to implement the exemption provisions.

The bill has an effective date of July 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

PCS/SB 1620 may provide an avenue for veterans who do not live near a VA facility and/or face transportation problems with getting to a VA facility, to receive medical services from VA physicians at a Florida-licensed hospital that is more accessible.

C. Government Sector Impact:

The bill may increase the workload on DOH staff due to the processing of exemptions, renewals, and revocations authorized under the bill, however, the additional costs can be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Under the bill, it appears that individuals exempt from the licensure requirements of chs. 458 and 459, F.S., are also exempt from the BOM and BOOM standards of practice. The BOM and BOOM have the authority to investigate and discipline licensed physicians. Individuals, under the bill, will not have a Florida license; Therefore, the boards would not have authority/jurisdiction to discipline the physicians that are exempt under the bill. If physicians exempt under this bill fail to meet the standard of care or cause patient harm, it does not appear that Florida has the authority to discipline these physicians and it is unknown if the state where they have an active license would have jurisdiction.

A physician may have a license in multiple states. Under the bill, as long as they have an active unencumbered license in one state, they would be able to practice, even if there were extensive disciplinary actions in other states. Checking previous disciplinary actions in other states is part of Florida's licensing process.

There are also a wide range of statutory and regulatory requirements throughout the Florida Statutes that only apply to physicians licensed under these chapters. Examples include provisions on kickbacks, required disclosures to patients, reporting of adverse incidents, and other reporting requirements. Since these practitioners would be unlicensed, it appears that they would not be subject to any of those provisions.

Each physician exempted from licensure under the bill will result in a deferral of criminal background checks and fingerprinting, which would normally occur before a physician is allowed to practice in the state outside of a VA facility. Therefore, a physician exempted under the bill who has committed a Florida-licensure disqualifying offense may still be able to practice in Florida-licensed hospitals under the bill.

On lines 34-36, the bill provides that as a condition of "receiving" the exemption, a physician must attest that he or she "will provide only medical services to veterans." However, after a physician "receives" the exemption, the physician could technically remain exempt under the bill from Florida's physician licensure requirements, regardless of whether he or she abides by the attestation.

Under the bill, physicians not licensed in Florida may provide medical services to "veterans" in Florida-licensed hospitals. According to the definition of "veterans" in s. 1.01(14), F.S., the bill does not authorize exempted physicians to provide medical services to active duty service members in such hospitals under the bill, even though the VA allows active duty service members to receive limited health benefits and health care services from the VA under certain circumstances.

VIII. Statutes Affected:

This bill creates section 456.0231 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on April 16, 2019:

The committee substitute:

- Requires a person seeking an exemption to submit to the DOH a *notarized* attestation that he or she will provide medical services to veterans exclusively under certain conditions, rather than an attestation alone.
- Removes one of the conditions of exemption, which requires a person seeking an exemption to provide medical services to veterans at a USDVA facility or outreach location. Currently, under federal law a health care practitioner practicing in a VA facility is not required to be licensed in Florida.
- Expands one of the conditions of exemption, which requires a person seeking an exemption to provide medical services to veterans at hospital licensed under ch. 395, to include, providing medical services to veterans at a hospital licensed under ch. 395 *while remaining employed as a physician by the VA*.
- Requires that an exemption is contingent upon a physician remaining employed by the VA and is otherwise invalid. The CS also requires a physician to notify the DOH within 15 business days of termination of VA employment and upon receipt, the DOH must revoke the exemption.
- Requires that an exemption expire after 24 months, unless the exemption is revoked or rendered invalid at an earlier time.
- Authorizes an exemption renewal process.
- When notifying a person that an exemption has been granted, the CS requires the DOH to include information related the conditions under which the DOH must invalidate or revoke an exemption and exemption renewal requirements.

CS by Health Policy on April 8, 2019

The CS:

- Removes the statement of legislative intent from the underlying bill;
- Provides that a person holding an unencumbered license to practice medicine as a physician in another state, D.C., or a U.S. possession or territory, is exempt from needing a Florida license to practice medicine in Florida if he or she submits to the DOH:
 - Proof that he or she holds such a license described above;
 - Proof of current employment with the VA; and,
 - An attestation that he or she will provide only medical services to veterans at a VA facility or outreach location, pursuant to his or her employment with the VA, and in Florida-licensed hospitals.
- Requires the DOH to notify such a physician that he or she is exempt within 15 business days after receiving the documentation required for the exemption;

- Limits the exemption of licensure to medical doctors and osteopaths only, instead of including other types of health care practitioners as provided in the underlying bill;
- Removes the allowance from the underlying bill that practitioners licensed in other countries could also be exempted from needing a Florida license;
- Removes the underlying bill's requirement for the executive director of the Florida Department of Veterans' Affairs to provide the state surgeon general with a list of all practitioners who are eligible for exemption under the bill;
- Removes from the underlying bill the provision for the bill to not be construed to preempt or supplant a medical facility's policies regarding the award of emergency privileges to medical personnel; and
- Provides authority for the DOH to adopt rules, as opposed to the underlying bill's *requirement* for the DOH to adopt rules.

B. Amendments:

None.