HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 115 Professional Licensure of Military Veterans by Department of Health

SPONSOR(S): Health Quality Subcommittee; Santiago **TIED BILLS: IDEN./SIM. BILLS:** SB 160

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	13 Y, 0 N, As CS	O'Callaghan	O'Callaghan
2) Veteran & Military Affairs Subcommittee	12 Y, 0 N	Thompson	De La Paz
3) Health Care Appropriations Subcommittee			
4) Health & Human Services Committee			

SUMMARY ANALYSIS

CS/HB 115 requires the Department of Health (DOH) to waive initial licensure and certificate fees for military veterans who apply for a fee waiver using a DOH form and who provide supporting documentation required by DOH. A military veteran is only eligible for the fee waiver if the veteran has been honorably discharged from any branch of the United States Armed Forces within 24 months from the application. Current law does not allow the DOH or its regulatory boards to distinguish applicants for initial licensure based on military service.

The bill has an insignificant, negative fiscal impact on state government and no fiscal impact on local government.

The bill provides an effective date of July 1, 2013.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: h0115c.VMAS

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Military and Veteran Presence in Florida

The United States currently has 1.4 million people serving in the United States Armed Forces,¹ over 23 million veterans living in the United States, and over 200 military installations in 46 states, the District of Columbia, and Puerto Rico.²

Florida, with its 20 major military installations, is home to a large population of active duty and reserve military members, as well as veterans. Currently, there are over 61,000 active duty military members³ and 12,000 National Guard members⁴ in Florida. The number of veterans living in Florida is over 1.6 million, the third highest in the nation behind California and Texas.⁵

While the majority of programs and benefits for military personnel and veterans are administered by the Federal Government, states and state legislatures are playing an increasingly larger role in military issues.

Professional Licensure Benefits for Military Members, Veterans, and Spouses

In recent years, the Florida Legislature has enacted laws to assist current military personnel, their spouses, and veterans in obtaining and renewing professional licensure in Florida.

In 2011, the Legislature created the Florida Defense Support Task Force (FDSTF) under s. 288.987, F.S., with a defined mission to:

- Make recommendations to preserve and protect military installations.
- Support the state's position in research and development related to or arising out of military missions and contracting.
- Improve the state's military-friendly environment for service members, military dependents, military retirees and businesses that bring military and base-related jobs to the state.

One of the FDSTF's long-range goals is to strengthen state support for military families and veterans with a focus on education, health care, employment and family programs.⁷

Current law⁸ exempts military personnel from license renewal requirements for the duration of active duty while absent from the state of Florida, and for a period of six months after discharge or return to the state. This benefit applies to military members who hold certain professional licenses regulated by the Department of Business and Professional Regulation (DBPR) or the DOH, who are not practicing

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¹ Section 250.01, F.S., concerning Military Affairs in Florida, defines "Armed Forces" to mean the United States Army, Navy, Air Force, Marine Corps, and Coast Guard.

² National Conference of State Legislatures, *Military and Veterans Affairs*, available at: http://www.ncsl.org/issues-research/env-res/military-and-veterans-affairs.aspx (last visited on Feb. 5, 2013).

³ University of West Florida: *Florida Defense Industry, Economic Impact Analysis*, pg. 14, 2013 Draft Report, on file with the Health Quality Subcommittee.

⁴ Florida Department of Military Affairs, *Department of Military Affairs Mission*, available at: http://dma.myflorida.com/?page_id=2 (last visited on Feb. 5, 2013).

⁵ California has approximately 2 million veterans and Texas has approximately 1.6 million veterans. United States Census Bureau, A Snapshot of Our Nation's Veterans, available at: http://www.census.gov/how/pdf/census veterans.pdf (last visited on Feb. 5, 2013). See also, Department of Veterans Affairs, Texas and the U.S. Department of Veteran Affairs, November 2010, on file with the Health Quality Subcommittee.

⁶ The Florida Defense Support Task Force replaced the Florida Council on Military Base and Mission Support, which was dismantled when s. 288.984, F.S., was repealed in 2011. *See* s. 38, ch. 2011-76, L.O.F.

⁷ The Florida Defense Support Task Force, 2011 Annual Report and 2012 Work Plan, available at: http://www.eflorida.com/fdstf/about.html (last visited on Feb. 5, 2013).

Sections 455.02(1) and 456.024(1), F.S.

their profession in the private sector. This benefit is also available to the spouses of active duty military members. 10

To address the obstacles military families face due to frequent moves, the Legislature enacted CS/CS/CS/HB 713 in 2010¹¹ and CS/CS/CS/HB 1319¹² in 2011 to allow the DBPR and the DOH, respectively, to issue a temporary professional license to the spouse of an active duty military member. To obtain a temporary license, the spouse must submit proof of marriage to the military member, proof that he or she holds an active license in another state or jurisdiction, and proof that the military member is assigned to a duty station in Florida. In addition, the spouse must submit a complete set of his or her fingerprints to the Department of Law Enforcement for a statewide criminal history check.

Most recently, in 2012, the Legislature enacted CS/CS/HB 887,¹⁴ which waives the initial licensing fee, the initial application fee, and the initial unlicensed activity fee for a military veteran who applies to the DBPR for a license within 24 months of being honorably discharged. These licensure fee waivers apply only to professions regulated by the DBPR and does not apply to health professions under the DOH.

Department of Health Regulated Professions

Section 20.43, F.S., creates several divisions under the DOH, including the Division of Medical Quality Assurance (division), which is responsible for the following boards established within the division:

- The Board of Acupuncture, created under chapter 457.
- The Board of Medicine, created under chapter 458.
- The Board of Osteopathic Medicine, created under chapter 459.
- The Board of Chiropractic Medicine, created under chapter 460.
- The Board of Podiatric Medicine, created under chapter 461.
- The Board of Optometry, created under chapter 463.
- The Board of Nursing, created under part I of chapter 464.
- The Board of Pharmacy, created under chapter 465.
- The Board of Dentistry, created under chapter 466.
- The Board of Speech-Language Pathology and Audiology, created under part I of chapter 468.
- The Board of Nursing Home Administrators, created under part II of chapter 468.
- The Board of Occupational Therapy, created under part III of chapter 468.
- The Board of Athletic Training, created under part XIII of chapter 468.
- The Board of Orthotists and Prosthetists, created under part XIV of chapter 468.
- The Board of Massage Therapy, created under chapter 480.
- The Board of Clinical Laboratory Personnel, created under part III of chapter 483.
- The Board of Opticianry, created under part I of chapter 484.
- The Board of Hearing Aid Specialists, created under part II of chapter 484.
- The Board of Physical Therapy Practice, created under chapter 486.
- The Board of Psychology, created under chapter 490.
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under chapter 491.

In addition to the professions regulated by the various aforementioned boards, the DOH also regulates the following professions:

- Naturopathy, as provided under chapter 462.
- Nursing assistants, as provided under part II of chapter 464.
- Midwifery, as provided under chapter 467.
- Respiratory therapy, as provided under part V of chapter 468.

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⁹ See also, s. 401.271, F.S., relating to certification of emergency medical technicians and paramedics who are on active duty with the United States Armed Forces.

¹⁰ Sections 455.02(2) and 456.024(2), F.S.

¹¹ Section 5, ch. 2010-106, L.O.F.

¹² Section 1, ch. 2011-95, L.O.F.

¹³ Sections 455.02(3) and 456.024(3), F.S.

¹⁴ Section 3, ch. 2012-72, L.O.F.

- Dietetics and nutrition practice, as provided under part X of chapter 468.
- Electrolysis, as provided under chapter 478.
- Medical physicists, as provided under part IV of chapter 483.
- School psychologists, as provided under chapter 490.
- Emergency medical technicians and paramedics, as provided under chapter 490.
- Radiological personnel, as provided under part IV of chapter 468.

Typical fees associated with obtaining an initial license include an initial licensing fee,¹⁵ an initial application fee,¹⁶ and an initial unlicensed activity fee.¹⁷ Each board within the jurisdiction of the DOH, or the DOH when there is no board, determines by rule the amount of license fees for the profession it regulates.¹⁸

Effect of Proposed Changes

CS/HB 115 requires the DOH to waive the initial licensing fee, initial application fee, and initial unlicensed activity fee for a military veteran who applies to the DOH for a license within 24 months after being honorably discharged from any branch of the United States Armed Forces. Additionally, the DOH must waive the initial application fee for a military veteran who applies for certification in the radiological profession¹⁹ within 24 months after honorable discharge. However, the applicant for certification is still required to pay the fee for purchasing the examination from a national organization required for certification as a radiological professional.

The bill requires the application for both fee waivers to be submitted on a form prepared and furnished by the DOH and to include supporting documentation required by the DOH. The supporting documentation may be used to verify that the military veteran was honorably discharged.

B. SECTION DIRECTORY:

Section 1: Amends s. 456.013, F.S., relating to the DOH's general licensing provisions.

Section 2: Amends s. 468.304, F.S., relating to certification.

Section 3: Provides an effective date of July 1, 2013.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

According to the DOH, it is indeterminate the number of military veterans that will apply for licensure or certification, who have been honorably discharged from the United States Armed Forces within 24 months of applying for licensure or certification; therefore, the fiscal impact cannot be determined at this time. However, it is anticipated that the bill will have an insignificant impact on the Medical Quality Assurance Trust Fund related to the reduction in licensing fees.²⁰

Florida Department of Health, HB 115 Agency Bill Analysis, January 9, 2013, on file with the Health Quality Subcommittee.
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¹⁵ Pursuant to s. 456.013(2), F.S., before the issuance of any license, the DOH shall charge an initial license fee as determined by the applicable board or, if there is no board, by rule of the DOH.

¹⁶ Each DOH board, or the DOH when there is no board, determines by rule the amount of initial application fees for the profession it regulates pursuant to each practice act. *See e.g.*, ss. 458.311(1)(a), 459.0055(1)(a), and 460.406, F.S.

¹⁷ Pursuant to s. 456.065, F.S, the DOH imposes upon initial licensure and each licensure renewal, a special fee of \$5 per license to fund efforts to combat unlicensed activity.

¹⁸ Section 456.025(3), F.S.

¹⁹ Certified radiological professionals include basic X-ray machine operators, basic X-ray machine operators in podiatric medicine, general radiographers, nuclear medicine technologists, radiologist assistants, and specialty technologists. Section 468.304, F.S.

According to the DOH, there will be a non-recurring increase in work associated with the modification of the Customer Oriented Medical Practitioner Administration System (COMPAS) licensure system to accommodate the new requirements in the bill. The DOH states that current resources are adequate to absorb this one-time workload increase.²¹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill eliminates fees associated with initial health care licensure or certification for military veterans who have been honorably discharged from the United States Armed Forces within 24 months prior to applying for licensure or certification.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Sufficient rule-making authority currently exists under ss. 456.004(5) and 468.303, F.S., to implement the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On February 7, 2013, the Health Quality Subcommittee adopted one amendment and reported the bill favorably as a committee substitute. The amendment:

- Requires supporting documentation for an application to waive initial licensure fees to demonstrate the applicant was honorably discharged.
- Requires the DOH to waive initial fees for applicants seeking certification in a radiology profession if the applicant is a military veteran who was honorably discharged within 24 months from the application. The applicant must use a form prescribed by the DOH, submit supporting

²¹ *Id*.

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documentation, and still pay the fee for purchasing the examination from a national organization.

This analysis is drafted to the committee substitute as passed by the Health Quality Subcommittee.

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