

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 221 Osteopathic Physicians Certification and Licensure

**SPONSOR(S):** Roach

**TIED BILLS:** **IDEN./SIM. BILLS:** CS/SB 218

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	14 Y, 0 N	Siples	McElroy
2) Health Care Appropriations Subcommittee	11 Y, 0 N	Mielke	Clark
3) Health & Human Services Committee	17 Y, 0 N	Siples	Calamas

### SUMMARY ANALYSIS

Currently, an applicant for licensure as an osteopathic physician must, in addition to other requirements, complete a resident internship approved by the American Osteopathic Association (AOA) or any other internship program upon showing of good cause by the applicant.

In 2014, the AOA, Accreditation Council for Graduate Medical Education (ACGME), and American Association of Colleges of Osteopathic Medicine entered into a Memorandum of Understanding to transition to a single accreditation system for graduate medical education (GME). Under this agreement, graduates of all allopathic and osteopathic medical schools complete residencies or fellowships in ACGME-accredited programs. On July 1, 2015, the AOA and the ACGME began transitioning to a single GME accreditation system, and the AOA will cease accrediting GME programs on June 30, 2020.

HB 221 allows an applicant to qualify for licensure as an osteopathic physician by completing an ACGME-accredited residency or internship and retains current law allowing for completion of an AOA-accredited residency or internship. The bill also repeals the Board of Osteopathic Medicine's authority to approve any other internship programs if they are not AOA- or ACGME-accredited.

The bill has an insignificant, positive fiscal impact and an insignificant, negative fiscal impact on the Department of Health, which current resources are adequate to absorb. The bill has no fiscal impact on local governments.

The bill is effective upon becoming law.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Present Situation

Florida licenses two types of physicians to practice medicine in this state: allopathic physicians licensed under ch. 458, F.S., (MDs) and osteopathic physicians licensed under ch. 459, F.S., (DOs). DOs may practice in all areas of medicine and can offer all the same services as an MD.<sup>1</sup> More than 100,000 DOs practice in the United States and may specialize in every recognized area of medicine.<sup>2</sup> However, more than half of all DOs practice in primary care areas, such as pediatrics, general practice, obstetrics/gynecology, and internal medicine.<sup>3</sup> As of June 30, 2019, there are 9,328 DOs licensed in this state.<sup>4</sup>

##### Licensure of Osteopathic Physicians

Any person desiring to be licensed as a DO in Florida must:<sup>5</sup>

- Submit an application with a fee;
- Be at least 21 years of age;
- Be of good moral character;
- Have completed at least three years of pre-professional postsecondary education;
- Have not previously committed any act that would constitute a violation of ch. 459, F.S.;
- Not be under investigation anywhere for an act that would constitute a violation of ch. 459, F.S.;
- Have not been denied a license to practice osteopathic medicine, or had his or her osteopathic medicine license revoked, suspended, or otherwise acted against by any jurisdiction;
- Have met the criteria for:
  - A limited license under s. 459.0075, F.S.;
  - An osteopathic faculty certificate under s. 459.0077, F.S.; or
  - A resident physician, intern, or fellow under s. 459.021, F.S.;
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the American Osteopathic Association (AOA);
- Demonstrate that he or she has successfully completed a resident internship of at least 12 months in a hospital approved the AOA or any other internship program approved by the Board of Osteopathic Medicine (Board) upon a showing of good cause; and
- Demonstrate that he or she has achieved a passing score on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the Board within the five years before application.

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<sup>1</sup> Florida Osteopathic Medical Association, *Osteopathic Medicine*, available at <https://www.foma.org/osteopathic-medicine.html> (last visited January 25, 2020).

<sup>2</sup> American Osteopathic Association, *The DO Difference*, available at <https://doctorsthatdo.org/difference> (last visited January 25, 2020).

<sup>3</sup> *Id.*

<sup>4</sup> E-mail correspondence with the Department of Health, dated October 15, 2019 (on file with the Health Quality Subcommittee).

<sup>5</sup> Section 459.0055, F.S. An individual who holds a valid DO license from another state may obtain a Florida license if less than five years have passed since passage of an acceptable licensure examination. If the DO has not practiced within two years of application, the Board has discretion to deny the applicant, require compliance with certain conditions prior to issuing a license, or issue a license with reasonable restrictions.

## Osteopathic Residencies

Following graduation from an AOA-approved medical school, DOs must complete an approved 12-month internship.<sup>6</sup> Interns rotate through hospital departments, including internal medicine, family practice, and surgery. They may then choose to complete a residency program in a specialty area, which requires two to six years of additional training.<sup>7</sup>

Florida law requires DOs to complete an AOA-approved residency for licensure.<sup>8</sup> However, the Board will accept a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME)<sup>9</sup> for licensure if the applicant demonstrates good cause, such as:<sup>10</sup>

- Personal limitation created by a documented physical or medical disability;
- Unique documented opportunity otherwise unavailable that meets a practice area of critical need;
- Documented legal restriction which requires the physical presence in a particular state or local area;
- Documented unusual or exceptional family circumstances which limit training opportunities;
- Previous program met all AOA requirements, but due to documented circumstances beyond the control of the applicant, was discontinued;
- Documented inability to relocate to another geographic area with undue hardship; or
- Documented inability to obtain an AOA internship.

### *Single Graduate Medical Education Accreditation System*

In 2014, the ACGME, AOA, and American Association of Colleges of Osteopathic Medicine entered into a Memorandum of Understanding to transition to a single accreditation system for graduate medical education (GME).<sup>11</sup> Under this agreement, graduates of all allopathic and osteopathic medical schools complete residencies or fellowships in ACGME-accredited programs.<sup>12</sup> On July 1, 2015, the AOA and the ACGME began transitioning to a single GME accreditation system.<sup>13</sup>

The single accreditation system will:<sup>14</sup>

- Establish and maintain consistent evaluation and accountability for the competency of resident physicians across all accredited GME programs;
- Eliminate duplication in GME accreditation;
- Achieve efficiencies and cost savings for institutions that sponsor both AOA-accredited and ACGME-accredited programs; and
- Ensure all residency and fellowship applicants are eligible to enter all accredited programs in the nation and can transfer from one accredited program to another without repeating training or causing a sponsoring institution to lose Medicare funding.

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<sup>6</sup> Florida Osteopathic Medical Association, *Osteopathic Education*, available at <https://www.foma.org/osteopathic-education.html> (last visited January 25, 2020).

<sup>7</sup> *Id.*

<sup>8</sup> Section 459.055(1)(l), F.S.

<sup>9</sup> The Accreditation Council for Graduate Medical Education sets the standards for U.S. graduate medical education (residency and fellowship) programs and accredits such programs based on compliance with these standards. In 2017-2018, there were 830 ACGME-accredited institutions sponsoring more than 11,000 residency and fellowship programs. See Accreditation Council for Graduate Medical Education, *What We Do*, available at <https://www.acgme.org/What-We-Do/Overview> (last visited January 25, 2020).

<sup>10</sup> Rule 64B15-16, F.A.C.

<sup>11</sup> American Association of Colleges of Osteopathic Medicine, *Single GME Accreditation System*, available at <https://www.aacom.org/news-and-events/single-gme-accreditation-system> (last visited January 25, 2020).

<sup>12</sup> Accreditation Council for Graduate Medical Education, *Single GME Accreditation System*, available at <https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System> (last visited January 25, 2020).

<sup>13</sup> *Id.*

<sup>14</sup> Accreditation Council for Graduate Medical Education, *Frequently Asked Questions: Single Accreditation System*, available at <https://www.acgme.org/Portals/0/PDFs/Nasca-Community/FAQs.pdf> (last visited January 25, 2020).

The AOA will cease accrediting GME programs on June 30, 2020.<sup>15</sup> The single accreditation system requires all training programs to be ACGME-accredited by that date. If a program is solely AOA-accredited, the program must apply for ACGME accreditation or stop accepting trainees by June 30, 2020.<sup>16</sup> However, AOA may extend a program's accreditation if the program has made a good faith effort to obtain ACGME accreditation, but has not transitioned to ACGME accreditation by June 30, 2020.<sup>17</sup>

### **Effect of Proposed Legislation**

HB 221 allows an applicant to qualify for licensure as an osteopathic physician by completing an ACGME-accredited residency or internship or an AOA-accredited residency or internship. The bill also repeals the Board of Osteopathic Medicine's authority to approve any other internship programs if they are not AOA- or ACGME-accredited programs.

The bill is effective upon becoming law.

#### **B. SECTION DIRECTORY:**

**Section 1:** Amends s. 459.0055, F.S., relating to general licensure requirements.

**Section 2:** Provides an effective date of upon becoming law.

## **II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

#### **A. FISCAL IMPACT ON STATE GOVERNMENT:**

1. Revenues:

None.

2. Expenditures:

The Board of Osteopathic Medicine will experience a decrease in workload related to reviewing and determining whether an applicant for licensure has demonstrated good cause for completing an ACGME-accredited residency instead of an AOA-approved residency.

DOH will incur insignificant, nonrecurring costs to repeal rules related to the Board of Osteopathic Medicine's approval of internship programs not accredited by AOA and to revise the licensure application form. Current budget resources are adequate to absorb these costs.<sup>18</sup>

#### **B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

#### **C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

None.

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<sup>15</sup> American Osteopathic Association, *Single GME Resident FAQs*, available at <https://osteopathic.org/residents/resident-resources/residents-single-gme/single-gme-resident-faqs/> (last visited January 25, 2020).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> Department of Health, *2020 Agency Legislative Bill Analysis for HB 221*, on file with the Health Quality Subcommittee.

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:

The Board of Osteopathic Medicine has sufficient rulemaking authority to implement the bill under s. 459.005, F.S.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**