The Florida Senate

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Committee on Health, Aging, and Long-Term Care James E. "Jim" King, Jr., President

REVIEW OF DATA ON PHYSICIAN AVAILABILITY AND PATIENT ACCESS TO PHYSICIAN SERVICES

SUMMARY

Inquiries during the 2003 legislative debate over the medical malpractice insurance crisis highlighted the inadequacies of state-level databases regarding physician practice and the availability of physician services for Floridians. These data inadequacies also hinder the State's health workforce planning and education efforts. Although these data inadequacies apply to all health care practitioners, this report focuses on data relating to physicians.

Chapter 456, Florida Statutes, the general regulatory provisions for health professions and occupations, and chapters 458, 459, 460, and 461, F.S., the practice acts for the various types of physicians, provide licensing requirements, including submission of specified information, as a prerequisite to licensure to practice in Florida. Section 456.039, F.S., also requires candidates for licensure and licensure renewal to practice medicine, osteopathic medicine, podiatric medicine, and chiropractic medicine, to provide specified information that the Department of Health (DOH) must compile into practitioner profiles to be made available to the public. The DOH databases that contain licensure and profiling data are the primary sources of physician workforce information in the state.

Staff reviewed health care workforce data initiatives in Florida and found that, although a number of initiatives exist, there is no centralized repository for statewide health workforce data. Much of the data that are collected are not verified. Staff found that, although there will be associated costs, physician data collected as part of licensure and the profiling requirements can be expanded, refined, and verified to be more useful to state policymakers, with some changes in the manner that the data are collected and updated. The DOH's access to criminal history information may be automated to give the department more timely information and more flexibility in its regulatory role over health care professionals.

The report makes nine recommendations that would: require specified information, at a minimum, to be verified prior to publication in the practitioner profiles; expand the data collected from physicians subject to profiling requirements; require electronic submission of licensure applications and updates to the practitioner profiles; enable DOH to receive automated criminal history arrest information on practitioners subject to profiling requirements from the Florida Department of Law Enforcement (FDLE); revise publishing requirements for criminal history in the practitioner profiles; and encourage DOH and appropriate boards, as specific data needs are identified, to collaborate with stakeholders to revise procedures for information gathering during licensure and other regulatory activities, to facilitate the use of the data by state health care policymakers.

BACKGROUND

Practitioner Profiles

Section 456.039, F.S., requires each licensed medical physician, osteopathic physician, chiropractic physician, and podiatric physician to submit specified information which, beginning July 1, 1999, has been compiled into practitioner profiles to be made available to the public.[1] The information must include: graduate medical education; hospitals at which the physician has privileges; the address at which the physician will primarily conduct his or her practice; specialty

[1]According to officials at the Florida DOH, at least 15 states have physician profiling requirements (Arizona, California, Connecticut, Florida, Georgia, Idaho, Indiana, Maryland, Massachusetts, New York, Rhode Island, Tennessee, Texas, Vermont, and Virginia).

certification; year the physician began practice; faculty appointments; a description of any criminal offense committed; a description of any final disciplinary action taken within the most recent 10 years; and professional liability closed claims reported to the Office of Insurance Regulation. The professional liability claims to be published in the practitioner profiles are limited to paid claims reported within the previous 10 years that exceed specified amounts under s. 456.041(4), F.S.[2] In addition, the physician may submit: professional awards and publications; languages, other than English, used by the physician to communicate with patients; an indication of whether the physician participates in the Medicaid program; and relevant professional qualifications, as defined by the applicable board of the physician. Each person who applies for initial licensure as a medical physician, osteopathic physician, chiropractic physician, or podiatric physician must, at the time of application, and each medical physician, osteopathic physician, chiropractic physician, or podiatric physician must, in conjunction with the renewal of the license, submit the information required for practitioner profiles.

Section 456.042, F.S., requires each person who has submitted information under the practitioner profiling requirements to update that information in writing by notifying DOH within 15 days after the occurrence of an event or the attainment of a status that requires reporting as part of the profiling requirements.[3] Persons who register to practice medicine as an intern, resident, or fellow and who apply for physician licensure are exempt from the practitioner profiling requirements. The DOH must compile the information submitted by a physician licensure applicant into a practitioner profile.

Section 456.039, F.S., requires medical physicians, osteopathic physicians, chiropractic physicians, and podiatric physicians to submit fingerprints for a national criminal history check as part of initial licensure. The section also requires already licensed medical physicians, osteopathic physicians, chiropractic physicians, and podiatric physicians to submit, on a one-time-basis, a set of fingerprints for the initial renewal of their licenses after January 1, 2000, to DOH. The DOH must submit the fingerprints of licensure renewal applicants to FDLE and FDLE then must forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's license after January 1, 2000. For any subsequent renewal of the applicant's license, DOH must submit the required information for a statewide criminal history check of the applicant.

Section 456.0391, F.S., requires advanced registered nurse practitioners to comply with the practitioner profiling requirements and submit fingerprints and specified information for compilation into a practitioner profile. The DOH began compiling profiles for advanced registered nurse practitioners on July 1, 2001.

Section 456.041, F.S., requires DOH to indicate if the criminal history information reported by a medical physician, osteopathic physician, chiropractic physician, podiatric physician or advanced registered nurse practitioner is, or is not, corroborated by a criminal history check. The DOH or the board having regulatory authority over the practitioner must investigate any information it receives. The department must include in each practitioner's profile criminal history information that directly relates to a practitioner's ability to competently practice his or her profession. Each practitioner's profile must include the following statement: "The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public."

Medical physicians, osteopathic physicians, chiropractic physicians, podiatric physicians and advanced registered nurse practitioners applying for licensure renewal must submit the information required for the practitioner profiles. However, an applicant who has submitted fingerprints to DOH for a national criminal history check upon initial licensure and is renewing his or her license for the first time, only needs to submit the information and fee required for a statewide criminal history check.

The department must provide in each practitioner profile, for every final disciplinary action taken against the practitioner, an easy-to-read narrative description that explains the administrative complaint filed against the practitioner and the final disciplinary action imposed on the practitioner. The department must include a hyperlink to each final order listed in its

[2]Section 456.051(1), F.S., requires DOH to make all reports of claims or actions for damages for personal injury available as a part of the practitioner's profile within 30 calendar days without any specified limitation on the amount of the claim or the time that the claim was incurred.

[3]Sections 456.039 and 456.0391, F.S., require that the written update be provided within 45 days of the occurrence of an event or the attainment of a status that requires reporting as part of the profiling requirements.

website report of dispositions of recent disciplinary actions taken against practitioners. Within 30 calendar days after receiving information required by the practitioner profiling requirements, the department must update the practitioner's profile. The profile must include a statement of how the practitioner has elected to comply with financial responsibility requirements. For podiatric physicians, the department must include information on liability actions reported within the last 10 years for paid claims over $5,000. For medical or osteopathic physicians, the department must include information on liability claims reported within the previous 10 years for paid claims over $100,000. The profile must also include the date of any reported disciplinary action taken by a Florida-licensed hospital or ambulatory surgical center and must state whether such action related to professional competence and the delivery of services to a patient.

Section 456.043, F.S., requires DOH to develop or contract for a computer system to accommodate the new data collection and storage requirements for practitioner profiles. The department is authorized to contract with and negotiate any interagency agreement necessary to develop and implement the practitioner profiles. The DOH shall have access to any information or record maintained by the Agency for Health Care Administration, including any information or record that is otherwise confidential and exempt from ch. 119, F.S., and s. 24(a), Art. I of the State Constitution, so that the department may corroborate any information that practitioners are required to report under s. 456.039 or s. 456.0391, F.S.

Physician Licensure

The initial licensure procedures for health care practitioners regulated in the Division of Medical Quality Assurance of DOH, for the majority of professions, is a paper-bound process that requires applicants to submit written responses to comply with statutory requirements for licensure. Registered nurse applicants may apply for initial licensure through the Internet. Statutory requirements for licensure are outlined in the practice acts of the practitioners and their boards are required to adopt, by rule, the application forms used for initial licensure. The Board of Medicine and the Board of Osteopathic Medicine have both adopted initial licensure application forms that include specific data deemed necessary for the board to determine the qualifications of the applicant to practice medicine or osteopathic medicine in Florida. Applicants for initial licensure and initial licensure renewal after January 1, 2000, must submit a properly executed fingerprint card and payment of costs to process the fingerprint card and for the performance of a criminal background check.

The Board of Medicine encourages but does not require licensure applicants to use the Federation Credentials Verification Service (FCVS) to have the applicant's core credential's verified. The Florida Board of Medicine staff has indicated that it verifies an applicant's core credentials as part of the initial licensure process.[4] The core credentials identified by the Board of Medicine staff include medical education, all postgraduate medical training, national licensure examination history, Educational Commission on Foreign Medical Graduates (ECFMG) certification, any current staff privileges, any physician licenses held in other states, disciplinary history, and medical malpractice claims. The FCVS provides a permanent repository that is designed to provide primary-source verification of a physician applicant's core credentials, including identity, medical education, postgraduate training, examination history, ECFMG certification, and disciplinary history. The Florida Board of Osteopathic Medicine staff has indicated that the board similarly verifies an applicant's core credentials as part of the initial licensure process.

Section 456.004(1), F.S., grants rulemaking authority for DOH to establish a procedure for the biennial renewal of licenses for professions regulated in the department. Section 456.038(1)(a), F.S., requires the department to forward a licensure renewal notification at least 90 days before the end of a licensure cycle to an licensed practitioner at the practitioner's last known address of record. Chapter 64-9, Florida Administrative Code, provides rules governing the biennial renewal for all health care professions regulated under the Division of Medical Quality Assurance. The biennial renewal cycle for medical physicians is divided into two groups so that one half renews licensure in even years and the other half in odd years. One half of medical physician licenses must be renewed on January 31, 2004, and the other half on January 31, 2005. Osteopathic physicians renew their licenses in even years. Osteopathic physician licenses must be renewed on March 31, 2004. Physician residents, interns, and fellows renew their licenses every year on a staggered basis.

[4]During the 2003 Legislative Session, the Board of Medicine and DOH supported legislation that would have required medical licensure applicants to submit verification of the applicant's core credentials by FCVS as a part of initial licensure procedures. See CS/SB 2750 (2003).

The Division of Medical Quality Assurance has established computer-online services for electronic initial licensure and electronic licensure renewal. Since August 2003, electronic initial licensure is only available to registered nurse applicants. Electronic licensure renewal (E-renewal) was developed and implemented in 2001. Health care practitioners may electronically renew their licenses through the Internet and pay the renewal fee with a credit card.

Public Inspection of Information Required from Applicants

Section 456.014(1), F.S., establishes public access to information obtained by DOH regarding licensure applicants, with specified exceptions.

(1) All information required by the department of any applicant shall be a public record and shall be open to public inspection pursuant to s 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s 119.07(1) and shall not be discussed with or made accessible to anyone except members of the board, the department, and staff thereof, who have a bona fide need to know such information. Any information supplied to the department by any other agency which is exempt from the provisions of chapter 119 or is confidential shall remain exempt or confidential pursuant to applicable law while in the custody of the department or the agency.

Under the Federal Privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. Social Security numbers are mandatory pursuant to Title 42 United States Code, sections 653 and 654; and ss. 456.004(9), 409.2577, and 409.2598, F.S. Social security numbers are used to allow efficient screening of health care practitioner applicants and licensees by the Title IV-D child support agency to assure compliance with child support obligations. Social security numbers are recorded on all professional and occupational license applications and are used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

Financial Responsibility

Sections 458.320 and 459.0085, F.S., require Florida-licensed allopathic and osteopathic physicians to maintain professional liability insurance or other specified financial responsibility to cover potential claims for medical malpractice as a condition of licensure, with specified exemptions. Physicians who have hospital privileges must maintain professional liability insurance or other financial responsibility to cover an amount not less than $250,000 per claim. Physicians without hospital privileges must carry sufficient insurance or other financial responsibility in coverage amounts of not less than $100,000 per claim. Physicians who do not carry professional liability insurance must provide notice to their patients. A physician is said to be "going bare" when that physician has elected not to carry professional liability insurance. Physicians who go bare must either provide notice by posting a sign which is prominently displayed in the reception area and clearly noticeable by all parties or provide a written statement to each patient.

Section 627.912, F.S., requires insurers to report "closed claims" that involve any action for damage for personal injuries in the performance of professional services by a Florida-licensed medical physician, osteopathic physician, podiatric physician, dentist, hospital, crisis stabilization unit, health maintenance organization, ambulatory surgical center, or attorney to the Office of Insurance Regulation. Each health care practitioner and health care facility must report any claim or action for damages if the claim is not otherwise required to be reported by an insurer or other entity. The DOH must review each closed claim involving a Florida-licensed medical physician, osteopathic physician, podiatric physician, or dentist and determine whether any of the incidents that resulted in the claim involved conduct by the licensed health care practitioner that is subject to disciplinary action.

METHODOLOGY

Staff reviewed the requirements of physician licensure and profiling laws and administrative rules adopted by the applicable boards and DOH. Staff sought input from DOH, boards, and other interested stakeholders to determine if the laws should be revised to include additional data elements.

FINDINGS

The practitioner profiles system is based on self-reported information submitted by the practitioner in response to licensure application questions or a supplemental questionnaire designed by DOH to verify information that it has compiled regarding the initial or renewal licensure application. The applicant's licensure application is the primary vehicle for collecting the data

for compilation into the practitioner profiles. For some of the profiles, DOH initially used a practitioner profile questionnaire that was required to be completed to verify information submitted by allopathic and osteopathic physician licensure applicants. For the initial profiling of 56,000 physician licensees, the department had developed a separate questionnaire. The department has indicated that information is no longer gathered through a separate questionnaire for compilation by the department into a profile. Questions have been incorporated into the individual board initial licensure applications, the data is entered into the computer system (PRAES) and then the profile is pulled from the data base.

The DOH compiles a draft practitioner profile that it furnishes to the practitioner who is the subject of the profile. The practitioner is given a period of 30 days to correct any factual inaccuracies. The department must then make the profile available through the World Wide Web and other commonly used means of distribution.

The DOH indicates that, as of October 13, 2003, the following number of practitioners were subject to profiling requirements: 53,230 medical physicians; 4,388 osteopathic physicians; 5,438 chiropractic physicians; 1,847 podiatric physicians; and 9,177 advanced registered nurse practitioners. The department allocates about 70 percent of the costs of profiling to the Board of Medicine and 30 percent of the costs are allocated to the boards of the other practitioners subject to profiling: advanced registered nurse practitioners (15 percent), chiropractic physicians (7 percent), osteopathic physicians (6 percent), and podiatric physicians (2 percent).

Health Professions Workforce Data Collection

The United States Department of Health and Human Services recommends that states that are considering the establishment of a comprehensive health workforce data collection system should consider whether the data should be collected annually. States should also consider whether the data should be coordinated with other data collection efforts and what definitions should be used when collecting data to ensure compatibility with other data sets that would allow the data to be easily aggregated.[5] Regulatory mechanisms to collect workforce data serve as an integral base of accurate information for workforce planning. Regulatory boards over health care professionals are encouraged to work collaboratively with public and private agencies that use workforce data for policy planning to identify standard data elements which are comparable and accessible. Regulatory agencies are encouraged to share data collected on health professionals but should not have the sole responsibility to analyze such data.[6]

There are five regional health workforce centers (University of California at San Francisco, State University of New York at Albany, University of Illinois at Chicago, University of Washington at Seattle, and University of Texas Health Science Center at San Antonio) supported through cooperative agreements with the U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. The centers cover health workforce issues in HRSA-designated southwest, northeast, northwest, north central, and south central regions. In September 2003, a regional center at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (Chapel Hill) became the sixth center. It covers health workforce issues in the southeast region of the United States.

The HRSA-designated regional centers collect, analyze, and provide health workforce information and facilitate workforce planning efforts. Each regional center carries out projects that are funded through the National Center for Workforce Analysis. These projects are generally related to health workforce issues of national importance. Supplemental projects are carried out by the regional centers through state, local, and private funding.

Over the past 20 years, the Sheps Center has developed the North Carolina Health Professions Data System to collect and provide data on selected licensed health professionals in North Carolina. The data system receives ongoing financial support from the North Carolina Area Health Education Centers program and the University of North Carolina (Chapel Hill). The Center maintains data that includes: name, home address, business address, birth year, sex, race, information on basic professional education, specialty, activity status, form of employment, practice setting, total hours worked in an average week, and percent of

[5]United States Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Professions, "HRSA State Health Workforce Data Resource Guide" First Edition.

[6]"Reforming Health Care Workforce Regulation, Pew Health Professions Commission (Dec. 1995).

time in direct patient care. The data are provided by health professionals upon initial licensure or renewal to the respective licensing boards and the data remain the property of the boards. The data are confidential and any requests for names, addresses, or other information that would lead to the identification of any individuals may not be granted without the prior written approval of the appropriate licensing board.

In Florida, although there are several health care workforce data initiatives, there is no centralized repository for statewide health workforce data.

- In 2001, the Legislature passed s. 464.0195, F.S., establishing the Florida Center for Nursing (FCN) which is funded through voluntary contributions from nurses and state budget support. The FCN is housed in the College of Health and Public Affairs of the University of Central Florida and has been conducting research on nursing issues and gathering relevant Florida data on nursing shortage issues.

- The DOH gathers data necessary for recommending areas for designation by the federal government as health professional shortage areas. It also gathers data in its efforts to provide consultation and technical assistance to increase access to primary care.

- Local health councils were established in 1982 to carry out regional health planning activities. Under s. 408.033, F.S., local health councils are authorized to collect, compile, and analyze health data to identify local health needs. The local health councils have established a common set of data elements that they collect and have gathered data on the numbers of licensed health care professionals by district.

- The Department of Education gathers health workforce data related to enrollment and completion in health programs in Florida, and salaries and placement of graduates.

- The Agency for Workforce Innovation gathers data by surveying employers of selected health professionals.

The staff of the Council of Florida Medical School Deans, the Florida DOH, and other interested stakeholders have been reviewing the need for the establishment of a centralized, comprehensive source of data on Florida's health professions workforce. The Graduate Medical Education Committee, the Community Hospital Education Council and the Council of Florida Medical School Deans have endorsed the establishment of a comprehensive database within DOH that will serve as a official repository for accurate, objective, and current health professions workforce data. The stakeholders met and reviewed existing sources of data maintained by DOH relevant to a physician workforce database and identified several issues for resolution associated with the creation of a comprehensive database on Florida's health professions workforce in the department.

The staff of the Council of Florida Medical School Deans have identified some limitations on the use of DOH's practitioner profiles database for physician workforce supply research. The data identifying a physician's medical school, and the location of the medical school and graduate medical education program are provided by physicians responding to an open-ended questionnaire and application which allows significant variation. The resulting variation in the responses by practitioners to such data make it difficult to sort the data for research purposes. The primary information in the practitioner profiles for allopathic and osteopathic physicians is compiled from a paper-based licensure application process which does not conform to the practitioner profile questionnaire which is mailed to an applicant to obtain verification of the information within a profile before the department publishes the profile on the Internet.

The staff of the Council of Florida Medical School Deans proposed several revisions to both the licensure and profiling requirements, which ultimately would suggest a greater need for electronic licensure through the Internet. The council staff proposed revisions to the licensure and practitioner profiling requirements to improve the use and sorting of the data elements in the practitioner profiles for use as a statewide source of valid, objective and reliable data on physician workforce supply. The council proposed the following changes:

- To prevent misidentification of a medical school and its location, assign a code for accredited U.S. and Canadian medical schools and a code should be assigned for medical schools recognized by the Educational Commission of Foreign Medical School Graduates. Licensure applicants should be required to designate the name and location of their medical school from a list provided with the initial licensure application.

- To prevent misidentification of a graduate medical education program, revise the manner in which applicants classify the kind of graduate medical education program attended by the applicant and require applicants to indicate the state and country of the program, if the program is not located in Florida.

- To get the identity of the specialty area in which applicants who are not board certified practice, require all applicants to indicate: principal area(s) of practice from a list of specialties and subspecialties (list should identify national specialty boards recognized by the board); date of initial board certification; and date of most recent re-certification.

- To obtain secondary practice locations, require applicants to provide street address for each practice location and the approximate percent of time spent in practice at each location and indicate the type of primary practice setting from a list of practice settings.

- To get approximate date of expected retirement, request licensure renewal applicants to indicate if the applicant anticipates retiring from or leaving medical practice during the license renewal period.

- To obtain the percent of time spent in the active practice of medicine, require initial licensure and licensure renewal applicants to indicate the percent of time devoted to patient care.

The staff of the council and other interested stakeholders recommended that procedures for allopathic and osteopathic physician licensure renewal be revised to enhance and expand the data collected by implementation of a one-time, special survey of licensed physicians and random sample surveys to verify and correct practitioner profiling data during the interim between initial licensure and license renewal. The council also suggested creation, by law, of a comprehensive, state-level health practitioner workforce database which would define data elements, authorize the use of data collected through licensure and practitioner profiling, provide procedures for collection of data, and provide for funding and administration of a health practitioner workforce database.

Verification of Information

Information that DOH publishes in the practitioner profiles is an unverified public record. To the extent that some of the information in each practitioner profile is obtained from licensure records, a portion of the data which does not require any update may be accurate to the extent it is verified as needed for initial licensure of the practitioner. For medical and osteopathic physicians, DOH, at the time of initial licensure, verifies medical education, all postgraduate medical training, national licensure examination history, Educational Commission on Foreign Medical Graduates (ECFMG) certification, any current staff privileges, any physician licenses held in other states, disciplinary history, and medical malpractice claims.

Some of the information on the practitioner profiles is subject to change at any time, such as staff privileges, disciplinary actions taken by hospitals, malpractice claims, practice locations, and criminal convictions. Keeping such information absolutely current would be difficult, if not impossible. Hospitals are required by s. 395.0193, F.S., to report the identity of any disciplined medical or osteopathic physician, in writing to DOH, within 30 working days after the initial occurrence of any disciplinary action taken against the medical or osteopathic physician. In lieu of verifying every data element within the profile, DOH relies upon the practitioner who is the subject of the profile to ensure that information contained in the profile is accurate. The practitioner who is the subject of the profile is given 30 days to correct any factual inaccuracies and is subject to administrative penalties for failure to update the profile with accurate information regarding the occurrence of an event or a change in status that requires reporting as part of the profiling requirements.

If DOH verified all the information submitted by physicians as part of the practitioner profiles, it estimates that it would require an appropriation of $14,523,967 and 4 positions. Information collected as part of the profiles may be useful to state policymakers in setting public policies, such as malpractice tort reform, education planning for health care practitioners, and the funding of health care workforce initiatives. Administrative support for health care professional regulation is funded with the collection of licensure fees and fines. The development, maintenance, and expansion of current health care professional data collection by DOH would require additional financial investment and may succeed only if supported by adequate resources.

Criminal History Information

Applicants for physician licensure and initial licensure renewal after January 1, 2000, must submit a properly executed applicant fingerprint card and payment of costs for performance of an FBI and state criminal history check. Applicants must follow certain procedures for completing the fingerprint card. Applicants must provide the following information for processing the fingerprint card: name (last, first, middle); place of birth (city and state); eye color; height; residence; signature; social security number; hair color; sex; date of birth; aliases; weight; race; and citizenship. Fingerprint cards are included in application packages sent to applicants by U.S. Mail and cannot be downloaded or emailed through the Internet. For subsequent renewals the applicant must submit the required information for a statewide criminal history check of the applicant.

During the period between licensure renewals DOH must rely on the applicant and other sources to report any arrests or convictions of the licensed physician. The DOH was criticized in recent newspaper articles for delays in updating and verifying physician profiles. The DOH attributed the delays to an agency policy to verify criminal information, which allows physicians a period of time to respond before a change in status of the information in a profile is posted on the website.[7] Department officials indicated that it posted erroneous information because of its reliance on physicians to self-report specified information required under the practitioner profiling requirements.

The DOH reports that it has received criticism from practitioners regarding what criminal history information may be posted as part of a profile. Section 456.041(3), F.S., requires the department to publish criminal history information that directly relates to the practitioner's ability to competently practice his or her profession. If an applicant is found to be competent to practice his or her profession by his or her board despite a criminal history, it raises an issue as to what criminal history information relates to that practitioner's competency to practice his or her profession. The department recommends that the publishing requirements for criminal history in a profile be revised to delete the requirement that the information directly relate to the practitioner's competency to practice.

Recent technological improvements in capturing fingerprint data through electronic transmission have made it possible for the Florida Department of Law Enforcement to provide employers and licensing agencies with an electronic transmission of criminal history information. The new technology will enable employers and licensing agencies that require background checks to regularly receive automated criminal history arrest information. The FDLE will need statutory authority to retain the fingerprints of the specified licensees and to enter the records into the statewide automated fingerprint identification system authorized by s. 943.05(2)(b), F.S.[8] The FDLE did not retain the fingerprint cards that were originally submitted for purposes of the practitioner profiles, so new fingerprint cards or electronic fingerprint scans will be required. According to FDLE, the statewide automated fingerprint identification system should be online around January, 2005.

RECOMMENDATIONS

1. There are several inconsistencies in the law relating to procedures for practitioner profiling which should be corrected:
   a. Make the number of days within which a practitioner must update information uniform; and
   b. Require reports of medical malpractice claims published in a practitioner profile to be those claims in excess of a specified amount and accrued within a specified time period as required in s. 456.041(4), F.S.

2. At a minimum, the information within the practitioner profiles for medical and osteopathic physicians that can currently be verified by the Federation Credential Verification Service or the appropriate boards as part of initial licensure should be verified by DOH prior to publication in a practitioner profile.

[7] "Fla. Doctors Listing Leaves Out Crimes" Palm Beach Post 9/26/2003 and "Health Chief Vows State Will Fix Doctor Web Site" Palm Beach Post 10/03/2003.

[8] CS/SB 154 (2004) contains provisions that require FDLE to retain fingerprint records of all instructional and noninstructional personnel required to undergo background screening in the school districts, charter schools, and university lab schools, and enter the records into the statewide automated fingerprint identification system authorized by s. 943.05(2)(b), F.S. Any arrest records that are identified by FDLE are then reported to the employing school district.

3. Data collected as part of the practitioner profiles should be expanded to require physician applicants to:
   a. Identify any other address at which the physician conducts his or her practice;
   b. Indicate the percentage of time the physician practices in a board-certified specialty, if the physician is a board-certified specialist;
   c. Indicate the practice area to which the physician limits his or her practice, if the physician is not a board-certified specialist;
   d. Indicate the type of practice settings in which the physician practices;
   e. Indicate whether the physician has retired and is not actively practicing his or her profession;
   f. Indicate the number of hours per week in which the physician actively practices, if the physician is in active practice fewer than 40 hours per week;
   g. Indicate the method by which the physician is in compliance with the financial responsibility requirements, including the type of coverage obtained, the amount of coverage maintained, and the name of the coverage provider, if applicable.

4. Require DOH to provide the status of the practitioner's license on each profile and indicate, upon notification, the date of death of the practitioner.

5. Require initial licensure and licensure renewal applications for physicians to be submitted electronically through the Internet to facilitate the development of a statewide source of data on physician workforce supply.

6. Require practitioners to electronically submit, through the Internet, any updates of information required for the practitioner profiles, to facilitate the development of a statewide source of data on physician workforce supply.

7. Enable DOH to receive automated criminal history arrest information on practitioners subject to a criminal history check as part of licensure and profiling requirements. Require initial licensure applicants to submit on a one-time basis, a set of fingerprints using "live scan" technology to DOH. Require already licensed medical physicians, osteopathic physicians, chiropractic physicians, podiatric physicians, and advanced registered nurse practitioners to submit, on a one-time-basis, a set of fingerprints using "live scan" technology for the initial renewal of their licenses after January 1, 2005, to DOH. Authorize FDLE to retain the fingerprints of licensed practitioners subject to the profiling requirements and enter the records into the statewide automated fingerprint identification system authorized by s. 943.05(2)(b), F.S. Require any arrest records that are identified by FDLE to be reported to DOH.

8. Revise publishing requirements for criminal history information to delete the requirement that the information must directly relate to the competency of a practitioner to practice his or her profession in order to be published in a profile.

9. Encourage DOH and the appropriate boards over physicians, as specific data needs are identified, to collaborate and work with stakeholders to make revisions to the procedures and information gathered during licensure and other regulatory activities to improve the use and sorting of data for the purpose of physician workforce supply planning.