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# Health Care Appropriations Subcommittee

## Meeting Packet

March 7, 2013  
12:30 PM—3:30 PM  
Webster Hall



# The Florida House of Representatives

## Appropriations Committee

### Health Care Appropriations Subcommittee

**Will Weatherford**  
Speaker

**Matt Hudson**  
Chair

#### AGENDA

March 7, 2013

Webster Hall (212 Knott)

- I. Call to Order/Roll Call
  
- II. HB 195 Emergency Medical Services by Perry
  
- III. HB 463 Examination of Dentists by J. Rodriguez
  
- IV. Presentation on Resource Utilization Groups (RUGS) for Medicaid Home Rates
  - Mike Anway, Policy Coordinator, Office of Policy & Budget, Executive Office of the Governor
  
- V. Presentation on Chapter No. 2012-184 (CS/CS/CS/HB 1263—DOH Reorganization passed in 2012 Legislative Session) Medical Quality Assurance Efficiency Plan
  - Lucy Gee, Medical Quality Assurance Division Director, Department of Health
  
  - Bob Dillensneider, Chief Information Officer
  
- VI. Closing Remarks and Adjournment



## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 195 Emergency Medical Services  
**SPONSOR(S):** Perry  
**TIED BILLS:** IDEN./SIM. BILLS: SB 520

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N	Holt	O'Callaghan
2) Health Care Appropriations Subcommittee		Rodriguez	Pridgeon
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services Education Standards (National EMS Education Standards) for emergency medical technicians (EMTs) and paramedics. The bill updates Florida's EMT and paramedic training requirements to reflect the new 2009 national training standards.

HB 195 amends part III of ch. 401, F.S., to update the definitions and training standards to reflect the new EMT-Paramedic National Standard Curriculum or the National EMS Education Standards. The bill removes outdated competencies and makes conforming changes throughout the bill. The bill increases the timeframe within which EMTs and paramedics can take the state examination following successful completion of an approved training program from 1 to 2 years.

The bill amends s. 381.0034, F.S., to delete the requirement that EMTs and paramedics obtain HIV/AIDS continuing education instruction. The bill amends the timeline that the state emergency medical services plan is updated from biennially to every five years.

The bill has an insignificant fiscal impact that can be absorbed within existing agency resources.

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

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### PRESENT SITUATION

The Department of Health (DOH), Division of Emergency Operations regulates emergency medical technicians (EMTs) and paramedics. EMTs and paramedics are regulated pursuant to ch. 401, Part III, F.S. As of November 1, 2012, there were 36,578 active in-state licensed EMTs and 26,989 active in-state licensed paramedics in Florida.<sup>1</sup>

“Emergency Medical Technician” is defined under s. 401.23, F.S., to mean a person who is certified by the DOH to perform basic life support, which is the treatment of medical emergencies through the use of techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the U.S. Department of Transportation. “Paramedic” means a person who is certified by the DOH to perform basic and advanced life support.

“Basic life support” means treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation.<sup>2</sup> “Advanced life support” means the treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person.<sup>3</sup>

Currently, the DOH is responsible for the improvement and regulation of basic and advanced life support programs and is required to biennially develop and revise a comprehensive state plan for basic and advanced life support services.<sup>4</sup>

##### HIV and AIDS Training Requirements

In 2006, the Legislature revised the requirements for HIV/AIDS continuing education instruction in the general licensing provisions for health care practitioners<sup>5</sup> regulated by s. 456.033, F.S.<sup>6</sup> The law removed the requirement that the HIV/AIDS continuing education course be completed at each biennial license renewal. Instead, licensees are required to submit confirmation that he or she has completed a course in HIV/AIDS instruction at the time of the first licensure renewal or recertification.<sup>7</sup>

Section 381.0034, F.S., requires the following practitioner groups to complete an HIV/AIDS educational course at the time of biennial licensure renewal or recertification:

- EMTs and paramedics;
- Midwives;

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<sup>1</sup>Florida Department of Health, Division of Medical Quality Assurance, Annual Report and Long Range Plan: 2011-2012, available at: <http://www.doh.state.fl.us/mqa/reports.htm> (last viewed February 6, 2013).

<sup>2</sup> S. 401.23(7), F.S.

<sup>3</sup> S. 401.23(1), F.S.

<sup>4</sup> S. 401.24, F.S.

<sup>5</sup> Acupuncturist, physician, osteopathic physician, chiropractic physician, podiatric physician, certified optometrist, advanced registered nurse practitioner, registered nurse, clinical nurse specialist, pharmacist, dentist, nursing home administrator, occupational therapist, respiratory therapist, or nutritionist, and physical therapist.

<sup>6</sup> See section 2, ch. 2006-251, L.O.F.

<sup>7</sup> S. 456.033, F.S.

- Radiologic personnel; and
- Laboratory personnel.

Failure to complete the HIV/AIDS continuing education requirement is grounds for disciplinary action.<sup>8</sup>

### National EMS Education Standards

In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration published the highly regarded consensus document titled the Emergency Medical Service (EMS) Agenda for the Future, commonly referred to as the Agenda.<sup>9</sup> This was a federally funded position paper completed by the National Association of EMS Physicians in conjunction with the National Association of State EMS Directors. The intent of the Agenda was to create a common vision for the future of EMS. The Agenda addressed 14 attributes of EMS, including the EMS education system. Other components of the EMS national agenda included creating a single National EMS Accreditation Agency and a single National EMS Certification Agency to ensure consistency and quality of EMS personnel.<sup>10</sup> In December 1996, NHTSA convened an EMS Education Conference with representatives of more than 30 EMS-related organizations to identify the next logical Agenda implementation steps for the EMS community. At the conclusion of the conference, a general outline of the proposed next steps was published. One recommendation was that the NHTSA support and facilitate the development of the National EMS Education Standards.<sup>11</sup>

In 2009, the U.S. Department of Transportation released the new National Emergency Medical Services Education Standards (National EMS Education Standards), which replaces the National Highway Traffic Safety Administration, National Standard Curricula (or Emergency Medical Technician-Basic Standard Curriculum) at all licensure levels.<sup>12</sup>

The National EMS Education Standards define the minimal entry-level educational competencies, clinical behaviors, and judgments that must be met by Emergency Medical Service (EMS) personnel to meet national practice guidelines.<sup>13</sup> The National EMS Education Standards provide guidance to instructors, regulators, and publishers to provide interim support as EMS programs across the nation transition from the National Standard Curricula to the National EMS Education Standards.

The National EMS Education Standards assume there is a progression in practice from the entry-level Emergency Medical Responder level to the Paramedic level.<sup>14</sup> That is, licensed personnel at each level are responsible for all knowledge, judgments, and behaviors at their level and at all levels preceding their level.<sup>15</sup> According to the Standards, there are four licensure levels of EMS personnel: Emergency Medical Responder; Emergency Medical Technician; Advanced Emergency Medical Technician; and Paramedic.<sup>16</sup> For example, a Paramedic is responsible for knowing and doing everything identified in that specific area, as well as knowing and doing all tasks in the three preceding levels.

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<sup>8</sup> S. 381.0034(2), F.S.

<sup>9</sup> The EMS Agenda for the Future project was supported by the National Highway Traffic Safety Administration and the Health Resources and Services Administration, Maternal and Child Health Bureau. The project reviewed the lessons learned during the past 30 years in the field of emergency medical services (EMS) and provided direction to strengthen the EMS system, *available at*: <http://www.nhtsa.gov/people/injury/ems/agenda/emsman.html#SUMMARY> (last viewed February 8, 2013).

<sup>10</sup> National EMS Research Agenda, *available at*: [www.ems.gov/education/EducationAgenda.pdf](http://www.ems.gov/education/EducationAgenda.pdf) (last viewed February 10, 2013).

<sup>11</sup> *Id.*

<sup>12</sup> National Highway Traffic Safety Administration, Emergency Medical Services, Educational Standards and NSC: National Emergency Medical Services Education Standards, *available at*: <http://www.ems.gov/EducationStandards.htm> (last viewed February 8, 2013).

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

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

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

## **EFFECT OF PROPOSED CHANGES**

The bill removes the requirement that EMTs and paramedics complete HIV/AIDS continuing education instruction. EMTs and paramedics currently employ "universal precautions" in the field. Under the concept of "universal precautions," all patients are considered to be carriers of blood-borne pathogens, including HIV/AIDS. Therefore, additional continuing education regarding HIV/AIDS could be considered duplicative and unnecessary.<sup>17</sup>

The bill amends s.401.23, F.S., to update the definition of "advanced life support" providing that assessments are provided by a qualified person. Additionally, the bill adds to the definitions of "advanced life support" and "basic life support" the "EMT-Paramedic National Standard Curriculum or the National EMS Education Standards" and removes outdated competencies that are captured within the definitions to ensure that all techniques used by EMS personnel meet the national standards. The bill makes conforming changes throughout by removing "emergency medical technician basic training course" and replacing the phrase with "EMT-Basic National Standard Curriculum or the National EMS Education Standards," to align with the new education program.

The bill amends s. 401.27, F.S., to increase the timeframe that EMTs and paramedics can take the state examination following successful completion of an approved training program from 1 to 2 years.

The bill amends the timeline that the state emergency medical services plan is updated from biennially to every five years. The bill makes technical changes by restructuring the language to improve readability and deleting unnecessary words.

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

**Section 1.** Amends s. 381.0034, F.S., relating to the requirements for instruction on HIV and AIDS.

**Section 2.** Amends s. 401.23, F.S., relating to definitions.

**Section 3.** Amends s. 401.24, F.S., relating to emergency medical services state plan.

**Section 4.** Amends s. 401.27, F.S., relating to personnel standards and certification.

**Section 5.** Amends s. 401.2701, F.S., relating to emergency medical services training programs.

**Section 6.** 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:**

An insignificant increase in state expenditures is possible due to the cost of rule promulgation. This increase may be absorbed within the agency's existing resources.

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

#### **1. Revenues:**

<sup>17</sup> DOH, Division of Emergency Operations, per telephone conversation with professional staff in February 2013.

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Positive impact may occur due to the elimination of duplicative instruction related to HIV/AIDS certification and associated training.

D. FISCAL COMMENTS:

None.

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to: require counties or municipalities to spend funds or take an action requiring the expenditure of funds; reduce the authority that counties or municipalities have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The department has sufficient rule-making authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

None.



1                                   A bill to be entitled  
2           An act relating to emergency medical services;  
3           amending s. 381.0034, F.S.; deleting a requirement  
4           that emergency medical technicians, paramedics, and  
5           911 public safety telecommunicators complete an  
6           educational course on HIV and AIDS; amending s.  
7           401.23, F.S.; redefining the terms "basic life  
8           support" and "advanced life support" for purposes of  
9           the Raymond H. Alexander, M.D., Emergency Medical  
10          Transportation Services Act; amending s. 401.24, F.S.;  
11          revising the period for review of the comprehensive  
12          state plan for emergency medical services and  
13          programs; amending s. 401.27, F.S.; revising  
14          requirements for the certification and recertification  
15          of emergency medical technicians and paramedics;  
16          revising requirements for the certification of  
17          emergency medical technicians and paramedics trained  
18          outside the state; revising the time limit by which  
19          applicants trained outside the state must complete the  
20          certification examination without having to submit a  
21          new application and meet all eligibility and fee  
22          requirements; amending s. 401.2701, F.S.; revising  
23          requirements for institutions that conduct approved  
24          programs for the education of emergency medical  
25          technicians and paramedics; revising requirements that  
26          students must meet in order to receive a certificate  
27          of completion from an approved program; providing an  
28          effective date.

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Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (1) of section 381.0034, Florida Statutes, is amended to read:

381.0034 Requirement for instruction on HIV and AIDS.—

(1) The Department of Health shall require each person licensed or certified under ~~chapter 401,~~ chapter 467, part IV of chapter 468, or chapter 483, as a condition of biennial relicensure, to complete an educational course approved by the department on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current state ~~Florida~~ law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed the said ~~the said~~ course, on a form provided by the department, when submitting fees or application for each biennial renewal.

Section 2. Subsections (1) and (7) of section 401.23, Florida Statutes, are amended to read:

401.23 Definitions.—As used in this part, the term:

(1) "Advanced life support" means assessment or treatment by a person qualified under this part ~~of life-threatening medical emergencies~~ through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, ~~and~~ cardiac

57 | defibrillation and other techniques described in the EMT-  
 58 | Paramedic National Standard Curriculum or the National EMS  
 59 | Education Standards ~~by a qualified person~~, pursuant to rules of  
 60 | the department.

61 |       (7) "Basic life support" means the assessment or treatment  
 62 | by a person qualified under this part ~~of medical emergencies by~~  
 63 | ~~a qualified person~~ through the use of techniques ~~such as patient~~  
 64 | ~~assessment, cardiopulmonary resuscitation (CPR), splinting,~~  
 65 | ~~obstetrical assistance, bandaging, administration of oxygen,~~  
 66 | ~~application of medical antishock trousers, administration of a~~  
 67 | ~~subcutaneous injection using a premeasured autoinjector of~~  
 68 | ~~epinephrine to a person suffering an anaphylactic reaction, and~~  
 69 | ~~other techniques~~ described in the EMT-Basic National Standard  
 70 | Emergency Medical Technician Basic Training Course Curriculum or  
 71 | the National EMS Education Standards of the United States  
 72 | Department of Transportation and approved by the department. The  
 73 | term ~~"basic life support"~~ also includes the administration of  
 74 | oxygen and other techniques that ~~which~~ have been approved and  
 75 | are performed under conditions specified by rules of the  
 76 | department.

77 |       Section 3. Section 401.24, Florida Statutes, is amended to  
 78 | read:

79 |       401.24 Emergency medical services state plan.—The  
 80 | department is responsible, at a minimum, for the improvement and  
 81 | regulation of basic and advanced life support programs. The  
 82 | department shall develop, and ~~biennially~~ revise every 5 years, a  
 83 | comprehensive state plan for basic and advanced life support  
 84 | services, the emergency medical services grants program, trauma

85 centers, the injury control program, and medical disaster  
 86 preparedness. The state plan shall include, but need not be  
 87 limited to:

88 (1) Emergency medical systems planning, including the  
 89 prehospital and hospital phases of patient care, and injury  
 90 control effort and unification of such services into a total  
 91 delivery system to include air, water, and land services.

92 (2) Requirements for the operation, coordination, and  
 93 ongoing development of emergency medical services, which  
 94 includes: basic life support or advanced life support vehicles,  
 95 equipment, and supplies; communications; personnel; training;  
 96 public education; state trauma system; injury control; and other  
 97 medical care components.

98 (3) The definition of areas of responsibility for  
 99 regulating and planning the ongoing and developing delivery  
 100 service requirements.

101 Section 4. Subsections (4) and (12) of section 401.27,  
 102 Florida Statutes, are amended to read:

103 401.27 Personnel; standards and certification.—

104 (4) An applicant for certification or recertification as  
 105 an emergency medical technician or paramedic must:

106 (a) Have completed an appropriate training program ~~course~~  
 107 as follows:

108 1. For an emergency medical technician, an emergency  
 109 medical technician training program approved by the department  
 110 as ~~course~~ equivalent to the most recent EMT-Basic National  
 111 Standard Curriculum or the National EMS Education Standards  
 112 ~~emergency medical technician basic training course~~ of the United

113 States Department of Transportation ~~as approved by the~~  
 114 ~~department;~~

115 2. For a paramedic, a paramedic training program approved  
 116 by the department as equivalent to the most recent EMT-Paramedic  
 117 National Standard Curriculum or the National EMS Education  
 118 Standards ~~paramedic course~~ of the United States Department of  
 119 Transportation ~~as approved by the department;~~

120 (b) Certify under oath that he or she is not addicted to  
 121 alcohol or any controlled substance;

122 (c) Certify under oath that he or she is free from any  
 123 physical or mental defect or disease that might impair the  
 124 applicant's ability to perform his or her duties;

125 (d) Within 2 years ~~1 year~~ after program ~~course~~ completion  
 126 have passed an examination developed or required by the  
 127 department;

128 (e)1. For an emergency medical technician, hold ~~either~~ a  
 129 current American Heart Association cardiopulmonary resuscitation  
 130 course card or an American Red Cross cardiopulmonary  
 131 resuscitation course card or its equivalent as defined by  
 132 department rule;

133 2. For a paramedic, hold a certificate of successful  
 134 course completion in advanced cardiac life support from the  
 135 American Heart Association or its equivalent as defined by  
 136 department rule;

137 (f) Submit the certification fee and the nonrefundable  
 138 examination fee prescribed in s. 401.34, which examination fee  
 139 will be required for each examination administered to an  
 140 applicant; and

141 (g) Submit a completed application to the department,  
 142 which application documents compliance with paragraphs (a), (b),  
 143 (c), (e), (f), (g), and, if applicable, (d). The application  
 144 must be submitted so as to be received by the department at  
 145 least 30 calendar days before the next regularly scheduled  
 146 examination for which the applicant desires to be scheduled.

147 (12) An applicant for certification as ~~who is an out-of-~~  
 148 ~~state trained~~ emergency medical technician or paramedic who is  
 149 trained outside the state must provide proof of current  
 150 emergency medical technician or paramedic certification or  
 151 registration based upon successful completion of a training  
 152 program approved by the department as equivalent to the most  
 153 recent EMT-Basic or EMT-Paramedic National Standard Curriculum  
 154 or the National EMS Education Standards of the United States  
 155 Department of Transportation ~~emergency medical technician or~~  
 156 ~~paramedic training curriculum~~ and hold a current certificate of  
 157 successful course completion in cardiopulmonary resuscitation  
 158 (CPR) or advanced cardiac life support for emergency medical  
 159 technicians or paramedics, respectively, to be eligible for the  
 160 certification examination. The applicant must successfully  
 161 complete the certification examination within 2 years ~~1 year~~  
 162 after the date of the receipt of his or her application by the  
 163 department. After 2 years ~~1 year~~, the applicant must submit a  
 164 new application, meet all eligibility requirements, and submit  
 165 all fees to reestablish eligibility to take the certification  
 166 examination.

167 Section 5. Paragraph (a) of subsection (1) and subsection  
 168 (5) of section 401.2701, Florida Statutes, are amended to read:

169 401.2701 Emergency medical services training programs.—

170 (1) Any private or public institution in Florida desiring  
 171 to conduct an approved program for the education of emergency  
 172 medical technicians and paramedics shall:

173 (a) Submit a completed application on a form provided by  
 174 the department, which must include:

175 1. Evidence that the institution is in compliance with all  
 176 applicable requirements of the Department of Education.

177 2. Evidence of an affiliation agreement with a hospital  
 178 that has an emergency department staffed by at least one  
 179 physician and one registered nurse.

180 3. Evidence of an affiliation agreement with a current  
 181 ~~Florida-licensed~~ emergency medical services provider that is  
 182 licensed in this state. Such agreement shall include, at a  
 183 minimum, a commitment by the provider to conduct the field  
 184 experience portion of the education program.

185 4. Documentation verifying faculty, including:

186 a. A medical director who is a licensed physician meeting  
 187 the applicable requirements for emergency medical services  
 188 medical directors as outlined in this chapter and rules of the  
 189 department. The medical director shall have the duty and  
 190 responsibility of certifying that graduates have successfully  
 191 completed all phases of the education program and are proficient  
 192 in basic or advanced life support techniques, as applicable.

193 b. A program director responsible for the operation,  
 194 organization, periodic review, administration, development, and  
 195 approval of the program.

196 5. Documentation verifying that the curriculum:

197 | a. Meets the ~~course guides and instructor's lesson plans~~  
 198 | ~~in the~~ most recent Emergency Medical Technician-Basic National  
 199 | Standard Curriculum or the National EMS Education Standards  
 200 | approved by the department ~~Curricula~~ for emergency medical  
 201 | technician programs and Emergency Medical Technician-Paramedic  
 202 | National Standard Curriculum or the National EMS Education  
 203 | Standards approved by the department ~~Curricula~~ for paramedic  
 204 | programs.

205 | b. Includes 2 hours of instruction on the trauma scorecard  
 206 | methodologies for assessment of adult trauma patients and  
 207 | pediatric trauma patients as specified by the department by  
 208 | rule.

209 | ~~e. Includes 4 hours of instruction on HIV/AIDS training~~  
 210 | ~~consistent with the requirements of chapter 381.~~

211 | 6. Evidence of sufficient medical and educational  
 212 | equipment to meet emergency medical services training program  
 213 | needs.

214 | (5) Each approved program must notify the department  
 215 | within 30 days after ~~of~~ any change in the professional or  
 216 | employment status of faculty. Each approved program must require  
 217 | its students to pass a comprehensive final written and practical  
 218 | examination evaluating the skills described in the current  
 219 | United States Department of Transportation EMT-Basic or EMT-  
 220 | Paramedic, National Standard Curriculum or the National EMS  
 221 | Education Standards and approved by the department. Each  
 222 | approved program must issue a certificate of completion to  
 223 | program graduates within 14 days after ~~of~~ completion.

224 | Section 6. This act shall take effect July 1, 2013.



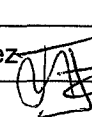
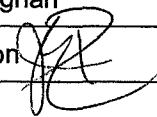


## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 463 Examination of Dentists

**SPONSOR(S):** Rodriguez

**TIED BILLS:** IDEN./SIM. **BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	12 Y, 0 N	Holt	O'Callaghan
2) Health Care Appropriations Subcommittee		Rodriguez 	Pridgeon 
3) Health & Human Services Committee			

### SUMMARY ANALYSIS

In 2012, the Legislature changed the educational standards for graduates of dental schools not accredited by American Dental Association Commission on Dental Accreditation (e.g. foreign-trained dentists) and specified that the required 2-year supplemental educational program must be in general dentistry, not a specialty program. The new requirement became effective on March 3, 2012. At that time, the Board of Dentistry had approximately 25 applicants who had completed a 2-year specialty program and there were other individuals enrolled in a specialty program at the time the bill became effective. The new law did not include a grandfather clause for these applicants or students.

The bill amends s. 466.006(3)(b), F.S., to allow individuals enrolled in an accredited 2-year supplemental education specialty program in Dentistry on March 23, 2013, to sit for the national examination. The bill authorizes the exception until October 1, 2014. The bill also clarifies what types of programs fulfill the 2-year supplemental program requirements.

This bill has an insignificant positive fiscal impact on state revenues.

The bill provides an effect date of upon becoming a law.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### BACKGROUND

###### Accredited Dental Schools

The American Dental Association, Commission on Dental Accreditation (CODA), established in 1975, is nationally recognized by the United States Department of Education to accredit dental and dental-related education programs conducted at the post-secondary level. The CODA functions independently and autonomously in matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process.<sup>1</sup>

Dental education, dental assisting, dental hygiene, dental laboratory technology, and advanced dental education programs, including dental specialties, general practice residencies, and advanced education in general dentistry are evaluated in accordance with published accreditation standards by the CODA.<sup>2</sup>

###### Florida Dental Exam

Each applicant applying for a Florida dental license is required to successfully pass three examinations. The examinations consist of a Written Examination, a Practical or Clinical Examination, and a Diagnostic Skills Examination. All three examinations are required to be conducted in English. The practical or clinical examination and the diagnostic skills examination covering the full scope of the practice of dentistry are included in the American Dental Licensing Examination (ADLEX).<sup>3</sup> The ADLEX is administered by the State of Florida and graded by Florida licensed dentists. All parts of the ADLEX are required to be completed within 18 months from the initial start of any portion of the examination.<sup>4</sup>

An applicant seeking a Florida dental license is permitted to sit to take the ADLEX if the applicant is at least 18 years of age or older and:<sup>5</sup>

- Is a graduate of a CODA accredited dental school; or
- Is a dental student in the final year of a program at an accredited dental school and has completed all the coursework necessary to successfully pass the examinations;  
or
- Has successfully completed the National Board of Dental Examiners dental examination<sup>6</sup>.  
or
- Has an active health access dental license in this state; and
- Has at least 5,000 hours within 4 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; the applicant is a retired veteran dentist of any branch of the United States Armed Services who has practiced dentistry while on active duty and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003; or the applicant has provided a portion of his or her salaried time teaching health profession students in any public education setting, including, but not limited to, a community college,

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<sup>1</sup> America Dental Association, Dental Education: Schools & Programs, available at: <http://www.ada.org/103.aspx> (last viewed February 10, 2013).

<sup>2</sup> *Id.*

<sup>3</sup> Rule 64B5-2.013, F.A.C.

<sup>4</sup> *Id.*

<sup>5</sup> S. 466.006(2), F.S.

<sup>6</sup> Prior to October 1, 2011, the National Board of Dental Examiners dental examination was required for Florida licensure. See Rule 64B5-2.013, F.A.C.

- college, or university, and has at least 3,000 hours within 3 consecutive years of clinical practice experience providing direct patient care in a health access setting as defined in s. 466.003;
- Has not been disciplined by the board, except for citation offenses or minor violations;
  - Has not filed a report pursuant to s. 456.049; and
  - Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession.

### Foreign Trained Dentists

Section 466.08, F.S., provides guidelines for certifying foreign dental schools. The foreign schools must prove that their educational program is reasonably comparable to that of similar accredited institutions in the United States and that the program adequately prepares its students for the practice of dentistry.<sup>7</sup>

In Florida, any dentist who did not attend a CODA accredited dental program (e.g., foreign trained dentists) are required to complete a 2-year supplemental education program at a CODA accredited dental school before they can sit for the Florida dental licensure examinations.<sup>8</sup> The 2-year supplemental program must provide didactic and clinical education at the level of a D.D.S. or D.M.D.

Four states and the U.S. Virgin Islands do not grant an unrestricted dental license by credentials (grant reciprocity): Delaware, Florida, Hawaii, and Nevada.<sup>9</sup>

### **PRESENT SITUATION**

In Florida prior to 2012, graduates of dental schools not accredited by CODA were required to complete a 2-year supplemental program at an accredited dental school and receive a dental diploma as evidence of program completion in order to sit for the ADLEX.<sup>10</sup> The Board of Dentistry (board), by rule, defined the supplemental dental education program as any American Dental Association (ADA) recognized dental specialty program.<sup>11</sup>

The 9 ADA recognized specialties are: dental public health, endodontics, periodontics, pediatric dentistry, orthodontics and dentofacial orthopedics, prosthodontics, oral and maxillofacial surgery, oral and maxillofacial pathology, and oral and maxillofacial radiology.<sup>12</sup> The board permitted applicants, who filed for a variance of and waiver to this rule<sup>13</sup>, to sit for the ADLEX with the completion of 2 one-year accredited programs in an ADA specialty.<sup>14</sup>

In 2012, the Legislature passed SB 1040, specifying that the 2-year supplemental educational program must be in General Dentistry.<sup>15</sup> The bill became a law March 3, 2012. At that time, the board had approximately 25 applications of individuals who had completed a 2-year specialty program and there were other individuals enrolled in a specialty program at the time the bill became effective. The bill did not include a grandfather clause for these applicants or students.<sup>16</sup>

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<sup>7</sup> S. 466.008(4), F.S.

<sup>8</sup> S. 466.006(3), F.S. and ch. 64B5-2.0146, F.A.C.

<sup>9</sup> American Dental Association, Department of State Government Affairs, April 6, 2011, available at: [http://www.ada.org/sections/advocacy/pdfs/licensure\\_recognition.pdf](http://www.ada.org/sections/advocacy/pdfs/licensure_recognition.pdf) (last viewed February 10, 2013).

<sup>10</sup> S. 466.006(3)(b), F.S. (2011)

<sup>11</sup> Rule 64B5-2.0146(2)(a), F.A.C.

<sup>12</sup> American Dental Association, Definitions of Recognized Dental Specialties. Available at: <http://www.ada.org/495.aspx> (last viewed February 10, 2013).

<sup>13</sup> Rule 64B5-2.0146(2)(a), F.A.C.

<sup>14</sup> Department of Health, Bill Analysis HB 463 relating to the Examination of Dentists, dated January 25, 2013, on file with the Health Quality Subcommittee staff.

<sup>15</sup> Section 1, Ch. 2012-14, L.O.F.

<sup>16</sup> *Supra* at note 4.

The board has discussed this issue and the members are in agreement that any applicants that were "in the pipeline" at the time of the effective date of the law should be permitted to sit for the ADLEX upon completion of their specialty program.<sup>17</sup>

## EFFECTS OF PROPOSED CHANGES

The bill amends s. 466.006(3)(b), F.S., to provide a grandfather clause for individuals continually enrolled in a CODA accredited dental specialty program on March 23, 2012, if they:

- Complete a full-time, matriculated specialty training program accredited by CODA in an approved specialty area; and
- Present to the board official transcripts that verify completion of all didactic and clinical requirements, and an official certificate from the sponsoring institution indicating successful completion of the program.

The bill provides that the grandfather clause expires on October 1, 2014.

The bill provides further clarification that a supplemental general dentistry does not include a dental specialty program, but may include a 2-year advanced education in general dentistry or a 2-year general practice residency. But, the program must be specifically designed as a supplemental general dentistry program that provides didactic and clinical education at the level of a D.D.S. or D.M.D. program.

### B. SECTION DIRECTORY:

**Section 1.** Amends s. 466.006, F.S., relating to examination of dentists.

**Section 2.** Provides an effective date of becoming a law.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

This bill has an insignificant positive impact on state revenues that may be realized if additional prospective dentists, as identified in the bill, are allowed to take the Florida Dental Exam. If these applicants pass the examination, they will be eligible for a dental license. Dental license application, renewal and other fees are deposited into the state's Medical Quality Assurance Trust Fund. The total initial dental licensure fee is \$485.  $\$485 \times 25 = \$12,125$ .

#### 2. Expenditures:

None.

### 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>17</sup> *Ibid.*

**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 has sufficient rule-making authority to implement the provisions of the bill.

**C. DRAFTING ISSUES OR OTHER COMMENTS:**

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

None.

1 A bill to be entitled  
 2 An act relating to examination of dentists; amending  
 3 s. 466.006, F.S.; revising the eligibility  
 4 requirements for taking examinations required to  
 5 practice dentistry; authorizing applicants enrolled in  
 6 a recognized dental specialty program on a specified  
 7 date to take the examinations if specified conditions  
 8 are met; providing for future expiration of such  
 9 authorization; providing an effective date.

10  
 11 Be It Enacted by the Legislature of the State of Florida:

12  
 13 Section 1. Subsection (3) of section 466.006, Florida  
 14 Statutes, is amended to read:

15 466.006 Examination of dentists.—

16 (3) If an applicant is a graduate of a dental college or  
 17 school not accredited in accordance with paragraph (2)(b) or of  
 18 a dental college or school not approved by the board, the  
 19 applicant is not entitled to take the examinations required in  
 20 this section to practice dentistry unless the applicant ~~until~~  
 21 ~~she or he~~ satisfies one of the following requirements:

22 (a) Completes a program of study, as defined by the board  
 23 by rule, at an accredited American dental school and  
 24 demonstrates receipt of a D.D.S. or D.M.D. from that ~~said~~  
 25 school; ~~or~~

26 (b) Submits proof of having successfully completed at  
 27 least 2 consecutive academic years in ~~at~~ a full-time  
 28 supplemental general dentistry program taught at an institution

29 | accredited by the ~~American Dental Association~~ Commission on  
 30 | Dental Accreditation. This program must provide didactic and  
 31 | clinical education at the level of a D.D.S. or D.M.D. program  
 32 | ~~accredited by the American Dental Association Commission on~~  
 33 | ~~Dental Accreditation.~~ For purposes of this paragraph, a  
 34 | supplemental general dentistry program does not include dental  
 35 | specialty programs. A supplemental general dentistry program may  
 36 | include a 2-year advanced education in general dentistry program  
 37 | or a 2-year general practice residency program if the program is  
 38 | specifically designed as a supplemental general dentistry  
 39 | program that provides didactic and clinical education at the  
 40 | level of a D.D.S. or D.M.D. program; or

41 |       (c) Was enrolled on March 23, 2012, in a dental specialty  
 42 | program recognized by the American Dental Association,  
 43 | maintained continuous enrollment until successfully completing  
 44 | the program, and meets the following requirements:

45 |       1. Completes a full-time, matriculated specialty training  
 46 | program accredited by the Commission on Dental Accreditation in  
 47 | a specialty area recognized by the American Dental Association.

48 |       2. Presents to the board official transcripts that verify  
 49 | completion of all didactic and clinical requirements and an  
 50 | official certificate from the sponsoring institution indicating  
 51 | successful completion of the program.

52 |  
 53 | This paragraph expires October 1, 2014.

54 |       Section 2. This act shall take effect upon becoming a law.



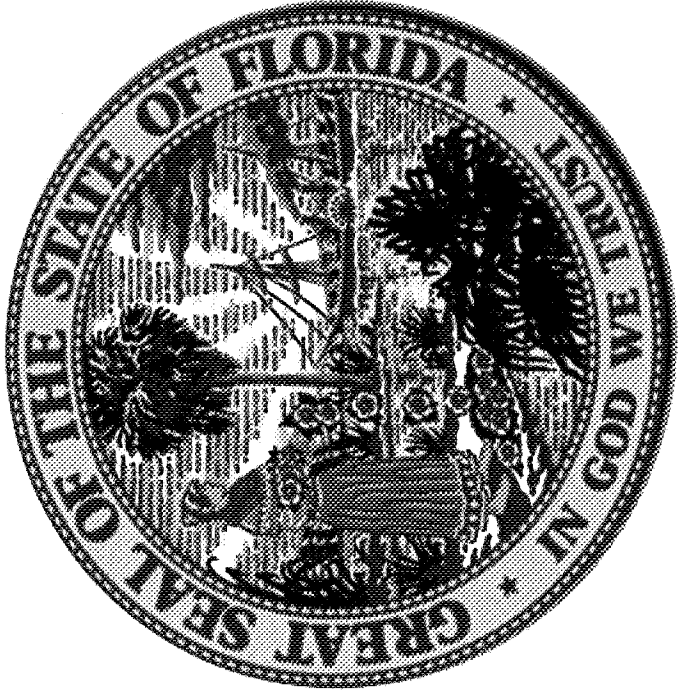


*Florida Families First*

# GOVERNOR RICK SCOTT

Fiscal Year 2013-2014

Resource Utilization Groups (RUGs)



Education

Creating Jobs

Supporting Florida Families

*Creating Jobs and Opportunities for Florida Families*

# Resource Utilization Groups

- What are they?
- Why are they important?



# Current Nursing Home Rate Setting

## Methodology

- Based on nursing homes' spending
- Retrospective
- Facility specific
- Per diem



# Resource Utilization Group Methodology

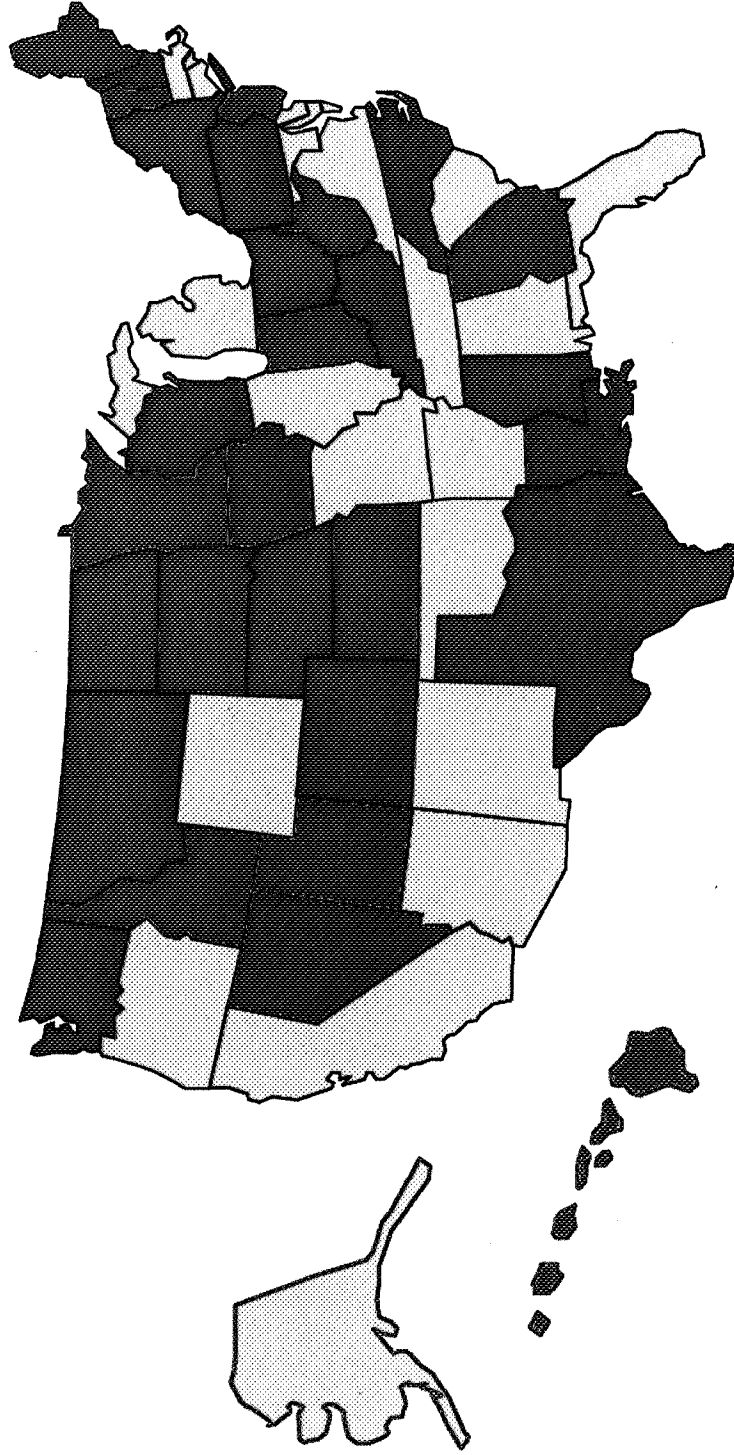
- Based on nursing home residents' needs
- Prospective
- Standardized
- Per diem



# Nationwide

 RUGs

 Non-RUGs







# HB 1263 (2012)

# MQA EFFICIENCY PLAN

*Protect, promote and improve the health of all people in Florida.*



# HOUSE BILL 1263 (2012)

- Improve efficiency of functions
- Conduct analysis of best practices  
*(Completed November 2012)*

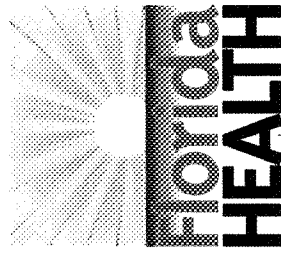


*Protect, promote and improve the health of all people in Florida.*

# EFFICIENCY IMPROVEMENT PLAN

**Objective 1:** Reduce licensure certification or registration time by one-third

Performance Measure	Baseline	Target
Average number days to issue initial license	5.77	1
Average number days to process renewal application	4.94	1

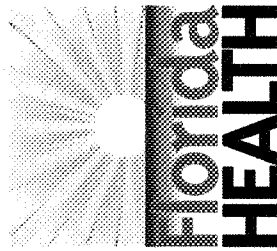


*Protect, promote and improve the health of all people in Florida.*

# EFFICIENCY IMPROVEMENT PLAN

**Objective 2:** Improve agenda process for board meetings

Performance Measure	Baseline	Target
Board members satisfaction rate with board meeting agendas	95%	100%



*Protect, promote and improve the health of all people in Florida.*

# EFFICIENCY IMPROVEMENT PLAN

**Objective 3:** Improve cost-effectiveness/efficiency of the joint functions

Performance Measure	Baseline	Target
Annual expenditures for board meetings	\$422,551	\$401,424
Percentage of complaints resulting in probable cause	28.3%	40%
Percentage of complaints resolved through alternative dispute resolution	6%	7%



*Protect, promote and improve the health of all people in Florida.*

# EFFICIENCY IMPROVEMENT PLAN

**Objective 3 (continued):** Improve the cost-effectiveness & efficiency of joint functions of division & regulatory boards

Performance Measure	Baseline	Target
Emergency actions within 30 days / practitioner posing threat	41%	75%
Number cases in prosecution services 1 year or greater	1,592	900
Average cost of regulation per licensee	\$72	\$60

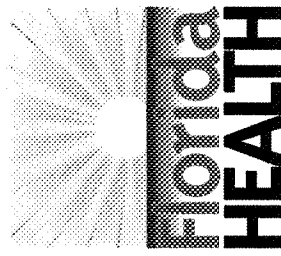


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# EFFICIENCY IMPROVEMENT PLAN

## Objective 4: Identify & analyze best practices

Initiative	Status
Evaluate licensure, enforcement & board meeting preparation systems / processes used at other state agencies with similar functions	Completed Sept. 2012



# EFFICIENCY IMPROVEMENT PLAN

**Objective 5:** Identify options for information technology improvements

Performance Measure	Baseline	Target
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Percentage of fines & costs collected from disciplined licensees with current license	83.2%	85%
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# EFFICIENCY IMPROVEMENT PLAN

**Objective 6:** Identify options for contracting with outside entities

## Initiative

Analyze staff capacity & capability to fulfill technology & operational requirements needed to achieve maximum efficiency

## Status

Conducted

annually

Completed for FY

11-12





# EFFICIENCY IMPROVEMENT PLAN

**Objective 7:** Identify other options division deems useful

Performance Measure	Baseline	Target
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Percentage of customer satisfaction with MQA website	45%	80%
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Monthly number of calls from consumers, applicants, and licensees	26,302	23,671
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# TECHNOLOGY IMPROVEMENT PLAN

## Computer system replacement

- \$207,999 (FY 13-14)

## Software Licensure

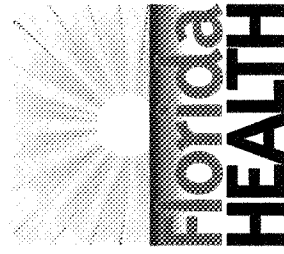
- \$180,000 (FY 13-14)
- \$375,375 (FY 14-15)

## System Integration

- \$3.9 million (FY 13-14)
- \$2.7 million (FY 14-15)

## Project & Oversight

- \$1.2 million (FY 13-14)
- \$1.2 million (FY 14-15)



*Protect, promote and improve the health of all people in Florida.*

# TECHNOLOGY IMPROVEMENT PLAN

## Computer System Replacement

- Redundancy and failover
- Supportable solution across agencies
- Expanded system and capacity



# TECHNOLOGY IMPROVEMENT PLAN

## Software Licensure

- **Current business software**
  - Vendor support ends December 2013
  - DOH highly customized software since 1990s
- **Provide business solution**
  - Supported version by other agencies
  - Business process efficiencies



# TECHNOLOGY IMPROVEMENT PLAN

## System Integration

- Current staffing levels inadequate
- Provides dedicated staff to implement the new solution
- Accelerated implementation



# TECHNOLOGY IMPROVEMENT PLAN

## Project and Oversight

- Organization change management
- Independent verification & validation
- Project management



# TECHNOLOGY IMPROVEMENT PLAN

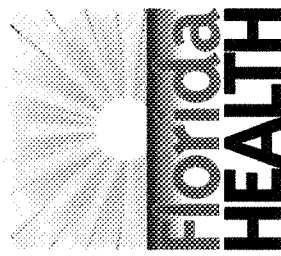
## **New Business Solution**

- Uniform and singular licensure system
- Integrated web services
- Leverage existing resources
- Keeps business running



# MQA EFFICIENCY PLAN

# Questions?



*Protect, promote and improve the health of all people in Florida.*



# MQA EFFICIENCY PLAN

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