

HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: HB 17 Podiatric Medicine

SPONSOR(S): Bell and others

TIED BILLS: IDEN./SIM. BILLS: CS/SB 170

FINAL HOUSE FLOOR ACTION:

115 Y's 0 N's

GOVERNOR'S ACTION: N/A

SUMMARY ANALYSIS

HB 17 passed the House on April 1, 2021, as amended, and subsequently passed the Senate on April 8, 2020.

A podiatric physician diagnoses or provides medical, surgical, palliative, and mechanical treatment of ailments affecting the human foot and leg. Podiatric medicine also includes the amputation of toes and other parts of the foot, but does not include amputation of the entire leg or foot.

Medical assistants are non-licensed personnel that may assist a physician in all aspects of a medical practice under the direct supervision and responsibility of a physician. Current law does not specifically authorize podiatric physicians to utilize medical assistants in their practices. HB 17 authorizes podiatric physicians to use medical assistants in the same manner and under the same conditions as an allopathic physician.

Section 456.0301, F.S., requires health care practitioners with authority to prescribe controlled substances to take a board-approved 2-hour continuing education course on safe and effective prescribing of controlled substances biennially offered by certain statewide professional organizations of physicians. However, if a licensee's practice act requires the licensee to complete a 2-hour course on safe and effective prescribing of controlled substances, the licensee is exempt from the requirements of s. 456.0301, F.S. Podiatric physicians are required to complete 40 hours of continuing professional education biennially, but their practice act does not specifically require continuing education on controlled substances.

HB 17 requires podiatric physicians to complete a 2-hour continuing education course on safe and effective prescribing of controlled substances as a part of the 40 hours of continuing professional education required for biennial licensure renewal. Podiatric physicians will no longer be subject to the requirements of s. 456.0301, F.S.

Currently, patients may enter into direct health care agreements with allopathic physicians, osteopathic physicians, chiropractic physicians, nurses, or dentists, or a health care group practice for the provision of health care services. The bill adds podiatric physicians to the list of health care providers who may offer such agreements.

The bill has no fiscal impact on state or local governments.

Subject to the Governor's veto powers, the effective date of this bill is July 1, 2021.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Present Situation

Podiatric Medicine

Podiatric medicine is the diagnosis or medical, surgical, palliative, and mechanical treatment of ailments of the human foot or leg.¹ It also includes the amputation of toes or other parts of the foot, but does not include the amputation of the entire foot or leg. A podiatric physician is authorized to prescribe drugs specifically related to his or her scope of practice.²

Licensure Requirements

Florida law requires a podiatric physician to meet the following requirements for licensure.³

- Be at least 18 years of age;
- Hold a degree from a school or college of podiatric medicine or chiropody recognized and approved by the Council on Podiatry Education of the American Podiatric Medical Association;
- Have successfully completed one of the following clinical experience requirements:
 - One year of residency in a residency program approved by the Board of Podiatric Medicine (board);⁴ or
 - Ten years of continuous, active licensed practice of podiatric medicine in another state immediately preceding application and completion of at least the same continuing education requirements during those ten years as are required of podiatric physicians licensed in this state;
- Successfully complete a background screening; and
- Obtain passing scores on the national examinations administered by the National Board of Podiatric Medical Examiners.⁵

A license to practice podiatric medicine must be renewed biennially.

Continuing Education

A podiatric physician must complete 40 hours of continuing education as a part of the biennial licensure renewal, which must include.⁶

- At least one hour on risk management (five hours for first renewal)⁷;
- At least one hour on the laws and rules related to podiatric medicine;
- At least two hours on the prevention of medical errors;
- A board approved course on HIV/AIDS (first renewal only)⁸; and
- One hour on human trafficking (first renewal only).⁹

¹ S. 461.003(5), F.S.

² *Id.*

³ S. 461.006, F.S.

⁴ If it has been more than four years since the completion of the residency, an applicant must have two years of active, licensed practice of podiatric medicine in another jurisdiction in the four years immediately preceding application or successfully complete a board-approved postgraduate program or board-approved course within the year preceding application.

⁵ R. 64B18-11.002, F.A.C.

⁶ S. 461.007(3), F.S., and r. 64B18-17, F.A.C.

⁷ R. 64B18-17.005, F.A.C.

⁸ R. 64B18-17.001(12), F.A.C.

⁹ S. 456.0341, F.S.

Controlled Substance Prescribers

Effective July 1, 2018, every person registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances, must complete a 2-hour continuing education course on prescribing controlled substances.¹⁰ The course must include information on the current standards for prescribing controlled substances, particularly opiates; alternatives to these standards; nonpharmacological therapies; prescribing emergency opioid antagonists; and the risks of opioid addiction following all stages of treatment in the management of acute pain.

The course can only be offered by a statewide professional association of physicians in this state that is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 Credit or the American Osteopathic Category 1-A continuing medical education credit as part of each biennial license renewal.¹¹ Currently the course is provided by the:¹²

- Florida Medical Association;
- Florida Osteopathic Medical Association;
- Florida Academy of Family Physicians;
- InforMed; and
- Emergency Medicine Learning and Resource Center

This requirement does not apply to a licensee who is required by the applicable practice act to complete a minimum of two hours of continuing education on the safe and effective prescribing of controlled substances.¹³ This requirement applies to podiatric physicians because their practice act does not specifically require completion of two hours of continuing education on the safe and effective prescribing of controlled substances.

Medical Assistants

A medical assistant is a multi-skilled person that assists in all aspects of a medical practice under the direct supervision and responsibility of a physician.¹⁴ There are no formal educational requirements for becoming a medical assistant in most states, including Florida.¹⁵ Most medical assistants have postsecondary education, such as a certificate; however, others enter the occupation with a high school diploma and learn through on-the-job training.¹⁶

A medical assistant assists with patient care management, executes administrative and clinical procedures, and performs managerial and supervisory functions. In Florida, a medical assistant may perform the following duties under the direct supervision of a physician:¹⁷

- Clinical procedures, including:
 - Performing aseptic procedures;
 - Taking vital signs;
 - Preparing patients for physician care;
 - Performing venipunctures and nonintravenous injections; and

¹⁰ S. 1, ch. 2018-13, Laws of Fla., codified at s. 456.0301, F.S.

¹¹ *Id.*

¹² Department of Health, *Take Control of Controlled Substances*, <http://www.flhealthsource.gov/FloridaTakeControl/> (last visited Jan. 26, 2021). To access a list of providers, select Podiatric Medicine.

¹³ Section 456.0301, F.S.

¹⁴ Section 458.3485, F.S.

¹⁵ United States Department of Labor, *Occupational Outlook Handbook: Medical Assistants*, (last rev. Sept. 1, 2020), <https://www.bls.gov/ooh/healthcare/medical-assistants.htm#tab-4> (last visited Jan. 26, 2021).

¹⁶ *Id.*

¹⁷ S. 458.3485(2), F.S.

- Observing and reporting patients' signs and symptoms;
- Administering basic first aid;
- Assisting with patient examinations or treatments;
- Operating office medical equipment;
- Collecting routine laboratory specimens as directed by the physician;
- Administering medication as directed by the physician;
- Performing basic laboratory procedures;
- Performing office procedures and general administrative duties required by the physician; and
- Performing dialysis procedures, including home dialysis.

Medical assistants are not required to be licensed, certified, or registered to practice in Florida.

Direct Health Care Agreements

Under current law, patients or employers may contract directly with certain health care providers, outside the scope of insurance, for the provision of health care services.¹⁸ Since a direct health care agreement is not considered health insurance, it is exempt from the Florida Insurance Code and the Office of Insurance Regulation does not have authority to regulate such agreements.¹⁹ These direct health care agreements must:²⁰

- Be in writing;
- Be signed by the health care provider or their agent and the patient, the patient's legal representative, or the patient's employer;
- Allow either party to terminate the agreement by giving the other party 30 days' advance written notice;²¹
- Describe the scope of health care services that are covered by the monthly fee;
- Specify the monthly fee and any fees for health care services not covered by the monthly fee;
- Specify the duration of the agreement and any automatic renewal provisions;
- Offer a refund to the patient, the patient's legal representative, or the patient's employer of monthly fees paid in advance if the health care provider stops offering health care services for any reason;
- State that the agreement is not health insurance and that the health care provider will not bill the patient's health insurance policy or plan for services covered under the agreement;
- State that the agreement does not qualify as minimum essential coverage to satisfy the individual responsibility provision of the Patient Protection and Affordable Care Act; and
- State that the agreement is not workers' compensation insurance and does not replace the employer's workers' compensation obligations.

Current law authorizes these agreements for allopathic physicians, osteopathic physicians, chiropractic physicians, nurses, or dentists, or a health care group practice for health care services that are within the competency and training of the health care provider, but does not expressly authorize them for podiatric physicians.²²

Effect of the Bill

Podiatric Medicine

¹⁸ S. 624.27, F.S. Health care services means the screening, assessment, diagnosis, and treatment of a patient conducted within the competency and training of the health care provider for the purpose of promoting health or detecting and managing disease or injury.

¹⁹ S. 624.27(2), F.S.

²⁰ S. 624.27(4), F.S.

²¹ The agreement may provide for immediate termination due to a violation of the physician-patient relationship or a breach of the terms of the agreement.

²² S. 624.27(1)(b), F.S.

The bill requires podiatric physicians to complete two hours of continuing education on safe and effective prescribing of controlled substances, as a part of the 40 hours of continuing professional education required for each biennial licensure renewal. This will exempt podiatric physicians from the requirement in s. 456.0301, F.S., including the requirement that the course be offered only by certain physician organizations.

Medical Assistants

The bill authorizes podiatric physicians to use medical assistants in the same manner and under the same conditions as an allopathic physician.

Direct Health Care Agreements

The bill authorizes direct care agreements between patients (or employers) and podiatric physicians for the provision of health care services. The bill retains the contract requirements that are currently required for direct health care agreements, and the exemption from regulation under the Florida Insurance Code.

The bill provides an effective date of July 1, 2021.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Organizations currently authorized to offer the continuing education course on controlled substances prescribing may experience a loss in revenue due to increased competition, since additional organizations may be eligible to provide the course.

Podiatric physicians may establish direct health care agreements without concern of facing regulatory action, which may increase access to podiatric care.

D. FISCAL COMMENTS:

None.