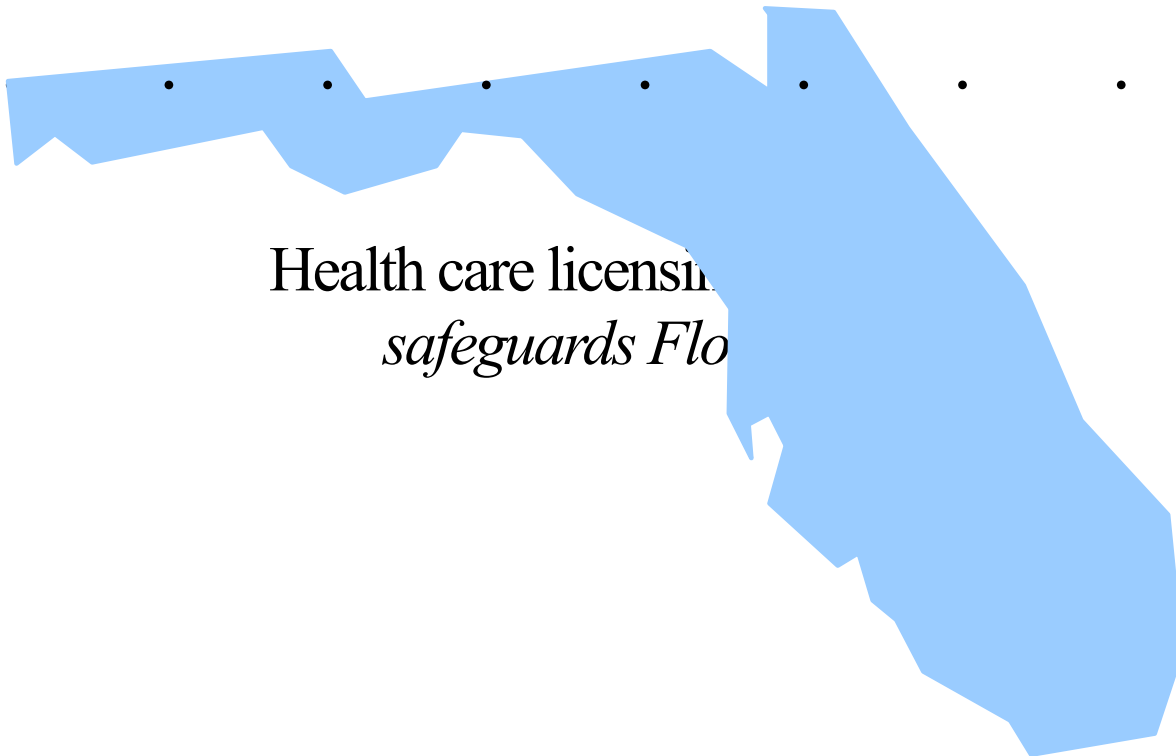


Florida Department of Health  
Division of Medical Quality Assurance

# FY 2000-2001 Annual and Long Range Policy Planning Reports



Health care licensure  
*safeguards Florida*

# Welcome to our team

## *Greetings from the director of Medical Quality Assurance*

As MQA division director, I am pleased to present to you our annual report for Fiscal Year 2000-2001.

Building a safer health care system means designing processes that ensure patients are safe from preventable injury. Once agreement is reached on a particular course of treatment, patients should have the reasonable assurance that their treatment will proceed correctly and safely to the best possible outcome.

As the health care system becomes more complex, the opportunity for error increases. Establishing systems that will promote patient safety and error reduction will require a concerted effort by all components of the health care delivery system. These components include practitioners, providers, health care entities, purchasers, consumers, regulators, and policy-makers.

I represent nearly 300 employees who work relentlessly, every day, to protect the health of all persons in Florida by testing and evaluating potential licensees to ensure competency, establishing and enforcing health care standards, and providing reliable and accurate information to health care consumers, practitioners, facilities, and regulatory bodies. We believe in our mission.

Together, we have increased the level of service to our customers, improved the quality of our core business processes, served as a role model to other state government departments for our automated services, and served as a role model to the nation for our futuristic, visionary approach to health care practitioner regulation. We continue to find ways to streamline our procedures while improving customer service and reducing operation costs. We have implemented an unlicensed activity abatement program that receives national media coverage and a consumer advocacy program that promises great strides in reducing medical errors in Florida's health care system.

The employees of MQA consider it an honor to be public servants who protect the health of citizens in Florida.

**Gloria Crawford Henderson, Director**  
Division of Medical Quality Assurance  
Florida Department of Health

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# Board chairs agree on MQA's Long Range Plan

## What the law requires

Section 456.005, F.S. requires the department, boards, and councils to develop and implement a long-range policy planning and monitoring process to cover a period not less than five years. The long range plan requires approval by the secretary and must be monitored for compliance and shall be updated annually with input from the boards. The long range planning process must include estimates of revenues, expenditures, cash balances, and performance statistics for each profession. On an annual basis the chairpersons of the boards and councils shall meet to review the long-range policy plans and current and proposed fee schedules.

On October 16, 2001, the acting director of the Division of Medical Quality Assurance (MQA) convened a planning workshop with boards and councils for a two-fold purpose: 1) to give input into a long-range policy plan; and 2) to make recommendations for administrative and statutory changes necessary to facilitate efficient and cost-effective operation of the department and various boards. Also participating were the department's general counsel and representatives from the Agency for Health Care Administration (AHCA).

## MQA Management Team Proposed 5-Year Plan

*The Chief of the Bureau of Operations, shared with attendees MQA's draft 5-year plan to facilitate efficient and cost-effective regulation with the goal of ensuring a viable trust fund. MQA managers developed cost cutting measures by identifying programs that could be eliminated, processes that could be eliminated, streamlined or outsourced, and technology that could be eliminated.*

### The Team's proposed 5-year plan calls for conducting feasibility studies to explore:

1. Flattening MQA's bureau structure.
2. Exploring combining smaller and/or deficit boards and councils or eliminating board model for professions that can be directly regulated by the department.

*(Continued on Page 5)*

## MQA Trust Fund overview

**The operations and management consultant manager for the division provided an overview of fund appropriations, cost allocation methodologies, estimates of expenditures and revenues, and five-year cash balance projections.**

### Highlights of the overview include:

- The legislature controls expenditures by appropriating budget down to the division level.
- Boards and councils, or the department when there is no board, by law, must set fees to ensure license fees are adequate to cover all expenses relating to the board, identified in the department's long-range plan, while meeting other statutory requirements, and to maintain a reasonable cash balance.
- The primary source of projected trust revenue is licensure renewal fees. They are projected on a two-year base because of the two-year renewal income cycle. Change in renewal schedules, fee increases, and CoreSTAT income shortfalls have impacted the current projections.
- Renewal fees should be set to cover projected expenditures while all other fees contribute to the maintenance of a reasonable cash balance in the fund. To project renewal fees needed to cover projected expenditures, two years' estimated expenditures are summed and then divided by the number of active and inactive licensees, for example,  $(216,379 + 206,968) / 536$  licensees = \$790 projected renewal fee).
- Estimated expenditures are calculated using the last three years' actual expenditures and providing for inflation.
- To project cash balances, the beginning cash balance is added to projected revenues and projected expenditures are subtracted. Though projections are not intended to be precise they have proven to accurately predict trends. If trends remain unchanged and estimated expenditures continue to exceed estimated revenues, the MQATF cash balance may be in a deficit within three years, meaning there will be no cash in the MQA Trust Fund.
- Factors contributing to the deficit are inflation which has affected salaries, postage, supplies, rent, etc., and lack of fee increases. (Some fees have not been raised since the 80's.) The implementation of a standardized credentialing database (CoreSTAT) that was statutorily mandated by the legislature for four physician groups has contributed to the deficit. Also contributing to the deficit are increased costs associated with enforcement, DOAH, and fingerprinting expenditures associated with profiling that is required by legislature.
- Disbursements from the MQA trust fund for FY 00-01 totaled \$48,631,002, of which the Division of MQA controlled 43 percent. Remaining expenditures outside the trust fund were disbursed to AHCA, DOAH as surcharge to general revenue, DOH administrative trust fund, and others.

# Boards, councils make recommendations to Long-Range Plan

## To achieve the goal of a viable MQA trust fund, board and council members recommended:

- Restructuring boards and councils by combining smaller professions.
- Determining whether national certifying bodies could absorb cost of examination accreditation, continuing education, auditing, etc.
- Seeking legislation to allow the Department to replace the Division of Administrative Hearings (DOAH) with an internal unit of trained hearing officers.
- Expanding electronic processing including automated agendas for all boards and councils.
- Expanding e-renewal to all professions.
- Promulgating rules expanding use of citations versus disciplinary procedures.
- Eliminating statutory requirement for electronic reporting and tracking of continuing education by the department.
- Negotiating with DOAH and the Legislature to require that DOAH invoice based upon actual time spent on a case rather than a flat fee if a case goes to hearing.
- Reviewing DOAH billing processes to determine whether costs for cancelled hearings can be avoided.
- Determining whether continuing education could be replaced by testing or some other model to measure continued competency.
- Requiring certified nursing assistants (CNA) to renew their certification.
- Removing the statutory requirement that renewal fees be limited to not more than 10% greater than the fee imposed

for the previous biennium.

- Considering a one-time assessment fee to bring boards out of deficit.
- Requiring a renewal fee for every license issued.
- Increasing statutory caps for disciplinary fines.
- Requiring applicants and practitioners mandated into the Impaired Practitioner Network/Physician Recovery Network (IPN/PRN) program to cover costs including administration.
- Requiring IPN/PRN applicants who cannot afford to pay to satisfy a loan prior to receiving a renewed license.
- Increasing the statutory fee cap charged to continuing education providers.
- Using Unlicensed Activity (ULA) funds to cover costs associated with prosecuting ULA cases.
- Exploring transferring unlicensed activity funds to the licensed fund for boards in a deficit.
- Requiring a licensee to resolve all debts (fees, fines, etc.) with the department, as a condition of renewing a license.
- Legislature fund statutorily mandated programs not related to the core business process associated with licensure (practitioner profiling, credentialing and unlicensed activity) from general revenue funds.
- Legislature statutorily exempt MQATF from the 7 percent surcharge payment to general revenue.
- Legislature expand access to all public records and charge a “licensure look up” fee or charge an annual subscription for “licensure look up.”

## Achieving our goal

### To achieve the goal of an efficient and effective enforcement system that adequately protects the public, board and council members recommended that a work group be established to:

1. Identify offenses that could be handled through mediation rather than discipline.
2. Craft administrative complaints to include multiple charges imposing fines for each violation.
3. Require violators to cover all costs of their discipline.
4. Identify classes of cases that boards and councils would permit the department to close without going through the probable cause (PC) process with board oversight.
5. Issue a notice of non-compliance giving practitioners a time period to correct deficiencies or face disciplinary procedures.
6. Inspect facilities randomly rather than annually.

# MQA's 5-year plan

## **The MQA proposed 5-year plan calls for contracting/outourcing:**

1. Collection agency to collect delinquent fines and assessed costs of disciplinary cases.
2. National examination for acupuncture certification for chiropractic physicians.
3. State-developed examinations converting to computer-based testing (CBT.)

## **The MQA management team proposed a 5-year plan which eliminates:**

1. State-developed and administered examinations for hearing aid specialists and clinical laboratory personnel and seeking to outsource to national vendors, as well as evaluating a regional exam for dentistry.
2. Manual processing of renewal fees.
3. Inspections of physician offices where surgery is performed (if legislation is passed to require national certification).
4. Renewal inspection of electrolysis facilities.
5. Microfilming of all licensure and disciplinary files.
6. Board approved CE providers, allowing only national or state providers approved by other agencies.
7. Laws and rules examinations for seven MQA professions.

## **The MQA 5-year plan calls for streamlining:**

1. Hearing Aid Specialist trainee program.
2. Opticianry apprenticeship program.
3. Updating records when managers or consultant pharmacists change to pharmacy facilities.
4. Written responses to public records request for medical, podiatric, osteopathic, and chiropractic physicians.
5. Processing final orders by consolidating functions of MQA's Central Records and Client Services units.

## **The MQA proposed 5-year plan calls for expanding:**

1. E-renewal from pilot project to fully operating system as professions renew.
2. On-line electronic reporting of examination scores.
3. CoreSTAT to include disciplinary files for podiatric, osteopathic, and chiropractic physicians.
4. CoreSTAT to include all other professions.
5. E-commerce to offer on-line initial applications.

## **The MQA proposed 5-year plan calls for exploring:**

1. Data-sharing with the Florida Department of Law Enforcement (FDLE) to cross-check criminal offenses against Practitioner Regulatory Administration Enforcement System (PRAES) data.
2. Cost benefit of going from a 2-year to 3-year renewal period.
3. Requiring licensees to bear a portion of the administrative costs of participating in the Physician Recovery Network and IPN.
4. Requiring disciplined licensees to bear the costs of post-final order compliance monitoring.
5. De-regulation of Certified Master Social Workers (CMSW).
6. Continuing education (CE) requirements versus continued competency models established by national entities.
7. Converting to a birth date and/or anniversary renewal date.
8. Piloting a web-based application to allow changes to be entered on-line.
9. Synchronizing CoreSTAT and PRAES into single paperless licensure and enforcement processing system and data base.
10. Analyzing benefits and risks of "reciprocity" or "driver's license model" licensing in identified professions.
11. Privatizing credentials review for certain professions, e.g. Federation of State Medical Boards.

## Major responsibilities

The Division of Medical Quality Assurance (MQA) regulates more than 700,000 health care practitioners and facilities. As part of its mission, the division protects the public by evaluating applicants' credentials, issuing licenses, analyzing and investigating complaints and reports, inspecting facilities, assisting in prosecuting practice act violations, combating unlicensed activity, and providing credentialing and profiling information about licensees to the public.

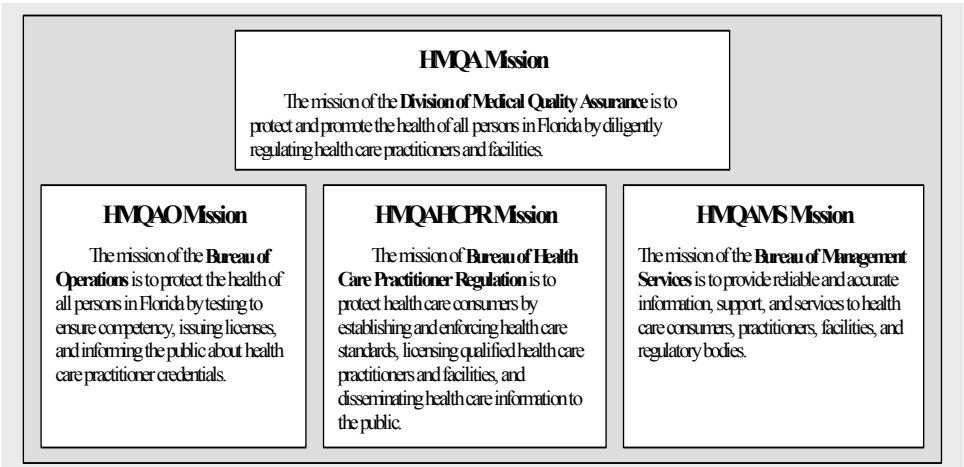
The division's regulatory mission is accomplished in partnership with regulatory boards, consisting of volunteer members appointed by the Governor and confirmed by the Senate. The division is responsible for planning, developing and coordinating programs and services for 22 regulatory boards and five councils. Boards and councils are composed of licensed individuals within a board's specified profession and consumers. MQA and its boards promulgate rules to effectively regulate health care practitioners and facilities.

### Professions MQA regulates

Acupuncture, Athletic Trainers, Audiology, Certified Master Social Workers, Certified Nursing Assistants, Chiropractic, Clinical Laboratory Personnel, Clinical Social Workers, Dental Hygienists, Dentistry, Dietetics and Nutritionists, Electrolysis, Hearing Aid Specialists, Marriage and Family Therapists, Massage Therapy, Medical Physicists, Medicine, Mental Health Counseling, Midwifery, Nursing, Nursing Home Administrators, Occupational Therapy, Opticianry, Optometry, Orthotics, Osteopathic Medicine, Pharmacy, Physical Therapy, Physician Assistants, Podiatric Medicine, Prosthetics, Psychology, Respiratory Therapy, School Psychology, and Speech-Language Pathology.

## Division organization and accomplishments

The director's office and three bureaus make-up the division. The director's office is responsible for division-wide policy implementation, budgeting and accounting, legislation, quality improvement, human resources, contract management, coordinating board and council appointments, and division morale.



## How MQA communicates

### We communicate our mission and our goals:

- Through our monthly, internal newsletters distributed electronically to all employees.
- Through our Quarterly Management Report, attached to our quarterly financial update, and mailed to all boards and councils.
- Through our monthly internal meetings with board executive directors and MQA senior staff.
- Through our biennial award ceremonies and our monthly Thanks-A-Million recognition ceremonies.
- Through power point training modules sent via e-mail to all internal employees.
- Through periodic newsletters distributed to licensees that update them on important events.
- Through training courses developed and provided to all employees by MQA staff.

## Professions implement cost saving measures relative to examination administration

Acupuncture Certification Examination is now offered twice per year in Tallahassee. The Laws and Rules Examination is now a mail out examination.

Board of Massage Therapy converted to a computer based test for the Massage Colonic examination.

Council of Licensed Midwifery, along with several other boards, has chosen to use national examinations where available and appropriate.

The Board of Clinical Laboratory Personnel, The Board of Psychology, and The Electrolysis Council replaced the state exam with a national exam.

# Bureau of Health Care Practitioner Regulation

**This bureau is responsible for policymaking and programmatic activities related to licensure and regulation of health care practitioners. The bureau consists of seven board offices, all managed by a board director.**

During FY 00-01 Board of Pharmacy held two hearings to consider medication errors and the board's role in disciplining medication errors. The board continues to search for proactive solutions to medication error issues. Research shows that punitive reactions to medication errors have had little impact on pharmaceutical care quality. The board has been and will continue to be a leader in requiring pharmacies to implement continuous quality improvement programs and other proactive methods for reducing medication errors. For example, they encouraged associations and universities to establish medication error clinics. As a result, a medication error clinic has been established in a university setting and additional continuing education courses have been offered in this area.

Board of Medicine introduced several initiatives to reduce medical errors and fraud and to strengthen patients' protection if they undergo office-based surgery.

In an effort to facilitate efficient and effective operation of their offices, several professions have implemented cost saving measures. Professions of Midwifery, Optometry, Orthotists and Prosthetists, Clinical Laboratory Personnel, Podiatry, and Physician Assistants reduced the number of face-to-face meetings and replaced them with conference calls. The number of staff providing administrative support to the Boards of Optometry, Orthotists and Prosthetists, Clinical Laboratory Personnel and Podiatry, and the Medical Physicists Council was reduced.

Several boards (Medicine, Physical Therapy, and Psychology) established an unlicensed activity campaign, which included brochures, billboards, and televised public service announcements, to educate the public about unlicensed practitioners.

# Bureau of Management Services

**This bureau has four units: Client Services, Internal Services, Communications, and Central Records.** The bureau is responsible for providing centralized purchasing, travel arrangements, communication, information dissemination, public record request responses, and disciplinary tracking support for the boards and councils. In addition, the bureau coordinates the division's website maintenance and reports board's final disciplinary actions to the Healthcare Integrity Protection Data Bank.

The bureau has had an exciting year of improving its processes to serve MQA's customers more efficiently and effectively. In this era of electronic technology, where automated systems answer calls and provide information on various topics, customers appreciate a human touch and the voice of a live person.

The Communication Services Unit within the Bureau of Management Services provides the first opportunity for customer satisfaction. The team responds to telephone inquiries from individuals seeking license and renewal information. They responded to 276,899 telephone calls during fiscal year 2000-2001 and processed 30,318 requests for applications, laws, and rules.

Process support has many faces, hands, and needs. The Bureau of Management's Internal Services Unit primarily supplies the services that assist the professional boards in completing their required responsibilities. During the year, Internal Services planned and arranged 174 board, council, and committee meetings, including meeting rooms, reservations, court reporters, audio visual

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**Bureau of Management Services responds to 276,899 telephone requests**

# Bureau of Operations

## Information sharing and cross training improve efficiency

The functions of the division are so integrated that the creation of a new process in one area could have a ripple effect on the remainder of the division. Improvements begin by sharing information, developing consistency in business practices, and cross training personnel. Examples from Client Services Unit are:

- Sharing compliance monitoring information with Practitioner Profiling.
- Assuming compliance monitoring for Pharmacy and Clinical Laboratory Personnel, allowing for more consistent, thorough, and responsive monitoring of disciplinary compliance activities.
- Addressing multiple professions on a single licensure certification, thus encouraging greater response to the Unlicensed Activity Program and other law enforcement entities.
- Cross training the Communication Services Unit staff to assist with licensure certification, improving the response time for customer requests.

## One stop customer service at your fingertips

MQA's Communications Services Unit is improving its customer service by creating a functional directory that allows staff to give callers the information they need during their initial phone call.

Division of Information Technology (IT) has created a web based Intranet system that gives all MQA employees access to current information about personnel locations, contacts, and job service functions.

The new system provides employees one location where they can access employee information, and then accurately direct inquiries from customers. The objective is to reduce transfers for the caller. With this system, the customer gets a name and number to call directly if the person is out of the office or away from his or her desk.

This bureau administers testing, licensing, and revenue services, and is responsible for the practitioner profiling program, standardizing credentialing (licensed physicians and advanced registered nurse practitioners), and the unlicensed activity program.

### Testing

Testing services is responsible for planning, coordinating, and directing examination development. This includes scheduling candidates, administering the exam, scoring exams, reporting scores, and conducting post-examination reviews. Through this unit, the department ensures each examination used for licensure purposes is valid, reliable, and adheres to generally accepted testing principles and practices. Exam security and psychometric defense during hearing processes are also important functions provided by the unit.

### Exams

During FY 2000-2001 testing services administered 76 different exams to 6,500 candidates. The staff processed 94 requests for hearings; 24 were conducted. The department prevailed at all hearings. In keeping with the Division's commitment to continuous quality improvement, the unit initiated a candidate satisfaction data system to monitor candidates' satisfaction with exam scheduling and administration, receiving an overall satisfaction rating of 94 percent. The unit submitted a request, proposing that the division select a vendor to administer computer based exams as part of the division's initiatives to increase efficiencies, cost savings, and outsourcing opportunities. This initiative replaced some of the existing paper and pencil exams.

### Licensure Services

The Licensure Services Unit oversees work related to licensure renewal, revenue collection, practitioner profiling, a standardized credentialing database for physicians, and the unlicensed activity program.

### Practitioner Profiling

The Legislature enacted a practitioner-profiling program in 1997 that the department implemented. Profiles on 56,000 licensed allopathic, osteopathic, chiropractic, and podiatric physicians are published on the World Wide Web. Consumers can view information about medical doctors and the listed physicians' educational background, medical specialties, disciplinary actions, and much more. In the fall of 2001 profiles of 2,500 advanced registered nurse practitioners will be available to consumers. The Practitioner Profiling website received over 1.5 million requests during FY 00-01.

### Credentialing

In 1998 the Florida Legislature, in an effort to reduce redundant and costly information gathering, directed the department to develop a standardized database that contains credentialing information on licensed physicians. CoreSTAT, the department's web-based data repository, provides hospitals, managed care organizations, and other health care entities easy access to information they need to credential health care providers. In its first year of operation, the department focused its efforts on enhancing the system to meet user's needs. Program marketing and continued system enhancements will be the primary focus for the coming year.



# License renewal introduces new technology

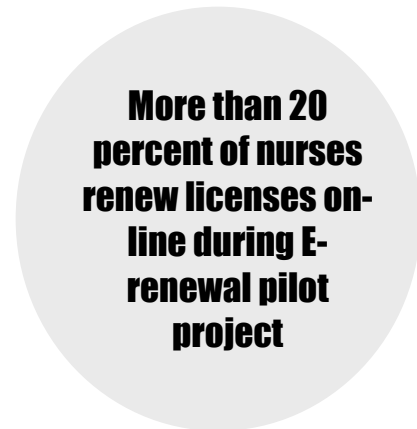
Significant events for the year included modifying the licensure renewal cycle for a variety of professions, resulting in enhanced efficiencies and an evenly distributed workload. An additional highlight for the year was the on-line renewal program that allows licensees to renew on-line using a credit card. A feasibility study and a cost-benefit analysis are being conducted to determine if the e-renewal system can and should be expanded to allow all licensure applicants to apply on-line.

## Why is E-renewal successful?

E-renewals' success can be attributed to three key factors: 1) The Secretary's vision for DOH that includes streamlined service and paperwork reduction; 2) A team effort between three offices: MQA's Licensure Services Unit, DOH's Division of Information Technology and Bureau of Finance and Accounting; and 3) MQA's database, PRAES, which processes information in a way that makes it easy to conduct e-commerce.

## Is it customer-friendly?

E-commerce provides convenience for our customers. No longer are licensees forced to renew their licenses by mail and to wait for manual processing. With E-renewal, a licensee can renew from home or office 24 hours a day, seven days a week. E-renewal provides instant confirmation of whether or not a transaction has been accepted. Licensees can also change their mailing addresses online, preventing a renewed license from going to a wrong address and impacting the licensee's ability to work. The system not only provides better customer service, it reduces processing time for returned checks. The E-renewal program will be expanded in the future to allow initial license applicants to submit their initial applications and pay application fees electronically.



## License renewal, fast, easy

**The Division of MQA is making it easier for licensees to renew their licenses by allowing them to renew on-line.**

About a year ago, the only way to renew a license was to mail in a signed renewal notice with a check or money order. This process took anywhere from four to six weeks.

The electronic renewal pilot project began on April 30 with registered nurses. The end of July concluded the second phase of the pilot project that allowed practical nurses to use the electronic system.

Approximately 20 percent of the renewal population used the electronic renewal method. Additionally, 3,968 registered nurses changed their addresses through the same website.

According to the Division of Information Technology (IT) staff members and the project's special consultants, MQA is the first successful in-house project of this scale in any state agency. MQA attributes the project's success to a team effort between Licensure Services, IT, Finance and Accounting, and PRAES – the licensure data system.

## E-renewals

### Efficiencies realized

- Manual data entry reduced.
- Re-mailing of returned notices reduced.
- Phone calls reduced with clear on-line instructions.

### Future Developments

- Program expansion to 425,000 licensees.
- Ability to update additional practitioner information on-line.
- Ability to update information required for practitioner profiling and credentialing.
- Enable licensees to print bar-coded renewal form on-line to reduce processing costs paid to vendor.
- Add capability to apply for initial licensure on-line resulting in shorter application time.

## Unlicensed activity program saves lives

In order to protect Florida residents and visitors from the potentially serious and dangerous consequences of receiving medical and health care services from an unlicensed person, MQA has made health care regulation enforcement one of its priorities.

The division established an office in Ft. Lauderdale to investigate and prosecute offenders who practice, attempt to practice, or offer to practice a health care profession without an active, valid Florida license to practice that profession.

Halting unlicensed activity is paramount to the department's efforts to protect the health and safety of our residents. To support that effort, the unlicensed activity office staffs a bilingual toll-free hotline for consumers to report suspected unlicensed practice of health care professions. Last year more than 450 consumers called the hotline with concerns, and staff assisted them in filing complaints.

A website translated in English and Spanish provides a wealth of information to consumers, including resources they can use if they have been harmed or injured by an unlicensed individual. The site also provides links to news stories that have been published in state, national and international publications.

"Operation Hot Lips" was a campaign to halt the illegal injection of silicone by unlicensed individuals practicing in homes. One case resulted in a fatality. Other operations have resulted in more than 100 arrests of people performing medical services without a license. Of those, 52 arrests involved individuals not licensed to practice medicine. All told, 1,557 cases have been investigated in the last three years. Billboard campaigns, print brochures, radio and television spots have educated consumers about the dangers of unlicensed health care

## Unlicensed Activity Office

Statistical Report for FISCAL YEAR 2001.

July 1, 2000 through June 30, 2001

### Complaints of Unlicensed Activity

1. Total cases 348
2. number of investigators statewide 5

### Cases investigated by the ULAO

1. Under Investigation 218
2. Enforcement Underway 4
3. Pending Criminal Court Action 57
4. Total number of opened cases 279
5. Pending Legal Review for the Agency for Health Care Adm. 54

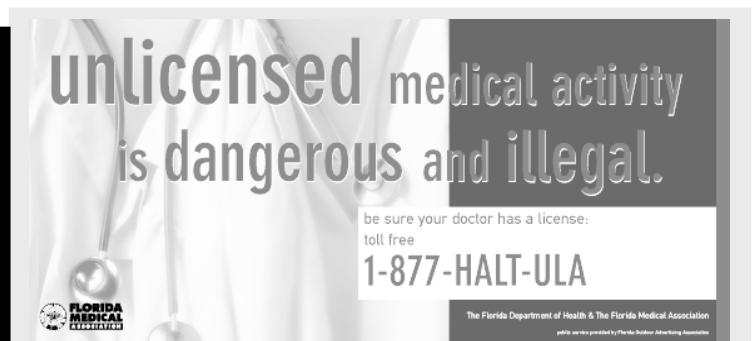
## MQA educates Floridians about dangers of unlicensed activity

**The Division of Medical Quality Assurance (MQA) informs and educates consumers on the importance of using licensed health care practitioners through various consumer awareness campaigns this past fiscal year:**

### Consumer Support

- Bilingual toll-free hotline
- Bilingual web site devoted solely to unlicensed activity, which provides e-mail connection to the department and provides quick links to various resources and forms
- Billboard campaigns (English/Spanish):
  - Board of Medicine
- Radio campaigns:
  - Board of Massage
  - Board of Chiropractic Medicine
- Consumer Awareness brochures:
  - Board of Physical Therapy (English/Spanish)
  - Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling (English/Spanish)
  - Board of Psychology (English/Spanish)

**This billboard was designed as part of MQA's billboard campaign to educate Floridians about the dangers of unlicensed activity.**



## MQA commits to Sterling management

**When committing to Sterling management MQA first addressed customer service, human resources, and process management. The Process Support and Improvement Team (PSIT) helps MQA make strides in three areas.**

### Customer Service

The Customer Service Training Team created MQA-specific customer service training and trained all current employees. It has an on-going program to provide this training to all new employees.

The team provided customer service training to staff in the Communications Unit, customers' initial contact when they need service. In addition, the team developed and piloted its Writing to Customers training modules. As part of the division's one-stop-service initiative, the course teaches MQA employees how to write to customers in clear, reader-friendly language. The first training was given to managers and supervisors August 30.

### Human Resources

In human resources, MQA's Employee Satisfaction Teams have created stronger connections between employees and management. They have implemented 360-degree supervisory feedback to improve supervision. They have created personal, professional, and educational growth opportunities for employees to improve their satisfaction. They have helped employees learn how their work fits into MQA's core business processes.

Human resource management is a key factor in efficiency. MQA has developed review standards for human resources managerial practices. PSIT now applies the standards to help managers align their human resources with their processes.

### Documenting processes

PSIT has set up a system for MQA to document its processes. Central Records and Client Services, in the Bureau of Management Services, worked with a vendor to document part of their processes, and Licensure Services, in the Bureau of Operations, is using the system to document all of its processes.

## Paperless, before and after

Paperless meetings will save 425 pulp trees, 9,750 gallons of oil, and 200 cubic feet of public land fill space every year by replacing 5 million paper pages with scanned images stored on CDs.

**T**he Florida Board of Medicine initiated a paperless board meeting system to decrease meeting preparation time and increase management efficiency, according to MQA's automated meeting agenda team (AMA).

The Legislature funded laptop computers for board members and staff and software development for storing, indexing, and annotating images.

These images are saving board members valuable time, by allowing them to navigate through scanned images rather than to sift through stacks of paper.

Board members are also analyzing records and addressing trends and patterns. Annotation features allow members to note concerns and questions, and search features allow members to locate other cases with similar annotations.

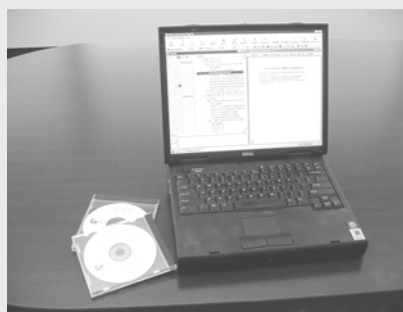
Production and distribution costs have been redirected to pay for scanning services. Meanwhile, costs for destroying all confidential paper documents have been eliminated.

Savings are expected to accrue as other boards convert to scanning and unit prices will decrease as volume increases.

Before  
Paperless



After  
Paperless



# Commission on Excellence in Health Care addresses access and quality

Over the past decade, Florida's health care delivery system has made tremendous strides toward addressing the critical issues of access and quality. As a result, Floridians are living longer and are generally healthier than at any other time in the history of this state. Florida can also take pride in the fact that it has many of the nation's finest health care professionals, academic health centers, and other medical research institutions. However, the health care delivery system is under enormous strain, made evident by the number of documented health care errors.

To address these concerns, DOH and AHCA entered into a partnership, resulting in the secretaries of both departments asking the 2000 Legislature to create the Florida Commission on Excellence in Health Care. As a result, the Commission facilitated development of a comprehensive statewide strategy for improving the health care delivery system through meaningful standards, data collection and review, and quality measurement.

The commission held seven meetings, and heard 14 hours of public testimony. As a result of these meetings, the commission proposed a comprehensive strategy for addressing broad issues of quality health care, including reducing health care errors and improving patient safety. The strategy includes market and regulatory initiatives and public and private efforts, including enhanced consumer involvement. To address the issue of additional marketplace incentives, the commission proposed that quality performance be recognized and rewarded. Both health care

facilities and practitioners would be recognized publicly as quality providers.

Commission members opined that the increased publication of performance data would allow consumers to use the information to make health care decisions based on records of quality. The commission agreed that a basic level of safety should be assured for all health care consumers, and that an efficient and effective regulatory component is critical to accomplishing this goal. However, the commission also recognized that regulation alone would not be sufficient to reduce health care errors and improve patient safety.

The commission indicated strongly that, in addition to the existing mandatory reporting system, a voluntary, incentive-driven, non-punitive system for quality improvement purposes should be created to encourage reporting of errors that could result in injury. Moreover, these records should be redacted of names, and used as a learning tool by health care practitioners and providers and the public.

The commission made an attempt to address all aspects of the health care continuum to ensure that future health care performance is measured and monitored with a focus on the patient rather than the setting within which treatment occurs. Through their deliberations, commission members remained focused on developing a patient-centered health care improvement plan that relies on valid, reliable, and accurate data to establish short-term as well as long-term goals and objectives

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## The commission recommended establishing two new entities:

1. A freestanding Center for Patient Safety and Excellence in Health Care to research and compile information on patient safety and error reduction.
2. An Interagency Council for Patient Safety and Excellence in Health Care staffed by DOH and AHCA to provide ongoing leadership in health care quality improvement.

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## Long-range plan for Consumer Advocacy Program

During FY 2000-2001 a Consumer Advocacy Program office was established. The Consumer Advocacy Program, by providing resources and information for the health care consumers and practitioners, will improve patient services and outcomes within the State of Florida, and become a nationally recognized leader in reducing medical errors, and increasing patient safety.

An employee within this program office receives phone calls from the public through the Consumer Call Line. A Consumer Liaison system has been created for unresolved consumer issues related to the Health Care Practitioner Complaint Process. MQA's website introduces the Consumer Advocacy Program to the public. This resource provides the public information about safety and medical error resources and submitting concerns directly to Consumer Advocacy Program via e-mail. Also planned is to establish an advisory body in partnership with the Agency for Health Care Administration; this group will make recommendations about strategic goals and initiatives and will meet regularly under the direction of the Manager of the Consumer Advocacy Program. The mission and vision of the program has been communicated to health care practitioners via the medicine and nursing board newsletters. Another task of this program will be to identify grant funding and partner with health care facilities in Florida

for pilot projects to implement systems based on "Best Practices", which are specific initiatives that have been proven by research to decrease the incidence of medical errors and increase patient safety. Grants have been identified within our scope and two hospitals have expressed deep interest in our project; letters will be sent inviting them to participate with us and copies sent with grant application. Through a partnership relationship, a Center for Patient Safety will be created in conjunction with another interested party (such as the FSU Medical School or a teaching hospital); the purpose of this Center is to coordinate the development of community-based collaborative initiatives for error reporting and analysis, statewide feedback to the medical community, provide information to consumers, and recognize best practice organizations through a system of reward and recognition with the improved outcomes.

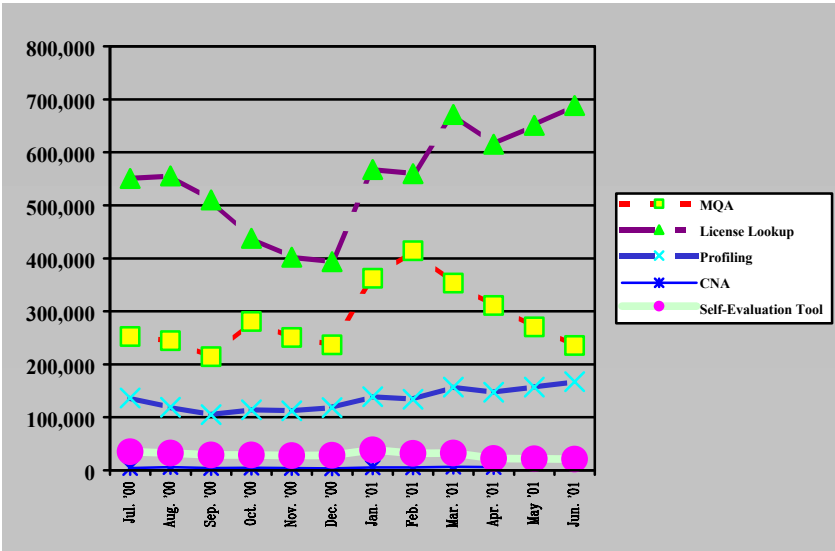
During FY 2002-2003 the Consumer Advocacy Program plans to publish results of improved patient outcomes with the data from the grant projects; collaborate with the Center for Patient Safety in research and analysis of data. By Spring or Summer 2003, community-based educational initiatives focusing on high-volume consumer issues and high-risk medical errors will be implemented, also in conjunction with the Center for Patient Safety. Also on the agenda is possible collaboration with the Florida A&M University School of Pharmacy for research and analysis of adverse drug events related to medication errors

## MQA's website proves efficient, cost effective

From July of 2000 until June 2001 MQA's website and associated applications experienced increased requests (hits) from 978,979 requests (hits) to 1,112,513 requests (hits) per month. The average was over 1 million requests (hits) per month for the last six months of the fiscal year.

Many boards have chosen to move interested party lists to electronic mailing, where possible. Electronic mailing is used for providing meeting notices, agendas, and other information of interest to the professions.

The Boards of Clinical Laboratory Personnel, Clinical Social Work, Marriage and Family Therapy, Mental Health Counseling, Medicine, and Psychology have used the self-evaluation tool on the website to assist candidates in determining whether they qualify for licensure, thereby reducing the number of telephone calls and other inquiries to board staff.



The graph above provides an overview of web use for MQA and its associated applications. The MQA website and its associated applications received over 12 million requests during FY 00-01.

## Florida's citizens ask, Dr. Who?

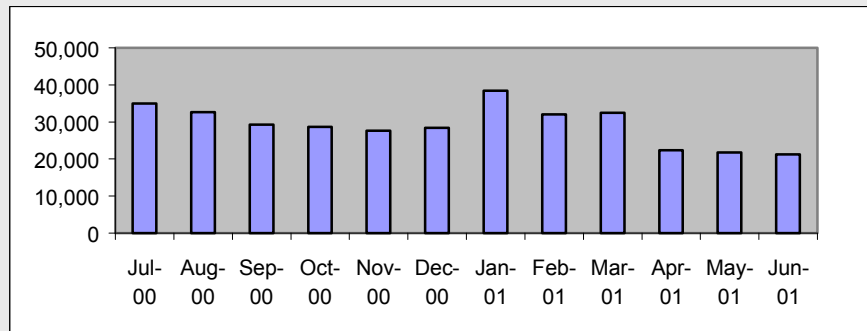
In 1998 Medical Quality Assurance (MQA) Information Technology staff revamped its web based practitioner information look up system that allows any one in any state to access information about MQA health care licensees. The idea of making information readily available to customers helps fulfill MQA's mission statement.

The new system offers general information on Florida's health licensees, practitioner profiling, and more detailed information on Florida's medical doctors and osteopathic, chiropractic, and podiatric physicians. The new system is also more customer-friendly. Customers access MQA's web site by logging on to [www.doh.state.fl.us](http://www.doh.state.fl.us).

## Using the License Advisory System

As depicted by the graph below, the License Advisory System received over 340,000 requests during FY 00-01. Potential applicants who use the system are less likely to pay the non-refundable application fee if they learn that they do not meet the basic licensure requirements.

To ensure the system continues to provide potential applicants with the ability to self-evaluate, it is necessary to address and plan for updating and enhancing the system. Each time boards or councils change education requirements or other licensure requirements, the system must be updated in a timely manner to reflect the changes.



## Revising disciplinary guidelines

The 2000-2001 Fiscal Year saw several major changes in the disciplinary guidelines for the boards and councils of Acupuncture, Medicine, Physician Assistants, Speech-Language Pathology, and Audiology, Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, Electrolysis, Physical Therapy, Dietetics/Nutrition, and Orthotists and Prosthetists.

During the course of the statutorily mandated periodic review, several boards and councils found it necessary to amend the guidelines, insuring they specified a meaningful range of penalties, and that they addressed each ground for which the boards and councils may impose discipline. Among them was the Board of Acupuncture. Acupuncture placed a cap on the maximum fines that could be assigned for each violation, and added a guideline for licensees who failed to comply with continuing education requirements, including requirements for HIV/AIDS education.

### Physical Therapy

The Board of Physical Therapy Practice reworded their disciplinary guidelines substantially to update the provisions and the penalty amounts to be assessed for each violation.

**Clinical Social Work, Marriage and Family, and Mental Health Counseling**  
The Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling amended their rules to clarify the penalties imposed for violations committed by an applicant, licensee, registered intern, provisional licensee, or certificate holder. New language included categorical disciplinary guidelines relevant to statutory provisions and the inclusion of first, second, and third offenses for certain penalties imposed by the board.

### Medicine

The Board of Medicine amended their disciplinary guidelines, including provisions for a Letter of Concern under

the first offense and added a new second offense range of penalty. These changes address single count violations for each provision listed, multiple counts of the violated provisions, or a combination of violations. The purpose of imposing discipline as stated in the rule was to “punish the applicants or licensees for violations and to deter them from future violations; to offer opportunities for rehabilitation, when appropriate; and to deter other applicants or licensees from violations.” Under the guidance of the Board of Medicine, the Electrolysis and Physician Assistants Councils amended their rule to set forth penalties for first and subsequent violations.

### Orthotists and Prosthetists

The Board of Orthotists and Prosthetists’ rules were first adopted in July 1998. A review by the Joint Administrative Procedures Committee found that disciplinary guidelines needed to be amended to insure they specified a meaningful range of penalties and addressed each ground for which the Board may impose disciplinary punishments. The penalty range was expanded to include minimums and maximums for each ground. Some grounds for disciplinary action were expanded to include second and third offenses. The opportunity for rehabilitation was also added, using the services of the Impaired Practitioners Program (PRN) for certain disciplinary grounds.

### Speech-Language Pathology and Audiology

The Board of Speech-Language Pathology and Audiology found it necessary to update the rule text with regard to penalty ranges for certain violations, and to add additional violations and penalties. The fines imposed under these changes doubled, and the associated recovered costs were added to the financial liability for the violation. A provision was also added to refer impaired individuals to the Impaired Practitioner Program until they can demonstrate the ability to practice with reasonable skill and safety.

## ACHA General Counsel’s Office implements new measures

*ACHA’s General Counsel Practitioner Regulation Unit implemented the following measures:*

- Dedicated a full-time FTE to monitor compliance of mandated timeframes as well as identify areas of potential delay.
- Earmarked specific workdays to concentrate on older, pending cases.
- Redirected resources as a result of the consolidation of the Allied Health and Medical Units into one legal team.

## Improving the Disciplinary Process

The Enforcement Unit within AHCA worked to reduce the number of pending complaints. In Fiscal Year 1998-99 there were 4,037 complaints that were over one-year-old, not yet before the Division of Administrative Hearings or otherwise resolved. As of June 30, 2000, the number of complaints over one year old totaled 2,700. That number has been substantially reduced to fewer than 1,600 as of June 30, 2001, a reduction of 41 percent.

The Enforcement Unit monitored compliance with the statutory mandate to complete the analysis, investigation, and recommendation of probable cause within six months from receipt of a complaint. FY 00-01’s average compliance rate is 88.7 percent. This shows a 5.5 percent improvement from FY 99-00. Recent analysis indicates that the Agency had a compliance rate of 90.7 percent in June 2001.

The Agency implemented several administrative strategies to improve the disciplinary process. Manager reports were created and used to identify potential delays in processing complaints. The processes in the Enforcement Program were mapped and analyzed to identify improvement opportunities. Consumer and Investigative Services Units dedicated staff to monitor compliance of mandated timeframes. The Agency, in conjunction with the boards and councils, proposed and supported legislation, which expands citation authority to redirect the focus on more serious cases, and allows for prosecutorial expediency.

*Chapter 456, Florida Statutes, provides that: The disciplinary guidelines shall specify a meaningful range of designated penalties based upon the severity and repetition of specific offenses, it being the legislative intent that minor violations be distinguished from those which endanger the public health, safety, or welfare; that such guidelines provide reasonable and meaningful notice to the public of likely penalties which may be imposed for proscribed conduct; and that such penalties be consistently applied by the board. (Section 456.079(2), F.S.)*

**Table I**  
**Summary of Licensed Practitioners and Establishments and Approved Educational Provider Courses**

Profession	STATUS				Total
	Active	Delinquent Active	Inactive	Delinquent Inactive	
Chiropractic Physician	4460	265	259	186	5170
Registered Chiropractic Assistant	608	0	0	0	608
Certified Chiropractic Physician's Assistant	139	22	4	10	175
Chiropractic Continuing Education Provider	51	10	0		61
Chiropractic Continuing Education Courses	487	0	0		487
Dental	10395	270	193	59	10917
Dental Hygienist	8866	367	170	64	9467
Dental Radiographer	5878	11986	0		17864
Dental Laboratory	1096	758	0		1854
Dental Continuing Education Provider	54	0	0		54
Dental Teaching Permits	151	0	0	0	151
Nursing Home Administrator	1548	211	52	38	1849
Nursing Home Administrator Provisional	6	0	0		6
Nursing Home Admin. Continuing Education Provider	8	0	0		8
Athletic Trainer	914	167	27	13	1121
Massage Therapist	17050	3132	842	359	21383
Massage Establishment	3591	1289	0		4880
Approved Massage School	97	0	0		97
Massage Therapy Continuing Education Provider	280	44	0		324
Massage Therapy Continuing Education Courses	2405	0	0		2405
Medical Doctor	43517	1657	1353	500	47027
Medical Doctor Public Psychiatry Certificate	2	2	0		4
Medical Doctor Public Health Certificate	6	2	0		8
Medical Doctor Limited to Mayo Clinic	9	5	0		14
Medical Doctor Limited to Cleveland Clinic	2	0	0		2
Limited License Medical Doctor	180	42	0		222
Medical Doctor Area Critical Need	50	13	0	0	63
Medical Faculty Certificate	87	25	0		112
Medical Doctor Visiting Faculty Certificate	0	0	0		0
Unlicensed Medical Doctor	3203	27	0	0	3230
Physician Assistant	2727	184	24	9	2944
Medical Doctor Restricted	111	0	0	0	111
Office Surgery Registration	352	0	0		352
Naturopathic Physician	8	2	0	0	10
Registered Nurse	169774	14485	3628	1540	189427
Licensed Practical Nurse	55694	6490	893	391	63468
Nurse Continuing Education Provider	1084	0	0		1084
Optometrist	2360	141	48	26	2575
Optometry Branch Office	411	151	0	0	562
Optometry Continuing Education Provider	108	89	0		197

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Table I (continued)

<b>Optometry Continuing Education Courses</b>	637	0	0		637
<b>Osteopathic Physician</b>	3889	197	202	132	4420
<b>Unlicensed Osteo Registration</b>	251	282	0		533
<b>Osteopathic Limited License</b>	2	2	0		4
<b>Optician</b>	3241	103	128	56	3528
<b>Apprentice Optician</b>	783	0	0		783
<b>Optical Establishment Permit</b>	884	0	0		884
<b>Opticianry Continuing Education Provider</b>	16	0	0		16
<b>Podiatric Physician</b>	1553	130	72	67	1822
<b>Podiatry Continuing Education Provider</b>	16	0	0		16
<b>Podiatry Continuing Education Course</b>	34	0	0		34
<b>Pharmacist</b>	20460	783	346	76	21665
<b>Pharmacist Intern</b>	1022	0	0		1022
<b>Consultant Pharmacist</b>	2303	486	107	66	2962
<b>Nuclear Pharmacist</b>	172	13	5	2	192
<b>Pharmacys</b>	6127	604	0		6731
<b>Psychologist</b>	3318	85	236	51	3690
<b>Provisional Psychologist</b>	36	0	0		36
<b>Limited License Psychologist</b>	4	0	0	0	4
<b>Psychology Continuing Education Provider</b>	52	0	0		52
<b>Speech-Language Pathologist</b>	4268	536	69	29	4902
<b>Audiologist</b>	756	77	18	2	853
<b>Speech Language Pathology Assistant</b>	234	210	15	12	471
<b>Audiology Assistant</b>	22	6	1	0	29
<b>Provisional Speech-Language Pathologist</b>	386	1	0		387
<b>Provisional Audiologist</b>	35	0	0		35
<b>Speech/Audiology Continuing Education Provider</b>	58	0	0		58
<b>Speech and Audiology CE Provider 1 Time Approval</b>	16	0	0		16
<b>Prosthetist-Orthotist</b>	130	0	0	0	130
<b>Prosthetist</b>	65	4	0	0	69
<b>Orthotist</b>	117	11	0	0	128
<b>Orthotic Fitter</b>	91	30	0	0	121
<b>Orthotic Fitter Assistant</b>	27	6	0	0	33
<b>Pedorthist</b>	48	14	0	0	62
<b>Midwifery</b>	104	9	5	2	120
<b>Temp Midwifery</b>	0	0	0		0
<b>Hearing Aid Specialist</b>	756	118	8	2	884
<b>Hearing Aid Specialist Continuing Education Course</b>	0	0	0		0
<b>Licensed Acupuncturist</b>	1146	55	51	23	1275
<b>Acupuncture Continuing Education Provider</b>	1	0	0		1
<b>School Psychologist</b>	501	49	26	21	597
<b>School Psychology Continuing Education Provider</b>	7	0	0		7
<b>One Time Continuing Education Course</b>	0	0	0		0
<b>Licensed Clinical Social Worker</b>	4857	277	298	48	5480
<b>Licensed Marriage and Family Therapist</b>	1212	107	97	21	1437
<b>Licensed Mental Health Counselor</b>	5141	291	313	51	5796
<b>Provisional Clinical Social Worker Licensee</b>	88	0	0		88
<b>Provisional Marriage and Family Therapist Licensee</b>	10	0	0		10



Table I (continued)

<b>Provisional Mental health Counselor Licensee</b>	92	0	0		92
<b>Registered Clinical Social Worker Intern</b>	1249	285	0	0	1534
<b>Registered Marriage and Family Therapist Intern</b>	249	50	0	0	299
<b>Registered Mental Health Counselor Intern</b>	1664	316	0	0	1980
<b>Certified Master Social Worker</b>	4	3	0	0	7
<b>Physical Therapist</b>	9279	1056	355	115	10805
<b>Physical Therapist Assistant</b>	3736	428	121	28	4313
<b>Occupational Therapist</b>	4677	731	98	37	5543
<b>Occupational Therapy Assistant</b>	1265	275	36	7	1583
<b>Occupational Therapy Continuing Education Provider</b>	92	0	0		92
<b>Registered Respiratory Therapist</b>	4442	473	124	34	5073
<b>Certified Respiratory Therapy Technician</b>	4171	1118	139	52	5480
<b>Respiratory Care Practitioner by Exam</b>	7	5	0	0	12
<b>Respiratory Care Practitioner Critical Care</b>	103	11	6	0	120
<b>Respiratory Care Practitioner Non-Critical Care</b>	41	20	2	2	65
<b>Registered Respiratory Care Student Exemption</b>	41	137	0		178
<b>Respiratory Care Continuing Education Provider</b>	106	0	0		106
<b>Diagnostic Radiological Physicist</b>	73	8	0	0	81
<b>Therapeutic Radiological Physicist</b>	148	20	0	0	168
<b>Medical Nuclear Radiological Physicist</b>	59	6	0	0	65
<b>Medical Health Physicist</b>	48	6	1	0	55
<b>Medical Physicist In Training</b>	11	1	0	0	12
<b>Dietetics/Nutritionist</b>	2692	302	66	57	3117
<b>Nutrition Counselor</b>	270	36	16	5	327
<b>Dietetics/Nutritionist Continuing Education Provider</b>	10	0	0		10
<b>Electrologist</b>	539	103	9	2	653
<b>Electrolysis Facility</b>	312	0	0		312
<b>Clinical Laboratory Personnel</b>	13462	1019	1112	799	16392
<b>Clinical Laboratory Trainee</b>	225	0	0		225
<b>Clinical Laboratory Training Program</b>	37	7	0		44
<b>Clinical Laboratories-Reference Only</b>	13	10111	0		10124
<b>Clinical Laboratory Personnel Continuing Education Provider</b>	229	4	0		233
<b>Clinical Laboratory Personnel Continuing Education Courses</b>	12580	0	0		12580
					0
					0
<b>Certified Nurse Assistant</b>	259749	0	0		259749
<b>TOTAL:</b>	724320	62853	11575	4994	803742

**Table II**  
**Summary of Applications Submitted and Approved**  
**July 1, 2000 through June 30, 2001**

Profession	STATUS				Total
	Active	Delinquent Active	Inactive	Delinquent Inactive	
Chiropractic Physician	4460	265	259	186	5170
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<b>Respiratory Care Practitioner Critical Care</b>	103	11	6	0	120
<b>Respiratory Care Practitioner Non-Critical Care</b>	41	20	2	2	65
<b>Registered Respiratory Care Student Exemption</b>	41	137	0		178
<b>Respiratory Care Continuing Education Provider</b>	106	0	0		106
<b>Diagnostic Radiological Physicist</b>	73	8	0	0	81
<b>Therapeutic Radiological Physicist</b>	148	20	0	0	168
<b>Medical Nuclear Radiological Physicist</b>	59	6	0	0	65
<b>Medical Health Physicist</b>	48	6	1	0	55
<b>Medical Physicist In Training</b>	11	1	0	0	12
<b>Dietetics/Nutritionist</b>	2692	302	66	57	3117
<b>Nutrition Counselor</b>	270	36	16	5	327
<b>Dietetics/Nutritionist Continuing Education Provider</b>	10	0	0		10
<b>Electrologist</b>	539	103	9	2	653
<b>Electrolysis Facility</b>	312	0	0		312
<b>Clinical Laboratory Personnel</b>	13462	1019	1112	799	16392
<b>Clinical Laboratory Trainee</b>	225	0	0		225
<b>Clinical Laboratory Training Program</b>	37	7	0		44
<b>Clinical Laboratories-Reference Only</b>	13	10111	0		10124
<b>Clinical Laboratory Personnel Continuing Education Provider</b>	229	4	0		233
<b>Clinical Laboratory Personnel Continuing Education Courses</b>	12580	0	0		12580
					0
					0
<b>Certified Nurse Assistant</b>	259749	0	0		259749
<b>TOTAL:</b>	724320	62853	11575	4994	803742

**Table III**  
**Summary of Complaints Received and Investigated**  
**July 1, 2000 through June 30, 2001**

<i>Professions</i>	Statutory Reports	Complaints Received	Unlicensed Complaints	Legally Sufficient	Investigations Completed	No Probable Cause Found	Probable Cause Found	Administrative Complaints Filed	Non-Disciplinary Actions
Acupuncture	0	18	1	9	8	9	2	5	5
Athletic Trainer	0	17	0	0	0	0	0	0	0
Certified Nursing Assistant	0	136	11	80	64	18	27	19	0
Certified Social Worker	0	1	1	2	1	0	0	0	0
Chiropractic Medicine	10	640	8	156	135	63	57	45	28
Clinical Laboratory Personnel	1	127	1	98	76	37	16	19	4
Clinical Social Work	1	47	2	18	19	9	11	13	2
Dental Labs	0	12	6	21	22	30	1	2	13
Dentistry	141	836	39	489	402	241	125	145	54
Dietetics and Nutritionist	1	15	19	22	16	6	1	0	4
Electrolysis	0	12	0	6	3	6	1	0	0
Electrolysis Facilities	0	22	0	17	5	5	0	0	0
Hearing Aid Specialists	0	162	0	51	58	119	55	55	57
Marriage & Family Therapy	0	20	3	10	8	9	4	4	2
Massage Establishments	0	175	43	195	137	59	29	27	13
Massage Therapy	0	513	20	187	146	56	33	34	14
Medical Physicist	0	0	0	0	0	0	0	0	0
Medicine	2,675	4,188	60	1,723	1,830	2,662	393	379	137
Mental Health Counseling	1	66	4	44	36	35	21	31	9
Midwifery	1	2	0	2	3	1	4	2	1
Naturopathic Medicine	0	0	1	1	0	0	0	0	0
Nursing	261	1,474	24	1,271	1,185	594	615	511	156
Nursing Home Administrators	21	50	0	41	40	23	0	0	9
Occupational Therapy	1	26	1	26	17	13	8	10	0
Optical Establishments	0	15	46	50	13	0	0	0	0
Opticianry	0	29	7	15	11	6	1	1	12
Optometry	1	67	0	37	32	25	18	19	7
Optometry Branch Offices	0	1	0	1	1	0	0	0	0
Orthotists & Prosthetists	0	33	18	20	11	2	2	2	2
Osteopathic Medicine	164	387	1	164	181	292	35	30	8
Pharmacies	0	480	20	307	278	161	140	151	32
Pharmacists	4	324	10	303	318	128	228	236	51
Physical Therapy	2	80	2	97	85	22	50	49	12
Physician Assistant	23	61	2	33	32	33	8	4	6
Podiatric Medicine	14	125	0	64	51	46	22	22	11
Psychology	0	114	16	76	44	24	8	6	7
Respiratory Care	2	64	2	53	38	22	25	15	5
School Psychology	0	2	0	2	2	0	0	0	0
Speech-Language Pathology & Audiology	0	27	1	14	17	9	7	7	0
<b>Total</b>	<b>3,324</b>	<b>10,368</b>	<b>369</b>	<b>5,705</b>	<b>5,325</b>	<b>4,765</b>	<b>1,947</b>	<b>1,843</b>	<b>661</b>
<b>Referred Non-Jurisdictional</b>	<b>482</b>	<b>576</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Totals</b>	<b>3,806</b>	<b>10,944</b>	<b>369</b>	<b>5,705</b>	<b>5,325</b>	<b>4,765</b>	<b>1,947</b>	<b>1,843</b>	<b>661</b>

**Table IV**  
**Disposition of Administrative Complaints**  
**July 1, 2000 – June 30, 2001**

Professions	Revocation	Voluntary Surrender	Suspension	Probation	Limited Obligations	Fines and Reprimands	Citations
Acupuncture	0	0	3	1	4	5	0
Athletic Trainer	0	0	0	0	0	0	0
Certified Nursing Assistant	0	1	0	0	0	0	0
Certified Social Worker	0	0	0	0	0	0	0
Chiropractic Medicine	4	6	4	6	37	34	5
Clinical Laboratory Personnel	1	3	5	3	11	15	24
Clinical Social Work	0	1	0	1	5	10	0
Dental Labs	0	1	0	1	6	9	0
Dentistry	3	7	12	7	71	68	54
Dietetics and Nutritionist	0	1	1	0	1	2	0
Electrolysis	0	1	1	0	1	0	3
Electrolysis Facilities	0	0	0	0	0	0	9
Hearing Aid Specialists	6	3	2	1	22	23	4
Marriage and Family Therapy	0	0	0	3	2	7	0
Massage Establishments	4	3	2	1	27	27	31
Massage Therapy	11	8	0	1	25	52	5
Medical Physicist	0	0	0	0	0	0	0
Medicine	37	24	19	23	158	194	1
Mental Health Counseling	2	1	0	2	4	10	0
Midwifery	0	0	0	0	1	2	0
Naturopathic Medicine	0	0	0	0	0	0	0
Nursing	32	76	190	146	132	413	73
Nursing Home Administrators	0	3	0	1	3	3	0
Occupational Therapy	0	1	0	0	0	1	7
Optical Establishments	0	0	0	0	0	0	0
Opticianry	0	2	1	1	3	4	0
Optometry	1	1	0	1	14	18	0
Optometry Branch Offices	0	0	0	0	0	0	0
Orthotists & Prosthetists	0	0	0	0	0	0	0
Osteopathic Medicine	2	3	4	2	11	14	0
Pharmacies	4	3	0	8	61	69	2
Pharmacists	2	5	15	41	141	179	0
Physical Therapy	2	2	6	3	30	28	12
Physician Assistant	0	0	1	1	2	1	0
Podiatric Medicine	0	1	7	6	29	32	9
Psychology	0	3	2	3	4	5	3
Respiratory Care	12	7	4	1	3	14	14
School Psychology	0	0	0	0	0	0	0
Speech-Language Pathology & Audiology	0	0	2	1	2	4	0
<b>Total</b>	<b>123</b>	<b>167</b>	<b>281</b>	<b>265</b>	<b>810</b>	<b>1,243</b>	<b>256</b>

**Table V**  
**Summary of Examination Statistics by Profession**  
**July 1, 2000 – June 30, 2001**

<b>Profession</b>	<b>Scheduled</b>	<b>Examined</b>	<b># Passed</b>	<b>% Passed</b>	<b># Failed</b>	<b>% Failed</b>
<b>Chiropractic Medicine</b>	541	505	385	76.24%	120	23.76%
<b>Clinical Laboratory Personnel</b>	764	690	514	74.49%	176	25.51%
<b>*Dentistry</b>	498	467	0	0.00%	0	0.00%
<b>*Dental Hygiene</b>	861	658	0	0.00%	0	0.00%
<b>Electrolysis</b>	32	31	19	61.29%	12	38.71%
<b>Hearing Aid Specialist</b>	51	48	35	72.92%	13	27.08%
<b>Massage - Colonics</b>	26	22	22	100.00%	0	0.00%
<b>Florida Medicine License Exam (Parts I &amp; II)</b>	335	245	1	0.41%	244	99.59%
<b>Nursing Home Administrators Laws &amp; Rules</b>	989	987	970	98.28%	17	1.72%
<b>Opticianry</b>	158	154	108	70.13%	46	29.87%
<b>Optometry</b>	330	321	299	93.15%	22	6.85%
<b>Osteopathic Medicine</b>	2	2	0	0.00%	2	100.00%
<b>Physician Assistant</b>	163	90	60	66.67%	30	33.33%
<b>Psychology</b>	276	259	206	79.54%	53	20.46%
<b>Totals</b>	5,026	4,479	**	**	**	**

**Note: This table includes examination statistics of only examinations that are included by the Department.**

**\*Pass/Fail statistics are not reported pending the finalization of scores for the June Dental and Dental Hygienist examinations and the May FMLE exams.**

**\*\*Overall percent passed and the overall percent failed are not reported since the low pass rate of the FMLE may give a misleading overall pass/fail rate.**

**Table VI**  
**Revenue/Expenditures/Cash Balances**  
**July 1, 2000 - June 30, 2001**

PROFESSIONS	Beginning Cash Balance	Revenues	Expenditures	Ending Cash Bal	Unlicensed Activity Cash
Acupuncture	\$840,304	\$230,788	\$179,540	\$891,552	\$37,086
Athletic Trainers	\$226,755	\$57,991	\$55,074	\$229,672	\$10,464
Chiropractic	\$(156,162)	\$548,522	\$1,385,047	\$(992,687)	\$94,692
Clinical Laboratory Personnel	\$(458,433)	\$493,015	\$944,403	\$(909,821)	\$74,458
Certified Nursing Assistants	\$(710,060)	\$241,800	\$474,698	\$(942,958)	\$(7,396)
Certified Social Worker	\$(124,753)	\$360	\$1,933	\$(126,626)	\$(6,561)
*CSW,MFT,MHC	\$(389,375)	\$3,823,622	\$1,718,196	\$1,716,051	\$226,696
Dentistry	\$752,389	\$985,055	\$3,001,995	\$(1,264,550)	\$355,446
Dental Labs	\$670,721	\$66,759	\$149,962	\$587,518	\$48,108
Dietetics & Nutrition	\$281,230	\$235,370	\$193,360	\$323,240	\$78,387
Electrolysis	\$(582,453)	\$39,930	\$126,735	\$(669,259)	\$6,514
Hearing Aid Specialist	\$(800,418)	\$320,120	\$419,549	\$(899,847)	\$(2,190)
Massage Therapy	\$1,526,742	\$3,349,808	\$2,014,078	\$2,862,472	\$251,729
Medical Physicists	\$15,670	\$65,796	\$12,618	\$68,848	\$(649)
Medicine	\$12,268,936	\$3,437,514	\$15,661,831	\$44,619	\$1,563,254
Midwifery	\$(575,060)	\$19,054	\$36,426	\$(592,432)	\$(10,006)
Naturopathy	\$(231,650)	\$198	\$6,034	\$(237,487)	\$(8,807)
Nursing	\$10,907,979	\$11,204,552	\$11,269,872	\$10,842,660	\$5,175,514
Nursing Home Administrator	\$(125,232)	\$204,361	\$383,609	\$(304,480)	\$46,614
Occupational Therapy	\$581,693	\$476,358	\$367,507	\$690,544	\$155,417
Opticianry	\$1,244,012	\$543,060	\$425,800	\$1,361,272	\$87,708
Optometry	\$170,969	\$1,030,254	\$700,655	\$500,567	\$48,839
Orthotist & Prosthetist	\$(299,765)	\$204,946	\$192,792	\$(287,611)	\$1,170
Osteopathic Medicine	\$1,466,918	\$373,855	\$1,091,456	\$749,318	\$165,368
Pharmacy	\$2,253,727	\$5,868,594	\$3,167,270	\$4,955,051	\$660,315
Physical Therapy	\$1,553,275	\$1,446,925	\$862,466	\$2,137,734	\$362,473
Physician Assistant	\$225,105	\$296,051	\$345,866	\$175,290	\$13,173
Podiatry	\$(170,867)	\$101,001	\$465,255	\$(535,121)	\$8,559
Psychology	\$406,501	\$307,802	\$667,129	\$47,174	\$71,456
Respiratory Therapy	\$(281,281)	\$1,254,152	\$710,574	\$262,297	\$178,585
School Psychology	\$(10,923)	\$84,703	\$32,161	\$41,619	\$5,970
Speech-Language and Audiology	\$1,930,550	\$309,980	\$316,014	\$1,924,515	\$183,857
<b>Total</b>	<b>\$32,407,044</b>	<b>\$37,622,296</b>	<b>\$47,379,905</b>	<b>\$22,649,134</b>	<b>\$9,876,243</b>

**NOTE: NICA is a pass through  
and is excluded**



**Table VII**  
**Direct and Allocated Expenditures**  
**July 1, 2000 - June 30, 2001**

<b>PROFESSIONS</b>	<b>Direct Expenditures</b>	<b>Allocated Expenditures</b>	<b>Total Expenditures</b>
Acupuncture	\$67,960	\$111,580	\$179,540
Athletic Trainers	\$13,239	\$41,835	\$55,074
Chiropractic Medicine	\$345,747	\$1,069,682	\$1,415,429
Clinical Laboratory Personnel	\$252,280	\$692,123	\$944,403
Certified Nursing Assistants	\$219,643	\$255,055	\$474,698
Certified Social Worker	\$74	\$1,859	\$1,933
*CSW, MFT, MHC	\$446,200	\$1,272,887	\$1,719,087
Dentistry	\$937,578	\$2,137,052	\$3,074,630
Dental Labs	\$5,963	\$143,999	\$149,962
Dietetics & Nutrition	\$32,285	\$161,090	\$193,375
Electrolysis	\$9,029	\$118,152	\$127,181
Hearing Aid Specialist	\$54,385	\$369,972	\$424,357
Massage Therapy	\$339,040	\$1,699,674	\$2,038,714
Medical Physicists	\$5,135	\$7,483	\$12,618
Medicine	\$3,639,088	\$12,482,796	\$16,121,884
Midwifery	\$7,519	\$28,907	\$36,426
Naturopathy	\$82	\$5,952	\$6,034
Nursing	\$5,188,989	\$6,084,229	\$11,273,218
Nursing Home Administrator	\$56,204	\$327,405	\$383,609
Occupational Therapy	\$50,307	\$317,200	\$367,507
Opticianry	\$101,091	\$342,479	\$443,570
Optometry	\$184,254	\$516,949	\$701,203
Orthotist and Prosthetist	\$17,014	\$177,114	\$1,941,128
Osteopathic Medicine	\$115,914	\$975,568	\$1,091,482
Pharmacy	\$283,726	\$2,925,249	\$3,208,975
Physical Therapy	\$143,882	\$719,386	\$863,268
Physician Assistant	\$52,423	\$293,443	\$345,866
Podiatry	\$49,492	\$415,779	\$465,271
Psychology	\$182,075	\$490,429	\$672,504
Respiratory Therapy	\$132,312	\$598,262	\$730,574
School Psychology	\$6,226	\$25,935	\$32,161
Speech-Language & Audiology	\$44,342	\$271,672	\$316,014
<b>Total</b>	<b>\$12,983,498</b>	<b>\$35,081,197</b>	<b>\$49,811,695</b>

\*Clinical Social Worker, Marriage and Family Therapist, and Mental

**Table VIII**  
**Historical Cash Balances**  
**Medical Quality Assurance Trust Fund**

<b>PROFESSIONS</b>	<b>Actual Cash Balance FY 1994-95</b>	<b>Actual Cash Balance FY 1995-96</b>	<b>Actual Cash Balance FY 1996-97</b>	<b>Actual Cash Balance FY 1997-98</b>	<b>Actual Cash Balance FY 1998-99</b>	<b>Actual Cash Balance FY 1999-00</b>	<b>Actual Cash Balance FY 2000-01</b>
Acupuncture	\$146,821	\$327,810	\$404,377	\$628,086	\$560,103	\$840,304	\$891,552
Athletic Trainers				\$178,135	\$157,599	\$226,755	\$229,672
Chiropractic	\$(212,292)	\$442,169	\$(18,155)	\$835,729	\$(149,068)	\$(156,162)	\$(992,687)
Clinical Laboratory Personnel	\$(63,766)	\$(141,270)	\$(22,461)	\$70,058	\$(641,133)	\$(458,433)	\$(909,821)
Certified Nursing Assistants	\$(44,678)	\$(119,937)	\$(104,399)	\$(436,615)	\$(563,908)	\$(710,060)	\$(942,958)
Certified Social Worker	\$(101,056)	\$(116,847)	\$(117,541)	\$(117,478)	\$(118,585)	\$(124,753)	\$(126,326)
*CSW,MFT,MHC	\$826,210	\$463,902	\$973,862	\$311,814	\$631,921	\$(389,375)	\$1,716,051
Dentistry	\$500,998	\$2,347,225	\$1,317,463	\$2,737,114	\$432,191	\$752,389	\$(1,264,550)
Dental Labs	\$604,526	\$576,422	\$574,325	\$516,158	\$606,014	\$670,721	\$587,518
Dietetics & Nutrition	\$555,487	\$446,152	\$542,372	\$428,622	\$393,896	\$281,230	\$323,240
Electrolysis	\$(145,221)	\$(163,352)	\$(274,125)	\$(342,335)	\$(550,018)	\$(582,453)	\$(669,259)
Hearing Aid Specialist				\$(133,865)	\$(353,650)	\$(800,418)	\$(899,847)
Massage Therapy				\$1,605,563	\$2,394,080	\$1,526,742	\$2,862,472
Medical Physicists		\$(50,184)	\$(55,263)	\$34,481	\$62,228	\$15,670	\$68,848
Medicine	\$10,742,704	\$19,974,845	\$17,392,398	\$25,742,149	\$17,575,938	\$12,268,936	\$44,619
Midwifery	\$(160,861)	\$(279,864)	\$(372,189)	\$(448,545)	\$(531,940)	\$(575,060)	\$(592,432)
Naturopathy	\$(166,925)	\$(204,696)	\$(215,682)	\$(213,091)	\$(226,237)	\$(231,650)	\$(237,487)
Nursing	\$4,060,310	\$6,421,667	\$10,170,871	\$10,343,068	\$11,907,447	\$10,907,979	\$10,842,660
Nursing Home Administrator	\$348,786	\$410,397	\$410,816	\$322,361	\$11,026	\$(125,232)	\$(304,480)
Occupational Therapy	\$411,491	\$422,323	\$697,593	\$584,724	\$754,158	\$581,693	\$690,544
Opticianry	\$674,878	\$781,732	\$1,262,548	\$1,169,348	\$1,229,066	\$1,095,345	\$1,361,272
Optometry	\$323,510	\$85,685	\$599,854	\$282,797	\$571,306	\$170,969	\$500,567
Orthotist & Prosthetist				\$67,691	\$(88,881)	\$(299,765)	\$(287,611)
Osteopathic Medicine	\$483,806	\$1,412,918	\$1,054,902	\$2,050,004	\$1,379,095	\$1,466,918	\$749,318
Pharmacy	\$3,946,254	\$3,762,091	\$4,945,326	\$3,327,293	\$3,816,823	\$2,402,394	\$4,955,051
Physical Therapy	\$1,405,861	\$1,351,405	\$1,904,614	\$1,287,449	\$1,800,450	\$1,553,275	\$2,137,734
Physician Assistant					\$5,125	\$225,105	\$175,290
Podiatry	\$(379,798)	\$(74,755)	\$(275,225)	\$125,250	\$(150,592)	\$(170,867)	\$(535,121)
Psychology	\$142,559	\$521,273	\$164,666	\$666,851	\$108,877	\$406,501	\$47,174
Respiratory Therapy	\$100,975	\$(117,003)	\$209,398	\$(135,267)	\$171,623	\$(281,281)	\$262,297
School Psychology	\$67,184	\$5,349	\$35,508	\$9,564	\$15,591	\$(10,923)	\$41,619
Speech-Language Audiology	\$863,816	\$1,191,968	\$1,169,142	\$1,565,812	\$1,512,649	\$1,930,550	\$1,924,515
<b>Total</b>	<b>\$24,931,579</b>	<b>\$39,677,425</b>	<b>\$42,374,995</b>	<b>\$53,062,925</b>	<b>\$42,723,194</b>	<b>\$32,407,044</b>	<b>\$22,649,434</b>

NICA, Unlicensed Activity, and Health Care Services Pool cash balances are excluded.

\*Clinical Social Worker, Marriage and Family Therapist, and Mental Health Counselor

**Table IX**  
**Projected Cash Balances**  
**Medical Quality Assurance Trust Fund**

	Projected	Projected	Projected	Projected	Projected	Projected
BOARD / COUNCIL	Cash Balance	Cash Balance	Cash Balance	Cash Balance	Cash Balance	Cash Balance
	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Acupuncture	1,165,939	1,020,809	1,216,244	1,058,100	1,244,556	1,077,363
Athletic Trainers	320,235	296,055	260,701	317,129	279,443	333,480
Chiropractic Medicine	(44,967)	(1,163,382)	(216,640)	(1,401,758)	(496,655)	(1,722,645)
Clinical Lab Personnel	(574,559)	(1,476,366)	(2,533,342)	(2,225,077)	(3,325,775)	(3,062,000)
Cert. Nursing Assistant	(1,096,086)	(1,226,385)	(1,369,858)	(1,517,436)	(1,673,737)	(1,834,467)
Cert. Social Worker	(132,309)	(137,587)	(143,423)	(148,963)	(154,994)	(160,733)
CSW, MFT & MHC	364,202	1,896,508	558,869	2,010,814	615,859	2,009,582
Dentistry	744,531	(1,317,293)	765,938	(1,395,401)	637,622	(1,569,745)
Dental Labs	702,722	595,957	661,625	548,831	610,114	492,846
Dietetics and Nutrition	163,833	320,977	154,400	300,644	126,103	264,213
Electrolysis	(748,715)	(936,288)	(1,024,521)	(1,219,770)	(1,313,076)	(1,513,383)
Hearing Aid Specialists	(1,337,692)	(1,484,740)	(1,904,604)	(2,072,875)	(2,507,004)	(2,689,557)
Massage Therapy	1,645,983	508,611	1,006,666	(210,535)	233,130	(1,038,710)
Medical Physicists	30,138	41,070	1,101	9,677	(32,042)	(25,259)
Medicine	4,140,905	(11,307,659)	(21,348,220)	(28,269,751)	(38,836,948)	(46,286,463)
Midwifery	(608,128)	(647,483)	(660,836)	(704,376)	(720,834)	(767,557)
Naturopathic	(246,874)	(257,952)	(269,379)	(278,980)	(290,796)	(300,796)
Nursing	9,147,340	7,051,174	4,996,160	2,365,739	(70,716)	(3,088,700)
Nursing Home Admin.	(536,450)	(807,662)	(1,240,155)	(1,350,296)	(1,799,431)	(1,926,570)
Occupational Therapy	534,091	1,275,520	1,086,826	1,811,352	1,610,243	2,322,071
Opticianry	1,411,771	1,427,293	1,175,264	1,164,702	893,717	863,814
Optometry	32,034	382,408	(66,356)	256,961	(209,115)	97,094
Orthotists & Prosthetists	(505,392)	(685,651)	(756,821)	(947,767)	(1,026,666)	(1,225,488)
Osteopathic Medical Exam.	1,196,241	59,862	341,028	(859,593)	(624,472)	(1,871,920)
Pharmacy	3,187,533	2,710,848	3,313,879	2,729,535	3,271,715	2,629,376
Physical Therapy	1,771,159	1,733,338	2,598,643	2,525,589	3,365,432	3,266,434
Physician Assistant	719,788	598,938	1,089,112	949,918	1,426,655	1,273,726
Podiatric Medicine	(511,957)	(961,057)	(928,837)	(1,399,031)	(1,380,746)	(1,864,829)
Psychology	897,978	292,444	916,361	268,143	860,741	180,500
Respiratory Therapy	(318,067)	60,480	(500,307)	(151,795)	(734,199)	(407,693)
School Psychology	16,632	12,655	119,056	112,985	217,831	262,866
Speech-Language, P & A	2,419,085	2,201,433	2,523,528	2,287,423	2,595,866	2,345,775
TOTAL	23,950,944	76,875	(10,177,898)	(25,435,862)	(37,208,179)	(53,937,375)

**NICA is a pass through and is excluded from the projections. Unlicensed Activity is excluded.**  
**This version provides for an exemption from reimbursing the Admin TF except for that incurred by the Div of IT.**

**Table X**  
**A Review of the Adequacy of Existing Fees**

		Cost to	Renewal	Current	Year Renewal	Current
	Profession	Regulate (1)	Fee Cap	Renew Fee	Fee Est	Renewal Fee Sufficient?
1.	Acupuncture	\$556	\$500	\$400	May-00	Yes
2.	Athletic Trainers	\$148	\$200	\$125	Oct-95	Yes
3.	Chiropractic (C/P)	\$682				
A.	Chiropractic		\$500	\$500	May-01	
B.	Chiro PA		\$250	\$50	Oct-95	
C.	Registered Chiro PA		\$25	\$25	Sep-96	
4.	Clinical Lab	\$198				
A.	Director		\$150	\$150	1995	
B.	Supervisor		\$150	\$130	1995	
C.	Technologist		\$150	\$110	1995	
D.	Technician		\$150	\$75	1995	
E.	Training Program		\$300	\$300	1995	
5.	Cert Social Worker	\$2,906	\$250	\$150	Dec-90	
6.	CSW,MFT,MHC	\$256	\$250	\$250	Oct-00	Yes
7.	Dentistry	\$377				
A.	Dentists		\$300	\$300	2001	
B.	Dental Hygienist		\$300	\$135	2001	
8.	Dental Labs	\$252	\$300	\$200	1999	Yes
9.	Dietetics & Nutrition	\$165	\$500	\$100	2001	Yes
10.	Electrolysis	\$781	\$100	\$100	Sep-93	
11.	Hearing Aid Spec	\$1,489	\$600	\$375	Jul-84	
12.	Massage Therapy	\$232	\$200	\$95	Dec-88	
13.	Medical Physicists (2)	\$308	\$500	\$150	Jun-99	
14.	Medicine (C/P)	\$849	\$500	\$385	Jul 01	
15.	Midwifery	\$1,738	\$500	\$500	Dec-99	
16.	Naturopathic	\$2,906	\$1,000	\$250	1959	
17.	Nursing/Cert Nur Asst (3)	\$117	No Cap	\$55	Sep-94	
18.	Nursing Home Admin	\$657	No Cap	\$255	Aug 01	
19.	Occupational Therapy	\$128	Actual Cost	\$150	2001	Yes
20.	Opticianry	\$240	\$350	\$200	Jan 98 (decr)	Yes
21.	Optometry	\$551	\$300	\$300	Jan-94	
22.	Orthotists & Prosthetists (4)	\$1,072	\$500	\$300	Oct-00	
23.	Osteopathic (C/P)	\$709	\$500	\$400	Jul-89	
24.	Pharmacy	\$236				Yes
A.	Pharmacist		\$250	\$245	Mar 01	Yes
B.	Consultant Pharmacist		\$250	\$50	Mar-95	Yes
C.	Nuclear Pharmacist		\$250	\$100	Dec-88	Yes
D.	Pharmacies Permit		\$250	\$250	2000	Yes
25.	Physical Therapy	\$123				Yes
A.	Physical Therapist		\$200	\$100	2001	Yes
B.	Physical Therapist Asst		\$150	\$100	2001	Yes
26.	Physician Assistant	\$305	\$500	\$200	1994	Yes
27.	Podiatry (C/P)	\$718	\$350	\$350	Jan-96	

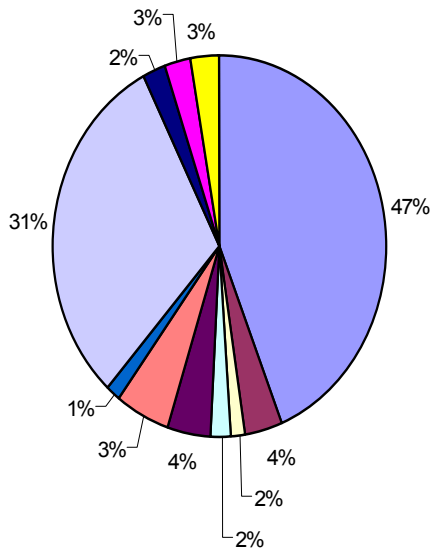
Table X (continued)

28.	Psychology	\$542	\$500	\$400	2001	Yes
29.	Respiratory Therapy	\$160	\$200	\$110	Apr-00	
30.	School Psychology	\$176	\$500	\$250	2001	Yes
31.	Speech-Language, P & A	\$142	\$500	\$125	Aug-91	Yes

## Notes:

1. Cost per licensee to regulate is based on FY 01-02 and FY 02-03 projected expenditures as of October 25, 2001 divided by the number of active and inactive licensees as of June 30, 2001.
2. Medical Physicist: did not have renewal fees in 1996. First renewal fee was \$250 established in Jan 99. In June 99, renewal fee was reduced to \$150.
3. Cost to regulate Board of Nursing includes Cert Nursing Asst program per 456.025(5), F.S. Amount included is CAN's beginning deficit and two years of projected expenditures that exceed projected revenues.
4. Orthotists & Prosthetists: did not have renewal fees in 1996. First renewal fee was \$100 established in February 1999.
5. The Credentialing/Profiling professions are Chiropractic, Medicine, Osteopathic, and Podiatry (C/P)..

## MQA FY 00-01 Trust Fund Disbursements Total Disbursements \$48,631,002



<p>■ 43.88% \$21,338,371 MQA</p>	<p>■ 3.57% \$1,735,958 IRM</p>	<p>■ 1.56% \$760,956 FDLE</p>	<p>■ 1.78% \$867,709 Admin TF</p>	<p>■ 4.23% \$2,056,761 Impaired Pract</p>	<p>■ 5.31% \$2,580,176 SC to GR</p>
<p>■ 1.22% \$591,455 AG/AG Travel</p>	<p>■ 30.87% \$15,011,676 AHCA</p>	<p>■ 2.23% \$1,083,780 DOAH</p>	<p>■ 2.66% \$1,292,356 Collocated</p>	<p>■ 2.70% \$1,311,804 Misc</p>	