

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Harrell, Chair
Senator Berman, Vice Chair

MEETING DATE: Monday, February 11, 2019
TIME: 2:30—4:00 p.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Harrell, Chair; Senator Berman, Vice Chair; Senators Baxley, Bean, Book, Cruz, Diaz, Hooper, Mayfield, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Introduction of Department/Agency Head: Agency for Health Care Administration, Secretary Mary Mayhew		Discussed
2	SB 188 Harrell (Compare H 247, H 509, S 884)	Department of Health; Revising health care practitioner licensure application requirements; revising licensure requirements for a person seeking licensure or certification as an osteopathic physician; revising requirements for examinations of dental hygienists; revising athletic trainer licensure requirements; revising qualifications for licensure as a massage therapist; revising requirements for licensure by endorsement or certification for specified professions, etc. HP 02/11/2019 Fav/CS AHS AP	Fav/CS Yeas 10 Nays 0
3	SB 302 Brandes (Similar H 411)	Nonemergency Medical Transportation Services; Authorizing Medicaid nonemergency transportation services to be provided to a Medicaid recipient by certain transportation network companies or transportation brokers, subject to compliance with certain requirements; requiring the Agency for Health Care Administration to update the Non-Emergency Transportation Services Coverage Policy by a specified date, etc. HP 02/11/2019 Not Considered AHS AP	Not Considered

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Health Policy

Monday, February 11, 2019, 2:30—4:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 448 Harrell (Similar H 383)	Advanced Birth Centers; Defining the terms "advanced birth center" and "medical director"; providing requirements for advanced birth center facilities and equipment; providing minimum standards for advanced birth centers; providing for the education and orientation of advanced birth center clients and their families, etc. HP 02/11/2019 Favorable CF RC	Favorable Yeas 10 Nays 0
5	Post-Hurricane Michael Nursing Home Update: Bob Asztalos, Florida Health Care Association		Presented
Other Related Meeting Documents			

**NO INFORMATION AVAILABLE
FOR THIS TAB**

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 188

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Department of Health

DATE: February 12, 2019 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	_____	_____	AHS	_____
3.	_____	_____	AP	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 188 updates numerous provisions relating to health care practitioners and facilities regulated by the Department of Health (DOH), Division of Medical Quality Assurance. The bill:

- Authorizes DOH rulemaking for responsibilities relating to maximizing the use of existing programs and coordinating stakeholders and resources to develop a state strategic plan, including the process of selecting physicians under the Conrad 30 Waiver Program;
- Requires the applicant’s date of birth on health care professional licensure applications;
- Repeals the requirement that the Board of Medicine (BOM) conduct a review of organizations that board-certify physicians in dermatology;
- Defines a “contact classroom hour” for chiropractic continuing education (CE) and authorizes 10 hours of online general credit CE;
- Deregulates registered chiropractic assistants;
- Grants rulemaking authority to the Board of Nursing (BON) to establish standards of practice, including discipline and standards of practice for certified nursing assistants (CNA);
- Recognizes CNA certification in a United States territory or the District of Columbia for certification in Florida and eliminates the element of intent for violations of the practice act for CNAs;
- Repeals the requirement for Florida dentists and dental hygienists to grade dental and dental hygienist licensure examinations;
- Requires dentists and dental hygienists to report adverse incidents to the Board of Dentistry (BOD);

- Expands the definition of dental laboratory to include any person, firm or corporation that provides onsite consultation during dental procedures to furnish, supply, construct, reproduce or repair artificial substitutes for natural teeth; and requires the DOH to biennially inspect dental laboratories;
- Requires an athletic trainer to work within his or her scope of practice as defined by the Board of Athletic Trainers (BOAT) and revises the educational and internship requirements for licensure;
- Requires the DOH to issue a single prosthetist-orthotist license to qualified applicants and establishes the educational requirements for dual registration;
- Limits massage therapy apprenticeships to those in colonic irrigations and authorizes the Board of Massage Therapy (BMT) to take action against a massage therapy establishment and individuals providing services therein, under certain circumstances;
- Updates the name of the accreditation body for psychology programs and revises the requirements for psychology licensure;
- Limits the Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counseling to the issuance of only one additional internship registration;
- Revises the licensure requirements for Marriage and Family Therapists and Licensed Mental Health Counselors; and
- Deletes obsolete language and makes technical and conforming changes.

The bill is effective July 1, 2019.

II. Present Situation:

The Conrad 30 Program

The Conrad 30 Program, authorized by the U.S. Department of State and the U.S. Citizenship and Immigration Services, addresses the shortage of qualified doctors in medically underserved areas. The program allow a medical doctor holding a J-1 Visa to apply for a waiver of the two-year residence requirement upon completion of the J-1 Visa exchange visitor program under s. 214(1) of the Immigration and Nationality Act.

State public health agencies are authorized to sponsor up to 30 physicians annually to serve in a designated U.S. Department of Health and Human Services (HHS) Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP). The program requires a medical doctor holding a J-1 Visa who wishes to participate in a Conrad 30 Program to:

- Agree to be employed full-time in H-1B nonimmigrant status at a health care facility located in an area designated by the HHS as a HPSA, MUA, or MUP;
- Obtain a contract from the health care facility located in an area designated by HHS as an HPSA, MUA, or MUP;
- Obtain a “no objection” letter from his or her home country if the home government funded his or her exchange program; and
- Agree to begin employment at the health care facility within 90 days of receipt of the waiver, not the date his or her J-1 visa expires.

The DOH has administered Florida's Conrad 30 Waiver Program since 1994. In recent years, the number of applicants has exceeded the maximum number of 30 slots allowed by the program. The DOH does not have explicit rulemaking authority to establish additional criteria for selecting Conrad 30 applicants for sponsorship, thereby limiting the DOH's ability to place qualified foreign physicians in areas of highest need.¹

The Department of Health's General Health Care Professional Licensing Authority

The DOH's general licensing provisions, authorized under s. 456.013, F.S., require every applicant for licensure to apply to the DOH before sitting for a licensure examination. This requirement was initially imposed when the DOH developed and administered its own examinations. A strict statutory interpretation of this section requires an applicant, even one who has already passed the licensure examination before applying for a license, to take the examination after applying to the DOH for licensure.

Section 456.017, F.S., was amended in 2005 to provide that neither a board nor the DOH could administer a state-developed written examination if a national examination was certified by the DOH. National examinations have been certified, and the requirement for applying to the DOH to take the state examination has become obsolete.²

Section 456.013, F.S., requires all applications for licensure to be submitted to DOH on a form that may be submitted electronically. The provision requires the applicant's social security number (SSN). There is no statutory requirement that an applicant provide a date of birth, although a birth date is a requirement to fulfill other statutory licensure requirements under ss. 456.039 and 456.0135, F.S, for fingerprinting and fingerprint retention by the Agency for Health Care Administration (AHCA) and the Care Provider Background Screening Clearinghouse.

According to the DOH, the Joint Administrative Procedures Committee (JAPC) has objected to applications for licensure that contained a data field for the applicant's date of birth. The JAPC indicates that the DOH has no statutory authority to ask for a date of birth. To ensure accurate matches through the Florida Department of Law Enforcement, the Federal Bureau of Investigation, and the Sex Offender Registry, the DOH must have available three identifiers: the name, social security number, and date of birth.³

Medical Specialists

A physician licensed under ch. 458, F.S., may not hold himself or herself out as a board-certified specialist unless the physician has received formal recognition as a specialist from a specialty board of the American Board of Medical Specialties or other recognizing agency that has been approved by the board. A physician may not hold himself or herself out as a board-certified specialist in dermatology unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the Board of Medicine (BOM).

¹ Florida Department of Health, 2019 *Senate Legislative Bill 188 Analysis* (February 15, 2019) (on file with the Senate Committee on Health Policy).

² *Id.*

³ *Id.*

Osteopathic Physicians

There are two types of physicians fully licensed to practice medicine in Florida. Those holding the M.D. degree – doctor of allopathic medicine – licensed under ch. 458, F.S., and those holding the D.O. degree – doctor of osteopathic medicine – licensed under ch. 459, F.S. Both types of physicians are licensed in Florida to perform surgery and prescribe medicine in hospitals, clinics, and private practices, as well as throughout the U.S. Osteopathic physicians offer all the services as M.D.s.

Osteopathic physicians can specialize in every recognized area of medicine, from neonatology to neurosurgery, but more than half of all osteopathic physicians practice in primary care areas, such as pediatrics, general practice, obstetrics/gynecology, and internal medicine. Additionally, many osteopathic physicians fill a critical need for family doctors by practicing in small towns and rural areas.⁴

Osteopathic Residencies and Florida Licensure

After acquiring a four-year undergraduate college degree with requisite science classes, students are accepted into one of the nation's 21 osteopathic medical schools accredited by the Bureau of Professional Education of the American Osteopathic Association. Following graduation, Osteopathic physicians complete an approved 12-month internship. Interns rotate through hospital departments, including internal medicine, family practice, and surgery. They may then choose to complete a residency program in a specialty area, which requires two to six years of additional training.⁵

Any person desiring to be licensed, or certified, as an osteopathic physician in Florida must:

- Submit an application with a fee;
- Be at least 21 years of age;
- Be of good moral character;
- Have completed at least three years of pre-professional postsecondary education;
- Have not previously committed any act that would constitute a violation of ch. 459, F.S.;
- Not be under investigation anywhere for an act that would constitute a violation of ch. 459, F.S.;
- Have not been denied a license to practice osteopathic medicine, or had his or her osteopathic medicine license revoked, suspended, or otherwise acted against by any jurisdiction;
- Have met the criteria for:
 - A limited license under s. 459.0075, F.S.;
 - An osteopathic faculty certificate under s. 459.0077, F.S.; or,
 - A resident physician, intern or fellow under s. 459.021, F.S.
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the American Osteopathic Association; and,

⁴ Florida Osteopathic Medical Association, *Osteopathic Medicine*, available at <http://www.foma.org/osteopathic-medicine.html> (last visited Feb. 1, 2019).

⁵ Florida Osteopathic Medical Association, *Osteopathic Education*, available at: <http://www.foma.org/osteopathic-education.html> (last visited Feb. 1, 2019).

- Demonstrate that she or he has successfully completed a resident internship of not less than 12 months in a hospital approved of by the Board of Trustees of the American Osteopathic Association or any other internship program approved by the board upon a showing of good cause; and
- Demonstrate that she or he has achieved a passing score, established by rule of the board, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the board no more than five years before making application.⁶

The Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is a non-profit corporation whose mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. In the academic year 2017-2018, there were approximately 830 ACGME-accredited institutions sponsoring approximately 11,200 residency and fellowship programs in 180 specialties and subspecialties. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards. ACGME accreditation provides assurance that a sponsoring institution or program meets the quality standards (institutional and program requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. ACGME accreditation is overseen by a review committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of sponsoring institutions and specialty and subspecialty residency and fellowship programs.⁷

The ACGME was established by five medical organizations in 1981⁸ and, in 2014, was joined by the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine. A primary responsibility of each of the organizations is to nominate individuals to be considered for membership on the ACGME Board of Directors. The ACGME board currently includes 24 members nominated by member organizations, two resident members, three public directors, four at-large directors, the chair of the Council of Review Committee Chairs, and two non-voting federal representatives.

The ACGME is an independent entity which sets standards for graduate medical education (GME), and renders accreditation decisions based on compliance with those standards. The member organizations are corporately separate from the ACGME and do not participate in accreditation, pay dues, or make any other monetary contribution to the ACGME.⁹

⁶ Section 459.0055, F.S.

⁷ American Council of Graduate Medical Education, *What We Do*, available at <https://www.acgme.org/What-We-Do/Overview> (last visited Feb. 4, 2019).

⁸ American Council of Graduate Medical Education, *Member Organizations*, The five organization are: The American Board of Medical Specialists, The American Hospital Association, The American Medical Association, The Association of American Medical Colleges, and Council of Medical Specialty Societies, available at <https://www.acgme.org/About-Us/Member-Organizations> (last visited Feb. 4, 2019).

⁹ Id.

The National Resident Matching Program (NRMP)

The NRMP is a private, not-for-profit corporation established in 1952 to optimize the rank-ordered choices of applicants and program directors for residencies and fellowships. The NRMP is not an application processing service. Instead, it provides an impartial venue for matching applicants' and programs' preferences for each other using an internationally recognized mathematical algorithm.

The first Main Residency Match® (“Match”) was conducted in 1952 when 10,400 internship positions were available for 6,000 graduating U.S. medical school seniors. By 1973, there were 19,000 positions for just over 10,000 graduating U.S. seniors. Following the demise of internships in 1975, the number of first-year post-graduate (PGY-1) positions declined to 15,700. The number of PGY-1 positions gradually increased through 1994 and then began to decline slowly until 1998. In 2018, an all-time high of 30,232 PGY-1 positions were offered.¹⁰

Beginning in 2014, osteopathic medical school graduates could participate in the Match, which opened up additional residency programs available to osteopathic medical graduates. In 2018, 4,617 PGY-1 osteopathic graduates applied to the Match and 3,771 matched – an 81 percent match rate. By June, 2020, osteopathic residency programs will need to be accredited by ACGME to participate in the Main Residency Match.¹¹

Chiropractic Continuing Education

The practice of chiropractic medicine is “a non-combative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other mal-positioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body ... are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health ... using specific chiropractic adjustment or manipulation techniques taught in chiropractic colleges accredited by the Council on Chiropractic Education.”¹²

Florida chiropractic licenses are renewable every two years. The Board of Chiropractic Medicine requires 40 in-person CE hours every biennial license renewal, and those hours must include: 27 general hours, six hours of documentation & coding, two hours for medical errors, two hours of ethics, two hours of Florida laws and rules, and one hour of risk management.

Registered Chiropractic Assistants

Registered Chiropractic Assistants (RCAs) perform duties not directly related to chiropractic patient care under the direct supervision of a chiropractic physician or chiropractic physician's assistant. There are no regulatory provisions associated with the work of an RCA. The

¹⁰ The Match, National Resident Matching Program, Results and Data 2018 Main Residency Match *About the NRMP*, pg. 7, available at <https://mk0nrmpcikgb8jxyd19h.kinstacdn.com/wp-content/uploads/2018/04/Main-Match-Result-and-Data-2018.pdf> (last visited Feb. 4, 2019).

¹¹ The National Residency Match Program, *Residency Program Eligibility*, available at <http://www.nrmp.org/residency-program-eligibility/> (last visited Feb. 4, 2019).

¹² Section 460.403(9), F.S.

registration is voluntary and not required for an individual to assist with patient care management activities, execute administrative and clinical procedures, or perform managerial and supervisory functions in an office.¹³ According to the DOH, in Fiscal Year 2016-2017, there were 3,800 active in-state RCAs.¹⁴

Board of Nursing Rulemaking Authority to Establish Standards of Practice

The Legislature has granted the Board of Nursing (BON) rulemaking authority to:

- Establish guidelines for remedial courses for those nurses who fail the nursing examination three times;¹⁵
- Administer the certification of clinical nurse specialists;¹⁶
- Administer the certification of advanced registered nurse practitioners, including the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners;¹⁷
- Establish a procedure for the biennial renewal of licenses and to prescribe continuing education requirements for renewal of licenses;¹⁸
- Provide application procedures for inactive status, the biennial renewal of inactive licenses, and the reactivation of licenses, including applicable fees;¹⁹
- Establish the testing procedures for use in certifying nursing assistants, regulating the practice of certified nursing assistants, specifying the scope of practice, and the level of supervision required for the practice of certified nursing assistants;²⁰ and,
- Establish disciplinary guidelines.²¹

The Legislature did not expressly grant rulemaking authority to the BON to promulgate nursing standards of practice.²² The authority to define the scope of practice for nurses is noticeably absent from ss. 464.018 and 456.003(6), F.S., which expressly limits the ability of the DOH boards to modify or contravene the lawful scope of practice of a regulated profession.

From 2003 through 2012, the BON proposed various rules on nursing standards of practice for conscious sedation and unprofessional conduct, which were ultimately withdrawn after the JAPC asserted objections. In 2012, the BON proposed another rule establishing professional guidelines for the administration of conscious sedation and to update the instances of unprofessional conduct. The 2012 rule was met with rule challenges from various associations, and JAPC objected to the rule as lacking statutory rulemaking authority. The rule was ultimately challenged

¹³ Section 460.4166, F.S.

¹⁴ *Supra* note 1.

¹⁵ Section 464.008, F.S.

¹⁶ Section 464.0115, F.S.

¹⁷ Section 464.012, F.S.

¹⁸ Section 464.013, F.S.

¹⁹ Section 464.014, F.S.

²⁰ Section 464.202, F.S.

²¹ Section 464.018(5), F.S.

²² See *Florida Medical Association, Inc., Florida Osteopathic Medical Association, and Florida Podiatric Medical Association vs. Department Of Health, Board Of Nursing*, DOAH Case No. 12-001545 RP, Summary Final Order, Nov. 2, 2012; affirmed *per curiam*, *Department of Health, Board of Nursing, Florida Association of Nurse Anesthetists And Florida Nurses Association, v. Florida Medical Association, Inc., Florida Osteopathic Medical Association, Inc., And Florida Podiatric Medical Association*, Case Nos. 1D12-5656, 1D12-5671, 1D12-5739 (Fla. 1st DCA, Feb. 12, 2014).

at DOAH in case number 121545RP. That decision found that the BON lacked the statutory authority to define nursing “scope of practice” in the Nurse Practice Act. The decision was affirmed by the First District Court of Appeal in case numbers 1D12-5656, 1D12-5671, and 1D12-5739 (all related to DOAH 12-1545RP).

The Legislature has granted statutory authority to set standards of practice for professions that are authorized to practice independently, including: allopathic and osteopathic physicians,²³ podiatric physicians,²⁴ pharmacists,²⁵ psychotherapists,²⁶ clinical social workers,²⁷ dentists,²⁸ optometrists,²⁹ and opticians.³⁰

Certified Nursing Assistants

Section 464.201(5), F.S., defines the practice of a certified nursing assistant as providing care and assisting persons with tasks relating to the activities of daily living. Activities of daily living include tasks associated with: personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, patients’ rights, documentation of nursing-assistant services, and other tasks that a CNA may perform after training.³¹

The BON issues certificates to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write, successfully passes the required background screening, and demonstrates:

- Successfully completing an approved training program and achieving a minimum score;
- Achieving a minimum score on the nursing assistant competency examination, and:
 - Having a high school diploma, or its equivalent; or,
 - Being at least 18 years of age;
- Being currently certified in another state and having not been found to have committed abuse, neglect, or exploitation in that state; and,
- Having completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieving a minimum score.³²

Section 464.204, F.S., relating to the denial, suspension, or revocation of a CNA certification, sets forth the grounds for the BON to discipline a CNA. Two actions constitute grounds for which the BON may impose disciplinary sanctions:

²³ Sections 458.331(1)(v) and 459.015(1)(z), F.S.

²⁴ Section 461.003, F.S.

²⁵ Sections 465.003(13) and 465.0155, F.S.

²⁶ Section 490.003(4), F.S.

²⁷ Section 491.003, F.S.

²⁸ Section 466.003(3), F.S.

²⁹ Section 463.005(1)(a), F.S.

³⁰ Section 463.002(7), F.S.

³¹ Section 464.201, F.S.

³² Section 464.203, F.S.

- Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the BON; and
- Intentionally violating any provision of ch. 464, F.S., ch. 456, F.S., or the rules adopted by the BON.

When pursuing discipline against a CNA, the DOH must be prepared to prove that the CNA “intentionally” violated the law or rule, which is a difficult standard to meet.

The BON can only approve applications for licensure by endorsement from currently licensed CNAs in other states. If a CNA from the District of Columbia or a U.S. territory wishes to be licensed in Florida, he or she must apply for licensure by examination instead of endorsement.³³

Dentistry, Dental Hygiene, and Dental Laboratories

Licensure Examinations for Dentists and Dental Hygienists

Section 466.004, F.S., establishes the Board of Dentistry (BOD) within the DOH to regulate the practice of dentistry and dental hygiene. The requirements for Dental licensure by examination are found in s. 466.006, F.S. The Legislature authorized the BOD to use the American Dental Licensing Examination (ADLEX), developed by the American Board of Dental Examiners, Inc., in lieu of an independent state-developed practical or clinical examination. Section 466.007, F.S., requires a dental hygiene applicant to pass the American Dental Hygiene Licensing Examination (ADHEX) developed by the American Board of Dental Examiners, Inc.

Sections 466.006(4)(b) and 466.007(4)(b), F.S., require that the ADLEX examination for dentists, and the ADHEX examination for hygienists, be graded by Florida licensed dentists, and dentists and hygienists, respectively. Such practitioners must be employed by the DOH for this purpose. This provision refers to requirements that were necessary when the ADLEX and ADHEX examinations were purchased and administered by the DOH. This requirement is now obsolete since the BOD has certified national examinations for both dentists and hygienists.

According to the DOH, by limiting the grading to Florida-only licensed dentists and hygienists, it created a shortage of dentists and hygienists available to grade the examinations, thus jeopardizing the administration of the ADLEX and the ADHEX.³⁴

Adverse Incident Reporting in the Practice of Dentistry

There is no statutory requirement for dentists or dental hygienists to report adverse incidents or occurrences in office practice settings. In contrast, the BOM and BOOM have specific statutory authority to require licensees to report adverse incidents in office practice settings.³⁵

The BOD, by rule, defines an “adverse occurrence” and specifies reporting requirements. The rule specifies that an adverse occurrence in a dental office must be reported to the BOD within 48 hours followed by a more specific written report within 30 days. These reports are forwarded

³³ *Id.*

³⁴ *Supra* note 1.

³⁵ Sections 458.351 and 459.026, F.S.

to the chairman of the Probable Cause Panel to determine if further investigation is necessary. If further investigation is warranted, the report and recommendation are forwarded to the MQA Consumer Services Unit (CSU) for further investigation. All reported mortalities occurring in a dental office are forwarded to the CSU for investigation.

The rule does not provide a penalty for failure to report an adverse occurrence.³⁶ According to the DOH, this lack of penalty for failure to report an adverse occurrence may result in the under-reporting of incidents in the dental office practice setting.³⁷

Dental Laboratories

Section 466.031, F.S., defines a “dental laboratory” to include any person, firm, or corporation who, for a fee or gratuitously, manufactures artificial substitutes for natural teeth, or who furnishes, supplies, constructs, reproduces, or repairs any prosthetic denture, bridge, or appliance to be worn in the human mouth, or who holds itself out as a dental laboratory. The definition specifically excludes a dental laboratory technician who constructs or repairs dental prosthetic appliances in the office of a licensed dentist, for that dentist only, and under his or her supervision and work order.

Section 466.032, F.S., sets forth the registration and biennial registration renewal for a dental laboratory. It directs the DOH to issue a certificate upon payment of a fee, which entitles the registrant to operate a dental laboratory for a period of two years. Section 466.032, F.S., sets forth the requirements for a periodic inspection of dental laboratories for required equipment and supplies, mandates 18 hours biennially of continuing education for the dental laboratory owner or at least one employee who must be in programs of learning that contribute directly to the education of the dental technician, and establishes disciplinary guidelines for violations.

According to the DOH, there were 954 dental laboratories as of June 30, 2017.³⁸ Since 2012, there have been six administrative complaints filed in Florida against dental laboratories, four of which resulted in disciplinary cases. In one case, the laboratory refused an inspection. The other three were either unsanitary conditions, failure to take continuing education for certificate renewal, or record keeping violations. In that same time period, four citations were issued for minor violations.³⁹

Athletic Trainers

Section 468.073, F.S., establishes the Board of Athletic Trainers (BOAT) within the DOH to license and regulate the practice of athletic trainers in Florida. Applicants for licensure as an athletic trainer are required to:

- Submit to a background screening;
- Have a baccalaureate or higher degree from a college or university in professional athletic training, accredited by the Commission on Accreditation of Athletic Training Education, and

³⁶ Rule 64B5-14.006, F.A.C.

³⁷ *Supra* note 1.

³⁸ *Supra* note 1.

³⁹ *Id.*

have passed the national examination to be certified by the Board of Certification (BOC)⁴⁰ for athletic trainers;

- Have a current certification from the BOC, if they graduated before 2004;⁴¹ and
- Have current certifications in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).

An athletic trainer must practice under the direction of a physician licensed under chs. 458, 459, or 460, F.S., or otherwise authorized by Florida law to practice medicine. The physician must communicate his or her direction through oral or written prescriptions or protocols for the provision of services and care by the athletic trainer, and the athletic trainer must provide service or care as dictated by the physician.⁴²

The BOAT is authorized to adopt rules to implement the provisions of part XIII, ch. 468, F.S. Such rules must include, but are not limited to:

- The allowable scope of practice regarding the use of equipment, procedures, and medication;
- Mandatory requirements and guidelines for communication between the athletic trainer and a physician, including the reporting to the physician of new or recurring injuries or conditions;
- Licensure requirements;
- Licensure examination;
- Continuing education requirements;
- Fees;
- Records and reports to be filed by licensees;
- Protocols; and,
- Any other requirements necessary to regulate the practice of athletic training.⁴³

At renewal, licensed athletic trainers must demonstrate a current BOC certification; however, there is no requirement for that certification to be held without lapse and in good standing.⁴⁴

⁴⁰ The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴¹ Prior to 2004, and the inception of athletic training programs, athletic trainers obtained training through a Board of Certification (BOC) internship program to obtain licensure in Florida. Current law does not allow athletic trainers who obtained training through the BOC internship program to become licensed in Florida.

⁴² Section 468.713, F.S.

⁴³ Section 468.705, F.S.

⁴⁴ Section 468.711, F.S.

Orthotics, Prosthetics, and Pedorthics

Section 468.801, F.S., establishes the Board of Orthotists and Prosthetists within the DOH to license and regulate the practice of Prosthetist-Orthotist, Prosthetist,⁴⁵ Orthotist,⁴⁶ Pedorthist,⁴⁷ Orthotic Fitter, and Orthotic Fitter Assistant in Florida. Applicants for licensure under part XIV, ch. 468, F.S., must:

- Submit an application and fee, not to exceed \$500;
- Submit fingerprints for background screening;
- Submit the cost of the state and national criminal background checks;
- Be of good moral character;
- Be 18 years of age or older; and
- Have completed the appropriate educational preparation requirements.⁴⁸

Licenses must be granted independently in orthotics, prosthetics, or pedorthics, but a person may be licensed in more than one discipline. A prosthetist-orthotist license may be granted to persons meeting the requirements for both a prosthetist and an orthotist license. Persons seeking to obtain the required orthotics or prosthetics experience in the state must be approved by the board and registered as a resident by the DOH. A registration may be held in both practice fields, but the board may not approve a second registration until at least one year after the issuance of the first registration.⁴⁹ Currently, a dual registration is not authorized.

Massage Therapy and Massage Establishments

Section 480.035, F.S., establishes the Board of Massage Therapy (BMT) within the DOH to license and regulate the practice of massage therapy in Florida. Individuals seeking an initial massage therapy license in Florida have two options for meeting the educational requirements:

- They may attend an approved program at a massage therapy school, completing 500 hours of classroom training; or
- They can become an apprentice under a licensed massage therapist for a period of one year. During that year, the sponsor of the massage apprentice is required to file quarterly reports and the apprentice must complete the following course of study: 300 hours of physiology, 300 hours of anatomy, 20 hours of theory and history of massage, 50 hours of theory and practice of hydro-therapy, five hours of hygiene, 25 hours of statutes and rules of massage practice, 50 hours of introduction to allied modalities, 700 hours of practical massage, and three hours of board-approved HIV/AIDS instruction.⁵⁰

⁴⁵ Section 468.80(15), F.S., defines “prosthetics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of a prosthesis.

⁴⁶ Section 468.80(9), F.S., defines “orthotics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of an orthosis or pedorthic device.

⁴⁷ Section 468.80(12), F.S., defines “pedorthics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of a pedorthic device.

⁴⁸ Section 468.803, F.S.

⁴⁹ *Id.*

⁵⁰ Rule 64B7-29.003, F.A.C.

Any person may obtain a license to practice as a massage therapist if he or she:

- Submits an application and fee;
- Is at least 18 years of age;
- Has received a high school diploma or high school equivalency diploma;
- Submits to background screening;
- Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and,
- Has received a passing grade on an examination, testing general areas of competency specified by the board⁵¹ and administered by the DOH.⁵²

Rule 64B7-25.001(2), F.A.C., lists five national exams that are approved by the board. The exam currently taken by applicants is the National Examination for State Licensure administered by the National Certification Board for Therapeutic Massage and Bodywork. The DOH does not offer or administer a specific state licensure exam.⁵³ According to the DOH, there are 172 licensed massage schools in Florida, which train 2,076 new licensees by examination, licensed in the 2016-2017 fiscal year. Of those, only 15 came through the Florida apprenticeship program.

The term massage is defined as the manipulation of the soft tissues of the human body with the hand, foot, arm, or elbow, whether or not the manipulation is aided by hydrotherapy, including colonic irrigation, or thermal therapy; any electrical or mechanical device; or the application to the human body of a chemical or herbal preparation.⁵⁴

The BMT also licenses apprentices in colonic hydrotherapy.⁵⁵ These individuals are either attending a massage therapy school that does not offer colonic training or are licensed massage therapists who are seeking to add colonic hydrotherapy to their practice. Since there are few schools in the state that offer a colonic hydrotherapy program, apprenticeships are the primary method of training for this service.⁵⁶ According to the DOH, there are currently 87 licensed massage apprentices apprenticing for a colonic hydrotherapy upgrade to their license.⁵⁷

The BMT also licenses massage establishments under s. 480.046(3), F.S. The board has the power to revoke or suspend the license of an establishment upon proof that the license was obtained through fraud or misrepresentation, or upon proof of fraud, deceit, gross negligence, incompetency, or misconduct in the operation of the establishment. The board may deny the subsequent licensure of such an establishment if the license holder reapplies using the same business name. However, the board is not authorized to deny the same owner a license under a new name or as a different business entity type, even if it is opened at the same location with the same employees. Additionally, the board has no specific authority to act against a massage establishment's license even if the owner and employees, while onsite, have been convicted of prostitution and related offenses.

⁵¹ Section 480.042, F.S.

⁵² Section 480.041, F.S.

⁵³ *Id.*

⁵⁴ Section 480.033, F.S.

⁵⁵ *Colonic hydrotherapy* is a method of colon irrigation used to cleanse the colon with the aid of a mechanical device and water. See s. 480.033(6), F.S.

⁵⁶ Rule 64B7-29.007, F.A.C.

⁵⁷ *Supra* note 1.

Psychology

Section 490.004, F.S., creates the Board of Psychology (BOP) within the DOH to license and regulate the practice of psychologists in Florida. The practice of psychology is defined as the observation, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal behavioral health and mental or psychological health.⁵⁸

Licensure as a psychologist under ch. 490, F.S., requires a doctoral degree in psychology from an educational institution which, at the time the applicant was enrolled and graduated, held institutional accreditation from an approved agency and programmatic accreditation from the American Psychological Association (APA).

Section 490.003(3)(a), F.S., refers to educational requirements in effect prior to July 1, 1999, and are no longer applicable. The outdated language could create confusion among applicants as to the current educational requirements, which are correctly defined in s. 490.003(3)(b), F.S. Section 490.003(3)(b), F.S., generically refers to programs approved and recognized by the U.S. Department of Education. The only accrediting agency recognized by the U.S. Department of Education to provide programmatic accreditation for doctoral psychology programs is the APA.

Section 490.005, F.S., also refers to requirements in effect prior to July 1, 1999, which are no longer applicable to augment a deficient education or show comparability to the current educational requirements. This section also includes an outdated reference to the APA accrediting programs in Canada. Currently, the APA no longer accredits Canadian doctoral programs.⁵⁹

Section 490.005(2)(b)1., F.S., refers to school psychology applicants graduating from a college or university accredited and approved by the Commission on Recognition of Postsecondary Accreditation; however, the correct reference is to the Council for Higher Education Accreditation.

Section 490.006, F.S., relating to licensure of a psychologist or school psychologist by endorsement, requires:

- An application to the DOH and payment of a fee;
- Proof of a valid license or certificate in another jurisdiction, provided that when the applicant secured such license or certificate, the requirements were substantially equivalent to or more stringent than those set forth in ch. 490, F.S., but,
 - If no Florida law existed at that time the applicant received his or her license or certificate, then the requirements in the other state must have been substantially equivalent to or more stringent than those set forth in ch. 490, F.S., at the present time.
- Proof of good standing as a diplomat with the American Board of Psychology; or

⁵⁸ Section 490.003(4), F.S.

⁵⁹ *Supra* note 1.

- Proof of a doctoral degree in psychology as described in s. 490.003, F.S., and at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within the 25 years preceding the date of application.

Obtaining licensure under the current endorsement standards may be difficult as it requires a law-to-law comparison and applicants who otherwise might qualify for licensure may be denied, or have licensure delayed until they select a different application method.

Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

Section 491.004, F.S., creates the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling within the DOH to ensure that every clinical social worker, marriage and family therapist, and mental health counselor practicing in this state meets minimum requirements for safe practice. The Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling is responsible for licensing, monitoring, disciplining, and educating clinical social workers, marriage and family therapists, and mental health counselors to assure competency and safety to practice in Florida.

Section 491.005, F.S., sets out the educational and examination requirements for a clinical social worker, marriage and family therapist, and mental health counselor to obtain a license by examination in Florida. An individual applying for licensure by examination, who has satisfied the clinical experience requirements of s. 491.005, F.S., or an individual applying for licensure by endorsement pursuant to s. 491.006, F.S., intending to provide clinical social work, marriage and family therapy, or mental health counseling services in Florida, while satisfying coursework or examination requirements for licensure, must obtain a provisional license in the profession for which he or she is seeking licensure prior to beginning practice.⁶⁰

An individual who has not satisfied the postgraduate or post-master's level of experience requirements under s. 491.005, F.S., must register as an intern in the profession for which he or she is seeking licensure before commencing the post-master's experience requirement. An individual who intends to satisfy part of the required graduate-level practicum, internship, or field experience, outside the academic arena for any profession, must register as an intern in the profession for which he or she is seeking licensure before commencing the practicum, internship, or field experience.⁶¹

Section 491.0045(6), F.S., specifies the length of time an intern registration for clinical social work, marriage and family therapy, and mental health counseling is valid. A footnote to this section points out that, through multiple amendatory acts to s. 491.0045(6), F.S., during the same legislative session, two irreconcilable versions of the section were created, and the editors were thus required to publish both versions of the amended provision.

Section 491.0045(6), F.S., states, “[a]n intern registration issued on or before March 31, 2017, expires March 31, 2022, and may not be renewed or reissued. A registration issued after March 31, 2017, expires 60 months after the date of issuance. No subsequent intern registration

⁶⁰ Section 491.0046, F.S.

⁶¹ Section 491.0045, F.S.

may be issued unless the candidate has passed the theory and practice examination described in s. 491.005(1)(d), (3)(d), and (4)(d).” The footnote refers to an April 1, 2017, date, rather than the March 31, 2017 in the statute.

Section 491.005(3)(b), F.S., relating to licensure by examination for marriage and family therapists requires:

- A master’s degree with major emphasis in marriage and family therapy, or a closely related field;
- Specific coursework in 12 content areas; and
- A practicum, internship, or field experience of 180 hours providing direct client contact hours of marriage and family services under the supervision of a licensed marriage and family therapist with at least five years of experience.

According to the DOH, the specific course work requirement must be an exact match. Lack of an exact match may significantly delay an applicant’s licensure.⁶²

Section 491.005(3)(c), F.S., is inconsistent as it requires both two years, and three years, of clinical experience for a marriage and family therapy licensure applicant. According to the DOH, the three years of clinical experience was a technical error and is inconsistent with other statutory requirements. Only two years of clinical experience for a marriage and family therapy applicant is required.⁶³

Section 491.005(4), F.S., relating to licensure by examination for mental health counselors, names the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors as the required examination for a mental health counselor. The correct name of the examination required for licensure as a mental health counselor is the National Clinical Mental Health Counseling Examination. The examination was developed by and is administered by the National Board for Certified Counselors.

Section 491.005(4), F.S., contains a 300-hour difference between the hours of practicum, internship, or field experience required for graduates from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) and non-CACREP graduates. A mental health counselor applicant who graduated from a program not accredited by CACREP is required to complete 1,000 hours of practicum, internship, or field experience. An MHC applicant who graduated from a CACREP accredited program is required to meet the CACREP standards to complete 700 hours of practicum or internship.⁶⁴

Section 491.006, F.S., relating to licensure or certification by endorsement, requires an applicant for licensure by endorsement in the practice of clinical social work, marriage and family therapy, or mental health counseling to demonstrate to the board that he or she:

- Has knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling;

⁶² *Supra* note 1.

⁶³ *Id.*

⁶⁴ Council for Accreditation of Counseling & Related Educational Programs, *2016 CACREP Standards*, available at <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf> (last visited Feb. 1, 2019).

- Holds an active valid license to practice, and has actively practiced the profession in another state, for three of the last five years immediately preceding licensure;
- Meets the education requirements of ch. 491, F.S., for the profession for which the applicant seeks licensure;
- Has passed a substantially equivalent licensure examination in another state, or has passed the licensure examination in this state in the profession for which the applicant seeks licensure;
- Holds a license in good standing; and
- Is not under investigation for, or been found to have committed, an act that would constitute a violation of ch. 491, F.S.

To satisfy the education requirements of s. 491.005, F.S., specific particular course work, rather than a degree from an accredited school or college, or proof of licensure in another state, is required for an applicant for licensure by endorsement under ch. 491, F.S. The endorsement applicant must show proof that he or she completed certain statutorily-specified courses which may not have been available at the time he or she graduated. Current law places barriers on licensure by endorsement by requiring many applicants to complete additional courses, often difficult to obtain when the applicant is not a full-time graduate student.

Section 491.007(3), F.S., provides for the renewal of a license, registration, or certificate for clinical social workers, marriage and family therapists, and mental health counselors, and gives the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling rulemaking authority to prescribe the requirements for renewal of an intern registration. Section 491.0045(6), F.S., now addresses renewal of an intern registration; therefore, rulemaking authority is no longer necessary.

Section 491.009, F.S., sets out what acts by a clinical social worker, marriage and family therapist, or mental health counselor constitute grounds for discipline, or denial of licensure. However, s. 491.009(2), F.S., incorrectly references psychologists, who are not licensed under ch. 491, F.S., and does not include the certified master social worker profession regulated by the DOH.

III. Effect of Proposed Changes:

Section 1: The Conrad 30 Waiver Program

The bill amends s. 381.4018, F.S., to authorize the DOH to adopt rules to implement that subsection, which includes the implementation of the federal Conrad 30 Waiver Program to encourage qualified physicians to relocate to Florida and practice in medically underserved and rural areas.

Section 2: The DOH General Health Care Professional Licensing Provisions

The bill amends s. 456.013, F.S., to eliminate obsolete language regarding applying to the DOH to take an examination. It also adds the date of birth as a required element on the application, which provides an increased likelihood of a confirmation of a criminal background check for the DOH.

Section 3: Medical Specialists

The bill amends section 458.3312, F.S., relating to holding oneself out as a medical specialist, to repeal the requirement that the BOM conduct a review of organizations that board-certify physicians in dermatology every three years in order for a physician to hold himself or herself out as board-certified in dermatology.

Section 4: Osteopathic Internships and Residencies

The bill recognizes the agreement between the American Osteopathic Association (AOA) and ACGME. Both organizations committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to do so in clinical learning environments characterized by excellence in care, safety, and professionalism, thereby creating a single path for graduate medical education (GME). This single path for GME allows osteopathic and allopathic medical school graduates to seek residencies and fellowship programs accreditation by ACGME. This will enable osteopathic medical school graduates, residents, and fellows to apply to the National Resident Match Program and participate in the Main Residency Match for internships, residencies, and fellowships, thereby creating more residency opportunities for osteopathic residents.

However, if an osteopathic residency program does not to achieve ACGME accreditation by June 2020, and a resident of the program still has training ahead, the resident will be able to complete the AOA-accredited training and advance to AOA board eligibility. That is due to an agreement between the AOA, the ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM) that gives the AOA restricted authority to extend the AOA accreditation date to allow any remaining residents to finish training in an accredited program. In some cases, residents whose programs do not achieve ACGME accreditation by June 2020 may be able to transfer to another accredited program.⁶⁵

All residents who have completed an AOA- or ACGME-accredited residency program are eligible for AOA board certification. AOA board certification is an important quality marker for patients that highlights your commitment to the uniquely osteopathic approach to patient care and allows you to engage in continuous professional development throughout your career. For osteopathic medical physicians pursuing certification through the American Board of Medical Specialties (ABMS), their requirements are slightly different. The ABMS requires candidates' residency programs to have been ACGME-accredited for specified amount of time, such as three years. Requirements vary by specialty.⁶⁶

Section 5: Chiropractic Continuing Education

The bill amends section 460.408, F.S., to define a "contact classroom hour" as a presentation in which the persons presenting, and the persons attending, the course are present onsite. The bill also authorizes chiropractic physicians to take up to 10 general hours of CE online, if the online

⁶⁵ American Osteopathic Association, *What does a single GME mean for DO residents?* available at <https://osteopathic.org/residents/resident-resources/residents-single-gme/> (last visited Feb. 4, 2019).

⁶⁶ Id.

courses are competency based, and use the Sharable Content Objective Reference Model standard, or more stringent standards, as determined by the board.

Section 6: Registered Chiropractic Assistants

Section 460.4166, F.S., is repealed, thus deregulating the profession of Registered Chiropractic Assistants, as the duties performed are not directly related to patient safety and the registration is voluntary.

Sections 7, 8 and 9: BON Rulemaking Authority and Certified Nursing Assistants

The bill amends ss. 464.202, 464.203 and 464.204, F.S., relating to rulemaking, duties, and powers of the BON, to authorize the BON to create rules detailing standards of practice for its licensees, which include: ARNPs, clinical nurse specialists, RNs, LPNs, and CNAs.

The bill authorizes the BON to grant licenses by endorsement for CNA applicants with certifications in U.S. territories or Washington, D.C. This will expedite licensure as a CNA because the applicant would no longer have to apply for licensure by examination.

The bill amends s. 464.204, F.S., to eliminate the element of intent to violate the laws or rules relating to CNAs, which will align CNA prosecution with the law for disciplining registered nurses and licensed practical nurses.

Sections 10, 11, 12, 13 and 14: Dentistry, Dental Hygiene, and Dental Laboratories

The bill amends ss. 466.006 and 466.007, F.S., to eliminate obsolete requirements.

The bill amends s. 466.017, F.S., to require dentists and dental hygienists to report adverse incidents to the DOH, which is now required only by board rule. This new section requires the reporting of deaths, or any incident that results in the temporary or permanent physical or mental injury, that requires hospitalization or emergency room treatment of a dental patient that occurred during or as a result of the use of anesthesia or sedation, and creates grounds for discipline for the failure to report an adverse incident.

The bill amends the definition of “dental laboratory” in s. 466.031, F.S., to include a person who provides onsite consultation during dental procedures.

The bill amends s. 466.036, F.S., to require a dental laboratory be inspected at least biennially.

Sections 15, 16, 17, 18, and 19: Athletic Trainers

The bill amends s. 468.701, F.S., to include within the definition of athletic trainer that he or she must work within the scope of practice as established within rules established by the board. This requirement limits the potential that an athletic trainer will attend opportunities that are not approved by the board for safe practice and will incorporate those practices into his or her practice.

The bill amends the licensure requirements for an athletic trainer to create a new licensure pathway for applicants who hold a bachelor's degree, have completed the BOC internship program, and hold a current certification from the BOC to become licensed in Florida.

The bill amends s. 468.711, F.S., relating to licensure renewal requirements to require an athletic trainer to maintain his or her BOC certification in good standing without lapse. Licensees will have to demonstrate continuous good standing of his or her BOC certification at the time of renewal.

The bill gives the BOAT rulemaking authority to further define the supervision between an athletic training student and a licensed athletic trainer, rather than relying on compliance with standards set by an external entity.

Section 20: Orthotics, Prosthetics, and Pedorthics

The bill amends s. 468.803, F.S., to authorize the DOH to issue a joint registration in orthotics and prosthetics as a dual registration rather than requiring separate registrations, and to recognize the dual residency program and educational requirements for dual registration.

Sections 21, 22, 23, and 24: Massage Therapy and Massage Establishments

The bill amends the definition of "apprentice" in s. 480.033(5), F.S., to eliminate the statutory authority for massage therapy apprenticeships, except for apprentices studying colonic hydrotherapy. The bill allows apprentices licensed before July 1, 2018, to maintain their apprentice license until its expiration date, but no later than July 1, 2021, and to qualify for licensure based on that apprenticeship.

The bill amends s. 480.041, F.S., to specify that the licensure examination is a national examination designated by the BMT, not an examination administered by the board. The bill repeals s. 480.042, F.S., relating to a massage therapy examination by the board, which is obsolete.

The bill amends s. 480.046(3), F.S., to strengthen the grounds for disciplinary action by the board against a licensed massage establishment to include actions by an owner or a repeat offender. The bill adds:

- That an establishment license may also be suspended or revoked, or a subsequent license application denied, if the owner or therapists at the massage establishment have cumulatively committed three or more crimes in any jurisdiction related to prostitution, as defined in s. 796.07, F.S.;
- That an establishment disciplined under s. 480.046(3), F.S., cannot apply for re-licensure unless there is a change of ownership; and
- That the board may deny the license of an establishment if its owner has previously had a license revoked under s. 480.046(3), F.S.

The DOH may not issue a license to an establishment disciplined under this provision unless there is change of ownership.

Sections 25, 26, and 27: Psychology

The bill amends s. 490.003, F.S., to eliminate outdated language in s. 490.003(3)(a), F.S.

The bill amends, and renumbers, s. 490.003(3)(b), F.S., to delete the generic reference to programs accredited by an agency recognized and approved by the U.S. Department of Education, and inserts a specific reference to the American Psychological Association (APA), which is the only accrediting agency recognized by the U.S. Department of Education to provide programmatic accreditation for doctoral psychology programs. A specific reference to the APA clarifies current education requirements but does not impose any new requirements.

The bill amends s. 490.005, F.S., relating to licensure by examination for psychologists. The bill eliminates the specific reference to Canada, which will allow applicants who obtained their education outside the U.S. to demonstrate they have an education comparable to an APA program.

The bill removes outdated language referencing an augmented or comparable doctoral education pathway. The ability of applicants who obtained their degree in the United States, to augment an insufficient degree or show comparability to an APA accredited program, is no longer available.

The bill eliminates an outdated reference to the school psychology educational accrediting agency, the Commission on Recognition of Postsecondary Accreditation, and updates the reference with the successor agency, the Council for Higher Education Accreditation.

The bill amends s. 490.006, F.S., relating to a psychologist licensure by endorsement, to eliminate the requirement that the licensing provisions of the other state must have been substantially equivalent to, or more stringent than, those of either the law in Florida at the time the applicant obtained an out-of-state license, or the current Florida law. The bill reduces from 20 years of licensed psychology experience to 10 years of experience, within the 25 years preceding the date of application. Licensure of qualified applicants will be expedited by amending these provisions.

Sections 28, 29, 30, 31, 32 and 33: Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

The bill amends s. 491.0045, F.S., to clarify conflicting language passed in the same legislative session to permit the board to make a one-time exception for an additional intern registration. For an intern seeking a second registration after March 31, 2022, the board may grant an additional intern registration in emergency or hardship cases, as defined by board rule, if the candidate has passed the theory and practice examination described in ss. 491.055(1)(d), (3)(d), and (4)(d), F.S.

The bill amends s 491.005(3), F.S., relating to licensure by examination for marriage and family therapists, to require:

- A master's degree with major emphasis in marriage and family therapy from a program accredited by the Commission of Accreditation for Marriage and Family Therapy Education; or,

- A master's degree with major emphasis in marriage and family therapy from a Florida university program accredited by the Counseling and Related Education Program.

The bill eliminates the requirement for marriage and family therapists to complete 12 specific content areas, and 180 practicum hours. This change will simplify the education review process, eliminate the course requirement review, and expedite licensure.

The bill amends s. 491.005(3)(c), F.S., to correct a technical discrepancy in the number of years of clinical experience required for a marriage and family therapist applicant, from three years to two years.

The bill amends s. 491.005(4), F.S., relating to mental health counseling applicants, to update the name of the examination to be taken by a mental health counselor applicant. The bill amends s. 491.005(4)(b)1.c., F.S., to reduce the number of practicum, internship, or field experience hours for those applicants who graduated from a non-CACREP accredited program from 1,000 hours to 700 hours, bringing them in line with graduates from CACREP accredited programs. Amending this provision promotes regulatory efficiency and makes licensure requirements more balanced between the two programs.

The bill amends s. 491.006, F.S., relating to licensure, or certification by endorsement, for applicants for licensure in clinical social work, marriage and family therapy, or mental health counseling. The bill removes the requirement for endorsement applicants to meet the same educational requirements required of new applicants, provided the applicant for endorsement meets the requirement to have an active, valid license and has actively practiced the profession in another state for three of the last five years. Amending this provision will increase licensure portability for applicants applying by endorsement for licensure as marriage and family therapists in Florida.

The bill amends s. 491.007, F.S., relating to renewal of a license, registration, or certificate, to delete obsolete rulemaking authority regarding intern registration renewal.

The bill amends s. 491.009(2), F.S., to delete an inaccurate reference to psychologists, who are licensed under ch. 490, F.S., and to add the profession of certified master social worker that is licensed under ch. 491, F.S. The bill corrects reference to whether it is the board or the DOH with authority to take disciplinary action for certain violations. By adding certified master social worker to this provision, it gives the DOH authority to enter an order denying licensure to a certified master social worker or imposing discipline against any certified master social worker who is found guilty of violating any provision in ch. 491, F.S.

The bill makes additional technical amendments to ss. 491.0046 and 945.42, F.S., to conform cross-references.

Section 34

The bill makes a technical change to s. 945.42, F.S., to conform the definition of psychological professional in cross-references.

Section 35 provides that the bill takes effect July 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

Article VII, section 19 of the State Constitution requires that a new state tax or fee, as well as an increased state tax or fee, must be approved by two-thirds of the membership of each house of the Legislature and must be contained in a separate bill that contains no other subject. Article VII, section 19(d)(1) of the State Constitution defines “fee” to mean “any charge or payment required by law, including any fee for service, fee or cost for licenses, and charge for service.”

Section 13 of the bill redefines the term “Dental laboratory” to include entities that “provide onsite consultation during dental procedures[.]” These entities are not “dental laboratories” under current law. Dental laboratories are required to pay a registration fee under s. 466.032, F.S. This registration fee is an existing statutory fee that is not being increased; however, section 13 of the bill imposes this license fee on a new type of entity, those which provide onsite consultation during dental procedures. As such, the Florida Constitution may require that these provisions be passed in a separate bill by a two-thirds vote of the membership of each house of the Legislature.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. **Government Sector Impact:**

None.

VI. **Technical Deficiencies:**

None.

VII. **Related Issues:**

None.

VIII. **Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 381.4018, 456.013, 458.3312, 459.0055, 460.408, 464.202, 464.203, 464.204, 466.006, 466.007, 466.017, 466.031, 466.036, 468.701, 468.707, 468.711, 468.713, 468.723, 468.803, 480.033, 480.041, 480.046, 490.003, 490.005, 490.006, 491.0045, 491.005, 491.006, 491.007, 491.009, 491.0046, and 945.42.

This bill repeals the following sections of the Florida Statutes: 460.4166, 480.042.

IX. **Additional Information:**

A. **Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on February 11, 2019:

The CS removes from the underlying bill the creation of a new type of PA supervising physician for allopathic and osteopathic PAs. The CS also provides that a federally-designated shortage area of the Conrad 30 Waiver Program includes, but is not limited to, medically underserved areas and rural areas.

B. **Amendments:**

None.



633662

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/11/2019	.	
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	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete lines 176 - 222

and insert:

in federally designated shortage areas, in otherwise medically underserved areas, or in rural areas. Strategies shall also consider the use of state programs, such as the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, which provide for education loan repayment or loan forgiveness and provide monetary incentives for physicians to



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11 relocate to underserved areas of the state.

12 (g) Coordinate and enhance activities relative to physician
13 workforce needs, undergraduate medical education, graduate
14 medical education, and reentry of retired military and other
15 physicians into the physician workforce provided by the Division
16 of Medical Quality Assurance, area health education center
17 networks established pursuant to s. 381.0402, and other offices
18 and programs within the department as designated by the State
19 Surgeon General.

20 (h) Work in conjunction with and act as a coordinating body
21 for governmental and nongovernmental stakeholders to address
22 matters relating to the state's physician workforce assessment
23 and development for the purpose of ensuring an adequate supply
24 of well-trained physicians to meet the state's future needs.
25 Such governmental stakeholders shall include, but need not be
26 limited to, the State Surgeon General or his or her designee,
27 the Commissioner of Education or his or her designee, the
28 Secretary of Health Care Administration or his or her designee,
29 and the Chancellor of the State University System or his or her
30 designee, and, at the discretion of the department, other
31 representatives of state and local agencies that are involved in
32 assessing, educating, or training the state's current or future
33 physicians. Other stakeholders shall include, but need not be
34 limited to, organizations representing the state's public and
35 private allopathic and osteopathic medical schools;
36 organizations representing hospitals and other institutions
37 providing health care, particularly those that currently provide
38 or have an interest in providing accredited medical education
39 and graduate medical education to medical students and medical



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40 residents; organizations representing allopathic and osteopathic
41 practicing physicians; and, at the discretion of the department,
42 representatives of other organizations or entities involved in
43 assessing, educating, or training the state's current or future
44 physicians.

45 (i) Serve as a liaison with other states and federal
46 agencies and programs in order to enhance resources available to
47 the state's physician workforce and medical education continuum.

48 (j) Act as a clearinghouse for collecting and disseminating
49 information concerning the physician workforce and medical
50 education continuum in this state.

51

52 The department may adopt rules to implement this subsection,
53 including rules to establish guidelines to implement the federal
54 Conrad 30 Waiver Program created under s. 214(1) of the
55 Immigration and Nationality Act.

56

57 ===== T I T L E A M E N D M E N T =====

58 And the title is amended as follows:

59 Delete lines 3 - 4

60 and insert:

61 s. 381.4018, F.S.; requiring the Department of Health
62 to develop strategies to maximize federal-state
63 partnerships that provide incentives for physicians to
64 practice in medically underserved or rural areas;
65 authorizing the department to adopt certain rules;
66 amending s. 456.013,



950762

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/11/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete lines 268 - 295.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 11 - 18

and insert:

basis by the Board of Medicine; amending s. 459.0055,
F.S.; revising



823188

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/11/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete lines 370 - 397.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 21 - 27

and insert:

s. 460.408,

By Senator Harrell

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1 A bill to be entitled
 2 An act relating to the Department of Health; amending
 3 s. 381.4018, F.S.; authorizing the Department of
 4 Health to adopt certain rules; amending s. 456.013,
 5 F.S.; revising health care practitioner licensure
 6 application requirements; amending s. 458.3312, F.S.;
 7 removing a provision prohibiting a physician from
 8 representing himself or herself as a board-certified
 9 specialist in dermatology unless the recognizing
 10 agency is reviewed and reauthorized on a specified
 11 basis by the Board of Medicine; amending s. 458.347,
 12 F.S.; requiring a licensed physician assistant to
 13 report any changes in his or her supervising physician
 14 or designated supervising physician within a specified
 15 timeframe; authorizing a licensed physician assistant
 16 to practice under the supervision of a physician other
 17 than the designated physician, under specified
 18 circumstances; amending s. 459.0055, F.S.; revising
 19 licensure requirements for a person seeking licensure
 20 or certification as an osteopathic physician; amending
 21 s. 459.022, F.S.; requiring a licensed physician
 22 assistant to report any changes in his or her
 23 supervising physician or designated supervising
 24 physician within a specified timeframe; authorizing a
 25 physician assistant to practice under the supervision
 26 of a physician other than the designated physician,
 27 under specified circumstances; amending s. 460.408,
 28 F.S.; defining the term "contact classroom hour";
 29 revising provisions relating to continuing

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30 chiropractic education requirements; repealing s.
 31 460.4166, F.S., relating to registered chiropractic
 32 assistants; amending s. 464.202, F.S.; requiring the
 33 Board of Nursing to adopt rules that include
 34 disciplinary procedures and standards of practice for
 35 certified nursing assistants; amending s. 464.203,
 36 F.S.; revising certification requirements for nursing
 37 assistants; amending s. 464.204, F.S.; revising
 38 grounds for board-imposed disciplinary sanctions;
 39 amending s. 466.006, F.S.; revising certain
 40 requirements for examinations to be completed by
 41 applicants seeking dental licensure; amending s.
 42 466.007, F.S.; revising requirements for examinations
 43 of dental hygienists; amending s. 466.017, F.S.;
 44 providing adverse incident reporting requirements;
 45 providing for disciplinary action by the Board of
 46 Dentistry; defining the term "adverse incident";
 47 authorizing the board to adopt rules; amending s.
 48 466.031, F.S.; expanding the definition of the term
 49 "dental laboratory" to include any person, firm, or
 50 corporation that performs an onsite consultation
 51 during dental procedures; amending s. 466.036, F.S.;
 52 revising inspection frequency of dental laboratories
 53 during a specified period; amending s. 468.701, F.S.;
 54 revising the definition of the term "athletic trainer"
 55 for the purpose of relocating an existing requirement;
 56 amending s. 468.707, F.S.; revising athletic trainer
 57 licensure requirements; amending s. 468.711, F.S.;
 58 requiring certain licensees to maintain certification

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59 in good standing without lapse to renew their athletic
 60 trainer license; amending s. 468.713, F.S.; requiring
 61 that an athletic trainer work within a specified scope
 62 of practice; relocating an existing requirement;
 63 amending s. 468.723, F.S.; requiring the direct
 64 supervision of an athletic training student to be in
 65 accordance with rules adopted by the Board of Athletic
 66 Training; amending s. 468.803, F.S.; revising
 67 orthotic, prosthetic, and pedorthic licensure,
 68 registration, and examination requirements; amending
 69 s. 480.033, F.S.; revising the definition of the term
 70 "apprentice"; amending s. 480.041, F.S.; revising
 71 qualifications for licensure as a massage therapist;
 72 specifying that a massage apprentice who was licensed
 73 before a specified date may continue to perform
 74 massage therapy as authorized under his or her
 75 license; authorizing a massage apprentice to apply for
 76 full licensure upon completion of the apprenticeship
 77 under certain conditions; repealing s. 480.042, F.S.,
 78 relating to examinations for licensure as a massage
 79 therapist; amending s. 480.046, F.S.; revising
 80 instances under which disciplinary action may be taken
 81 against massage establishments; prohibiting certain
 82 massage establishments from applying for relicensure;
 83 providing an exception; amending s. 490.003, F.S.;
 84 revising the definition of the terms "doctoral-level
 85 psychological education" and "doctoral degree in
 86 psychology"; amending s. 490.005, F.S.; revising
 87 requirements for licensure by examination of

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88 psychologists and school psychologists; amending s.
 89 490.006, F.S.; revising requirements for licensure by
 90 endorsement of psychologists and school psychologists;
 91 amending s. 491.0045, F.S.; providing an exemption for
 92 registration requirements for clinical social worker
 93 interns, marriage and family therapist interns, and
 94 mental health counselor interns under certain
 95 circumstances; amending s. 491.005, F.S.; revising
 96 requirements for the licensure by examination of
 97 marriage and family therapists; revising examination
 98 requirements for the licensure by examination of
 99 mental health counselors; amending s. 491.006, F.S.;
 100 revising requirements for licensure by endorsement or
 101 certification for specified professions; amending s.
 102 491.007, F.S.; removing a biennial intern registration
 103 fee; amending s. 491.009, F.S.; authorizing the Board
 104 of Clinical Social Work, Marriage and Family Therapy,
 105 and Mental Health Counseling or, under certain
 106 circumstances, the department to enter an order
 107 denying licensure or imposing penalties against an
 108 applicant for licensure under certain circumstances;
 109 amending ss. 491.0046 and 945.42, F.S.; conforming
 110 cross-references; providing an effective date.

111
 112 Be It Enacted by the Legislature of the State of Florida:

113
 114 Section 1. Subsection (3) of section 381.4018, Florida
 115 Statutes, is amended to read:
 116 381.4018 Physician workforce assessment and development.-

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117 (3) GENERAL FUNCTIONS.—The department shall maximize the
 118 use of existing programs under the jurisdiction of the
 119 department and other state agencies and coordinate governmental
 120 and nongovernmental stakeholders and resources in order to
 121 develop a state strategic plan and assess the implementation of
 122 such strategic plan. In developing the state strategic plan, the
 123 department shall:

124 (a) Monitor, evaluate, and report on the supply and
 125 distribution of physicians licensed under chapter 458 or chapter
 126 459. The department shall maintain a database to serve as a
 127 statewide source of data concerning the physician workforce.

128 (b) Develop a model and quantify, on an ongoing basis, the
 129 adequacy of the state's current and future physician workforce
 130 as reliable data becomes available. Such model must take into
 131 account demographics, physician practice status, place of
 132 education and training, generational changes, population growth,
 133 economic indicators, and issues concerning the "pipeline" into
 134 medical education.

135 (c) Develop and recommend strategies to determine whether
 136 the number of qualified medical school applicants who might
 137 become competent, practicing physicians in this state will be
 138 sufficient to meet the capacity of the state's medical schools.
 139 If appropriate, the department shall, working with
 140 representatives of appropriate governmental and nongovernmental
 141 entities, develop strategies and recommendations and identify
 142 best practice programs that introduce health care as a
 143 profession and strengthen skills needed for medical school
 144 admission for elementary, middle, and high school students, and
 145 improve premedical education at the precollege and college level

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146 in order to increase this state's potential pool of medical
 147 students.

148 (d) Develop strategies to ensure that the number of
 149 graduates from the state's public and private allopathic and
 150 osteopathic medical schools is adequate to meet physician
 151 workforce needs, based on the analysis of the physician
 152 workforce data, so as to provide a high-quality medical
 153 education to students in a manner that recognizes the uniqueness
 154 of each new and existing medical school in this state.

155 (e) Pursue strategies and policies to create, expand, and
 156 maintain graduate medical education positions in the state based
 157 on the analysis of the physician workforce data. Such strategies
 158 and policies must take into account the effect of federal
 159 funding limitations on the expansion and creation of positions
 160 in graduate medical education. The department shall develop
 161 options to address such federal funding limitations. The
 162 department shall consider options to provide direct state
 163 funding for graduate medical education positions in a manner
 164 that addresses requirements and needs relative to accreditation
 165 of graduate medical education programs. The department shall
 166 consider funding residency positions as a means of addressing
 167 needed physician specialty areas, rural areas having a shortage
 168 of physicians, and areas of ongoing critical need, and as a
 169 means of addressing the state's physician workforce needs based
 170 on an ongoing analysis of physician workforce data.

171 (f) Develop strategies to maximize federal and state
 172 programs that provide for the use of incentives to attract
 173 physicians to this state or retain physicians within the state.
 174 Such strategies should explore and maximize federal-state

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175 partnerships that provide incentives for physicians to practice
 176 in federally designated shortage areas. Strategies shall also
 177 consider the use of state programs, such as the Medical
 178 Education Reimbursement and Loan Repayment Program pursuant to
 179 s. 1009.65, which provide for education loan repayment or loan
 180 forgiveness and provide monetary incentives for physicians to
 181 relocate to underserved areas of the state.

182 (g) Coordinate and enhance activities relative to physician
 183 workforce needs, undergraduate medical education, graduate
 184 medical education, and reentry of retired military and other
 185 physicians into the physician workforce provided by the Division
 186 of Medical Quality Assurance, area health education center
 187 networks established pursuant to s. 381.0402, and other offices
 188 and programs within the department as designated by the State
 189 Surgeon General.

190 (h) Work in conjunction with and act as a coordinating body
 191 for governmental and nongovernmental stakeholders to address
 192 matters relating to the state's physician workforce assessment
 193 and development for the purpose of ensuring an adequate supply
 194 of well-trained physicians to meet the state's future needs.
 195 Such governmental stakeholders shall include, but need not be
 196 limited to, the State Surgeon General or his or her designee,
 197 the Commissioner of Education or his or her designee, the
 198 Secretary of Health Care Administration or his or her designee,
 199 and the Chancellor of the State University System or his or her
 200 designee, and, at the discretion of the department, other
 201 representatives of state and local agencies that are involved in
 202 assessing, educating, or training the state's current or future
 203 physicians. Other stakeholders shall include, but need not be

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204 limited to, organizations representing the state's public and
 205 private allopathic and osteopathic medical schools;
 206 organizations representing hospitals and other institutions
 207 providing health care, particularly those that currently provide
 208 or have an interest in providing accredited medical education
 209 and graduate medical education to medical students and medical
 210 residents; organizations representing allopathic and osteopathic
 211 practicing physicians; and, at the discretion of the department,
 212 representatives of other organizations or entities involved in
 213 assessing, educating, or training the state's current or future
 214 physicians.

215 (i) Serve as a liaison with other states and federal
 216 agencies and programs in order to enhance resources available to
 217 the state's physician workforce and medical education continuum.

218 (j) Act as a clearinghouse for collecting and disseminating
 219 information concerning the physician workforce and medical
 220 education continuum in this state.

221
 222 The department may adopt rules to implement this subsection.

223 Section 2. Paragraph (a) of subsection (1) of section
 224 456.013, Florida Statutes, is amended to read:

225 456.013 Department; general licensing provisions.—

226 (1) (a) Any person desiring to be licensed in a profession
 227 within the jurisdiction of the department shall apply to the
 228 department in writing ~~to take the licensure examination~~. The
 229 application shall be made on a form prepared and furnished by
 230 the department. The application form must be available on the
 231 Internet, World Wide Web and the department may accept
 232 electronically submitted applications. The application shall

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233 require the social security number and date of birth of the
 234 applicant, except as provided in paragraphs (b) and (c). The
 235 form shall be supplemented as needed to reflect any material
 236 change in any circumstance or condition stated in the
 237 application which takes place between the initial filing of the
 238 application and the final grant or denial of the license and
 239 which might affect the decision of the department. If an
 240 application is submitted electronically, the department may
 241 require supplemental materials, including an original signature
 242 of the applicant and verification of credentials, to be
 243 submitted in a nonelectronic format. An incomplete application
 244 shall expire 1 year after initial filing. In order to further
 245 the economic development goals of the state, and notwithstanding
 246 any law to the contrary, the department may enter into an
 247 agreement with the county tax collector for the purpose of
 248 appointing the county tax collector as the department's agent to
 249 accept applications for licenses and applications for renewals
 250 of licenses. The agreement must specify the time within which
 251 the tax collector must forward any applications and accompanying
 252 application fees to the department.

253 Section 3. Section 458.3312, Florida Statutes, is amended
 254 to read:

255 458.3312 Specialties.—A physician licensed under this
 256 chapter may not hold himself or herself out as a board-certified
 257 specialist unless the physician has received formal recognition
 258 as a specialist from a specialty board of the American Board of
 259 Medical Specialties or other recognizing agency that has been
 260 approved by the board. However, a physician may indicate the
 261 services offered and may state that his or her practice is

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262 limited to one or more types of services when this accurately
 263 reflects the scope of practice of the physician. ~~A physician may
 264 not hold himself or herself out as a board-certified specialist
 265 in dermatology unless the recognizing agency, whether authorized
 266 in statute or by rule, is triennially reviewed and reauthorized
 267 by the Board of Medicine.~~

268 Section 4. Paragraph (d) of subsection (7) of section
 269 458.347, Florida Statutes, is amended to read:

270 458.347 Physician assistants.—

271 (7) PHYSICIAN ASSISTANT LICENSURE.—

272 (d) Upon employment as a physician assistant, a licensed
 273 physician assistant must notify the department in writing within
 274 30 days after such employment and provide or after any
 275 subsequent changes in the supervising physician. The
 276 notification must include the full name, Florida medical license
 277 number, specialty, and address of a supervising physician or a
 278 designated the supervising physician. The licensed physician
 279 assistant must report any subsequent change in the supervising
 280 physician or designated supervising physician to the department
 281 within 30 days after the change. Assignment of a designated
 282 physician does not preclude a physician assistant from
 283 practicing under the supervision of a physician other than the
 284 designated supervising physician if:

285 1. The designated supervising physician is designated as
 286 the primary contact by the facility or physician practice group
 287 that employs the physician assistant and the physician assistant
 288 is subject to supervision by more than one supervising
 289 physician; and

290 2. The designated supervising physician maintains a current

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291 list of all approved supervising physicians at the facility or
 292 physician group practice which includes the name of each
 293 supervising physician and his or her area of practice, and
 294 provides the list to the department or board upon written
 295 request.

296 Section 5. Subsection (1) of section 459.0055, Florida
 297 Statutes, is amended to read:

298 459.0055 General licensure requirements.—

299 (1) Except as otherwise provided herein, any person
 300 desiring to be licensed or certified as an osteopathic physician
 301 pursuant to this chapter shall:

302 (a) Complete an application form and submit the appropriate
 303 fee to the department;

304 (b) Be at least 21 years of age;

305 (c) Be of good moral character;

306 (d) Have completed at least 3 years of preprofessional
 307 postsecondary education;

308 (e) Have not previously committed any act that would
 309 constitute a violation of this chapter, unless the board
 310 determines that such act does not adversely affect the
 311 applicant's present ability and fitness to practice osteopathic
 312 medicine;

313 (f) Not be under investigation in any jurisdiction for an
 314 act that would constitute a violation of this chapter. If, upon
 315 completion of such investigation, it is determined that the
 316 applicant has committed an act that would constitute a violation
 317 of this chapter, the applicant is ineligible for licensure
 318 unless the board determines that such act does not adversely
 319 affect the applicant's present ability and fitness to practice

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320 osteopathic medicine;

321 (g) Have not had an application for a license to practice
 322 osteopathic medicine denied or a license to practice osteopathic
 323 medicine revoked, suspended, or otherwise acted against by the
 324 licensing authority of any jurisdiction unless the board
 325 determines that the grounds on which such action was taken do
 326 not adversely affect the applicant's present ability and fitness
 327 to practice osteopathic medicine. A licensing authority's
 328 acceptance of a physician's relinquishment of license,
 329 stipulation, consent order, or other settlement, offered in
 330 response to or in anticipation of the filing of administrative
 331 charges against the osteopathic physician, shall be considered
 332 action against the osteopathic physician's license;

333 (h) Not have received less than a satisfactory evaluation
 334 from an internship, residency, or fellowship training program,
 335 unless the board determines that such act does not adversely
 336 affect the applicant's present ability and fitness to practice
 337 osteopathic medicine. Such evaluation shall be provided by the
 338 director of medical education from the medical training
 339 facility;

340 (i) Have met the criteria set forth in s. 459.0075, s.
 341 459.0077, or s. 459.021, whichever is applicable;

342 (j) Submit to the department a set of fingerprints on a
 343 form and under procedures specified by the department, along
 344 with a payment in an amount equal to the costs incurred by the
 345 Department of Health for the criminal background check of the
 346 applicant;

347 (k) Demonstrate that he or she is a graduate of a medical
 348 college recognized and approved by the American Osteopathic

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349 Association;

350 (l) Demonstrate that she or he has successfully completed
 351 ~~an internship or residency a resident internship~~ of not less
 352 than 12 months in a program accredited hospital approved for
 353 this purpose by ~~the Board of Trustees of~~ the American
 354 Osteopathic Association or the Accreditation Council for
 355 Graduate Medical Education any other internship program approved
 356 ~~by the board upon a showing of good cause by the applicant~~. This
 357 requirement may be waived for an applicant who matriculated in a
 358 college of osteopathic medicine during or before 1948; and

359 (m) Demonstrate that she or he has obtained a passing
 360 score, as established by rule of the board, on all parts of the
 361 examination conducted by the National Board of Osteopathic
 362 Medical Examiners or other examination approved by the board no
 363 more than 5 years before making application in this state or, if
 364 holding a valid active license in another state, that the
 365 initial licensure in the other state occurred no more than 5
 366 years after the applicant obtained a passing score on the
 367 examination conducted by the National Board of Osteopathic
 368 Medical Examiners or other substantially similar examination
 369 approved by the board.

370 Section 6. Paragraph (d) of subsection (7) of section
 371 459.022, Florida Statutes, is amended to read:

372 459.022 Physician assistants.—

373 (7) PHYSICIAN ASSISTANT LICENSURE.—

374 (d) Upon employment as a physician assistant, a licensed
 375 physician assistant must notify the department in writing within
 376 30 days after such employment and provide ~~or after any~~
 377 ~~subsequent changes in the supervising physician. The~~

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378 ~~notification must include~~ the full name, Florida medical license
 379 number, specialty, and address of a supervising physician or a
 380 ~~designated the~~ supervising physician. The licensed physician
 381 ~~assistant must report any subsequent change in the supervising~~
 382 physician or designated supervising physician to the department
 383 within 30 days after the change. Assignment of a designated
 384 physician does not preclude a physician assistant from
 385 practicing under the supervision of a physician other than the
 386 designated supervising physician if:

387 1. The designated supervising physician is designated as
 388 the primary contact by the facility or physician practice group
 389 that employs the physician assistant and the physician assistant
 390 is subject to supervision by more than one supervising
 391 physician; and

392 2. The designated supervising physician maintains a current
 393 list of all approved supervising physicians at the facility or
 394 physician group practice which includes the name of each
 395 supervising physician and his or her area of practice, and
 396 provides the list to the department or board upon written
 397 request.

398 Section 7. Subsection (1) of section 460.408, Florida
 399 Statutes, is amended to read:

400 460.408 Continuing chiropractic education.—

401 (1) The board shall require licensees to periodically
 402 demonstrate their professional competence as a condition of
 403 renewal of a license by completing up to 40 contact classroom
 404 hours of continuing education. For purposes of this subsection,
 405 the term "contact classroom hour" means a presentation in which
 406 the persons presenting and the persons attending the course are

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407 present on site. Up to 10 general credit continuing education
 408 hours may be completed online in place of contact classroom
 409 hours, as determined by board rule. Online continuing education
 410 courses must be competency-based and must use the Shareable
 411 Content Objective Reference Model standard or more stringent
 412 standards, as determined by the board.

413 (a) Continuing education courses sponsored by chiropractic
 414 colleges whose graduates are eligible for examination under ~~any~~
 415 ~~provision of~~ this chapter may be approved upon review by the
 416 board if all other requirements of board rules setting forth
 417 criteria for course approval are met.

418 (b) The board shall approve those courses that build upon
 419 the basic courses required for the practice of chiropractic
 420 medicine, and ~~the board~~ may also approve courses in adjunctive
 421 modalities. Courses that consist of instruction in the use,
 422 application, prescription, recommendation, or administration of
 423 a specific company's brand of products or services are not
 424 eligible for approval.

425 Section 8. Section 460.4166, Florida Statutes, is repealed.

426 Section 9. Section 464.202, Florida Statutes, is amended to
 427 read:

428 464.202 Duties and powers of the board.—The board shall
 429 maintain, or contract with or approve another entity to
 430 maintain, a state registry of certified nursing assistants. The
 431 registry must consist of the name of each certified nursing
 432 assistant in this state; other identifying information defined
 433 by board rule; certification status; the effective date of
 434 certification; other information required by state or federal
 435 law; information regarding any crime or any abuse, neglect, or

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436 exploitation as provided under chapter 435; and any disciplinary
 437 action taken against the certified nursing assistant. The
 438 registry shall be accessible to the public, the
 439 certificateholder, employers, and other state agencies. The
 440 board shall adopt by rule testing procedures for use in
 441 certifying nursing assistants and shall adopt rules regulating
 442 the practice of certified nursing assistants, including
 443 disciplinary procedures and standards of practice, and
 444 specifying the scope of practice authorized and the level of
 445 supervision required for the practice of certified nursing
 446 assistants. The board may contract with or approve another
 447 entity or organization to provide the examination services,
 448 including the development and administration of examinations.
 449 The board shall require that the contract provider offer
 450 certified nursing assistant applications via the Internet, and
 451 may require the contract provider to accept certified nursing
 452 assistant applications for processing via the Internet. The
 453 board shall require the contract provider to provide the
 454 preliminary results of the certified nursing examination on the
 455 date the test is administered. The provider shall pay all
 456 reasonable costs and expenses incurred by the board in
 457 evaluating the provider's application and performance during the
 458 delivery of services, including examination services and
 459 procedures for maintaining the certified nursing assistant
 460 registry.

461 Section 10. Paragraph (c) of subsection (1) of section
 462 464.203, Florida Statutes, is amended to read:

463 464.203 Certified nursing assistants; certification
 464 requirement.—

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465 (1) The board shall issue a certificate to practice as a
 466 certified nursing assistant to any person who demonstrates a
 467 minimum competency to read and write and successfully passes the
 468 required background screening pursuant to s. 400.215. If the
 469 person has successfully passed the required background screening
 470 pursuant to s. 400.215 or s. 408.809 within 90 days before
 471 applying for a certificate to practice and the person's
 472 background screening results are not retained in the
 473 clearinghouse created under s. 435.12, the board shall waive the
 474 requirement that the applicant successfully pass an additional
 475 background screening pursuant to s. 400.215. The person must
 476 also meet one of the following requirements:

477 (c) Is currently certified in another state or territory of
 478 the United States or in the District of Columbia; is listed on
 479 that jurisdiction's state's certified nursing assistant
 480 registry; and has not been found to have committed abuse,
 481 neglect, or exploitation in that jurisdiction state.

482 Section 11. Paragraph (b) of subsection (1) of section
 483 464.204, Florida Statutes, is amended to read:

484 464.204 Denial, suspension, or revocation of certification;
 485 disciplinary actions.-

486 (1) The following acts constitute grounds for which the
 487 board may impose disciplinary sanctions as specified in
 488 subsection (2):

489 (b) ~~Intentionally~~ Violating any provision of this chapter,
 490 chapter 456, or the rules adopted by the board.

491 Section 12. Paragraph (b) of subsection (3) and subsection
 492 (4) of section 466.006, Florida Statutes, are amended to read:

493 466.006 Examination of dentists.-

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494 (3) If an applicant is a graduate of a dental college or
 495 school not accredited in accordance with paragraph (2) (b) or of
 496 a dental college or school not approved by the board, the
 497 applicant is not entitled to take the examinations required in
 498 this section to practice dentistry until she or he satisfies one
 499 of the following:

500 (b) Submits proof of having successfully completed at least
 501 2 consecutive academic years at a full-time supplemental general
 502 dentistry program accredited by the American Dental Association
 503 Commission on Dental Accreditation. This program must provide
 504 didactic and clinical education at the level of a D.D.S. or
 505 D.M.D. program accredited by the American Dental Association
 506 Commission on Dental Accreditation. For purposes of this
 507 paragraph, a supplemental general dentistry program does not
 508 include an advanced education program in a dental specialty.

509 (4) Notwithstanding any other provision of law in chapter
 510 456 pertaining to the clinical dental licensure examination or
 511 national examinations, to be licensed as a dentist in this
 512 state, an applicant must successfully complete both of the
 513 following:

514 (a) A written examination on the laws and rules of the
 515 state regulating the practice of dentistry.⁷

516 (b)~~1-~~ A practical or clinical examination, which must shall
 517 be the American Dental Licensing Examination produced by the
 518 American Board of Dental Examiners, Inc., or its successor
 519 entity, if any, that is administered in this state ~~and graded by~~
 520 ~~dentists licensed in this state and employed by the department~~
 521 ~~for just such purpose~~, provided that the board has attained, and
 522 continues to maintain thereafter, representation on the board of

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523 directors of the American Board of Dental Examiners, the
 524 examination development committee of the American Board of
 525 Dental Examiners, and such other committees of the American
 526 Board of Dental Examiners as the board deems appropriate by rule
 527 to assure that the standards established herein are maintained
 528 organizationally. A passing score on the American Dental
 529 Licensing Examination administered in this state ~~and graded by~~
 530 ~~dentists who are licensed in this state~~ is valid for 365 days
 531 after the date the official examination results are published.

532 1.2-a. As an alternative to such practical or clinical
 533 examination the requirements of subparagraph 1., an applicant
 534 may submit scores from an American Dental Licensing Examination
 535 previously administered in a jurisdiction other than this state
 536 after October 1, 2011, and such examination results shall be
 537 recognized as valid for the purpose of licensure in this state.
 538 A passing score on the American Dental Licensing Examination
 539 administered out-of-state shall be the same as the passing score
 540 for the American Dental Licensing Examination administered in
 541 this state ~~and graded by dentists who are licensed in this~~
 542 ~~state~~. The examination results are valid for 365 days after the
 543 date the official examination results are published. The
 544 applicant must have completed the examination after October 1,
 545 2011.

546 ~~b.~~ This subparagraph may not be given retroactive
 547 application.

548 2.3- If the date of an applicant's passing American Dental
 549 Licensing Examination scores from an examination previously
 550 administered in a jurisdiction other than this state under
 551 subparagraph 1. ~~subparagraph 2-~~ is older than 365 days, ~~then~~

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552 such scores are ~~shall~~ nevertheless ~~be recognized as~~ valid for
 553 the purpose of licensure in this state, but only if the
 554 applicant demonstrates that all of the following additional
 555 standards have been met:

556 a. ~~(I)~~ The applicant completed the American Dental Licensing
 557 Examination after October 1, 2011.

558 ~~(II)~~ This sub-subparagraph may not be given retroactive
 559 application;

560 b. The applicant graduated from a dental school accredited
 561 by the American Dental Association Commission on Dental
 562 Accreditation or its successor entity, if any, or any other
 563 dental accrediting organization recognized by the United States
 564 Department of Education. Provided, however, if the applicant did
 565 not graduate from such a dental school, the applicant may submit
 566 proof of having successfully completed a full-time supplemental
 567 general dentistry program accredited by the American Dental
 568 Association Commission on Dental Accreditation of at least 2
 569 consecutive academic years at such accredited sponsoring
 570 institution. Such program must provide didactic and clinical
 571 education at the level of a D.D.S. or D.M.D. program accredited
 572 by the American Dental Association Commission on Dental
 573 Accreditation. For purposes of this paragraph, a supplemental
 574 general dentistry program does not include an advanced education
 575 program in a dental specialty;

576 c. The applicant currently possesses a valid and active
 577 dental license in good standing, with no restriction, which has
 578 never been revoked, suspended, restricted, or otherwise
 579 disciplined, from another state or territory of the United
 580 States, the District of Columbia, or the Commonwealth of Puerto

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581 Rico;

582 d. The applicant submits proof that he or she has never
583 been reported to the National Practitioner Data Bank, the
584 Healthcare Integrity and Protection Data Bank, or the American
585 Association of Dental Boards Clearinghouse. This sub-
586 subparagraph does not apply if the applicant successfully
587 appealed to have his or her name removed from the data banks of
588 these agencies;

589 e. (I) (A) In the 5 years immediately preceding the date of
590 application for licensure in this state, The applicant submits
591 ~~must submit~~ proof of having been consecutively engaged in the
592 full-time practice of dentistry in another state or territory of
593 the United States, the District of Columbia, or the Commonwealth
594 of Puerto Rico in the 5 years immediately preceding the date of
595 application for licensure in this state; ~~or,~~

596 (B) If the applicant has been licensed in another state or
597 territory of the United States, the District of Columbia, or the
598 Commonwealth of Puerto Rico for less than 5 years, the applicant
599 submits ~~must submit~~ proof of having been engaged in the full-
600 time practice of dentistry since the date of his or her initial
601 licensure.

602 (II) As used in this section, "full-time practice" is
603 defined as a minimum of 1,200 hours per year for each and every
604 year in the consecutive 5-year period or, where applicable, the
605 period since initial licensure, and must include any combination
606 of the following:

607 (A) Active clinical practice of dentistry providing direct
608 patient care.

609 (B) Full-time practice as a faculty member employed by a

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610 dental or dental hygiene school approved by the board or
611 accredited by the American Dental Association Commission on
612 Dental Accreditation.

613 (C) Full-time practice as a student at a postgraduate
614 dental education program approved by the board or accredited by
615 the American Dental Association Commission on Dental
616 Accreditation.

617 (III) The board shall develop rules to determine what type
618 of proof of full-time practice is required and to recoup the
619 cost to the board of verifying full-time practice under this
620 section. Such proof must, at a minimum, be:

621 (A) Admissible as evidence in an administrative proceeding;

622 (B) Submitted in writing;

623 (C) Submitted by the applicant under oath with penalties of
624 perjury attached;

625 (D) Further documented by an affidavit of someone unrelated
626 to the applicant who is familiar with the applicant's practice
627 and testifies with particularity that the applicant has been
628 engaged in full-time practice; and

629 (E) Specifically found by the board to be both credible and
630 admissible.

631 (IV) An affidavit of only the applicant is not acceptable
632 proof of full-time practice unless it is further attested to by
633 someone unrelated to the applicant who has personal knowledge of
634 the applicant's practice. If the board deems it necessary to
635 assess credibility or accuracy, the board may require the
636 applicant or the applicant's witnesses to appear before the
637 board and give oral testimony under oath;

638 f. The applicant submits ~~must submit~~ documentation that he

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639 or she has completed, or will complete, prior to licensure in
640 this state, continuing education equivalent to this state's
641 requirements for the last full reporting biennium;

642 g. The applicant ~~proves must prove~~ that he or she has never
643 been convicted of, or pled nolo contendere to, regardless of
644 adjudication, any felony or misdemeanor related to the practice
645 of a health care profession in any jurisdiction;

646 h. The applicant ~~has must~~ successfully ~~passed pass~~ a
647 written examination on the laws and rules of this state
648 regulating the practice of dentistry and ~~must successfully pass~~
649 the computer-based diagnostic skills examination; and

650 i. The applicant ~~submits must submit~~ documentation that he
651 or she has successfully completed the applicable examination
652 administered by the Joint Commission on National Dental
653 Examinations or its successor organization National Board of
654 Dental Examiners dental examination.

655 Section 13. Paragraph (b) of subsection (4) and paragraph
656 (a) of subsection (6) of section 466.007, Florida Statutes, are
657 amended to read:

658 466.007 Examination of dental hygienists.—

659 (4) Effective July 1, 2012, to be licensed as a dental
660 hygienist in this state, an applicant must successfully complete
661 the following:

662 (b) A practical or clinical examination approved by the
663 board. The examination shall be the Dental Hygiene Examination
664 produced by the American Board of Dental Examiners, Inc. (ADEX)
665 or its successor entity, if any, if the board finds that the
666 successor entity's clinical examination meets or exceeds the
667 provisions of this section. The board shall approve the ADEX

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668 Dental Hygiene Examination if the board has attained and
669 continues to maintain representation on the ADEX House of
670 Representatives, the ADEX Dental Hygiene Examination Development
671 Committee, and such other ADEX Dental Hygiene committees as the
672 board deems appropriate through rulemaking to ensure that the
673 standards established in this section are maintained
674 organizationally. The ADEX Dental Hygiene Examination or the
675 examination produced by its successor entity is a comprehensive
676 examination in which an applicant must demonstrate skills within
677 the dental hygiene scope of practice on a live patient and any
678 other components that the board deems necessary for the
679 applicant to successfully demonstrate competency for the purpose
680 of licensure. ~~The ADEX Dental Hygiene Examination or the~~
681 ~~examination by the successor entity administered in this state~~
682 ~~shall be graded by dentists and dental hygienists licensed in~~
683 ~~this state who are employed by the department for this purpose.~~

684 (6) (a) A passing score on the ADEX Dental Hygiene
685 Examination administered out of state ~~must shall~~ be considered
686 the same as a passing score for the ADEX Dental Hygiene
687 Examination administered in this state ~~and graded by licensed~~
688 ~~dentists and dental hygienists.~~

689 Section 14. Subsections (9) through (15) are added to
690 section 466.017, Florida Statutes, to read:

691 466.017 Prescription of drugs; anesthesia.—

692 (9) Any adverse incident that occurs in an office
693 maintained by a dentist must be reported to the department. The
694 required notification to the department must be submitted in
695 writing by certified mail and postmarked within 48 hours after
696 the incident occurs.

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697 (10) A dentist practicing in this state must notify the
 698 board in writing by certified mail within 48 hours after any
 699 adverse incident that occurs in the dentist's outpatient
 700 facility. A complete written report must be filed with the board
 701 within 30 days after the incident occurs.

702 (11) Any certified registered dental hygienist
 703 administering local anesthesia must notify the board in writing
 704 by registered mail within 48 hours of any adverse incident that
 705 was related to or the result of the administration of local
 706 anesthesia. A complete written report must be filed with the
 707 board within 30 days after the mortality or other adverse
 708 incident.

709 (12) A failure by the dentist or dental hygienist to timely
 710 and completely comply with all the reporting requirements in
 711 this section is the basis for disciplinary action by the board
 712 pursuant to s. 466.028(1).

713 (13) The department shall review each adverse incident and
 714 determine whether it involved conduct by a health care
 715 professional subject to disciplinary action, in which case s.
 716 456.073 applies. Disciplinary action, if any, shall be taken by
 717 the board under which the health care professional is licensed.

718 (14) As used in subsections (9)-(13), the term "adverse
 719 incident" means any mortality that occurs during or as the
 720 result of a dental procedure, or an incident that results in a
 721 temporary or permanent physical or mental injury that requires
 722 hospitalization or emergency room treatment of a dental patient
 723 which occurs during or as a direct result of the use of general
 724 anesthesia, deep sedation, moderate sedation, pediatric moderate
 725 sedation, oral sedation, minimal sedation (anxiolysis), nitrous

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726 oxide, or local anesthesia.

727 (15) The board may adopt rules to administer this section.
 728 Section 15. Section 466.031, Florida Statutes, is amended
 729 to read:

730 466.031 "Dental laboratory" defined.—As used in this
 731 chapter, the term "dental laboratory" as used in this chapter:
 732 ~~(1)~~ includes any person, firm, or corporation that ~~who~~
 733 performs for a fee of any kind, gratuitously, or otherwise,
 734 directly or through an agent or an employee, by any means or
 735 method, or ~~who in any way~~ supplies or manufactures artificial
 736 substitutes for the natural teeth; ~~or who~~ furnishes, supplies,
 737 constructs, or reproduces or repairs any prosthetic denture,
 738 bridge, or appliance to be worn in the human mouth; provides
 739 onsite consultation during dental procedures; or ~~who~~ in any way
 740 represents ~~holds~~ itself ~~out~~ as a dental laboratory.

741 ~~(2)~~ The term does not include a ~~Excludes any~~ dental
 742 laboratory technician who constructs or repairs dental
 743 prosthetic appliances in the office of a licensed dentist
 744 exclusively for that such dentist ~~only and~~ under her or his
 745 supervision and work order.

746 Section 16. Section 466.036, Florida Statutes, is amended
 747 to read:

748 466.036 Information; periodic inspections; equipment and
 749 supplies.—The department may require from the applicant for a
 750 registration certificate to operate a dental laboratory any
 751 information necessary to carry out the purpose of this chapter,
 752 including proof that the applicant has the equipment and
 753 supplies necessary to operate as determined by rule of the
 754 department, and shall require periodic inspection of all dental

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755 laboratories operating in this state at least once each biennial
 756 registration period. Such inspections ~~must shall~~ include, but
 757 need not be limited to, inspection of sanitary conditions,
 758 equipment, supplies, and facilities on the premises. The
 759 department shall specify dental equipment and supplies that are
 760 not ~~allowed permitted~~ in a registered dental laboratory.

761 Section 17. Subsection (1) of section 468.701, Florida
 762 Statutes, is amended to read:

763 468.701 Definitions.—As used in this part, the term:

764 (1) "Athletic trainer" means a person licensed under this
 765 part who has met the requirements of under this part, including
 766 the education requirements established as set forth by the
 767 Commission on Accreditation of Athletic Training Education or
 768 its successor organization and necessary credentials from the
 769 Board of Certification. ~~An individual who is licensed as an~~
 770 ~~athletic trainer may not provide, offer to provide, or represent~~
 771 ~~that he or she is qualified to provide any care or services that~~
 772 ~~he or she lacks the education, training, or experience to~~
 773 ~~provide, or that he or she is otherwise prohibited by law from~~
 774 ~~providing.~~

775 Section 18. Section 468.707, Florida Statutes, is amended
 776 to read:

777 468.707 Licensure requirements.—Any person desiring to be
 778 licensed as an athletic trainer shall apply to the department on
 779 a form approved by the department. An applicant shall also
 780 provide records or other evidence, as determined by the board,
 781 to prove he or she has met the requirements of this section. The
 782 department shall license each applicant who:

783 (1) Has completed the application form and remitted the

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784 required fees.

785 (2) ~~For a person who applies on or after July 1, 2016,~~ Has
 786 submitted to background screening pursuant to s. 456.0135. The
 787 board may require a background screening for an applicant whose
 788 license has expired or who is undergoing disciplinary action.

789 (3) (a) Has obtained, at a minimum, a baccalaureate ~~or~~
 790 ~~higher~~ degree from a college or university professional athletic
 791 training degree program accredited by the Commission on
 792 Accreditation of Athletic Training Education or its successor
 793 organization recognized and approved by the United States
 794 Department of Education or the Commission on Recognition of
 795 Postsecondary Accreditation, approved by the board, or
 796 recognized by the Board of Certification, and has passed the
 797 national examination to be certified by the Board of
 798 Certification; ~~or-~~

799 (b)(4) Has obtained, at a minimum, a bachelor's degree, has
 800 completed the Board of Certification internship requirements,
 801 ~~and if graduated before 2004,~~ has a current certification from
 802 the Board of Certification.

803 (4)(5) Has current certification in both cardiopulmonary
 804 resuscitation and the use of an automated external defibrillator
 805 set forth in the continuing education requirements as determined
 806 by the board pursuant to s. 468.711.

807 (5)(6) Has completed any other requirements as determined
 808 by the department and approved by the board.

809 Section 19. Subsection (3) of section 468.711, Florida
 810 Statutes, is amended to read:

811 468.711 Renewal of license; continuing education.—

812 (3) If initially licensed after January 1, 1998, the

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813 licensee must be currently certified by the Board of
814 Certification or its successor agency and maintain that
815 certification in good standing without lapse.

816 Section 20. Section 468.713, Florida Statutes, is amended
817 to read:

818 468.713 Responsibilities of athletic trainers.—

819 (1) An athletic trainer shall practice under the direction
820 of a physician licensed under chapter 458, chapter 459, chapter
821 460, or otherwise authorized by Florida law to practice
822 medicine. The physician shall communicate his or her direction
823 through oral or written prescriptions or protocols as deemed
824 appropriate by the physician for the provision of services and
825 care by the athletic trainer. An athletic trainer shall provide
826 service or care in the manner dictated by the physician.

827 (2) An athletic trainer shall work within his or her
828 allowable scope of practice as specified in board rule under s.
829 468.705. An athletic trainer may not provide, offer to provide,
830 or represent that he or she is qualified to provide any care or
831 services that he or she lacks the education, training, or
832 experience to provide, or that he or she is otherwise prohibited
833 by law from providing.

834 Section 21. Subsection (2) of section 468.723, Florida
835 Statutes, is amended to read:

836 468.723 Exemptions.—This part does not prohibit prevent or
837 restrict:

838 (2) An athletic training student acting under the direct
839 supervision of a licensed athletic trainer. For purposes of this
840 subsection, "direct supervision" means the physical presence of
841 an athletic trainer so that the athletic trainer is immediately

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842 available to the athletic training student and able to intervene
843 on behalf of the athletic training student. The supervision must
844 comply with board rule in accordance with the standards set
845 forth by the Commission on Accreditation of Athletic Training
846 Education or its successor.

847 Section 22. Subsections (1), (3), and (4) of section
848 468.803, Florida Statutes, are amended to read:

849 468.803 License, registration, and examination
850 requirements.—

851 (1) The department shall issue a license to practice
852 orthotics, prosthetics, or pedorthics, or a registration for a
853 resident to practice orthotics or prosthetics, to qualified
854 applicants. Licenses to practice shall be granted independently
855 in orthotics, prosthetics, or pedorthics shall be granted
856 independently, but a person may be licensed in more than one
857 such discipline, and a prosthetist-orthotist license may be
858 granted to persons meeting the requirements for licensure both
859 as a prosthetist and as an orthotist license. Registrations to
860 practice shall be granted independently in orthotics or
861 prosthetics shall be granted independently, and a person may be
862 registered in both disciplines fields at the same time or
863 jointly in orthotics and prosthetics as a dual registration.

864 (3) A person seeking to attain the ~~required~~ orthotics or
865 prosthetics experience required for licensure in this state must
866 be approved by the board and registered as a resident by the
867 department. Although a registration may be held in both
868 disciplines practice fields, for independent registrations the
869 board may shall not approve a second registration for until at
870 least 1 year after the issuance of the first registration.

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871 Notwithstanding subsection (2), ~~a person an applicant~~ who has
 872 been approved by the board and registered by the department in
 873 one ~~discipline practice field~~ may apply for registration in the
 874 second ~~discipline practice field~~ without an additional state or
 875 national criminal history check during the period in which the
 876 first registration is valid. Each independent registration or
 877 dual registration is valid for 2 years after ~~from~~ the date of
 878 issuance unless otherwise revoked by the department upon
 879 recommendation of the board. The board shall set a registration
 880 fee not to exceed \$500 to be paid by the applicant. A
 881 registration may be renewed once by the department upon
 882 recommendation of the board for a period no longer than 1 year,
 883 as such renewal is defined by the board by rule. The
 884 ~~registration~~ renewal fee may ~~shall~~ not exceed one-half the
 885 current registration fee. To be considered by the board for
 886 approval of registration as a resident, the applicant must have
 887 one of the following:

888 (a) A Bachelor of Science or higher-level postgraduate
 889 degree in Orthotics and Prosthetics from a regionally accredited
 890 college or university recognized by the Commission on
 891 Accreditation of Allied Health Education Programs. ~~or, at~~

892 (b) A minimum, of a bachelor's degree from a regionally
 893 accredited college or university and a certificate in orthotics
 894 or prosthetics from a program recognized by the Commission on
 895 Accreditation of Allied Health Education Programs, or its
 896 equivalent, as determined by the board. ~~or~~

897 (c) A minimum of a bachelor's degree from a regionally
 898 accredited college or university and a dual certificate in both
 899 orthotics and prosthetics from programs recognized by the

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900 Commission on Accreditation of Allied Health Education Programs,
 901 or its equivalent, as determined by the board.

902 ~~(b) A Bachelor of Science or higher-level postgraduate~~
 903 ~~degree in Orthotics and Prosthetics from a regionally accredited~~
 904 ~~college or university recognized by the Commission on~~
 905 ~~Accreditation of Allied Health Education Programs or, at a~~
 906 ~~minimum, a bachelor's degree from a regionally accredited~~
 907 ~~college or university and a certificate in prosthetics from a~~
 908 ~~program recognized by the Commission on Accreditation of Allied~~
 909 ~~Health Education Programs, or its equivalent, as determined by~~
 910 ~~the board.~~

911 (4) The department may develop and administer a state
 912 examination for an orthotist or a prosthetist license, or the
 913 board may approve the existing examination of a national
 914 standards organization. The examination must be predicated on a
 915 minimum of a baccalaureate-level education and formalized
 916 specialized training in the appropriate field. Each examination
 917 must demonstrate a minimum level of competence in basic
 918 scientific knowledge, written problem solving, and practical
 919 clinical patient management. The board shall require an
 920 examination fee not to exceed the actual cost to the board in
 921 developing, administering, and approving the examination, which
 922 fee must be paid by the applicant. To be considered by the board
 923 for examination, the applicant must have:

924 (a) For an examination in orthotics:

925 1. A Bachelor of Science or higher-level postgraduate
 926 degree in Orthotics and Prosthetics from a regionally accredited
 927 college or university recognized by the Commission on
 928 Accreditation of Allied Health Education Programs or, at a

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929 minimum, a bachelor's degree from a regionally accredited
 930 college or university and a certificate in orthotics from a
 931 program recognized by the Commission on Accreditation of Allied
 932 Health Education Programs, or its equivalent, as determined by
 933 the board; and

934 2. An approved orthotics internship of 1 year of qualified
 935 experience, as determined by the board, or an orthotic residency
 936 or dual residency program recognized by the board.

937 (b) For an examination in prosthetics:

938 1. A Bachelor of Science or higher-level postgraduate
 939 degree in Orthotics and Prosthetics from a regionally accredited
 940 college or university recognized by the Commission on
 941 Accreditation of Allied Health Education Programs or, at a
 942 minimum, a bachelor's degree from a regionally accredited
 943 college or university and a certificate in prosthetics from a
 944 program recognized by the Commission on Accreditation of Allied
 945 Health Education Programs, or its equivalent, as determined by
 946 the board; and

947 2. An approved prosthetics internship of 1 year of
 948 qualified experience, as determined by the board, or a
 949 prosthetic residency or dual residency program recognized by the
 950 board.

951 Section 23. Subsection (5) of section 480.033, Florida
 952 Statutes, is amended to read:

953 480.033 Definitions.—As used in this act:

954 (5) "Apprentice" means a person approved by the board to
 955 study colonic irrigation ~~massage~~ under the instruction of a
 956 licensed massage therapist practicing colonic irrigation.

957 Section 24. Subsections (1) and (2) of section 480.041,

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958 Florida Statutes, are amended, and subsection (8) is added to
 959 that section, to read:

960 480.041 Massage therapists; qualifications; licensure;
 961 endorsement.—

962 (1) Any person is qualified for licensure as a massage
 963 therapist under this act who:

964 (a) Is at least 18 years of age or has received a high
 965 school diploma or high school equivalency diploma;

966 (b) Has completed a course of study at a board-approved
 967 massage school ~~or has completed an apprenticeship program~~ that
 968 meets standards adopted by the board; and

969 (c) Has received a passing grade on a national ~~an~~
 970 examination designated ~~administered~~ by the board ~~department~~.

971 (2) Every person desiring to be examined for licensure as a
 972 massage therapist shall apply to the department in writing upon
 973 forms prepared and furnished by the department. Such applicants
 974 ~~are shall be~~ subject to the provisions of s. 480.046(1).

975 ~~Applicants may take an examination administered by the~~
 976 ~~department only upon meeting the requirements of this section as~~
 977 ~~determined by the board.~~

978 (8) A person issued a license as a massage apprentice
 979 before July 1, 2019, may continue that apprenticeship and
 980 perform massage therapy as permitted by that license until it
 981 expires. Upon completion of the apprenticeship, which must occur
 982 before July 1, 2022, a massage apprentice may apply to the board
 983 for full licensure and be granted a license if all other
 984 applicable licensure requirements are met.

985 Section 25. Section 480.042, Florida Statutes, is repealed.

986 Section 26. Subsection (3) of section 480.046, Florida

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987 Statutes, is amended, and subsection (5) is added to that
988 section, to read:

989 480.046 Grounds for disciplinary action by the board.—

990 (3) The board ~~may shall have the power to~~ revoke or suspend
991 the license of a massage establishment licensed under this act,
992 or ~~to~~ deny subsequent licensure of such an establishment, if the
993 establishment is owned by an individual or entity that owned
994 another establishment whose license was revoked, upon a showing
995 of proof that, in either of the following cases:

996 (a) The current ~~Upon proof that~~ a license has been obtained
997 by fraud or misrepresentation.

998 (b) ~~Upon proof that~~ The holder of the a license is guilty
999 of fraud or deceit or of gross negligence, incompetency, or
1000 misconduct in the operation of the currently licensed
1001 establishment ~~so~~ licensed.

1002 (c) The owner of the massage establishment or any
1003 individual or individuals providing massage therapy services
1004 within the establishment, in the aggregate or individually, have
1005 had three convictions of, or pleas of guilty or nolo contendere
1006 to, or dismissals of a criminal action after a successful
1007 completion of a pretrial intervention, diversion, or substance
1008 abuse program for any misdemeanor or felony, regardless of
1009 adjudication, a crime in any jurisdiction related to
1010 prostitution and related acts as defined in s. 796.07, which
1011 occurred at or within the currently licensed establishment.

1012 (5) An establishment that has been the subject of
1013 disciplinary action under this section may not apply for
1014 relicensure unless there is a change in ownership.

1015 Section 27. Subsection (3) of section 490.003, Florida

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1016 Statutes, is amended to read:

1017 490.003 Definitions.—As used in this chapter:

1018 (3) ~~(a) Prior to July 1, 1999, "doctoral-level psychological~~
1019 ~~education" and "doctoral degree in psychology" mean a Psy.D., an~~
1020 ~~Ed.D. in psychology, or a Ph.D. in psychology from:~~

1021 1. ~~An educational institution which, at the time the~~
1022 ~~applicant was enrolled and graduated, had institutional~~
1023 ~~accreditation from an agency recognized and approved by the~~
1024 ~~United States Department of Education or was recognized as a~~
1025 ~~member in good standing with the Association of Universities and~~
1026 ~~Colleges of Canada; and~~

1027 2. ~~A psychology program within that educational institution~~
1028 ~~which, at the time the applicant was enrolled and graduated, had~~
1029 ~~programmatic accreditation from an accrediting agency recognized~~
1030 ~~and approved by the United States Department of Education or was~~
1031 ~~comparable to such programs.~~

1032 ~~(b) Effective July 1, 1999, "doctoral-level psychological~~
1033 ~~education" and "doctoral degree in psychology" mean a Psy.D., an~~
1034 ~~Ed.D. in psychology, or a Ph.D. in psychology from:~~

1035 1. a psychology program within an educational institution
1036 that which, at the time the applicant was enrolled and
1037 graduated, had institutional accreditation from an agency
1038 recognized and approved by the United States Department of
1039 Education or was recognized as a member in good standing with
1040 the Association of Universities and Colleges of Canada. The
1041 psychology program must have had, and

1042 2. ~~A psychology program within that educational institution~~
1043 ~~which, at the time the applicant was enrolled and graduated, had~~
1044 ~~programmatic accreditation from the American Psychological~~

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1045 ~~Association an agency recognized and approved by the United~~
1046 ~~States Department of Education.~~

1047 Section 28. Paragraph (b) of subsection (1) and paragraph
1048 (b) of subsection (2) of section 490.005, Florida Statutes, are
1049 amended to read:

1050 490.005 Licensure by examination.—

1051 (1) Any person desiring to be licensed as a psychologist
1052 shall apply to the department to take the licensure examination.
1053 The department shall license each applicant who the board
1054 certifies has:

1055 (b) Submitted proof satisfactory to the board that the
1056 applicant has:

1057 1. Received doctoral-level psychological education, ~~as~~
1058 ~~defined in s. 490.003(3); or~~

1059 2. Received the equivalent of a doctoral-level
1060 psychological education, as defined in s. 490.003(3), from a
1061 program at a school or university located outside the United
1062 States of America ~~and Canada~~, which was officially recognized by
1063 the government of the country in which it is located as an
1064 institution or program to train students to practice
1065 professional psychology. The applicant has the burden of
1066 establishing that this requirement has the requirements of this
1067 ~~provision have been met shall be upon the applicant;~~

1068 ~~3. Received and submitted to the board, prior to July 1,~~
1069 ~~1999, certification of an augmented doctoral-level psychological~~
1070 ~~education from the program director of a doctoral-level~~
1071 ~~psychology program accredited by a programmatic agency~~
1072 ~~recognized and approved by the United States Department of~~
1073 ~~Education; or~~

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1074 ~~4. Received and submitted to the board, prior to August 31,~~
1075 ~~2001, certification of a doctoral-level program that at the time~~
1076 ~~the applicant was enrolled and graduated maintained a standard~~
1077 ~~of education and training comparable to the standard of training~~
1078 ~~of programs accredited by a programmatic agency recognized and~~
1079 ~~approved by the United States Department of Education. Such~~
1080 ~~certification of comparability shall be provided by the program~~
1081 ~~director of a doctoral-level psychology program accredited by a~~
1082 ~~programmatic agency recognized and approved by the United States~~
1083 ~~Department of Education.~~

1084 (2) Any person desiring to be licensed as a school
1085 psychologist shall apply to the department to take the licensure
1086 examination. The department shall license each applicant who the
1087 department certifies has:

1088 (b) Submitted satisfactory proof to the department that the
1089 applicant:

1090 1. Has received a doctorate, specialist, or equivalent
1091 degree from a program primarily psychological in nature and has
1092 completed 60 semester hours or 90 quarter hours of graduate
1093 study, in areas related to school psychology as defined by rule
1094 of the department, from a college or university which at the
1095 time the applicant was enrolled and graduated was accredited by
1096 an accrediting agency recognized and approved by the Council for
1097 Higher Education Accreditation or its successor organization
1098 Commission on Recognition of Postsecondary Accreditation or from
1099 an institution that which is publicly recognized as a member in
1100 good standing with the Association of Universities and Colleges
1101 of Canada.

1102 2. Has had a minimum of 3 years of experience in school

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1103 psychology, 2 years of which must be supervised by an individual
 1104 who is a licensed school psychologist or who has otherwise
 1105 qualified as a school psychologist supervisor, by education and
 1106 experience, as set forth by rule of the department. A doctoral
 1107 internship may be applied toward the supervision requirement.

1108 3. Has passed an examination provided by the department.

1109 Section 29. Subsection (1) of section 490.006, Florida
 1110 Statutes, is amended to read:

1111 490.006 Licensure by endorsement.—

1112 (1) The department shall license a person as a psychologist
 1113 or school psychologist who, upon applying to the department and
 1114 remitting the appropriate fee, demonstrates to the department
 1115 or, in the case of psychologists, to the board that the
 1116 applicant:

1117 ~~(a) Holds a valid license or certificate in another state~~
 1118 ~~to practice psychology or school psychology, as applicable,~~
 1119 ~~provided that, when the applicant secured such license or~~
 1120 ~~certificate, the requirements were substantially equivalent to~~
 1121 ~~or more stringent than those set forth in this chapter at that~~
 1122 ~~time; and, if no Florida law existed at that time, then the~~
 1123 ~~requirements in the other state must have been substantially~~
 1124 ~~equivalent to or more stringent than those set forth in this~~
 1125 ~~chapter at the present time;~~

1126 ~~(a)(b)~~ Is a diplomate in good standing with the American
 1127 Board of Professional Psychology, Inc.; or

1128 ~~(b)(c)~~ Possesses a doctoral degree in psychology ~~as~~
 1129 ~~described in s. 490.003~~ and has at least 10 ~~20~~ years of
 1130 experience as a licensed psychologist in any jurisdiction or
 1131 territory of the United States within the 25 years preceding the

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1132 date of application.

1133 Section 30. Subsection (6) of section 491.0045, Florida
 1134 Statutes, as amended by chapter 2016-80 and chapter 2016-241,
 1135 Laws of Florida, is amended to read:

1136 491.0045 Intern registration; requirements.—

1137 (6) A registration issued on or before March 31, 2017,
 1138 expires March 31, 2022, and may not be renewed or reissued. Any
 1139 registration issued after March 31, 2017, expires 60 months
 1140 after the date it is issued. The board may make a one-time
 1141 exception from the requirements of this subsection in emergency
 1142 or hardship cases, as defined by board rule, if A subsequent
 1143 intern registration may not be issued unless the candidate has
 1144 passed the theory and practice examination described in s.
 1145 491.005(1)(d), (3)(d), and (4)(d).

1146 Section 31. Subsections (3) and (4) of section 491.005,
 1147 Florida Statutes, are amended to read:

1148 491.005 Licensure by examination.—

1149 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
 1150 documentation and payment of a fee not to exceed \$200, as set by
 1151 board rule, plus the actual cost of to the department for the
 1152 purchase of the examination from the Association of Marital and
 1153 Family Therapy Regulatory Board, or similar national
 1154 organization, the department shall issue a license as a marriage
 1155 and family therapist to an applicant who the board certifies:

1156 (a) Has submitted an application and paid the appropriate
 1157 fee.

1158 (b)1. Has a minimum of a master's degree with major
 1159 emphasis in marriage and family therapy, ~~or a closely related~~
 1160 field from a program accredited by the Commission on

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1161 Accreditation for Marriage and Family Therapy Education or from
 1162 a Florida university program accredited by the Council for
 1163 Accreditation of Counseling and Related Educational Programs,
 1164 and graduate courses approved by the Board of Clinical Social
 1165 Work, Marriage and Family Therapy, and Mental Health Counseling
 1166 has completed all of the following requirements:

1167 ~~a. Thirty-six semester hours or 48 quarter hours of~~
 1168 ~~graduate coursework, which must include a minimum of 3 semester~~
 1169 ~~hours or 4 quarter hours of graduate-level course credits in~~
 1170 ~~each of the following nine areas: dynamics of marriage and~~
 1171 ~~family systems; marriage therapy and counseling theory and~~
 1172 ~~techniques; family therapy and counseling theory and techniques;~~
 1173 ~~individual human development theories throughout the life cycle;~~
 1174 ~~personality theory or general counseling theory and techniques;~~
 1175 ~~psychopathology; human sexuality theory and counseling~~
 1176 ~~techniques; psychosocial theory; and substance abuse theory and~~
 1177 ~~counseling techniques. Courses in research, evaluation,~~
 1178 ~~appraisal, assessment, or testing theories and procedures;~~
 1179 ~~thesis or dissertation work; or practicums, internships, or~~
 1180 ~~fieldwork may not be applied toward this requirement.~~

1181 ~~b. A minimum of one graduate-level course of 3 semester~~
 1182 ~~hours or 4 quarter hours in legal, ethical, and professional~~
 1183 ~~standards issues in the practice of marriage and family therapy~~
 1184 ~~or a course determined by the board to be equivalent.~~

1185 ~~c. A minimum of one graduate-level course of 3 semester~~
 1186 ~~hours or 4 quarter hours in diagnosis, appraisal, assessment,~~
 1187 ~~and testing for individual or interpersonal disorder or~~
 1188 ~~dysfunction; and a minimum of one 3-semester-hour or 4-quarter-~~
 1189 ~~hour graduate-level course in behavioral research which focuses~~

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1190 ~~on the interpretation and application of research data as it~~
 1191 ~~applies to clinical practice. Credit for thesis or dissertation~~
 1192 ~~work, practicums, internships, or fieldwork may not be applied~~
 1193 ~~toward this requirement.~~

1194 ~~d. A minimum of one supervised clinical practicum,~~
 1195 ~~internship, or field experience in a marriage and family~~
 1196 ~~counseling setting, during which the student provided 180 direct~~
 1197 ~~client contact hours of marriage and family therapy services~~
 1198 ~~under the supervision of an individual who met the requirements~~
 1199 ~~for supervision under paragraph (c). This requirement may be met~~
 1200 ~~by a supervised practice experience which took place outside the~~
 1201 ~~academic arena, but which is certified as equivalent to a~~
 1202 ~~graduate level practicum or internship program which required a~~
 1203 ~~minimum of 180 direct client contact hours of marriage and~~
 1204 ~~family therapy services currently offered within an academic~~
 1205 ~~program of a college or university accredited by an accrediting~~
 1206 ~~agency approved by the United States Department of Education, or~~
 1207 ~~an institution which is publicly recognized as a member in good~~
 1208 ~~standing with the Association of Universities and Colleges of~~
 1209 ~~Canada or a training institution accredited by the Commission on~~
 1210 ~~Accreditation for Marriage and Family Therapy Education~~
 1211 ~~recognized by the United States Department of Education.~~
 1212 ~~Certification shall be required from an official of such~~
 1213 ~~college, university, or training institution.~~

1214 2. If the course title that ~~which~~ appears on the
 1215 applicant's transcript does not clearly identify the content of
 1216 the coursework, the applicant shall ~~be required to~~ provide
 1217 additional documentation, including, but not limited to, a
 1218 syllabus or catalog description published for the course.

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1219
 1220 The required master's degree must have been received in an
 1221 institution of higher education which, at the time the applicant
 1222 graduated, ~~was~~ fully accredited by a regional accrediting body
 1223 recognized by the Commission on Recognition of Postsecondary
 1224 Accreditation ~~or~~ publicly recognized as a member in good
 1225 standing with the Association of Universities and Colleges of
 1226 Canada, ~~or~~ an institution of higher education located outside
 1227 the United States and Canada, ~~which,~~ at the time the applicant
 1228 was enrolled and at the time the applicant graduated, maintained
 1229 a standard of training substantially equivalent to the standards
 1230 of training of those institutions in the United States which are
 1231 accredited by a regional accrediting body recognized by the
 1232 Commission on Recognition of Postsecondary Accreditation. Such
 1233 foreign education and training must have been received in an
 1234 institution or program of higher education officially recognized
 1235 by the government of the country in which it is located as an
 1236 institution or program to train students to practice as
 1237 professional marriage and family therapists or psychotherapists.
 1238 The applicant has the burden of establishing that the
 1239 requirements of this provision have been met ~~shall be upon the~~
 1240 ~~applicant,~~ and the board shall require documentation, such as,
 1241 ~~but not limited to,~~ an evaluation by a foreign equivalency
 1242 determination service, as evidence that the applicant's graduate
 1243 degree program and education were equivalent to an accredited
 1244 program in this country. An applicant with a master's degree
 1245 from a program that which did not emphasize marriage and family
 1246 therapy may complete the coursework requirement in a training
 1247 institution fully accredited by the Commission on Accreditation

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1248 for Marriage and Family Therapy Education recognized by the
 1249 United States Department of Education.
 1250 (c) Has had at least 2 years of clinical experience during
 1251 which 50 percent of the applicant's clients were receiving
 1252 marriage and family therapy services, which must be at the post-
 1253 master's level under the supervision of a licensed marriage and
 1254 family therapist with at least 5 years of experience, or the
 1255 equivalent, who is a qualified supervisor as determined by the
 1256 board. An individual who intends to practice in Florida to
 1257 satisfy the clinical experience requirements must register
 1258 pursuant to s. 491.0045 before commencing practice. If a
 1259 graduate has a master's degree with a major emphasis in marriage
 1260 and family therapy or a closely related field ~~which that~~ did not
 1261 include all of the coursework required by subparagraph (b)1.
 1262 ~~under sub-subparagraphs (b)1.a.-e.,~~ credit for the post-master's
 1263 level clinical experience may shall not commence until the
 1264 applicant has completed a minimum of 10 of the courses required
 1265 by subparagraph (b)1. ~~under sub-subparagraphs (b)1.a.-e.,~~ as
 1266 determined by the board, and at least 6 semester hours or 9
 1267 quarter hours of the course credits must have been completed in
 1268 the area of marriage and family systems, theories, or
 1269 techniques. Within the 2 3 years of required experience, the
 1270 applicant shall provide direct individual, group, or family
 1271 therapy and counseling, ~~to include the following categories of~~
 1272 cases including those involving unmarried dyads, married
 1273 couples, separating and divorcing couples, and family groups
 1274 that include including children. A doctoral internship may be
 1275 applied toward the clinical experience requirement. A licensed
 1276 mental health professional must be on the premises when clinical

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1277 services are provided by a registered intern in a private
 1278 practice setting.

1279 (d) Has passed a theory and practice examination provided
 1280 by the department ~~for this purpose.~~

1281 (e) Has demonstrated, in a manner designated by board rule
 1282 ~~of the board~~, knowledge of the laws and rules governing the
 1283 practice of clinical social work, marriage and family therapy,
 1284 and mental health counseling.

1285 ~~(f)~~

1286

1287 For the purposes of dual licensure, the department shall license
 1288 as a marriage and family therapist any person who meets the
 1289 requirements of s. 491.0057. Fees for dual licensure may shall
 1290 not exceed those stated in this subsection.

1291 (4) MENTAL HEALTH COUNSELING.—Upon verification of
 1292 documentation and payment of a fee not to exceed \$200, as set by
 1293 board rule, plus the actual per applicant cost of to the
 1294 ~~department for~~ purchase of the examination from the National
 1295 Board for Certified Counselors or its successor Professional
 1296 Examination Service for the National Academy of Certified
 1297 Clinical Mental Health Counselors or a similar national
 1298 organization, the department shall issue a license as a mental
 1299 health counselor to an applicant who the board certifies:

1300 (a) Has submitted an application and paid the appropriate
 1301 fee.

1302 (b)1. Has a minimum of an earned master's degree from a
 1303 mental health counseling program accredited by the Council for
 1304 the Accreditation of Counseling and Related Educational Programs
 1305 that consists of at least 60 semester hours or 80 quarter hours

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1306 of clinical and didactic instruction, including a course in
 1307 human sexuality and a course in substance abuse. If the master's
 1308 degree is earned from a program related to the practice of
 1309 mental health counseling that is not accredited by the Council
 1310 for the Accreditation of Counseling and Related Educational
 1311 Programs, then the coursework and practicum, internship, or
 1312 fieldwork must consist of at least 60 semester hours or 80
 1313 quarter hours and meet all of the following requirements:

1314 a. Thirty-three semester hours or 44 quarter hours of
 1315 graduate coursework, which must include a minimum of 3 semester
 1316 hours or 4 quarter hours of graduate-level coursework in each of
 1317 the following 11 content areas: counseling theories and
 1318 practice; human growth and development; diagnosis and treatment
 1319 of psychopathology; human sexuality; group theories and
 1320 practice; individual evaluation and assessment; career and
 1321 lifestyle assessment; research and program evaluation; social
 1322 and cultural foundations; substance abuse; and legal, ethical,
 1323 and professional standards issues in the practice of mental
 1324 health counseling in community settings; and substance abuse.
 1325 Courses in research, thesis or dissertation work, practicums,
 1326 internships, or fieldwork may not be applied toward this
 1327 requirement.

1328 b. A minimum of 3 semester hours or 4 quarter hours of
 1329 graduate-level coursework addressing diagnostic processes,
 1330 including differential diagnosis and the use of the current
 1331 diagnostic tools, such as the current edition of the American
 1332 Psychiatric Association's Diagnostic and Statistical Manual of
 1333 Mental Disorders. The graduate program must have emphasized the
 1334 common core curricular experience in legal, ethical, and

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1335 ~~professional standards issues in the practice of mental health~~
 1336 ~~counseling, which includes goals, objectives, and practices of~~
 1337 ~~professional counseling organizations, codes of ethics, legal~~
 1338 ~~considerations, standards of preparation, certifications and~~
 1339 ~~licensing, and the role identity and professional obligations of~~
 1340 ~~mental health counselors. Courses in research, thesis or~~
 1341 ~~dissertation work, practicums, internships, or fieldwork may not~~
 1342 ~~be applied toward this requirement.~~

1343 c. The equivalent, as determined by the board, of at least
 1344 700 ~~1,000~~ hours of university-sponsored supervised clinical
 1345 practicum, internship, or field experience that includes at
 1346 least 280 hours of direct client services, as required in the
 1347 accrediting standards of the Council for Accreditation of
 1348 Counseling and Related Educational Programs for mental health
 1349 counseling programs. This experience may not be used to satisfy
 1350 the post-master's clinical experience requirement.

1351 2. Has provided additional documentation if a the course
 1352 title that which appears on the applicant's transcript does not
 1353 clearly identify the content of the coursework. ~~The applicant~~
 1354 ~~shall be required to provide additional documentation must~~
 1355 include, including, but is not limited to, a syllabus or catalog
 1356 description published for the course.

1357
 1358 Education and training in mental health counseling must have
 1359 been received in an institution of higher education that, which
 1360 at the time the applicant graduated, ~~was~~ fully accredited by a
 1361 regional accrediting body recognized by the Council for Higher
 1362 Education Accreditation or its successor organization or
 1363 ~~Commission on Recognition of Postsecondary Accreditation;~~

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1364 publicly recognized as a member in good standing with the
 1365 Association of Universities and Colleges of Canada, ~~r~~ or an
 1366 institution of higher education located outside the United
 1367 States and Canada, which, at the time the applicant was enrolled
 1368 and at the time the applicant graduated, maintained a standard
 1369 of training substantially equivalent to the standards of
 1370 training of those institutions in the United States which are
 1371 accredited by a regional accrediting body recognized by the
 1372 Council for Higher Education Accreditation or its successor
 1373 organization ~~Commission on Recognition of Postsecondary~~
 1374 ~~Accreditation~~. Such foreign education and training must have
 1375 been received in an institution or program of higher education
 1376 officially recognized by the government of the country in which
 1377 it is located as an institution or program to train students to
 1378 practice as mental health counselors. The applicant has the
 1379 burden of establishing that the requirements of this provision
 1380 have been met shall be upon the applicant, and the board shall
 1381 require documentation, such as, ~~but not limited to,~~ an
 1382 evaluation by a foreign equivalency determination service, as
 1383 evidence that the applicant's graduate degree program and
 1384 education were equivalent to an accredited program in this
 1385 country. Beginning July 1, 2024, an applicant must have a
 1386 master's degree from a program that is accredited by the Council
 1387 for Accreditation of Counseling and Related Educational Programs
 1388 which consists of at least 60 semester hours or 80 quarter hours
 1389 to apply for licensure under this paragraph.

1390 (c) Has had at least 2 years of clinical experience in
 1391 mental health counseling, which must be at the post-master's
 1392 level under the supervision of a licensed mental health

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1393 counselor or the equivalent who is a qualified supervisor as
 1394 determined by the board. An individual who intends to practice
 1395 in Florida to satisfy the clinical experience requirements must
 1396 register pursuant to s. 491.0045 before commencing practice. If
 1397 a graduate has a master's degree with a major related to the
 1398 practice of mental health counseling ~~which that~~ did not include
 1399 all the coursework required under sub-subparagraphs (b)1.a. and
 1400 b. ~~(b)1.a.-b.~~, credit for the post-master's level clinical
 1401 experience ~~may shall~~ not commence until the applicant has
 1402 completed a minimum of seven of the courses required under sub-
 1403 subparagraphs (b)1.a. and b. ~~(b)1.a.-b.~~, as determined by the
 1404 board, one of which must be a course in psychopathology or
 1405 abnormal psychology. A doctoral internship may be applied toward
 1406 the clinical experience requirement. A licensed mental health
 1407 professional must be on the premises when clinical services are
 1408 provided by a registered intern in a private practice setting.

1409 (d) Has passed a theory and practice examination provided
 1410 by the department for this purpose.

1411 (e) Has demonstrated, in a manner designated by board rule
 1412 ~~of the board~~, knowledge of the laws and rules governing the
 1413 practice of clinical social work, marriage and family therapy,
 1414 and mental health counseling.

1415 Section 32. Paragraph (b) of subsection (1) of section
 1416 491.006, Florida Statutes, is amended to read:

1417 491.006 Licensure or certification by endorsement.—

1418 (1) The department shall license or grant a certificate to
 1419 a person in a profession regulated by this chapter who, upon
 1420 applying to the department and remitting the appropriate fee,
 1421 demonstrates to the board that he or she:

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1422 (b)1. Holds an active valid license to practice and has
 1423 actively practiced the licensed profession ~~for which licensure~~
 1424 ~~is applied~~ in another state for 3 of the last 5 years
 1425 immediately preceding licensure; ~~—~~

1426 ~~2. Meets the education requirements of this chapter for the~~
 1427 ~~profession for which licensure is applied.~~

1428 ~~2.3-~~ Has passed a substantially equivalent licensing
 1429 examination in another state or has passed the licensure
 1430 examination in this state in the profession for which the
 1431 applicant seeks licensure; ~~and—~~

1432 ~~3.4-~~ Holds a license in good standing, is not under
 1433 investigation for an act that would constitute a violation of
 1434 this chapter, and has not been found to have committed any act
 1435 that would constitute a violation of this chapter.

1436

1437 The fees paid by any applicant for certification as a master
 1438 social worker under this section are nonrefundable.

1439 Section 33. Subsection (3) of section 491.007, Florida
 1440 Statutes, is amended to read:

1441 491.007 Renewal of license, registration, or certificate.—

1442 ~~(3) The board or department shall prescribe by rule a~~
 1443 ~~method for the biennial renewal of an intern registration at a~~
 1444 ~~fee set by rule, not to exceed \$100.~~

1445 Section 34. Subsection (2) of section 491.009, Florida
 1446 Statutes, is amended to read:

1447 491.009 Discipline.—

1448 (2) The board department, or, in the case of certified
 1449 master social workers psychologists, the department board, may
 1450 enter an order denying licensure or imposing any of the

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1451 penalties authorized in s. 456.072(2) against any applicant for
 1452 licensure or licensee who is found guilty of violating any
 1453 provision of subsection (1) of this section or who is found
 1454 guilty of violating any provision of s. 456.072(1).

1455 Section 35. Paragraph (c) of subsection (2) of section
 1456 491.0046, Florida Statutes, is amended to read:

1457 491.0046 Provisional license; requirements.—

1458 (2) The department shall issue a provisional clinical
 1459 social worker license, provisional marriage and family therapist
 1460 license, or provisional mental health counselor license to each
 1461 applicant who the board certifies has:

1462 (c) ~~Has~~ Met the following minimum coursework requirements:

1463 1. For clinical social work, a minimum of 15 semester hours
 1464 or 22 quarter hours of the coursework required by s.

1465 491.005(1)(b)2.b.

1466 2. For marriage and family therapy, 10 of the courses
 1467 required by s. 491.005(3)(b)1. ~~s. 491.005(3)(b)1.a.-c.~~, as
 1468 determined by the board, and at least 6 semester hours or 9
 1469 quarter hours of the course credits must have been completed in
 1470 the area of marriage and family systems, theories, or
 1471 techniques.

1472 3. For mental health counseling, a minimum of seven of the
 1473 courses required under s. 491.005(4)(b)1.a.-c.

1474 Section 36. Subsection (11) of section 945.42, Florida
 1475 Statutes, is amended to read:

1476 945.42 Definitions; ss. 945.40-945.49.—As used in ss.

1477 945.40-945.49, the following terms shall have the meanings
 1478 ascribed to them, unless the context shall clearly indicate
 1479 otherwise:

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1480 (11) "Psychological professional" means a behavioral
 1481 practitioner who has an approved doctoral degree in psychology
 1482 as defined in s. 490.003(3) ~~s. 490.003(3)(b)~~ and is employed by
 1483 the department or who is licensed as a psychologist pursuant to
 1484 chapter 490.

1485 Section 37. This act shall take effect July 1, 2019.

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2019 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Florida Department of Health

<u>BILL INFORMATION</u>	
BILL NUMBER:	<u>188</u>
BILL TITLE:	<u>Department of Health</u>
BILL SPONSOR:	<u>Harrell</u>
EFFECTIVE DATE:	<u>7/1/2019</u>

<u>COMMITTEES OF REFERENCE</u>
1) Click or tap here to enter text.
2) Click or tap here to enter text.
3) Click or tap here to enter text.
4) Click or tap here to enter text.
5) Click or tap here to enter text.

<u>CURRENT COMMITTEE</u>
Click or tap here to enter text.

<u>SIMILAR BILLS</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.

<u>PREVIOUS LEGISLATION</u>	
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<u>IDENTICAL BILLS</u>	
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<u>Is this bill part of an agency package?</u>
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<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	Click or tap here to enter text.
LEAD AGENCY ANALYST:	Kemp, Claudia J
ADDITIONAL ANALYST(S):	Sanders, Sylvia (MQA), Simmons, Melinda, Whitten, Mark
LEGAL ANALYST:	McMullen, Linda N
FISCAL ANALYST:	Pelham, Darius R

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill amends numerous practice acts to streamline regulation and increase efficiency. It eliminates obsolete language and updates licensure requirements.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Section 1

The Conrad 30 Waiver Program, authorized by the U.S. Department of State (USDOS) and the U.S. Citizenship and Immigration Services (USCIS), addresses the shortage of qualified doctors in medically underserved areas. The program allows J-1 visa medical doctors to apply for a waiver for the two-year residence requirement upon completion of the J-1 exchange visitor program under section 214(l) of the Immigration Nationality Act.

State public health agencies are authorized to sponsor up to 30 physicians annually to serve in designated Health Professional Shortage Areas, Medically Underserved Areas, or Medically Underserved Populations.

To obtain sponsorship, applicants must submit an employment contract demonstrating that they will work in one of the federally designated shortage areas for a minimum of three years.

The Department of Health has administered the Conrad 30 Waiver Program for Florida since 1994. In recent years, the number of applicants has exceeded the maximum number of 30 slots allowed by the program. The department does not have rule-making authority to establish additional criteria for selecting Conrad 30 applicants for sponsorship, thereby limiting the Department's ability to place qualified physicians in areas of highest need.

Section 2

Section 456.013, F.S., related to the department's general licensing provision, requires that every applicant for licensure must apply to the department before sitting for a licensure examination. In a strict statutory interpretation, every applicant, even those who have already passed the licensure examination before applying for a license, must retake the examination after applying to the department for licensure. The requirement was initially imposed when the department developed and administered its own examinations. When s. 456.017, F.S., was amended in 2005, it provided that neither the board nor the department may administer a state-developed written examination if a national examination has been certified by the department. All state examinations have ceased; national examinations have been certified and the requirement for applying to the department to take the examination has become obsolete.

There is no current statutory requirement that an individual provide a date of birth to be licensed, although a birthdate is a requirement to fulfill statutory requirements under ss. 456.039 and 456.0135, F.S., for applicants/licensees to be fingerprinted, and for the fingerprints to be retained by the Agency for Health Care Administration (AHCA) Provider Background Screening Clearinghouse (Clearinghouse). The Joint Administrative Procedures Committee has objected to applications for licensure that contained a data field for the applicant's date of birth, stating the department had no statutory authority to ask for a date of birth. Board Counsels concurred.

Frequently, the applicant's name is duplicated or misspelled, or their social security number (SSN) is mistyped into the database by the applicant or by an electronic fingerprinting service offered by Livescan device vendors. When either the name or the SSN is incorrect, inaccurate information or no information is available on the applicant's criminal background. To ensure accurate matches through the Florida Department of Law Enforcement (FDLE), the Federal Bureau of Investigation (FBI) and the Sex Offender Registry, the department must have available three identifiers: the name, social security number, and date of birth.

Section 3

Section 458.3312, F.S., provides for when physicians may indicate that they are a board-certified physician. The law prohibits physicians from holding themselves out as a board-certified specialist in dermatology unless the recognizing agency is triennially reviewed and reauthorized by the Board of Medicine.

Sections 4 and 6

Among the duties of a licensed Physician Assistant (PA) is to provide written notification of information about his or her supervising physician to the department in writing within 30 days after becoming employed as a PA or after any subsequent changes in the supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician. The statute does not address how to report multiple supervising physicians in a facility or practice.

Section 5 Under Subsection 459.0055(1)(l), F.S., to be licensed in this state, osteopathic physicians must complete a residency of no less than 12 months at a hospital accredited by the Board of Trustees of the American Osteopathic Association (AOA). Other internships may be approved by the board if the applicant shows good cause. In July of 2015 the AOA and Accreditation Council for Graduate Medical Education (ACGME) formed a single accreditation system for graduate medical education in the United States. As a result, the AOA is no longer accrediting programs. These internships are now being accredited by the ACGME. Under the current language, physicians completing an ACGME internship must show good cause for not completing an internship approved by the AOA. The statutory language uses the outdated term “resident internship” as opposed to “post-graduate training” and assumes that all the programs occur in a hospital setting, which is no longer accurate.

Sections 7 and 8

Subsection 460.408(1), F.S., requires an applicant licensed as a chiropractic physician to obtain 40 classroom contact hours of continuing education hours biennially as a condition to renewal of the license. The statute does not define the term classroom contact hour. A chiropractic physician typically obtains the required hours sponsored by various associations or colleges providing continuing education courses approved by the board. The Board of Chiropractic Medicine Rule 64B2-13.004, F.A.C., defines a classroom contact hour as fifty (50) minutes of instruction offered through in-person courses or online attendance, and restricts the number of hours attained through an online modality to ten (10) hours.

Section 460.4166, F.S., Registered Chiropractic Assistants (RCA), provides that an RCA performs duties not directly related to patient care. There are no regulatory provisions associated with the work of an RCA. The registration is voluntary and not required for an individual to assist with patient care management activities, execute administrative and clinical procedures, or to perform managerial and supervisory functions in the office. In fiscal year 2017-2018, there were 2659 active in-state RCAs.

Sections 9, 10, and 11

The Board of Nursing does not have specific rulemaking authority to define standards of care for Certified Nursing Assistants (CNA). Other professions with statutory authority to set standards of care include allopathic and osteopathic physicians, pharmacists, psychotherapists, dentists, optometrists, and opticians.

The Board of Nursing can only approve applications for licensure by endorsement from currently licensed CNAs in other states. If a CNA from a U.S. territory or the District of Columbia wishes to be licensed in Florida, he or she must apply for licensure by examination instead of endorsement.

Section 464.204, F.S., related to denial, suspension or revocation of a CNA certification, provides the grounds for the Board of Nursing to discipline a CNA. Two acts constitute grounds for which the board may impose disciplinary sanctions: (a) Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the board; and (b) Intentionally violating any provision of this chapters 464 or 456, F.S., or the rules adopted by the board. When pursuing discipline against a CNA, the department must be prepared to prove that the CNA “intentionally” violated the law or rule which is a difficult bar to meet, especially in cases of proving intent or negligence.

Sections 12, 13, and 14

If a dental applicant for licensure is a graduate of a dental school not accredited by the American Dental Association Commission on Dental Accreditation (CODA) or any other dental accrediting entity recognized by the United States Department of Education, they are required to submit proof of successfully completing two consecutive academic years at a full time supplemental general dentistry program accredited by CODA. It is currently unclear if these programs include specialty or advanced education programs.

Section 466.006, F.S., requires a dental applicant to pass the American Dental Licensing Examination (ADEX) developed by the American Board of Dental Examiners, Inc. Subsection 466.006(4)(b)1., F.S., requires that the ADEX administered in this state be graded by dentists licensed in this state and employed by the department for such purpose. This language refers to requirements that were necessary when the ADEX examination was purchased and administered by the department and is now obsolete. By limiting the grading to Florida-only licensed dentists, it has created a shortage of dentists available to grade the ADEX examination in Florida.

Section 466.007, F.S., requires a dental hygiene applicant to pass the American Dental Hygiene Licensing Examination (ADHEX) developed by the American Board of Dental Examiners, Inc. Subsection 466.007(4)(b), F.S., requires that the ADHEX administered in this state be graded by dentists and dental hygienists licensed in this state and employed by the department for such purpose. This language refers to requirements that were necessary when the ADHEX examination was purchased and administered by the department and is now obsolete. By limiting the grading to Florida-only licensed dentists and dental hygienists, it has created a shortage of dentists and dental hygienists available to grade the ADHEX examination in Florida.

There is no statutory requirement for dentists or dental hygienists to report adverse incidents or occurrences in office practice settings. The Board of Dentistry Rule 64B5-14.006, F.A.C., provides definitions of an “adverse occurrence” and specifies the requirements for reporting adverse occurrences. The rule specifies that an adverse occurrence in a dental office must be reported to the Board of Dentistry within 48 hours, followed by a more specific written report within 30 days. These reports are forwarded to the Chair of the Probable Cause Panel to determine if further investigation is necessary. If further investigation is warranted, the report and recommendation are forwarded to the MQA Consumer Services Unit (CSU) for further investigation. All reported mortalities occurring in a dental office are forwarded to CSU for investigation. The rule does not provide a penalty for failure to report and adverse incidence occurrences may be under reported.

Since 2000, the Boards of Medicine and Osteopathic Medicine have had specific statutory authority to require licensees to report adverse incidents in office practice settings.

Sections 15 and 16

There are dental lab technicians operating within a dental office to assist with prosthetic appliances used during dental procedures. On occasion, the dental lab works collaboratively with the dentist during the dental procedure to ensure proper fitting or placement of a dental appliance. Currently, dental labs are inspected at the time of permitting and at least once every year.

Sections 17, 18, 19, 20, and 21

Applicants for athletic training are required to possess a baccalaureate or higher degree from a college or university professional athletic training degree program accredited by the Commission on Accreditation of Athletic Training Education and have passed the national examination.

Before 2004 and the inception of athletic training programs, athletic trainers obtained training through a Board of Certification (BOC) internship program to obtain licensure. Current law does not allow those applicants who completed the BOC internship program to become a Florida licensed athletic trainer.

Licensees at renewal must demonstrate current BOC certification. There is no requirement for that certification to be held without lapse and in good standing.

Section 22

Subsection 468.403(1), F.S., requires licenses or registrations in the practice of orthotics and prosthetics be issued independently of one another. A person may hold both an orthotist and prosthetist license if they are qualified in both disciplines.

Section 468.403(3), F.S. allows an individual to hold a registration in both orthotics and prosthetics. The board cannot issue a prosthetic or orthotic resident a subsequent registration if the second request is less than one year from the initial registration.

Section 468.403(4), F.S. requires the applicant hold a Bachelor’s Degree in Orthotics and Prosthetics from a regionally accredited college or university recognized by the Commission on Accreditation of Allied Health Education Programs, or its equivalent, as determined by the board, or a bachelor’s degree from a regionally accredited college or university and a certificate in orthotics or prosthetics.

Sections 23, 24, 25, and 26

Individuals seeking an initial massage therapy license in the state of Florida have two options for meeting the educational requirements. First, they may attend an approved program at a massage therapy school, completing 500 hours of classroom training.

Alternatively, they can apprentice under a licensed massage therapist for a period of 1 year. During that year, the sponsor of the massage apprentices is required to file quarterly reports and the apprentice must complete the following course of study, which is prescribed by Rule 64B7-9.003(3), F.A.C.:

300 hours of Physiology

300 hours of Anatomy

20 hours of Theory and History of Massage

50 hours of Theory and Practice of Hydro-Therapy

5 hours of Hygiene

25 hours of Statutes and Rules of Massage Practice

50 hours of Introduction to Allied Modalities

700 hours of Practical Massage

3 hours of Board-approved HIV/AIDS instruction.

Currently, there are 63 active licensed massage apprentices statewide. The Board of Massage Therapy also licenses apprentices in colonic irrigation. These individuals are either attending a massage school that does not offer colonics or are licensed massage therapists who are seeking to add colonic irrigation to their practice. Since there are few schools in the state that offer a colonic irrigation program, apprenticeships are the primary method of training for this service.

All applicants, those who attend a massage school and those who complete an apprenticeship, must complete a board approved exam before they receive their initial license from this state. Rule 64B7-25.001(2), F.A.C., lists all the national exams which are approved by the Board. However, the exam taken by current applicants is the National Exam for State Licensure option administered by the National Certification Board for Therapeutic Massage and Bodywork. The department does not offer or administer a specific state licensure exam.

The department licenses Massage Establishments and under s. 480.046(3), F.S., the department is authorized to revoke or suspend the license of an establishment upon proof the license was obtained through fraud or misrepresentation, or upon proof of fraud, deceit, gross negligence, incompetency, or misconduct in the operation of the establishment. The department may deny the subsequent licensure of the establishment if they reapply using the same business name but is not authorized to deny the owner a license for a "new" massage establishment, even if it is being opened at the same location with the same employees.

The department also has no specific authority to act against a massage establishment's license even if the owner and employees have been convicted of numerous counts of prostitution and related acts within the establishment.

Sections 27, 28, and 29

Licensure as a psychologist under chapter 490, F.S., requires a doctoral degree in psychology from an educational institution, which at the time the applicant was enrolled and graduated, held institutional accreditation from an approved agency and programmatic accreditation from the American Psychological Association (APA).

Subsection 490.003(3)(a), F.S., refers to educational requirements in effect before July 1, 1999, these requirements are no longer applicable. This outdated language creates confusion among applicants as to the current educational requirements, which are correctly defined in s. 490.003(3)(b), F.S.

The only accrediting agency recognized by the United States Department of Education to provide programmatic accreditation for doctoral psychology programs is the American Psychological Association (APA). However, s.

490.003(3)(b), F.S., generically refers to an accrediting agency approved and recognized by the U.S. Department of Education rather than the APA. Specifically listing the APA as the required accrediting agency will clarify the programmatic accreditation requirements.

Subsection 490.005(1)(b)(2), F.S., includes an outdated reference to the American Psychological Association accrediting programs in Canada. The APA no longer accredits programs in Canada. The current language prevents a Canadian graduate from showing comparability to an APA accredited program as any other foreign educated applicant can do.

Subsection 490.005(1)(b)(3)(4), F.S., refer to educational requirements in effect before July 1, 1999, which are no longer applicable. The outdated language creates confusion regarding the current educational requirements. The ability to augment a deficient education no longer exists and showing comparability to an APA program is only available to foreign educated applicants.

Subsection 490.005(2)(b)(1), F.S., references an outdated educational accrediting agency for school psychology. The correct reference is the Council for Higher Education Accreditation.

Section 490.006, F.S., licensure by endorsement, offers multiple avenues to psychology licensure. One avenue, endorsement of other state license, requires a law-to-law comparison rather than a review of the applicant's individual qualifications. Disparity in the various state laws requires many applicants under this application method to be denied. Applicants, applying under this method, who otherwise may qualify for licensure may be denied or have licensure delayed until they select a different application method.

Section 490.006, F.S., also offers licensure if the applicant graduated from an APA accredited program and has 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the date of application. The APA accreditation requirement under this method can be a barrier to licensure.

Section 30

Subsection 491.0045(6), F.S., specifies the length of time an intern registration for clinical social work, marriage and family therapy and mental health counseling is valid. An intern registration issued by March 31, 2017 expires March 31, 2022 and may not be renewed or reissued. Any registration issued after March 31, 2017 expires 60 months after the date it is issued. A subsequent intern registration may not be issued unless the candidate has passed the theory and practice examination described in s. 491.005(1)(d), (3)(d), and (4)(d), F.S. The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling recognizes that there may be extenuating circumstances and an intern may be unable to complete the clinical supervision requirements in 60-months. For example, the intern may be directly involved with a long-term personal illness or involved with or responsible for providing caregiving to a close relative or person which prevented them from completing the required supervised clinical hours, or instances where the supervision could not be continued through no fault of the intern.

Section 31

Marriage and family therapy applicants are required to pass the national examination by the Examination Advisory Committee of the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) and Professional Examination Services and submit examination fees directly to them.

Subsection 491.005(3)(b), F.S., related to the educational requirements for licensure as a marriage and family therapist in Florida requires a minimum of a master's degree with major emphasis in marriage and family therapy, or a closely related field; coursework in 12 specific content areas; and 180 practicum/internship hours providing direct client contact hours of marriage and family services. The Board does not have the authority to waive or consider similar coursework. As academia has progressed in the field of marriage and family therapy, particularly programs accredited by the Council for Accreditation of Counseling and Related Programs (CACREP), the specificity of the outlined coursework makes it difficult to match up coursework submitted by applicants. Applicants are often required to submit course syllabus and/or catalog descriptions, and, in some instances, official statements from universities, that require additional evaluation to determine if they meet the specified outlined coursework which delays licensure. In addition, many applicants do not meet the specified coursework and must take additional coursework to satisfy the licensure requirements.

There is an inconsistency in s. 491.005(3)(c), F.S., which currently requires both two years and three years of clinical experience for a marriage and family therapy applicant. The three years of clinical experience is a technical error and inconsistent with other statutory requirements. Only two years of clinical experience for a marriage and family therapist applicant is required.

Subsection 491.005(4), F.S., names the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors as the required examination for a mental health counselor. The correct name of the examination required for licensure as a mental health counselor is the National Clinical Mental Health Counseling Examination developed administered by the National Board for Certified Counselors. There is currently a 300-hour difference between the hours of practicum, internship or field experience for Council for Accreditation of Counseling & Related Educational Programs (CACREP) and non-CACREP graduates. A mental health counseling applicant who graduated from a program not accredited by CACREP is currently required to complete 1,000 hours of practicum, internship, or field experience. A mental health counseling applicant who graduated from a CACREP accredited program is required to meet the CACREP standards to complete 700 hours of practicum/internship. This discrepancy between practicum hours may create an unfair situation for non-CACREP graduates. By requiring non-CACREP graduates to complete 1,000 practicum hours, these individuals are delayed in beginning his or her supervised experience which delays licensure.

Section 32

Section 491.006, F.S., currently requires an applicant for licensure by endorsement in the practice of clinical social work, marriage and family therapy, or mental health counseling to meet these requirements:

Holds an active, valid license and actively practiced the profession in another state for 3 of the last 5 years immediately preceding licensure

Meets the education requirements of chapter 491, F.S., for the profession for which licensure is applied

Passed a substantially equivalent licensing examination in another state or passed the licensure examination in this state in the profession in which the applicant seeks licensure

Holds a license in good standing

Is not under investigation for an act that would constitute a violation of chapter 491, F.S., and has not been found to have committed any act that would constitute a violation of chapter 491, F.S.

Not be under investigation in Florida or another jurisdiction for an act which would constitute a violation of chapter 491 until the investigation is complete.

To satisfy the education requirement, the statute places emphasis on specific course work rather than a degree from an accredited school or college, or proof of licensure in another state. The endorsement applicant must show proof they completed certain board specified courses, which may not have been available at the time they graduated. The current law places barriers on endorsement applicants by requiring many of them to successfully complete additional courses to qualify for licensure in Florida.

Section 33

Subsection 491.007(3), F.S., related to the renewal of a license, registration, or certificate, gives the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling rule making authority to prescribe the requirements for renewal of an intern registration. Under s. 491.0045(6), F.S., interns can no longer renew their registration, which makes this section obsolete.

Section 34

Section 491.009(2), F.S., related to discipline of clinical social work, marriage and family therapy, or mental health counseling licensees incorrectly references psychologists, who are not licensed under chapter 491, F.S., and does not include the department-regulated certified master social worker profession.

Sections 35 and 36

Section 491.0046, F.S., provides the requirements for a provisional license for a clinical social worker, marriage and family therapist, or mental health counselor and provides cross references to continuing education requirements. Section 945.42, F.S., provides definitions for Chapter 945, Department of Corrections, F.S., and includes a cross reference to the definition of a "psychological professional" in Chapter 490, F.S.

2. EFFECT OF THE BILL:

Section 1

The bill provides the department with rulemaking authority to adopt rules necessary for the implementation of federal and state strategies and programs to benefit the physician workforce. The Conrad 30 Waiver Program established under s. 214(l) of the Immigration and Nationality Act is one example of such strategies and programs.

Section 2

The bill amends s. 456.013, F.S., to eliminate the requirement of applying to the department to take an examination and makes it clear that no one needs to retake the licensure examination after applying. It also adds the date of birth as a requirement on the application. This allows the department to more accurately confirm an applicant's identity which would improve the accuracy of background screening results.

Section 3

The bill deletes the language in s. 458.3312, F.S., that prohibits physicians from holding themselves out as a board-certified specialist in dermatology unless the recognizing agency is triennially reviewed and reauthorized by the Board of Medicine.

Sections 4 and 6

The bill amends s. 458.347, (2) and s. 459.022, (2), F.S., Physician assistants. The amendments to the statutory sections are identical. The bill amends the paragraphs and defines "designated supervising physician" as a physician designated by a facility or practice to be the primary contact and supervising physician for the physician assistants in a practice where physician assistants are supervised by multiple physicians.

Section 5

This bill amends s.459.0055(1)(l), F.S., to allow osteopathic physicians to be licensed after completing post-graduate education training by the Accreditation Council for Graduate Medical Education. The bill also updates the language to refer to post graduate training, a term which encompasses internships, residencies, and fellowships, and to reflect that not all post graduate training takes place in a hospital. The bill removes the Board's discretion to approve other internship programs on a showing of good cause.

Sections 7 and 8

The bill amends s.460.408(1), F.S., and requires a chiropractic physician to complete thirty of the forty required continuing education hours from onsite providers approved by the board. The amendment codifies current rule language. Section 460.4166, F.S., is repealed and Registered Chiropractic Assistants are deregulated. The assistant will still be required to perform his or her duties under the direct supervision of the chiropractic physician.

Sections 9, 10, and 11

Section 464.202, F.S., related to rulemaking and duties and powers of the board, is amended to authorize the Board of Nursing to create rules detailing standards of care for CNAs. This rulemaking authority would allow the Board to issue guidance to its licensees to better ensure patient protection.

The Board of Nursing would be authorized to grant licensure by endorsement for CNA applicants residing in U.S. territories or the District of Columbia. This would expedite licensure for CNAs because the applicant would no longer have to apply for licensure by examination.

The bill also amends s. 464.204(1)(b), F.S., related to denial, suspension, or revocation of certification and disciplinary actions for CNAs, to eliminate language requiring proof of intent to violate laws or rules. This change will also align CNA prosecution with the law for disciplining registered nurses and licensed practical nurses where proving intent is not a statutory requirement.

Sections 12, 13, and 14

The bill amends s. 466.006(3)(b), F.S., to clarify that the two consecutive academic years at a full time supplemental general dentistry program accredited by CODA, required of applicants who have graduated from nonaccredited dental schools, does not include specialty or advanced education programs for the purposes of licensure.

The bill amends s. 466.006(4)(b)1., F.S., to eliminate the requirement that the American Dental Licensing Examination (ADEX) be graded by dentists licensed in this state and employed by the department for this purpose. This will ensure the ADEX examination will have enough dentists available to grade each examination administered in this state.

The bill creates s. 466.017, F.S., conforming the statute to match current practice. Currently, dentists are required to report adverse incidents by Board rule. The reporting of adverse incidents is critical in the Board's oversight of the safe use of sedation in the practice of dentistry. This reporting mechanism requires the reporting of deaths, or any incident that results in the temporary or permanent physical or mental injury that requires hospitalization or emergency room treatment of a dental patient that occurred during or because of the use of anesthesia and creates grounds for discipline for the failure to report an adverse incident.

Sections 15 and 16

The bill amends s. 466.031, F.S., to expand the definition of a dental lab to include onsite consultation during dental procedures. This bill amends s. 466.036, F.S., changing the inspection timeframe from once a year to once each biennial registration period (every two years).

Sections 17, 18, 19, 20, and 21

The bill provides the Board with rulemaking authority to define their scope of practice.

The bill amends s. 468.707, F.S., regarding the licensure requirements for an athletic trainer. An applicant must either possess a baccalaureate or higher degree from a college or university professional athletic training degree program accredited by the Commission on Accreditation of Athletic Training Education or possess a bachelor's degree and have completed the BOC internship requirements. This change creates a licensure pathway for those applicants who hold a bachelor's degree and completed the BOC internship program to become licensed in Florida.

The bill amends s. 468.711, F.S., to require an athletic trainer to maintain BOC certification in good standing without lapse at license renewal. Licensees must demonstrate continuous good standing BOC certification at the time of renewal.

The bill provides the Board of Athletic Training with rulemaking authority to further define the supervision between an athletic training student and a licensed athletic trainer.

Section 22

The bill amends s. 468.403(1), F.S., and adds the term "practice" to delineate it as a discipline in the profession.

The bill amends s. 468.403(3), F.S., and provides the board with the discretion to review the request of an applicant for a dual license that has held an initial registration for less than one year.

The bill amends s. 468.403(4), F.S., and revises the education requirements to accommodate the applicant seeking dual registration and holding a non-related Bachelor's degree. The language provides an additional avenue for licensing for an applicant with a degree unrelated to orthotics and prosthetics by completing a dual residency program in orthotics and prosthetics and sit for the examination for dual licensing.

Sections 23, 24, 25, and 26

This bill amends language in s. 480.033(5), F.S., to eliminate the statutory authority for massage apprenticeships except for apprentices studying colonic irrigation. The bill provides language allowing apprentices licensed before July 1, 2019 to maintain their apprentice license until its expiration date and qualify for licensure based on that apprenticeship until July 1, 2019.

The bill amends s. 480.041, F.S., to specify that the licensure examination is a national examination designated by the Board of Massage Therapy, not an examination administered by the Board. The bill repeals Section 480.042, F.S., which addresses the administration of a massage therapy examination by the Board and is no longer needed.

The bill amends s. 480.046(3), F.S. First, the bill creates Section 480.046(3)(c), F.S., to add that an establishment license may also be suspend or revoked, or a new license may be denied, if the owner and therapists at the massage establishment have cumulatively committed three or more crimes related to prostitution and related acts, as defined in s. 796.07, F.S., within the currently licensed establishment. Second, it provides that an establishment disciplined under Section 480.046, F.S., cannot apply relicensure unless there is a change of ownership.

Sections 27, 28, and 29

The bill amends s. 490.003, F.S., related to definitions, by eliminating language in s. 490.003(3)(a), F.S., which specifies obsolete psychologist educational requirements in effect before July 1, 1999. The elimination of this outdated language will reduce confusion as to the current educational requirements for psychology licensure.

The bill amends and renumbers s. 490.003(3)(b), F.S., to delete a generic reference to the required doctoral level education accrediting agency and inserts a specific reference to the American Psychological Association (APA). The APA is the only accrediting agency recognized by the United States Department of Education to provide programmatic accreditation for doctoral psychology programs. A specific reference to the APA simply clarifies current education requirements, it does not impose a new requirement.

The bill amends s. 490.005, F.S., licensure by examination, for psychologists. A reference to s. 490.003(3), F.S., and a reference to Canada are eliminated. Removal of the s. 490.003(3), F.S, citation does not change the educational requirements for applicants applying by examination. Removal of the Canadian reference will allow applicants who obtained their education in Canada to demonstrate they have an education comparable to an APA program. This change is required because the APA no longer accredits Canadian doctoral programs. Retaining the Canadian reference negatively impacts the ability of Canadian graduates to be licensed in Florida.

Outdated language in s. 490.005(1)(b)(3)(4), F.S., referencing an augmented or comparable doctoral education is removed. The ability of applicants who obtained their degree in the United States to augment an insufficient degree or show comparability to an APA accredited program has not been available since 1999 and 2001 respectively. The elimination of this outdated language will reduce confusion as to the current educational requirements for psychology licensure.

An outdated reference in s. 490.005(2)(b)(1), F.S., to the school psychology educational accrediting agency, Commission on Recognition of Postsecondary Accreditation is updated with the successor agency, Council for Higher Education Accreditation.

The bill deletes s. 490.006(1)(a), F.S., and renumbers subsequent subsections. The licensure method of endorsement of another state license is eliminated. This method requires an applicant to hold an active license as a psychologist in the state to be endorsed. The Board of Psychology is required to conduct a strict law-to-law comparison of the psychology licensure requirements in in the other state and compare them to the Florida requirements that same year. The personal qualifications and credentials of the applicant may not be considered. Disparity in the various state laws requires many applicants under this application method to be denied, even if they have practiced successfully in other states for many years. The elimination of this application method is not expected to have a negative impact on applicants.

The bill amends the application method endorsement of 20 years licensed psychology experience, to require only 10 years of licensed experience and to no longer require graduation from an APA accredited doctoral program. The Board of Psychology believes that graduation from an APA accredited program is critical for first time licensees but can be eliminated when an applicant has demonstrated successful practice for 10 or more years in another state. Reducing the number of years of required licensure and elimination of the APA accreditation, under this application method, will offer expanded opportunities for licensure for those who do not qualify for licensure under the examination application methods. These changes will allow applicants who may be denied under the current requirements to become licensed.

These changes to Chapter 490, F.S., will streamline and expedite the application process and allow licensure for qualified applicants who would otherwise be denied.

Section 30

The bill amends s. 491.0045(6), F.S., granting the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling the authority to determine if a hardship exists should a registered intern, through no fault of their own, fail to complete the clinical supervision within the 60-month period allowed.

Section 31

The bill amends s. 491.005(3), F.S., to codify current practice when marriage and family therapist applicants submit the examination fees directly to the national examination vendor.

The bill amends s. 491.005(3)(b), F.S., related to the educational requirements for licensure as a marriage and family therapist, to require a master's degree with major emphasis in marriage and family therapy from a program accredited by the Commission of Accreditation for Marriage and Family Therapy Education (CAMFTE) or from a Florida university program accredited by the Council for Accreditation of Counseling and Related Programs (CACREP) or the equivalent as determined by rule of the board and eliminates the subsequent required 12 specific content areas and 180 practicum hours specified in s. 491.005(3)(b)1, F.S. This change would simplify the education review process, eliminate the course requirement review, and expedite licensure.

The bill amends s. 491.005(3)(c), F.S., to correct a statutory inconsistency in the number of years of clinical experience required for a marriage and family therapist applicant. This is necessary to process applications and eliminate confusion for applicants about the licensure requirements.

The bill amends s. 491.005(4), F.S., to update the name of the national examination required for a mental health counseling applicant. The bill amends s. 491.005(4)(b)1.c., F.S., for applicants who graduated from a non-CACREP program to complete 700 hours of practicum, internship, or field experience, bringing them in line with graduates from CACREP accredited programs. This promotes regulatory efficiency and makes licensure requirements more balanced between the two. This section is also amended to require all mental health counseling applicants graduate from a CACREP accredited program by July 1, 2024. It should be noted that a similar bill (HB 509) exists regarding this language which gives a July 1, 2025 implementation for CACREP accreditation.

Section 32

Section 491.006, F.S., related to licensure or certification by endorsement for applicants for licensure in clinical social work, marriage and family therapy, or mental health counseling, is amended to remove the requirement for endorsement applicants to meet the same educational requirements as new applicants, provided the applicant for endorsement meets these requirements:

Holds an active, valid license and actively practiced the profession in another state for 3 of the last 5 years immediately preceding licensure

Passed a substantially equivalent licensing examination in another state or passed the licensure examination in this state in the profession in which the applicant seeks licensure

Holds a license in good standing, is not under investigation for an act that would constitute a violation of Chapter 491, and has not been found to have committed any act that would constitute a violation of Chapter 491

Is not under investigation in Florida or another jurisdiction for an act which would constitute a violation of Chapter 491 until the investigation is complete.

This change would positively affect the licensure portability of applicants applying by endorsement for licensure in clinical social work, marriage and family therapy and mental health counseling in Florida.

Section 33

This bill amends s. 491.007(3), F.S., related to renewal of a license, registration, or certificate, eliminating obsolete rulemaking authority regarding intern registration renewal because intern registrations cannot be renewed. It should be noted that this section of law is repealed in HB 509.

Section 34

Section 491.009(2), F.S., related to discipline, is amended to delete an incorrect reference to psychologists, who are licensed under Chapter 490, F.S., and adds the department-regulated profession certified master social worker, who are licensed under Chapter 491, F.S. By adding certified master social worker to this provision, it gives the department authority to enter an order denying licensure to a certified master social worker or imposing discipline against any certified master social worker who is found guilty of violating any provision in Chapter 491, F.S. It should be noted that HB 509

moves Certified Master Social Workers from Department-regulated to the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.

Sections 35 and 36

The bill amends cross references in s. 491.0046, F.S., and s. 945.42, F.S

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

If yes, explain:	<p>Provides the department with rulemaking authority to adopt rules necessary for the implementation of federal and state strategies and programs to benefit the physician workforce.</p> <p>Provides the Board of Nursing with rulemaking authority to create rules detailing standards of care for CNAs.</p> <p>Provides the Board of Athletic Training with rulemaking authority to define their scope of practice.</p>
Is the change consistent with the agency's core mission?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Rule(s) impacted (provide references to F.A.C., etc.):	<p>Osteopathic Medicine--Rules 64B15-16.001, and 64B15-16.002, F.A.C.</p> <p>Massage Therapy--Rules 64B7-25.001, 64B7-29.001, 64B7-29.002, 64B7-29.003, 64B7-29.004,64B7-29.005, 64B7-29.006, 64B7-29.007, 64B7-30.002, F.A.C.</p> <p>Dentistry-Rules 64B5-2.0146, 64B5-2.013, 64B5-14.006, F.A.C.</p> <p>Athletic Training--Rules 64B33-2.011 and 64B33-2.003, F.A.C.</p> <p>CSW/MFT/MHC—Rules 64B4-3.0085,64B4-3.001, 64B4-22.110, 64B4-31, 64B4-3.003,64B4-3.001,64B4-2.006, 64B4-5, 64B25-28, F.A.C.</p> <p>Physician Assistants--Rule 64B8-30.003, F.A.C.</p> <p>Registered Chiropractic Assistants---Rule 64B2-12.0155, F.A.C. (repeal)</p>

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y N

If yes, provide a description:	N/A
Date Due:	Click or tap here to enter text.

Bill Section Number(s):	Click or tap here to enter text.
-------------------------	----------------------------------

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? Y N

Board:	N/A
Board Purpose:	Click or tap here to enter text.
Who Appoints:	Click or tap here to enter text.
Changes:	Click or tap here to enter text.
Bill Section Number(s):	Click or tap here to enter text.

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	Click or tap here to enter text.
Expenditures:	Click or tap here to enter text.
Does the legislation increase local taxes or fees? If yes, explain.	Click or tap here to enter text.
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	Click or tap here to enter text.

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	<p>Section 8.</p> <p>DOH/MQA will experience a reduction in revenue associated with renewal of chiropractic assistants. The costs savings will be offset by the reduction in expenditures for the cost of regulation. As of 6/30/2018, there were 2,666 active licensees.</p>
Expenditures:	<p>DOH/MQA will experience a reduction in costs associated with renewal notices, revenue processing, image storage, etc. The costs savings will be offset by the reduction in renewal revenue. As of 6/30/2018, there were 2,666 active licensees.</p> <p>DOH/MQA will incur non-recurring cost for rulemaking, which current budget authority is adequate to absorb.</p>

	DOH/MQA may experience a recurring increase in workload associated with the receipt of adverse incidents, yet current resources are adequate to absorb. DOH/MQA may experience a recurring increase in workload associated with the additional complaints and investigations due the requirements of this legislation, yet current resources are adequate to absorb.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	Click or tap here to enter text.

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y N

Revenues:	Click or tap here to enter text.
Expenditures:	Click or tap here to enter text.
Other:	Click or tap here to enter text.

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y N

If yes, explain impact.	Click or tap here to enter text.
Bill Section Number:	Click or tap here to enter text.

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y N

If yes, describe the anticipated impact to the agency including any fiscal impact.	Click or tap here to enter text.
--	----------------------------------

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y N

If yes, describe the anticipated impact including any fiscal impact.	Click or tap here to enter text.
--	----------------------------------

ADDITIONAL COMMENTS

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	No legal issues or concerns identified.
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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/19

Meeting Date

188

Bill Number (if applicable)

Topic Dept. of Health

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr

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Street

Tallahassee

FL

32361

Email winnsr@earthlink.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE

APPEARANCE RECORD



2/11/19

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 188

Meeting Date

Bill Number (if applicable)

Topic Dept of Health

Amendment Barcode (if applicable)

Name Ron Watson

Job Title Lobbyist

Address 3738 Murden Way

Phone 850 567 1202

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Email watson.studies@gmail.com

City FL State 32309 Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Chiropractic Physician Assoc

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

APPEARANCE RECORD

2/11/19

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 188

Meeting Date

Bill Number (if applicable)

Topic Dept of Health

Amendment Barcode (if applicable)

Name Joe Anne Hart

Job Title Chief Legislative Officer

Address 118 East Jefferson St

Phone 850-224-1089

Street

City

Tall, FL 32301

State

Zip

Email jahart@floridadental.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Dental Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 302

INTRODUCER: Health Policy Committee and Senator Brandes

SUBJECT: Nonemergency Medical Transportation Services

DATE: February 21, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Williams</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 302 authorizes a transportation network company under contract with a Medicaid managed care plan, a transportation broker under contract with a Medicaid managed care plan, a transportation broker under direct contract with the Agency for Health Care Administration (AHCA), or a transportation network company that receives referrals from a transportation broker contracting with Medicaid managed care plans or the AHCA to provide Medicaid nonemergency transportation services to a Medicaid recipient, subject to compliance with state and federal Medicaid requirements.

The bill directs the AHCA to update any regulations, policies, and other guidance, including the Non-Emergency Transportation Services Coverage Policy handbook, as necessary, to reflect this authorization by October 1, 2019.

The bill stipulates that requirements for transportation network companies (TNCs) and transportation network company drivers may not exceed those requirements for transportation network companies imposed under s. 627.748, F.S., under which TNCs are regulated, except as necessary to conform to federal Medicaid transportation requirements administered by the AHCA.

The bill stipulates that its provisions may not be construed to expand or limit the existing transportation benefit provided to Medicaid recipients or to require a Medicaid managed care plan to contract with a transportation network company or a transportation broker.

CS/SB 302 amends s. 401.25, F.S., relating to Department of Health Emergency Medical Services licensure of basic life support providers and advanced life support providers. The bill creates a new subsection (8) of that section to authorize a Medicaid managed care plan that administers nonemergency Medicaid transportation benefits, a plan's subcontracted transportation broker, or a transportation broker that administers the nonemergency Medicaid transportation benefit under contract with the AHCA, to engage a licensed basic life support or a licensed advanced life support ambulance for the provision of nonemergency Medicaid transportation in permitted ambulances in any county without first obtaining a Certificate of Public Convenience and Necessity, as would otherwise be required under paragraph (2)(d) of that section.

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

The effective date of the bill is July 1, 2019.

II. Present Situation:

Non-Emergency Medical Transportation (NEMT) Services

Non-emergency medical transportation (NEMT) includes transportation services offered to health care consumers who face barriers getting to their medical appointments. Those barriers can include not having a valid driver's license, not having a working vehicle in the household, being unable to travel or wait for services alone, or having a physical, cognitive, mental, or developmental limitation.

NEMT services are usually intended for medical appointments or other forms of non-emergent care. NEMT is widely known to serve Medicaid beneficiaries. Transportation services were established by the federal government as required Medicaid benefits when the Medicaid program was established at the national level in 1966.¹

Florida Medicaid Program

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan approved by the federal Centers for Medicare & Medicaid Services (CMS). The state plan outlines Medicaid eligibility standards, policies, and reimbursement methodologies.

Florida Medicaid is administered by the Agency for Health Care Administration (AHCA) and financed with federal and state funds. Just under four million Floridians are currently enrolled in Medicaid, and the program's estimated expenditures for the 2019-2020 state fiscal year are \$28.2 billion.²

¹ What Is Non-Emergency Medical Transportation, Patient Access?: *available at* <https://patientengagementhit.com/news/what-is-non-emergency-medical-transportation-patient-access> (last visited Feb. 5, 2019).

² Social Services Estimating Conference, Medicaid Caseloads and Expenditures, November 19, 2018 and December 10 2018, Executive Summary <http://edr.state.fl.us/Content/conferences/medicaid/execsummary.pdf> (last visited Feb. 5, 2019).

Eligibility for Florida Medicaid is based on several factors, including age, household or individual income, and assets. State Medicaid payment guidelines are provided in s. 409.903, F.S. (Mandatory Payments for Eligible Persons) and s. 409.904, F.S. (Optional Payments for Eligible Persons). Minimum coverage thresholds are established in federal law for certain population groups, such as children or pregnant women.

Services are not eligible for federal matching funds under Medicaid unless they are authorized by the federal government. Section 409.905, F.S., specifies mandatory Medicaid services, which are required by the federal government, while s. 409.906, F.S., specifies optional services that the state has chosen to cover in its Medicaid program. Among the mandatory services included in s. 409.905, F.S., are Medicaid transportation services. Subsection (12) of this section reads:

The agency shall ensure that appropriate transportation services are available for a Medicaid recipient in need of transport to a qualified Medicaid provider for medically necessary and Medicaid-compensable services, provided a client's ability to choose a specific transportation provider shall be limited to those options resulting from policies established by the agency to meet the fiscal limitations of the General Appropriations Act. The agency may pay for transportation and other related travel expenses as necessary only if these services are not otherwise available.

Under the coverage policies (also known as handbooks) separately adopted in rule by the AHCA, both emergency transportation services³ and non-emergency transportation (NET) services⁴ are covered when they meet specified criteria. Each of the handbooks consistently addresses: introductory details relating to service description, legal authority, definitions; recipient and provider eligibility; coverage information; exclusions; required documentation; authorization requirements; and reimbursement guidance.

As part of the implementation of Statewide Medicaid Managed Care (SMMC) in 2011, the Florida Medicaid program incorporated into managed care contracts the provision of NET services. As specified in s. 409.973, F.S., "transportation to access covered services" is one of the benefits managed care plans are required to provide under SMMC.

Approximately 80 percent of the enrollees in Florida Medicaid have their NET services provided as part of their managed care service coverage. The remainder of the Medicaid enrollees receive NET services that are paid for by the AHCA on a fee-for-service basis.

The AHCA has a federal waiver that allows for selective contracting with transportation brokers to provide NET services to Medicaid recipients not enrolled in managed care plans. To provide this benefit to such recipients, the AHCA has contracted with two transportation brokers.⁵

³ Medicaid Emergency Transportation Services Coverage Policy (October 2016), *available at* http://www.fdhc.state.fl.us/medicaid/review/Specific/59G4.015_Emergency_Transportation_Coverage_Policy_Adoption.pdf (last visited Feb. 5, 2019).

⁴ Medicaid NET Coverage Policy, *available at* http://www.fdhc.state.fl.us/medicaid/review/Specific/59G-4.330_NET_Coverage_Policy_Adoption.pdf (last accessed Feb. 5, 2019.)

⁵ Agency for Health Care Administration, *Senate Bill 302 Analysis* (Jan. 23, 2019) (on file with the Senate Committee on Health Policy).

The AHCA published a notice in the Florida Administrative Register (FAR) for a rule change for Rule 59G-4.330 specific to NET services, on June 6, 2018, with a workshop held on June 22, 2018, and a deadline for submission of any comments on June 25, 2018.⁶ The proposed amendment would update the policy to specify that transportation network companies are eligible to render Medicaid non-emergency transportation services. To date, no follow-up information has appeared in the FAR.

Transportation Brokers

Currently, the AHCA and managed care plans participating in the SMMC program contract directly with transportation brokers to coordinate and reimburse for NET services. A transportation broker is a company that subcontracts with NET providers throughout the state to schedule, monitor, and pay for transportation services. The Medicaid transportation brokers ensure that drivers have completed background screening and drug screening requirements and that they meet all other state and federal Medicaid requirements related to transportation services. They also ensure that vehicles meet all requirements and that each recipient receives the appropriate mode of transportation.⁷

Nonemergency Medical Transportation Services

Section 316.87, F.S., created in 2016, is specific to nonemergency medical transportation services. The provision prohibits a county that has licensed or issued a permit to a provider of nonemergency medical transportation services from requiring the provider to use a vehicle larger than needed to transport the number of passengers or that is inconsistent with the medical condition of the individuals receiving the service. This section is not applicable to procurement, contracting, or provision of paratransit services, directly or indirectly, by a county or an authority, pursuant to the Americans with Disabilities Act of 1990, as amended.

Transportation Network Companies

Transportation network companies (TNCs) are regulated under s. 627.748, F.S. Transportation network companies use smartphone technology to connect individuals who want to ride with private drivers for a fee.⁸

In addition to definitions of relevant terms, s. 627.748, F.S., contains provisions regarding exclusions, a requirement for agent designation, fare transparency, identification requirements for vehicles and drivers, electronic receipts, insurance requirements specific to the company and drivers, including related disclosures and exclusions, limitations on TNCs, zero tolerance for driver drug or alcohol use, specific driver requirements, prohibited driver and company conduct, nondiscrimination and accessibility requirements, recordkeeping, and a prohibition on local preemption.

⁶ Medicaid NET Coverage Policy FAR notice, available at <https://www.flrules.org/gateway/ruleNo.asp?id=59G-4.330> (last visited Feb. 5, 2019).

⁷ *Supra* note 5

⁸ Primary examples of TNCs are the companies Lyft and Uber.

Emergency Medical Services (EMS) and Certificates of Public Convenience and Necessity (COPCN)

Chapter 401, F.S., relates to medical telecommunications and transportation. Part III of ch. 401, F.S., consisting of ss. 401.2101-401.465, F.S., is specific to medical transportation services and provides for the regulation of emergency medical services by the Department of Health (DOH), including the licensure of EMS service entities, the certification of the staff employed by those services, and the permitting of vehicles used by the staff in those services—whether for Basic Life Support (BLS), Advanced Life Support (ALS), and Air Ambulance Services (AAS). As indicated on the DOH website, at present, the department is responsible for the licensure and oversight of over 60,000 Emergency Medical technicians and paramedics, 270+ advanced and basic life support agencies, and over 4,500 EMS vehicles.⁹

In addition to the state requirements for licensure of EMS services, the statute provides that county governments also have a responsibility in the licensure of EMS service entities. Section 401.25, F.S., relating to licensure as a BLS or an ALS EMS service, includes, among other standards, the requirement for the issuance of a Certificate of Public Convenience and Necessity by the county in which the service will operate. Section 401.25(2)(d), F.S., requires the department to issue a license to any applicant which has obtained a certificate of public convenience and necessity from each county in which the applicant will operate.

Section 401.25(6), F.S., authorizes counties to adopt ordinances that provide reasonable standards for certificates of public convenience and necessity for basic or advanced life support services and air ambulance services, and, in so doing, to consider state guidelines, recommendations of the local or regional trauma agency created under chapter 395, F.S., and the recommendations of municipalities within its jurisdiction.

Similar to s. 401.25, F.S., specific to ALS and BLS EMS entities, s. 401.251, F.S., is specific to those entities seeking to provide air ambulance services. Among the licensure requirements, paragraph (4)(b) stipulates that an air ambulance service that uses rotary-winged aircraft in conjunction with another emergency medical service, the air ambulance service must meet the provisions of s. 401.251, F.S., and must separate basic life support and advanced life support requirements unique to air ambulance operations as is required by rules of the department. Section 401.251, F.S., also subjects to air ambulance service to the provisions of s. 401.25, F.S., relating to a certificate of public convenience and necessity. However, an air ambulance service may operate in any county under the terms of mutual aid agreements.

In addition to the applicable statutory provisions, the DOH has adopted and enforces rules under ch. 64J-1, Florida Administrative Code (F.A.C.), specific to EMS regulation. Rule 64J-1.001, F.A.C., defines a “certificate of public convenience and necessity” as “a written statement or document, issued by the governing board of a county, granting permission for an applicant or licensee to provide services authorized by a license issued under chapter 401, part III, F.S., for the benefit of the population of that county or the benefit of the population of some geographic

⁹ Department of Health Emergency Medical Services System website, found at: <http://www.floridahealth.gov/licensing-and-regulation/ems-system/index.html> (last visited Feb. 7, 2019).

area of that county. No COPCN from one county may interfere with the prerogatives asserted by another county regarding COPCN.”

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 316.87, F.S., relating to nonemergency transportation services. A new subsection (2) is added to this section of statute to authorize a transportation network company under contract with a Medicaid managed care plan, a transportation broker under contract with a Medicaid managed care plan, a transportation broker under direct contract with the AHCA, or a transportation network company that receives referrals from a transportation broker contracting with Medicaid managed care plans or the AHCA to provide Medicaid nonemergency transportation services to a Medicaid recipient, subject to compliance with state and federal Medicaid requirements.

The bill directs the AHCA to update any regulations, policies, and other guidance, including the Non-Emergency Transportation Services Coverage Policy handbook, as necessary to reflect this authorization by October 1, 2019.

The bill stipulates that requirements for transportation network companies and transportation network company drivers may not exceed requirements for transportation network companies imposed under s. 627.748, F.S., except as necessary to conform to federal Medicaid transportation requirements administered by the AHCA. The AHCA indicates that the only additional requirement that it would impose beyond what is specified in s. 627.748, F.S., would be to require that TNC drivers undergo FDLE Level I background screening requirements, as this is required for Medicaid providers per s. 409.907, F.S.¹⁰

The bill stipulates that its provisions may not be construed to expand or limit the existing transportation benefit provided to Medicaid recipients or to require a Medicaid managed care plan to contract with a transportation network company or a transportation broker.

Section 2 of the bill amends s. 401.25, F.S., relating to Department of Health Emergency Medical Services licensure of basic life support providers and advanced life support providers, to create a new subsection (8) of that section to authorize a Medicaid managed care plan that administers nonemergency Medicaid transportation benefits, a plan’s subcontracted transportation broker, or a transportation broker that administers the nonemergency Medicaid transportation benefit under contract with the AHCA, to engage a licensed basic life support or a licensed advanced life support ambulance for the provision of nonemergency Medicaid transportation in permitted ambulances in any county without first obtaining a Certificate of Public Convenience and Necessity, as would otherwise be required under paragraph (2)(d) of that section

Section 3 of the bill provides for a July 1, 2019, effective date.

¹⁰ *Supra* note 5

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Affected transportation service providers may benefit financially from potential flexibility provided under CS/SB 302 for Medicaid managed care plans to contract with such providers. Individuals in need of Medicaid nonemergency transportation services may benefit from having additional options of providers for those services. Transportation network companies would have the opportunity to compete with existing transportation providers such as taxis to provide services to Medicaid recipients.

C. Government Sector Impact:

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

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Agency for Health Care Administration might have difficulty meeting the time constraints of the requirement on lines 50-53 of the bill to update its existing regulations, policies, and other

guidance, including the nonemergency transportation services policy handbook, by October 1, 2019.

The AHCA indicates that it is not aware of any other state Medicaid programs that reimburse NET services provided by TNCs.¹¹

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 316.87 and 401.25.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes: (Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on February 19, 2019:

The CS:

- Adds to the list of those entities that may provide nonemergency transportation services a transportation network company that receives referrals from a transportation broker contracting with Medicaid managed care plans or the Agency for Health Care Administration (AHCA);
- Directs the AHCA to update any regulations, policies, and other guidance necessary, not just the Non-emergency Transportation Services Coverage Policy as was required by the underlying bill; and
- Amends s. 401.25, F.S., relating to Department of Health Emergency Medical Services licensure of basic life support providers and advanced life support providers and creates a new subsection (8) of that section to authorize a Medicaid managed care plan that administers nonemergency Medicaid transportation benefits, a plan's subcontracted transportation broker, or a transportation broker that administers the nonemergency Medicaid transportation benefit under contract with the AHCA, to engage a licensed basic life support or a licensed advanced life support ambulance for the provision of nonemergency Medicaid transportation in permitted ambulances in any county without first obtaining a Certificate of Public Convenience and Necessity, as would otherwise be required under paragraph (2)(d) of that section.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

¹¹ *Supra* note 5



388104

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/19/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Brandes) recommended the following:

Senate Amendment (with title amendment)

Delete lines 36 - 55

and insert:

(2) (a) Subject to compliance with any applicable state and federal Medicaid requirements, a transportation network company under contract with a Medicaid managed care plan, a transportation broker under contract with a Medicaid managed care plan, a transportation broker under direct contract with the Agency for Health Care Administration, or a transportation



388104

11 network company that receives referrals from a transportation
12 broker contracting with Medicaid managed care plans or the
13 Agency for Health Care Administration may provide Medicaid
14 nonemergency transportation services to a Medicaid recipient.
15 The Agency for Health Care Administration shall update any
16 regulations, policies, or other guidance, including the Non-
17 Emergency Transportation Services Coverage Policy, as necessary
18 to reflect this authorization by October 1, 2019. Requirements
19 for transportation network companies and transportation network
20 company drivers may not exceed those imposed under s. 627.748,
21 except as necessary to conform to federal Medicaid
22 transportation requirements administered by the Agency for
23 Health Care Administration.

24 (b) This subsection may not be construed to expand or limit
25 the existing transportation benefit provided to Medicaid
26 recipients or to require a Medicaid managed care plan to
27 contract with a transportation network company or a
28 transportation broker.

29 Section 2. Subsection (8) is added to section 401.25,
30 Florida Statutes, to read:

31 401.25 Licensure as a basic life support or an advanced
32 life support service.—

33 (8) At the request of an eligible plan as defined in s.
34 409.962 which administers the nonemergency Medicaid
35 transportation benefit, the plan's subcontracted transportation
36 broker, or a transportation broker that administers the
37 nonemergency Medicaid transportation benefit for the Agency for
38 Health Care Administration, a licensed basic life support or
39 licensed advanced life support ambulance service may provide



388104

40 nonemergency Medicaid transportation in permitted ambulances in
41 any county without obtaining a certificate of public convenience
42 and necessity as required in paragraph (2)(d).

43
44 ===== T I T L E A M E N D M E N T =====

45 And the title is amended as follows:

46 Delete lines 8 - 17

47 and insert:

48 requirements; requiring the Agency for Health Care
49 Administration to update certain regulations,
50 policies, or other guidance by a specified date;
51 providing that the requirements for transportation
52 network companies and transportation network company
53 drivers may not exceed specified requirements, except
54 as necessary to conform to federal Medicaid
55 transportation requirements administered by the
56 agency; providing construction; amending s. 401.25,
57 F.S.; authorizing a licensed basic life support or
58 licensed advanced life support ambulance service to
59 provide nonemergency Medicaid transportation in
60 permitted ambulances in any county at the request of a
61 certain eligible plan; providing an effective date.

By Senator Brandes

24-00630-19

2019302__

1 A bill to be entitled
 2 An act relating to nonemergency medical transportation
 3 services; amending s. 316.87, F.S.; authorizing
 4 Medicaid nonemergency transportation services to be
 5 provided to a Medicaid recipient by certain
 6 transportation network companies or transportation
 7 brokers, subject to compliance with certain
 8 requirements; requiring the Agency for Health Care
 9 Administration to update the Non-Emergency
 10 Transportation Services Coverage Policy by a specified
 11 date; providing that the requirements for
 12 transportation network companies and transportation
 13 network company drivers may not exceed specified
 14 requirements, except as necessary to conform to
 15 federal Medicaid transportation requirements
 16 administered by the agency; providing for
 17 construction; providing an effective date.
 18
 19 Be It Enacted by the Legislature of the State of Florida:
 20
 21 Section 1. Section 316.87, Florida Statutes, is amended to
 22 read:
 23 316.87 Nonemergency medical transportation services.—
 24 (1) To ensure the availability of nonemergency medical
 25 transportation services throughout the state, a provider
 26 licensed by the county or operating under a permit issued by the
 27 county may not be required to use a vehicle that is larger than
 28 needed to transport the number of persons being transported or
 29 that is inconsistent with the medical condition of the

Page 1 of 2

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

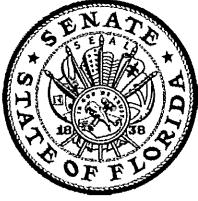
24-00630-19

2019302__

30 individuals receiving the nonemergency medical transportation
 31 services. This subsection ~~section~~ does not apply to the
 32 procurement, contracting, or provision of paratransit
 33 transportation services, directly or indirectly, by a county or
 34 an authority, pursuant to the Americans with Disabilities Act of
 35 1990, as amended.
 36 (2) (a) Subject to compliance with state and federal
 37 Medicaid requirements, a transportation network company under
 38 contract with a Medicaid managed care plan, a transportation
 39 broker under contract with a Medicaid managed care plan, or a
 40 transportation broker under direct contract with the Agency for
 41 Health Care Administration may provide Medicaid nonemergency
 42 transportation services to a Medicaid recipient. The Agency for
 43 Health Care Administration shall update the Non-Emergency
 44 Transportation Services Coverage Policy to reflect this
 45 authorization by October 1, 2019. Requirements for
 46 transportation network companies and transportation network
 47 company drivers may not exceed those imposed under s. 627.748,
 48 except as necessary to conform to federal Medicaid
 49 transportation requirements administered by the Agency for
 50 Health Care Administration.
 51 (b) This subsection may not be construed to expand or limit
 52 the existing transportation benefit provided to Medicaid
 53 recipients or to require a Medicaid managed care plan to
 54 contract with a transportation network company or a
 55 transportation broker.
 56 Section 2. This act shall take effect July 1, 2019.

Page 2 of 2

CODING: Words ~~stricken~~ are deletions; words underlined are additions.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 28, 2019

I respectfully request that **Senate Bill #302**, relating to **Nonemergency Medical Transportation Services**, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink, appearing to read "Jeff Brandes", written over a horizontal line.

Senator Jeff Brandes
Florida Senate, District 24

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/2019
Meeting Date

SB 302
Bill Number (if applicable)
388104
Amendment Barcode (if applicable)

Topic non emergency transportation

Name Cari Roth

Job Title _____

Address 215 S. Monroe Suite 815

Phone 850-999-4100

Tallahassee FL 32301

City State Zip

Email crotk@deanmead.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Fl. Ambulance Assoc.; Manatee, Charlotte + Lee Counties

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/2019
Meeting Date

SB 302
Bill Number (if applicable)

Topic non emergency transportation

Amendment Barcode (if applicable)

Name Cari Roth

Job Title _____

Address 215 S. Monroe St. Suite 815

Phone 850-999-4100

Tallahassee FL 32301
City State Zip

Email croth@deanmead.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/11/19

Meeting Date

302

Bill Number (if applicable)

Topic Non Emergency Medical Transportation

Amendment Barcode (if applicable)

Name Slater Bayliss

Job Title Lobbyist

Address 204 South Monroe

Phone 222-8900

Street

Tallahassee

FL

32301

City

State

Zip

Email sub@cardenaspartners.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Tech Net

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/19

Meeting Date

SB 302

Bill Number (if applicable)

Topic Transportation

Amendment Barcode (if applicable)

Name Ron Watson

Job Title hobbyist

Address 3738 Mundon Way

Phone 850 567 1202

Street Tallahassee

FL

32309

Email Watson.Strategies@comcast.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Renal Coalition

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

APPEARANCE RECORD

2/11/2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

302

Bill Number (if applicable)

Topic Non Emergency Medical Transportation Amendment Barcode (if applicable)

Name Jorge Chamizo

Job Title Attorney

Address 108 South Monroe Street

Street

Tallahassee, FL 32301

City

State

Zip

Phone (850) 681-0024

Email jorge@flapartners.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Uber Technologies

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-11-19

Meeting Date

SB 302

Bill Number (if applicable)

Topic NEMT

Amendment Barcode (if applicable)

Name Audrey Brown

Job Title President and CEO

Address 200 W. College Ave. Street

Phone (850) 386-2904

Tallahassee FL 32301 City State Zip

Email audrey@fahp.net

Speaking: [X] For [] Against [] Information

Waive Speaking: [] In Support [] Against (The Chair will read this information into the record.)

Representing FL Association of Health Plans

Appearing at request of Chair: [] Yes [X] No

Lobbyist registered with Legislature: [X] Yes [] No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

02/11/2019
Meeting Date

SB 302
Bill Number (if applicable)

Topic Non emergency Medical Transportation

Amendment Barcode (if applicable)

Name Michael W. Garner, Ph.D.

Job Title Senior Director, Government Relations

Address 200 W. College Ave., Suite 114
Street

Phone 850-445-6552

Tallahassee FL 32301
City State Zip

Email michael.garner@anthem.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Anthem Inc

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 448

INTRODUCER: Senator Harrell

SUBJECT: Advanced Birth Centers

DATE: February 8, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			CF	
3.			RC	

I. Summary:

SB 448 amends the Birth Center Licensure Act¹ and other related statutes to establish a new license type for advanced birth centers (ABCs). The bill defines an “advanced birth center” to mean a birth center that may perform trial of labor after cesarean deliveries for screened patients, planned low-risk cesarean deliveries, and anticipated vaginal deliveries between the 37th and the 41st weeks of gestation.

The bill applies most current-law requirements for birth centers to ABCs and establishes additional requirements specific to ABCs.

II. Present Situation:

Birth Centers

A birth center is any facility, institution, or place in which births are planned to occur away from the mother’s usual residence following a normal, uncomplicated, low-risk pregnancy, aside from an ambulatory surgical center, hospital, or part of a hospital.² Birth centers are licensed and regulated by the Agency for Health Care Administration (AHCA) under ch. 383, F.S., and part II of ch. 408, F.S.

Birth centers must have a governing body responsible for the overall operation and maintenance of the birth center.³ The governing body must develop and make available to all staff, clinicians,

¹ Sections 383.30-383.332, F.S.

² Section 383.302(2), F.S.; Section 383.302(8), F.S. defines “low-risk pregnancy” as a pregnancy which is expected to result in an uncomplicated birth, as determined through risk criteria developed by rule of the department, and which is accompanied by adequate prenatal care.

³ Section 383.307, F.S.

consultants, and licensing authorities, a manual that documents the policies, procedures, and protocols of the birth center.⁴

A birth center may accept only those patients who are expected to have normal pregnancies and deliveries. Prior to being accepted for care, the patient must sign an informed consent form.⁵ A mother and her infant must be discharged from a birth center within 24 hours after giving birth, except when:⁶

- The mother is in a deep sleep at the end of the 24-hour period, in which case the mother must be discharged as soon after waking as feasible; or
- The 24-hour period is completed during the middle of the night.

A birth center must file a report with the AHCA within 48 hours of the birth, describing the circumstances and the reasons for the decision, if a mother or infant must remain in the birth center for longer than 24 hours after the birth for a reason other than those listed above.⁷

The AHCA is required to adopt rules establishing minimum standards for birth centers, which ensure:⁸

- Sufficient numbers and qualified types of personnel and occupational disciplines are available at all times to provide necessary and adequate patient care and safety.
- Infection control, housekeeping, sanitary conditions, disaster plan, and medical record procedures are established and implemented that will adequately protect patient care and provide safety.
- Licensed facilities are established, organized, and operated consistent with established programmatic standards.

To maintain quality of care, a birth center is required to:⁹

- Have at least one clinical staff¹⁰ member for every two clients in labor;
- Have a clinical staff member or qualified personnel¹¹ available on site during the entire time a client is in the birth center.
- Ensure that services during labor and delivery are provided by a physician, certified nurse midwife, or licensed midwife, assisted by at least one other staff member under protocols developed by clinical staff;
- Ensure that all qualified personnel and clinical staff are trained in infant and adult resuscitation;

⁴ Id.

⁵ Section 383.31, F.S. The informed consent form must advise the patient of the qualifications of the clinical staff, the risks related to out-of-hospital births, the benefits of out-of-hospital births, and the possibility of referral or transfer if complications arise during pregnancy or childbirth with additional costs for services rendered (Rule 59A-11.010, F.A.C.)

⁶ Section 383.318(1), F.S., and Rule 59A-11.016(6), F.A.C.

⁷ Section 383.318(1), F.S.

⁸ Section 383.309, F.S.; The minimum standards for birth centers are contained in Chapter 59A-11, F.A.C.

⁹ Rule 59A-11.005(3), F.A.C.

¹⁰ Section 383.302(3), F.S., defines “clinical staff” as individuals employed full-time or part-time by a birth center who are licensed or certified to provide care at childbirth.

¹¹ Rule 59A-11.002(6), F.A.C., defines “qualified staff” as an individual who is trained and competent in the services that he or she provides and is licensed or certified when required by statute or professional standard.

- Have qualified personnel or clinical staff who are able to perform neonatal resuscitation to be present during each birth;
- Maintain complete and accurate medical records;
- Evaluate the quality of care by reviewing clinical records;
- Review admissions with respect to eligibility, course of pregnancy and outcome, evaluation of services, condition of mother and newborn on discharge, or transfer to other providers; and
- Surveil infection risk and infection cases and promote preventive and corrective programs designed to minimize hazards.

Birth centers must ensure that their patients have adequate prenatal care and must maintain records of prenatal care for each client. Such records must be available during labor and delivery.¹²

A birth center may perform simple laboratory tests and collect specimens for tests that are requested pursuant to its protocol.¹³ A birth center is exempt from the clinical laboratory licensure requirements under ch. 483, F.S., if the birth center employs no more than five physicians and its testing is conducted exclusively in connection with the diagnosis and treatment of patients of the birth center.¹⁴

Birth centers may perform surgical procedures that are normally performed during uncomplicated childbirths, such as episiotomies and repairs. Birth centers may not perform operative obstetrics or caesarean sections.¹⁵

Birth centers may not administer general and conduction anesthesia. Systemic analgesia and local anesthesia for pudendal block and episiotomy repair may be administered if procedures are outlined by the clinical staff and performed by personnel with statutory authority to do so.¹⁶

Birth centers may not inhibit, simulate, or augment labor with chemical agents during the first or second stage of labor unless prescribed by personnel with the statutory authority to do so and in connection with and prior to an emergency transport.¹⁷

Birth centers must provide postpartum care and evaluation that includes physical examination of the infant, metabolic screening tests, referral to pediatric care sources, maternal postpartum assessment, family planning, referral to secondary or tertiary care, and instruction in child care, including immunization, breastfeeding, safe sleep practices, and possible causes of Sudden Unexpected Infant Death.¹⁸

¹² Section 383.312, F.S.

¹³ Section 383.313, F.S.

¹⁴ Id.

¹⁵ Id.

¹⁶ Id.

¹⁷ Id.

¹⁸ Section 383.313(3), F.S.

Birth centers must be designed to ensure adequate provision for birthing rooms, bath and toilet facilities, storage areas for supplies and equipment, examination areas, and reception or family areas.¹⁹

Birth centers must comply with provisions of the Florida Building Code and Florida Fire Prevention Code applicable to birth centers.²⁰ The AHCA may enforce the special-occupancy provisions of the Florida Building Code and the Florida Fire Prevention Code that apply to birth centers when conducting inspections.²¹

Birth centers must have the equipment necessary to provide low-risk maternity care and readily available equipment to initiate emergency procedures for mothers and infants during life-threatening events.²² A birth center must transfer the patient to a hospital if unforeseen complications arise during labor.²³ Each facility must have an arrangement with a local ambulance service for the transport of emergency patients to a hospital, which must be documented in the facility's policy and procedures manual.²⁴

Birth centers must submit an annual report to the AHCA that details, among other things:²⁵

- The number of deliveries by birth weight;
- The number of maternity clients accepted for care and length of stay;
- The number of surgical procedures performed at the birth center by type;
- Maternal transfers, including the reasons for each transfer and whether it occurred intrapartum or postpartum, and the length of the subsequent hospital stay;
- Newborn transfers, including the reasons for each transfer, the birth weight, days in hospital, and Apgar score at five and ten minutes;²⁶
- Newborn deaths; and
- Stillborn/fetal deaths.

Birth centers must have written consultation agreements with each consultant who has agreed to provide advice and services to the birth center.²⁷ A consultant must be a licensed medical doctor or licensed osteopathic physician who is either certified or eligible for certification by the American Board of Obstetrics and Gynecology, or has hospital obstetrical privileges.²⁸ Consultation may be provided onsite or by telephone.²⁹

¹⁹ Section 383.308(1), F.S.

²⁰ Section 383.309(2), F.S.; Section 452 of the Florida Building Code provides requirements for birth centers.

²¹ Id.

²² Section 383.308(2)(a), F.S.

²³ Section 383.316, F.S.

²⁴ Id.

²⁵ Rule 59A-11.019, F.A.C., and AHCA Form 3130-3004, (Feb. 2015).

²⁶ Apgar is a quick test performed on a baby at 1 and 5 minutes after birth. The 1-minute score determines how well the baby tolerated the birthing process. The 5-minute score tells the health care provider how well the baby is doing outside the mother's womb. In rare cases, the test will be done 10 minutes after birth. See *Apgar Score*, Medline Plus, available at <https://medlineplus.gov/ency/article/003402.htm> (last visited on Feb. 7, 2019).

²⁷ Section 383.315(1), F.S.

²⁸ Section 383.302(4), F.S.

²⁹ Section 383.315(2), F.S.

Birth centers must adopt a protocol that provides information about adoption procedures. The protocol must be provided upon request to any birth parent or prospective adoptive parent of a child born in the facility.³⁰

The AHCA may impose an administrative fine not to exceed \$500 per violation per day for the violation of any provision of the Birth Center Licensure Act, part II of chapter 408, or applicable rules.³¹ The AHCA may also impose an immediate moratorium on elective admissions to any birth center when it determines that any condition in the facility presents a threat to the public health or safety.³²

Currently, there are 34 licensed birth centers in Florida.³³

Out-of-Hospital Births at Birth Centers

Out-of-hospital births increased from 0.87 percent of U.S. births in 2004 to 1.36 percent 2012, its highest level since 1975.³⁴ In 2012, 66 percent of out-of-hospital births occurred at home and 29 percent occurred in a freestanding birth center.³⁵

A 2013 study of 13,030 births at 79 birth centers in 33 states found that the cesarean section rate for women who entered labor planning a birth center birth was 6 percent compared to the national cesarean section rate of 27 percent.³⁶ Of the women who planned to give at a birth center, 4.5 percent were referred to a hospital before being admitted to the birth center, 11.9 percent transferred to the hospital during labor, 2.0 percent transferred after giving birth, and 2.2 percent had their babies transferred after birth. Fewer than 2 percent of the women required emergency transfer to a hospital.³⁷ Of the 1,851 women who transferred to hospitals during labor, 54 percent ended up with a vaginal birth, 38 percent had a cesarean, and 8 percent had a forceps or vacuum-assisted vaginal birth.³⁸ The study also found that 0.47 stillbirths per 1,000 women (0.047 percent) and 0.40 newborn deaths per 1,000 women (0.04 percent) occurred out of the births planned at the birth centers.³⁹

The study also estimated \$30 million in savings from the births that occurred at the birth centers, based on Medicare facility reimbursement rates at the time of the study.⁴⁰ The Medicare facility

³⁰ Section 383.3105, F.S.

³¹ Section 383.33, F.S.

³² Id.

³³ See <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx> (last visited Feb. 7, 2019).

³⁴ Marian F. MacDorman, Ph.D., T.J. Mathews, M.S., and Eugene Declercq, Ph.D., *Trends in Out-of-Hospital Births in the United States, 1990–2012*, NCHS Data Brief No. 144 (March, 2014), available at <https://www.cdc.gov/nchs/products/databriefs/db144.htm> (last visited Feb. 7, 2017).

³⁵ Id.

³⁶ Susan Rutledge Stapleton, CNM, DNP, Cara Osborne, SD, CNM, and Jessica Illuzzi, M.D., M.S., *Outcomes of Care in Birth Centers: Demonstration of a Durable Model*. *Journal of Midwifery & Women's Health*, Vol. 58, No. 1, (January/February 2013), available at <http://nacpm.org/documents/Birth%20Center%20Study%202013.pdf> (last visited Feb. 7, 2019).

³⁷ Id.

³⁸ Id.

³⁹ Id.

⁴⁰ Id.

reimbursement for an uncomplicated vaginal birth in a hospital was \$3,998 compared to \$1,907 in a birth center.⁴¹

Practice of Pharmacy

The Florida Pharmacy Act regulates the practice of pharmacy in Florida and contains the minimum requirements for safe practice.⁴² The Board of Pharmacy is tasked with adopting rules to implement the provisions of the chapter and setting standards of practice.⁴³ Any person who operates a pharmacy in Florida must have a permit. The following permits are issued by the Department of Health (DOH):

- *Community pharmacy* – A permit is required for each location where medicinal drugs are compounded, dispensed, stored, or sold or where prescriptions are filled or dispensed on an outpatient basis.⁴⁴
- *Institutional pharmacy* – A permit is required for every location in a hospital, clinic, nursing home, dispensary, sanitarium, extended care facility, or other facility where medicinal drugs are compounded, dispensed, stored, or sold.⁴⁵
- *Nuclear pharmacy* – A permit is required for every location where radioactive drugs and chemicals within the classification of medicinal drugs are compounded, dispensed, stored, or sold. The term “nuclear pharmacy” does not include hospitals licensed under ch. 395, F.S., or the nuclear medicine facilities of such hospitals.⁴⁶
- *Special pharmacy* – A permit is required for every location where medicinal drugs are compounded, dispensed, stored, or sold if the location does not otherwise meet an applicable pharmacy definition in s. 465.003, F.S.⁴⁷
- *Internet pharmacy* – A permit is required for a location not otherwise licensed or issued a permit under ch. 465, F.S., within or outside the state, which uses the Internet to communicate with or obtain information from consumers in Florida to fill or refill prescriptions or to dispense, distribute, or otherwise practice pharmacy in the state.⁴⁸
- *Nonresident sterile compounding pharmacy* – A permit is required for a registered nonresident pharmacy or an outsourcing facility to ship, mail, deliver, or dispense, in any manner, a compounded sterile product into this state.⁴⁹
- *Special sterile compounding* – A separate permit is required for a pharmacy holding an active pharmacy permit that engages in sterile compounding.⁵⁰

The DOH issues three different classes of permits for institutional pharmacies:⁵¹

- Institutional Class I: An Institutional Class I pharmacy is a pharmacy in which all medicinal drugs are administered from individual prescription containers to the individual patient and in

⁴¹ Id.

⁴² Chapter 465, F.S.

⁴³ Sections 465.005, 465.0155, and 465.022, F.S.

⁴⁴ Sections 465.003(11)(a)1. and 465.018, F.S.

⁴⁵ Sections 465.003(11)(a)2. and 465.019, F.S.

⁴⁶ Sections 465.003(11)(a)3. and 465.0193, F.S.

⁴⁷ Sections 465.003(11)(a)4. and 465.0196, F.S.

⁴⁸ Sections 465.003(11)(a)5. and 465.0197, F.S.

⁴⁹ Section 465.0158, F.S.

⁵⁰ Rules 64B16-2.100 and 64B16-28.802, F.A.C. An outsourcing facility is considered a pharmacy and need to hold a special sterile compounding permit if it engages in sterile compounding.

⁵¹ Section 465.109, F.S.

which medicinal drugs are not dispensed on the premises. No medicinal drugs may be dispensed in a Class I Institutional pharmacy. A Special Closed System Pharmacy Permit, Special Parenteral and Enteral Pharmacy Permit, or Community Pharmacy Permit provides the individual patient prescriptions.

- Institutional Class II: An Institutional Class II pharmacy is a pharmacy that employs the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, provide dispensing and consulting services on the premises to patients of that institution, for use on the premises of that institution. An Institutional Class II pharmacy is required be open sufficient hours to meet the needs of the facility. A consultant pharmacist of record is also responsible for establishing a policy and procedure manual for the implementation of the general requirements set forth in Rule 64B16- 28.702 of the Florida Administrative Code.
- Modified Class II: Modified Institutional Class II pharmacies are those pharmacies in short-term, primary care treatment centers that meet all the requirements for a Class II permit, except space and equipment requirements.

Ambulatory Surgical Centers

An ambulatory surgical center (ASC) is a non-hospital facility whose primary purpose is to provide elective surgical care in which the patient is admitted and discharged within the same working day and does not stay overnight.⁵² ASCs are licensed and regulated by the AHCA under the same regulatory framework as hospitals.⁵³

The AHCA is authorized to adopt rules for minimum standards for ASCs that ensure:⁵⁴

- A sufficient number of qualified personnel within certain occupational disciplines are on duty and available at all times to provide necessary and adequate patient care;
- Infection control, housekeeping, sanitary conditions, and medical record procedures are established and implemented to adequately protect patients;
- A comprehensive emergency management plan is prepared and updated annually;
- Licensed facilities are established, organized, and operated consistent with established standards and rules; and
- Licensed facility beds conform to minimum space, equipment, and furnishing standards

ASCs must comply with provisions of the Florida Building Code and Florida Fire Prevention Code applicable to ASCs.⁵⁵

III. Effect of Proposed Changes:

SB 448 amends various sections of the Florida Statutes to create a new license type for advanced birth centers (ABCs).

Section 1 amends s. 383.30, F.S., to rename the “Birth Center Licensure Act” as the “Birth Center and Advanced Birth Center Licensure Act.”

⁵² Section 395.002(3), F.S.

⁵³ Sections 395.001-.1065, F.S., and Part II, Chapter 408, F.S.

⁵⁴ Section 395.1055, F.S.; The minimum standards for ASCs are contained in Chapter 59A-5, F.A.C.

⁵⁵ Section 395.1063, F.S.; Section 451 of the Florida Building Code provides requirements for ASCs.

Section 2 amends s. 383.301, F.S., to apply existing legislative intent language for birth centers to ABCs and to specify that an ABC must obtain a license from the AHCA in order to operate.

Section 3 amends s. 383.302, F.S., to define the terms:

- “Advanced Birth Center” to mean means a birth center that may perform trial of labor after cesarean deliveries for screened patients who qualify, planned low-risk cesarean deliveries, and anticipated vaginal deliveries for laboring patients from the beginning of the 37th week of gestation through the end of the 41st week of gestation.
- “Medical director” to mean a person who holds an active unrestricted license as an allopathic physician under ch. 458, F.S., or osteopathic physician under ch. 459, F.S.

The bill also amends the definition of “consultant” to include allopathic and osteopathic physicians who are certified or eligible for certification by the American Osteopathic Board of Obstetrics and Gynecology. Additionally, the bill incorporates the term advanced birth center into other current-law definitions as appropriate.

Section 4 amends s. 383.305, F.S., to specify that an applicant for licensure as an ABC must pay a licensure fee for each application submitted. In addition to the requirements in the act, applicants for licensure as an ABC must comply with the requirements in part II of ch. 408, F.S.

Section 5 amends s. 383.307, F.S., to require that:

- Each ABC must have a governing body that is responsible for the overall operation of the ABC; and
- An ABC must have an adequate number of licensed personnel to provide clinical services as needed by mothers and newborns and sufficient qualified personnel to provide services to families and to maintain the ABC.

Section 6 creates s. 383.3081, F.S., to establish facility and equipment requirements for ABCs. ABCs must:

- Meet all facility and equipment requirements for birth centers established in s. 383.308, F.S.;
- Be operated and staffed 24 hours per day, 7 days per week;
- Employ two medical directors, one of whom must be a board-certified obstetrician and the other must be a board-certified anesthesiologist;
- Have at least one properly equipped and dedicated surgical suite for cesarean deliveries;
- Employ at least one registered nurse who is at the facility at all times and is able to stabilize and facilitate the transfer of patients and newborn infants;
- Enter into a written agreement with a blood bank for emergency services and have written protocols for the management of obstetrical hemorrhage. If a patient receives an emergency blood transfusion at the ABC, the patient must immediately be transferred to a hospital for further care.

Section 7 amends s. 383.309, F.S., to require that AHCA rules for ABCs must, at a minimum, be equivalent to the minimum standards for ASCs. Additionally, AHCA rules must include standards for quality of care, blood transfusions, and sanitary conditions for food handling and food service. The bill also restricts the AHCA from adopting any rule governing the design, construction, erection, alteration, modification, repair, or demolition of ABCs. These functions

are preempted to the Florida Building Commission and the State Fire Marshall through the maintenance of the Florida Building Code and the Florida Fire Prevention Code, respectively. An ABC must, at a minimum, comply with the Florida Building Code and Florida Fire Prevention Code standards for ASCs.

Section 8 amends s. 383.3105, F.S., to require each ABC to adopt a protocol that, at a minimum, provides for staff to be knowledgeable of the waiting periods, revocation, and contents of the consent to adoption in s. 63.082(4), F.S., and that describes the supportive and unbiased manner in which staff must interact with birth and prospective adoptive parents. The protocol must be written and be provided upon request to any birth or prospective adoptive parent.

Section 9 amends s. 383.311, F.S., to require that each ABC fully inform clients and their families of the ABC's policies and procedures.

Section 10 amends s. 383.312, F.S., to require that an ABC provide each of its clients with adequate prenatal care, as defined by the AHCA, and to require that serological tests are administered as required by ch. 383, F.S. Records of prenatal care must be maintained for each client and must be available during labor and delivery.

Section 11 amends s. 383.313, F.S., to specify that the laboratory and surgical services standards in that section apply only to birth centers.

Section 12 creates s. 383.3131, F.S., to establish laboratory and surgical services requirements specific to ABCs. An ABC:

- Must have a clinical laboratory on site. The clinical laboratory must:
 - At a minimum, be capable of providing laboratory testing for hematology, metabolic screening, liver function, and coagulation studies.
 - Be appropriately certified by the federal Centers for Medicare & Medicaid Services.
- May collect specimens for required tests.
- May perform laboratory tests as defined in rule by the AHCA.
- In addition to surgical services that may be performed during an uncomplicated childbirth, an ABC may perform low-risk cesarean deliveries and surgical management of immediate complications, postpartum sterilization on a patient who has given birth during the admission, and circumcisions.
- May administer general and local anesthesia if the personnel administering such anesthesia has statutory authority to do so. General anesthesia may be performed by an anesthesiologist or by a certified registered nurse anesthetist (CRNA) and the anesthesiologist or the CNRA must be present in the ABC until the patient is fully alert. If a CRNA is administering anesthesia, he or she must be under the direction of an onsite allopathic or osteopathic physician.⁵⁶
- May inhibit, stimulate, or augment labor with chemical agents during the first or second stage of labor.

⁵⁶ See s. 395.0191(2)(b), F.S.

- May electively induce labor beginning at the 39th week of gestation for a patient with a documented Bishop score of 8 or greater.⁵⁷

Section 13 amends s. 383.315, F.S., to require that ABCs maintain consultation agreements with each consultant who has agreed to provide advice and services to the ABC. An ABC must employ or maintain a consultation agreement with an obstetrician who must be present in the center at all times during which a patient is in active labor.

Section 14 amends s. 383.316, F.S., to require that each ABC make arrangements with a local ambulance service for emergency transport and enter into a written transfer agreement with a local hospital or obstetrician who has hospital privileges and who has agreed to accept the transfer of the ABC's patients. Patients are required to be transferred to a hospital should unforeseen complications arise during labor delivery or postpartum recovery.⁵⁸ An ABC must identify and have listed and immediately available neonatal-specific transportation services. Additionally, an ABC must assess and document its transportation services and transfer protocols annually.

Section 15 amends s. 383.318, F.S., to require that a mother and her infant be dismissed from an ABC within 48 hours after a vaginal delivery or within 72 hours after a delivery by cesarean section, except in unusual circumstances as defined in rule by the AHCA. If a mother or an infant is retained for longer than the timeframes established, the ABC must file a report with the AHCA within 48 hours after the scheduled discharge time, describing the circumstances and the reason for retaining the mother or infant in the ABC.

After the birth, an ABC must instill a prophylactic in the eyes of each newborn as required in s. 383.04, F.S., and must provide postpartum evaluation and follow-up care.

Section 16 amends s. 383.32, F.S., to specify what ABC clinical records must contain and to require that clinical records must be immediately available at the ABC at the time of admission, when transfer of care is necessary, and for audit by licensure personnel.

Section 17 amends s. 383.324, F.S., to require an ABC to pay an inspection fee established in rule by the AHCA.

Section 18 amends s. 383.325, F.S., to require that each ABC maintain, as public information, records of all inspection reports from any governmental agency. The most recent inspection reports must be furnished upon request to any person who has completed a written application with the intent to be admitted to the ABC, any person who is a patient of the ABC, or any relative, spouse, or guardian of any such person.

Section 19 amends s. 383.327, F.S., to require an ABC to file completed birth certificates within five days after each birth; to immediately report each maternal death, newborn death, or stillbirth

⁵⁷ Originally created by Dr. E. Bishop in the 1960s, the Bishop score is a cost-effective, reliable method to assess cervical status. A pre-induction Bishop Score of >6 is considered favorable and is predictive of a successful vaginal delivery. See Bishop Score, available at <https://www.calgaryfamilymedicine.ca/residency/dox/container/bishop-score-teaching.pdf> (last visited on Feb. 6, 2019).

⁵⁸ This requirement also applies to birth centers.

to the medical examiner; and to annually submit a report to the AHCA with contents as prescribed by the AHCA.

Section 20 amends s. 383.33, F.S., to allow the AHCA, in addition to the requirements of Part II of ch. 408, F.S., to impose fines of up to \$500 per violation, per day on ABCs for violating any provision of the act or applicable rules. The AHCA may also impose an immediate moratorium on elective admission to any ABC, or portion thereof, when the AHCA determines the ABC presents a threat to public health or safety.

Section 21 amends s. 383.332, F.S., to impose a penalty of up to \$100 for a first offense and up to \$500 for subsequent offenses for operating an ABC without a license. Each day of continuing violation is considered a separate offense.

Sections 26 and 27 amend ss. 465.003 and 465.019, F.S., to allow ABCs to have institutional pharmacies and modified class II institutional pharmacies.

Sections 22-25 amends ss. 408.033, 408.07, 408.802, and 408.820, F.S., respectively, to make conforming changes.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

Article VII, s. 19, of the State Constitution requires that a new state tax or fee, as well as an increased state tax or fee, must be approved by two-thirds of the membership of each house of the Legislature and must be contained in a separate bill that contains no other subject. Article VII, s. 19(d)(1), of the State Constitution defines “fee” to mean “any charge or payment required by law, including any fee for service, fee or cost for licenses, and charge for service.”

The bill creates a new license for ABCs. Section 4 of the bill amends s. 383.305, F.S., to require ABCs to pay a license fee, which is currently in statute but applies only to birth centers. Section 17 of the bill amends s. 383.324, F.S., to require ABCs to pay an inspection fee, which is currently in statute but applies only to birth centers. These fees are existing statutory fees that are not being increased; however, the bill imposes these fees on the new type of licensee created by the bill. As such, the State Constitution may

require that the fees be passed in a separate bill by a two-thirds vote of the membership of each house of the Legislature.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 448 may have a fiscal impact on hospitals and existing entities that become licensed ABCs if mothers choose to give birth at an ABC rather than at a hospital.

This bill may have a positive fiscal impact for expectant mothers who may see reduced costs at an ABC when compared to a hospital.

Applicants for licensure as an ABC will be subject to a non-recurring Plans and Construction project review fee of \$2,000 plus \$100 per hour for building plan reviews and on-site construction surveys. ABCs are subject to a biennial health care facility assessment fee of \$300. In addition, biennial licensure and inspection fees will need to be established by rule and are estimated to be \$1,500 for the biennial licensure fee and \$500 per inspection.⁵⁹

C. Government Sector Impact:

The state Medicaid program could experience cost savings under the bill to the extent that ABCs begin providing services to Medicaid recipients and the costs of services provided at ABCs are less than comparable services performed at hospitals.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 383.30, 383.301, 383.302, 383.305, 383.307, 383.309, 383.3105, 383.311, 383.312, 383.313, 383.315, 383.316,

⁵⁹ Agency for Health Care Administration, *Senate Bill 488 Analysis* (on file with Senate Committee on Health Policy).

383.318, 383.32, 383.324, 383.325, 383.327, 383.33, 383.332, 408.033, 408.07, 408.802, 408.820, 465.003, and 465.019.

This bill creates the following sections of the Florida Statutes: 383.3081 and 383.3131.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



457560

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/11/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Cruz) recommended the following:

Senate Amendment (with title amendment)

Between lines 210 and 211
insert:

(7) An advanced birth center shall implement a comprehensive risk management program and a comprehensive process for the evaluation of employees to ensure that it employs competent medical staff. Advanced birth centers are liable for any failure to exercise due care in fulfilling such responsibilities when such failure is a proximate cause of injury to a patient.



457560

12 (8) An advanced birth center shall maintain in force
13 liability insurance coverage, as defined in s. 624.605(1)(b), in
14 an amount of not less than \$250,000 per claim.

15
16 ===== T I T L E A M E N D M E N T =====

17 And the title is amended as follows:

18 Delete line 21

19 and insert:

20 for further care; requiring advanced birth centers to
21 implement a comprehensive risk management program and
22 a comprehensive process for the evaluation of
23 employees; providing for liability; requiring an
24 advanced birth center to maintain in force certain
25 liability insurance coverage; amending s. 383.309,
26 F.S.; providing

By Senator Harrell

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1 A bill to be entitled
 2 An act relating to advanced birth centers; amending s.
 3 383.30, F.S.; revising the short title; amending s.
 4 383.301, F.S.; providing applicability of licensure
 5 requirements under part II of ch. 408, F.S., to
 6 advanced birth centers; amending s. 383.302, F.S.;
 7 defining the terms "advanced birth center" and
 8 "medical director"; revising definitions; amending s.
 9 383.305, F.S.; providing applicability of licensure
 10 fee requirements to advanced birth centers; amending
 11 s. 383.307, F.S.; providing for administration of
 12 advanced birth centers; creating s. 383.3081, F.S.;
 13 providing requirements for advanced birth center
 14 facilities and equipment; requiring the employment of
 15 specified personnel at an advanced birth center;
 16 requiring an advanced birth center to enter into a
 17 written agreement with a blood bank for emergency
 18 blood bank services; requiring that a patient who
 19 receives an emergency blood transfusion at an advanced
 20 birth center be immediately transferred to a hospital
 21 for further care; amending s. 383.309, F.S.; providing
 22 minimum standards for advanced birth centers;
 23 authorizing the Agency for Health Care Administration
 24 to enforce specified provisions of the Florida
 25 Building Code and the Florida Fire Prevention Code;
 26 amending s. 383.3105, F.S.; providing applicability of
 27 adoption protocols for staff of an advanced birth
 28 center; amending s. 383.311, F.S.; providing for the
 29 education and orientation of advanced birth center

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30 clients and their families; amending s. 383.312, F.S.;
 31 requiring that an advanced birth center ensure that
 32 clients have adequate prenatal care and that certain
 33 required tests are administered; amending s. 383.313,
 34 F.S.; providing for laboratory and surgical services
 35 at a birth center; creating s. 383.3131, F.S.;
 36 providing requirements for laboratory and surgical
 37 services at an advanced birth center; providing
 38 conditions for administration of anesthesia;
 39 authorizing the intrapartur use of chemical agents;
 40 amending s. 383.315, F.S.; requiring an advanced birth
 41 center to employ or maintain an agreement with an
 42 obstetrician under certain circumstances; amending s.
 43 383.316, F.S.; requiring an advanced birth center to
 44 provide for the transport of emergency patients to a
 45 hospital; requiring each center to enter into a
 46 written transfer agreement with a local hospital or an
 47 obstetrician for such transfers under certain
 48 conditions; amending s. 383.318, F.S.; providing
 49 protocols for postpartum care of clients and infants;
 50 providing requirements for followup care; amending s.
 51 383.32, F.S.; specifying when clinical records must be
 52 made immediately available at an advanced birth
 53 center; amending s. 383.324, F.S.; requiring an
 54 advanced birth center to pay an inspection fee to the
 55 agency; amending s. 383.325, F.S.; requiring an
 56 advanced birth center to maintain and make available
 57 inspection reports; amending s. 383.327, F.S.;
 58 requiring an advanced birth center to provide reports

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59 of all births and deaths occurring at the center;
 60 requiring an advanced birth center to annually submit
 61 a report to the agency; amending s. 383.33, F.S.;
 62 authorizing the agency to impose a specified
 63 administrative fine for certain violations;
 64 authorizing the agency to impose a moratorium on
 65 elective admissions to any birth center or advanced
 66 birth center upon making a certain determination;
 67 amending s. 383.332, F.S.; providing a criminal
 68 penalty for operating an unlicensed advanced birth
 69 center; amending s. 408.033, F.S.; providing
 70 applicability of an assessment to advanced birth
 71 centers; amending s. 408.07, F.S.; defining the term
 72 "advanced birth center"; revising the definition of
 73 the term "health care facility"; amending s. 408.802,
 74 F.S.; providing applicability of licensure
 75 requirements under part II of ch. 408, F.S., to
 76 advanced birth centers; amending s. 408.820, F.S.;
 77 exempting advanced birth centers from certain
 78 licensure requirements under part II of ch. 408, F.S.;
 79 amending s. 465.003, F.S.; revising the definition of
 80 the term "institutional pharmacy" to include
 81 pharmacies located in advanced birth centers; amending
 82 s. 465.019, F.S.; revising the definition of the term
 83 "modified Class II institutional pharmacies" to
 84 include pharmacies located in advanced birth centers;
 85 providing an effective date.
 86
 87 Be It Enacted by the Legislature of the State of Florida:

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88
 89 Section 1. Section 383.30, Florida Statutes, is amended to
 90 read:
 91 383.30 Birth Center and Advanced Birth Center Licensure
 92 Act; short title.—Sections 383.30-383.332 shall be known and may
 93 be cited as the "Birth Center and Advanced Birth Center
 94 Licensure Act."
 95 Section 2. Section 383.301, Florida Statutes, is amended to
 96 read:
 97 383.301 Licensure and regulation of birth centers and
 98 advanced birth centers; legislative intent.—It is the intent of
 99 the Legislature to provide for the protection of public health
 100 and safety in the establishment, maintenance, and operation of
 101 birth centers and advanced birth centers by providing for
 102 licensure of birth centers and advanced birth centers and for
 103 the development, establishment, and enforcement of minimum
 104 standards with respect to birth centers and advanced birth
 105 centers. The requirements of part II of chapter 408 shall apply
 106 to the provision of services that require licensure pursuant to
 107 ss. 383.30-383.332 and part II of chapter 408 and to entities
 108 licensed by or applying for such licensure from the Agency for
 109 Health Care Administration pursuant to ss. 383.30-383.332. A
 110 license issued by the agency is required in order to operate a
 111 birth center or an advanced birth center in this state.
 112 Section 3. Subsections (1) through (8) of section 383.302,
 113 Florida Statutes, are renumbered as subsections (2) through (9),
 114 respectively, subsections (9) and (10) are renumbered as
 115 subsections (11) and (12), present subsections (3), (4), and (5)
 116 are amended, and new subsections (1) and (10) are added to that

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117 section, to read:

118 383.302 Definitions of terms used in ss. 383.30-383.332.—As
119 used in ss. 383.30-383.332, the term:

120 (1) "Advanced birth center" means a birth center that may
121 perform trial of labor after cesarean deliveries for screened
122 patients who qualify, planned low-risk cesarean deliveries, and
123 anticipated vaginal deliveries for laboring patients from the
124 beginning of the 37th week of gestation through the end of the
125 41st week of gestation.

126 (4)(3) "Clinical staff" means individuals employed full
127 time or part time by a birth center or an advanced birth center
128 who are licensed or certified to provide care at childbirth.

129 (5)(4) "Consultant" means a physician licensed pursuant to
130 chapter 458 or chapter 459 who agrees to provide advice and
131 services to a birth center or an advanced birth center and who
132 either:

133 (a) Is certified or eligible for certification by the
134 American Board of Obstetrics and Gynecology or the American
135 Osteopathic Board of Obstetrics and Gynecology, or

136 (b) Has hospital obstetrical privileges.

137 (6)(5) "Governing body" means any individual, group,
138 corporation, or institution that which is responsible for the
139 overall operation and maintenance of a birth center or an
140 advanced birth center.

141 (10) "Medical director" means a person who holds an active
142 unrestricted license as an allopathic physician under chapter
143 458 or osteopathic physician under chapter 459.

144 Section 4. Section 383.305, Florida Statutes, is amended to
145 read:

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146 383.305 Licensure; fees.—

147 (1) In accordance with s. 408.805, an applicant for
148 licensure as a birth center or an advanced birth center or a
149 licensee shall pay a fee for each license application submitted
150 under ss. 383.30-383.332 and part II of chapter 408. The amount
151 of the fee shall be established by rule.

152 (2) Each applicant for licensure and each licensee must
153 comply with the requirements of this chapter and part II of
154 chapter 408.

155 Section 5. Section 383.307, Florida Statutes, is amended to
156 read:

157 383.307 Administration of birth center and advanced birth
158 center.—

159 (1) Each birth center and advanced birth center shall have
160 a governing body that which is responsible for the overall
161 operation and maintenance of the ~~birth~~ center.

162 (a) The governing body shall develop and display a table of
163 organization which shows the structure of the birth center or
164 advanced birth center and identifies the governing body, the
165 medical directors ~~birth center director~~, the clinical director,
166 the clinical staff, and the medical consultant.

167 (b) The governing body shall develop and make available to
168 staff, clinicians, consultants, and licensing authorities a
169 manual that which documents policies, procedures, and protocols,
170 including the roles and responsibilities of all personnel.

171 (2) There shall be an adequate number of licensed personnel
172 to provide clinical services needed by mothers and newborns and
173 a sufficient number of qualified personnel to provide services
174 for families and to maintain the birth center or advanced birth

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175 center.

176 (3) All clinical staff members and consultants shall hold
177 current licenses from this state to practice their respective
178 disciplines.

179 (4) Clinical staff members and consultants shall adopt
180 bylaws ~~that which~~ are subject to the approval of the governing
181 body and ~~which shall~~ include recommendations for clinical staff
182 or consultation appointments, delineation of clinical
183 privileges, and the organization of the clinical staff.

184 Section 6. Section 383.3081, Florida Statutes, is created
185 to read:

186 383.3081 Advanced birth center facility and equipment;
187 requirements.-

188 (1) An advanced birth center shall meet all of the
189 requirements of s. 383.308.

190 (2) An advanced birth center shall be operated and staffed
191 24 hours per day, 7 days per week.

192 (3) An advanced birth center shall employ two medical
193 directors to oversee the activities of the center, one of whom
194 must be a board-certified obstetrician and one of whom must be a
195 board-certified anesthesiologist.

196 (4) An advanced birth center shall have at least one
197 properly equipped, dedicated surgical suite for the performance
198 of cesarean deliveries.

199 (5) At a minimum, an advanced birth center must employ a
200 registered nurse who is present in the center at all times and
201 has the ability to stabilize and facilitate the transfer of
202 patients and newborn infants when appropriate.

203 (6) Each advanced birth center must enter into a written

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204 agreement with a blood bank for emergency blood bank services
205 and must have written protocols for the management of
206 obstetrical hemorrhage that include provisions for emergency
207 blood transfusions. If a patient admitted to an advanced birth
208 center receives an emergency blood transfusion at the center,
209 the patient must immediately thereafter be transferred to a
210 hospital for further care.

211 Section 7. Section 383.309, Florida Statutes, is amended to
212 read:

213 383.309 Minimum standards for birth centers and advanced
214 birth centers; rules and enforcement.-

215 (1) The agency shall adopt and enforce rules to administer
216 ss. 383.30-383.332 and part II of chapter 408, which rules shall
217 include, but are not limited to, reasonable and fair minimum
218 standards for ensuring that:

219 (a) Sufficient numbers and qualified types of personnel and
220 occupational disciplines are available at all times to provide
221 necessary and adequate patient care and safety.

222 (b) Infection control, housekeeping, sanitary conditions,
223 disaster plan, and medical record procedures that will
224 adequately protect patient care and provide safety are
225 established and implemented.

226 (c) Licensed facilities are established, organized, and
227 operated consistent with established programmatic standards.

228 (2) The standards adopted by rule for advanced birth
229 centers must, at a minimum, be equivalent to the minimum
230 standards adopted for ambulatory surgical centers pursuant to s.
231 395.1055 and must include standards for quality of care, blood
232 transfusions, and sanitary conditions for food handling and food

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233 service.

234 ~~(3)(2)~~ The agency may not establish any rule governing the
 235 design, construction, erection, alteration, modification,
 236 repair, or demolition of birth centers or advanced birth
 237 centers. It is the intent of the Legislature to preempt that
 238 function to the Florida Building Commission and the State Fire
 239 Marshal through adoption and maintenance of the Florida Building
 240 Code and the Florida Fire Prevention Code. However, the agency
 241 shall provide technical assistance to the commission and the
 242 State Fire Marshal in updating the construction standards of the
 243 Florida Building Code and the Florida Fire Prevention Code which
 244 govern birth centers and advanced birth centers. In addition,
 245 the agency may enforce the special-occupancy provisions of the
 246 Florida Building Code and the Florida Fire Prevention Code which
 247 apply to birth centers and advanced birth centers in conducting
 248 any inspection authorized under this chapter or part II of
 249 chapter 408. At a minimum, advanced birth centers must comply
 250 with the Florida Building Code and Florida Fire Prevention Code
 251 standards for ambulatory surgical centers.

252 Section 8. Section 383.3105, Florida Statutes, is amended
 253 to read:

254 383.3105 Patients consenting to adoptions; protocols.-

255 (1) Each licensed birth center and advanced birth center
 256 ~~facility~~ shall adopt a protocol that at a minimum provides for
 257 birth center and advanced birth center facility staff to be
 258 knowledgeable of the waiting periods, revocation, and the
 259 contents of the consent to adoption as contained in s.
 260 63.082(4), and that describes the supportive and unbiased manner
 261 in which ~~facility~~ staff will interact with birth parents and

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262 prospective adoptive parents regarding the adoption, in
 263 particular during the waiting period required in s. 63.082(4) (b)
 264 before consenting to an adoption.

265 (2) The protocol ~~must shall~~ be in writing and be provided
 266 upon request to any birth parent or prospective adoptive parent
 267 of a child born in the birth center or advanced birth center
 268 ~~facility~~.

269 Section 9. Section 383.311, Florida Statutes, is amended to
 270 read:

271 383.311 Education and orientation for birth center and
 272 advanced birth center clients and their families.-

273 (1) The clients and their families shall be fully informed
 274 of the policies and procedures of the birth center or advanced
 275 birth center, including, but not limited to, policies and
 276 procedures on:

277 (a) The selection of clients.

278 (b) The expectation of self-help and family/client
 279 relationships.

280 (c) The qualifications of the clinical staff.

281 (d) The transfer to secondary or tertiary care.

282 (e) The philosophy of childbirth care and the scope of
 283 services.

284 (f) The customary length of stay after delivery.

285 (2) The clients shall be prepared for childbirth and
 286 childbearing by education in:

287 (a) The course of pregnancy and normal changes occurring
 288 during pregnancy.

289 (b) The need for prenatal care.

290 (c) Nutrition, including encouragement of breastfeeding.

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291 (d) The effects of smoking and substance abuse.
 292 (e) Labor and delivery.
 293 (f) The care of the newborn to include safe sleep practices
 294 and the possible causes of Sudden Unexpected Infant Death.

295 Section 10. Section 383.312, Florida Statutes, is amended
 296 to read:

297 383.312 Prenatal care of birth center and advanced birth
 298 center clients.—

299 (1) A birth center and an advanced birth center shall
 300 ensure that their ~~its~~ clients have adequate prenatal care, as
 301 defined by the agency, and shall ensure that serological tests
 302 are administered as required by this chapter.

303 (2) Records of prenatal care shall be maintained for each
 304 client and shall be available during labor and delivery.

305 Section 11. Section 383.313, Florida Statutes, is amended
 306 to read:

307 383.313 Birth center performance of laboratory and surgical
 308 services; use of anesthetic and chemical agents.—

309 (1) LABORATORY SERVICES.—A birth center may collect
 310 specimens for those tests that are requested under protocol. A
 311 birth center must obtain and continuously maintain certification
 312 by the Centers for Medicare and Medicaid Services under the
 313 federal Clinical Laboratory Improvement Amendments and the
 314 federal rules adopted thereunder in order to perform laboratory
 315 tests specified by rule of the agency, and which are appropriate
 316 to meet the needs of the patient.

317 (2) SURGICAL SERVICES.—Surgical procedures shall be limited
 318 to those normally performed during uncomplicated childbirths,
 319 such as episiotomies and repairs and may ~~shall~~ not include

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320 operative obstetrics or caesarean sections.

321 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General and
 322 conduction anesthesia may not be administered at a birth center.
 323 Systemic analgesia may be administered, and local anesthesia for
 324 pudendal block and episiotomy repair may be performed if
 325 procedures are outlined by the clinical staff and performed by
 326 personnel who have the ~~with~~ statutory authority to do so.

327 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be
 328 inhibited, stimulated, or augmented with chemical agents during
 329 the first or second stage of labor unless prescribed by
 330 personnel who have the ~~with~~ statutory authority to do so and
 331 unless in connection with and before ~~prior to~~ emergency
 332 transport.

333 Section 12. Section 383.3131, Florida Statutes, is created
 334 to read:

335 383.3131 Advanced birth center performance of laboratory
 336 and surgical services; use of anesthetic and chemical agents.—

337 (1) LABORATORY SERVICES.—An advanced birth center must have
 338 a clinical laboratory on site. The clinical laboratory must, at
 339 a minimum, be capable of providing laboratory testing for
 340 hematology, metabolic screening, liver function, and coagulation
 341 studies. An advanced birth center may collect specimens for
 342 those tests that are requested under protocol. An advanced birth
 343 center may perform laboratory tests as defined by rule of the
 344 agency. Laboratories located in advanced birth centers must be
 345 appropriately certified by the Centers for Medicare and Medicaid
 346 Services under the federal Clinical Laboratory Improvement
 347 Amendments and the federal rules adopted thereunder.

348 (2) SURGICAL SERVICES.—In addition to surgical procedures

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349 authorized pursuant to s. 383.313(2), surgical procedures are
 350 limited to low-risk cesarean deliveries and surgical management
 351 of immediate complications. Postpartum sterilization may be
 352 performed before discharge of the patient who has given birth
 353 during that admission. Circumcisions may be performed before
 354 discharge of the newborn infant.

355 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General,
 356 conduction, and local anesthesia may be administered at an
 357 advanced birth center if administered by personnel who have the
 358 statutory authority to do so. All general anesthesia shall be
 359 administered by an anesthesiologist or a certified registered
 360 nurse anesthetist in accordance with s. 464.012. When general
 361 anesthesia is administered, a physician or a certified
 362 registered nurse anesthetist shall be present in the advanced
 363 birth center during the anesthesia and postanesthesia recovery
 364 period until the patient is fully alert. Each advanced birth
 365 center shall comply with s. 395.0191(2)(b).

366 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be
 367 inhibited, stimulated, or augmented with chemical agents during
 368 the first or second stage of labor at an advanced birth center
 369 if prescribed by personnel who have the statutory authority to
 370 do so. Labor may be electively induced beginning at the 39th
 371 week of gestation for a patient with a documented Bishop score
 372 of 8 or greater.

373 Section 13. Section 383.315, Florida Statutes, is amended
 374 to read:

375 383.315 Agreements with consultants for advice or services;
 376 maintenance.—

377 (1) A birth center and an advanced birth center shall

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378 maintain in writing a consultation agreement, signed within the
 379 current license period, with each consultant who has agreed to
 380 provide advice and services to the birth center and advanced
 381 birth center as requested.

382 (2) Consultation may be provided onsite or by telephone, as
 383 required by clinical and geographic conditions.

384 (3) An advanced birth center shall employ or maintain an
 385 agreement with an obstetrician who must be present in the center
 386 at all times during which a patient is in active labor in the
 387 center to attend deliveries, respond to emergencies, and, when
 388 necessary, be available to perform cesarean deliveries.

389 Section 14. Section 383.316, Florida Statutes, is amended
 390 to read:

391 383.316 Transfer and transport of clients to hospitals.—

392 (1) If unforeseen complications arise during labor,
 393 delivery, or postpartum recovery, the client shall be
 394 transferred to a hospital.

395 (2) Each licensed birth center or advanced birth center
 396 ~~facility~~ shall make arrangements with a local ambulance service
 397 licensed under chapter 401 for the transport of emergency
 398 patients to a hospital. Such arrangements shall be documented in
 399 the center's policy and procedures manual ~~of the facility~~ if the
 400 birth center or advanced birth center does not own or operate a
 401 licensed ambulance. The policy and procedures manual shall also
 402 contain specific protocols for the transfer of any patient to a
 403 licensed hospital.

404 (3) Each licensed advanced birth center shall enter into a
 405 written transfer agreement with a local hospital licensed under
 406 chapter 395 for the transfer and admission of emergency patients

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407 to the hospital or a written agreement with an obstetrician who
 408 has hospital privileges to provide coverage at all times and who
 409 has agreed to accept the transfer of the advanced birth center's
 410 patients.

411 ~~(4)(3)~~ A licensed birth center or advanced birth center
 412 ~~facility~~ shall identify neonatal-specific transportation
 413 services, including ground and air ambulances; list their
 414 particular qualifications; and have the telephone numbers for
 415 access to these services clearly listed and immediately
 416 available.

417 ~~(5)(4)~~ The birth center or advanced birth center shall
 418 assess and document Annual assessments of the transportation
 419 services and transfer protocols annually shall be made and
 420 documented.

421 Section 15. Section 383.318, Florida Statutes, is amended
 422 to read:

423 383.318 Postpartum care for birth center and advanced birth
 424 center clients and infants.—

425 (1) A mother and her infant shall be dismissed from a the
 426 birth center within 24 hours after the birth of the infant,
 427 except in unusual circumstances as defined by rule of the
 428 agency. If a mother or an infant is retained at the birth center
 429 for more than 24 hours after the birth, a report shall be filed
 430 with the agency within 48 hours after of the birth describing
 431 the circumstances and the reasons for the decision.

432 (2)(a) A mother and her infant shall be dismissed from an
 433 advanced birth center within 48 hours after a vaginal delivery
 434 of the infant or within 72 hours after a delivery by cesarean
 435 section, except in unusual circumstances as defined by rule of

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436 the agency.

437 (b) If a mother or an infant is retained at the advanced
 438 birth center for more than the timeframes set forth in paragraph
 439 (a), a report shall be filed with the agency within 48 hours
 440 after the scheduled discharge time describing the circumstances
 441 and the reasons for the decision.

442 ~~(3)(2)~~ A prophylactic shall be instilled in the eyes of
 443 each newborn in accordance with s. 383.04.

444 ~~(4)(3)~~ The birth center or advanced birth center shall
 445 provide a postpartum evaluation and followup care that includes
 446 all of the following:

- 447 (a) Physical examination of the infant.
- 448 (b) Metabolic screening tests required by s. 383.14.
- 449 (c) Referral to sources for pediatric care.
- 450 (d) Maternal postpartum assessment that incorporates mental
- 451 health screening.
- 452 (e) Information on postpartum depression and the telephone
- 453 number of the Family Health Line operated pursuant to s.
- 454 383.011.
- 455 (f) Instruction in child care, including immunization,
- 456 breastfeeding, safe sleep practices, and possible causes of
- 457 Sudden Unexpected Infant Death.
- 458 (g) Family planning services.
- 459 (h) Referral to secondary or tertiary care, as indicated.

460 Section 16. Section 383.32, Florida Statutes, is amended to
 461 read:

462 383.32 Birth center and advanced birth center clinical
 463 records.—

464 (1) Clinical records shall contain information prescribed

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465 by rule, including, but not limited to:

466 (a) Identifying information.

467 (b) Risk assessments.

468 (c) Information relating to prenatal visits.

469 (d) Information relating to the course of labor and
470 intrapartum care.

471 (e) Information relating to consultation, referral, and
472 transport to a hospital.

473 (f) Newborn assessment, APGAR score, treatments as
474 required, and followup.

475 (g) Postpartum followup.

476 (2) Clinical records shall be immediately available at the
477 birth center or advanced birth center:

478 (a) At the time of admission.

479 (b) When transfer of care is necessary.

480 (c) For audit by licensure personnel.

481 (3) Clinical records shall be kept confidential in
482 accordance with s. 456.057 and exempt from ~~the provisions of~~ s.
483 119.07(1). A client's clinical records shall be open to
484 inspection only under the following conditions:

485 (a) A consent to release information has been signed by the
486 client; or

487 (b) The review is made by the agency for a licensure survey
488 or complaint investigation.

489 (4) (a) Clinical records shall be audited periodically, but
490 no less frequently than every 3 months, to evaluate the process
491 and outcome of care.

492 (b) Statistics on maternal and perinatal morbidity and
493 mortality, maternal risk, consultant referrals, and transfers of

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494 care shall be analyzed at least semiannually.

495 (c) The governing body shall examine the results of the
496 record audits and statistical analyses and shall make such
497 reports available for inspection by the public and licensing
498 authorities.

499 Section 17. Section 383.324, Florida Statutes, is amended
500 to read:

501 383.324 Inspections and investigations; inspection fees.—
502 Each birth center and advanced birth center facility licensed
503 under s. 383.305 shall pay to the agency an inspection fee
504 established by rule of the agency. In addition to the
505 requirements of part II of chapter 408, the agency shall
506 coordinate all periodic inspections for licensure made by the
507 agency to ensure that the cost to the birth center or advanced
508 birth center facility of such inspections and the disruption of
509 services by such inspections is minimized.

510 Section 18. Section 383.325, Florida Statutes, is amended
511 to read:

512 383.325 Inspection reports.—

513 (1) Each licensed birth center and advanced birth center
514 ~~facility~~ shall maintain as public information, available upon
515 request, records of all inspection reports pertaining to the
516 center ~~that facility~~ which have been filed with, or issued by,
517 any governmental agency. Copies of such reports shall be
518 retained in the records of the birth center or advanced birth
519 center facility for no less than 5 years after ~~from~~ the date the
520 reports are filed and issued.

521 (2) Any record, report, or document which, by state or
522 federal law or regulation, is deemed confidential shall be

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523 exempt from ~~the provisions of~~ s. 119.07(1) and may ~~shall~~ not be
 524 distributed or made available for purposes of compliance with
 525 this section unless or until such confidential status expires,
 526 except as described in s. 383.32(2)(c).

527 (3) A licensed birth center or advanced birth center
 528 ~~facility~~ shall, upon the request of any person who has completed
 529 a written application with intent to be admitted to such center
 530 ~~facility~~ or any person who is a patient of such center facility,
 531 or any relative, spouse, or guardian of any such person, furnish
 532 to the requester a copy of the last inspection report issued by
 533 the agency or an accrediting organization, whichever is most
 534 recent, pertaining to the licensed birth center or advanced
 535 birth center facility, as provided in subsection (1), provided
 536 the person requesting such report agrees to pay a reasonable
 537 charge to cover copying costs.

538 Section 19. Section 383.327, Florida Statutes, is amended
 539 to read:

540 383.327 Birth and death records; reports.—Each licensed
 541 birth center and advanced birth center shall:

542 (1) File a completed certificate of birth ~~shall be filed~~
 543 with the local registrar within 5 days after ~~of~~ each birth in
 544 accordance with chapter 382.

545 (2) Immediately report each maternal death, newborn death,
 546 and stillbirth ~~shall be reported immediately~~ to the medical
 547 examiner.

548 (3) ~~The licensee shall~~ Comply with all requirements of this
 549 chapter and rules promulgated hereunder.

550 (4) Annually submit a report ~~shall be submitted annually~~ to
 551 the agency. The contents of the report shall be prescribed by

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552 rule of the agency.

553 Section 20. Subsection (3) of section 383.33, Florida
 554 Statutes, is amended, and subsections (1) and (2) of that
 555 section are republished, to read:

556 383.33 Administrative penalties; moratorium on admissions.—

557 (1) In addition to the requirements of part II of chapter
 558 408, the agency may impose an administrative fine not to exceed
 559 \$500 per violation per day for the violation of any provision of
 560 ss. 383.30-383.332, part II of chapter 408, or applicable rules.

561 (2) In determining the amount of the fine to be levied for
 562 a violation, as provided in this section, the following factors
 563 shall be considered:

564 (a) The severity of the violation, including the
 565 probability that death or serious harm to the health or safety
 566 of any person will result or has resulted; the severity of the
 567 actual or potential harm; and the extent to which ss. 383.30-
 568 383.332, part II of chapter 408, or applicable rules were
 569 violated.

570 (b) Actions taken by the licensee to correct the violations
 571 or to remedy complaints.

572 (c) Any previous violations by the licensee.

573 (3) In accordance with part II of chapter 408, the agency
 574 may impose an immediate moratorium on elective admissions to any
 575 licensed birth center or advanced birth center facility,
 576 building or portion thereof, or service when the agency
 577 determines that any condition in the center facility presents a
 578 threat to the public health or safety.

579 Section 21. Section 383.332, Florida Statutes, is amended
 580 to read:

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581 383.332 Establishing, managing, or operating a birth center
 582 or an advanced birth center without a license; penalty.—Any
 583 person who establishes, conducts, manages, or operates any birth
 584 center or advanced birth center facility without a license
 585 issued under s. 383.305 and part II of chapter 408 commits a
 586 misdemeanor and, upon conviction, shall be fined not more than
 587 \$100 for the first offense and not more than \$500 for each
 588 subsequent offense; and each day of continuing violation after
 589 conviction shall be considered a separate offense.

590 Section 22. Paragraph (a) of subsection (2) of section
 591 408.033, Florida Statutes, is amended to read:

592 408.033 Local and state health planning.—

593 (2) FUNDING.—

594 (a) The Legislature intends that the cost of local health
 595 councils be borne by assessments on selected health care
 596 facilities subject to facility licensure by the Agency for
 597 Health Care Administration, including abortion clinics, assisted
 598 living facilities, ambulatory surgical centers, birth centers,
 599 advanced birth centers, home health agencies, hospices,
 600 hospitals, intermediate care facilities for the developmentally
 601 disabled, nursing homes, health care clinics, and multiphasic
 602 testing centers and by assessments on organizations subject to
 603 certification by the agency pursuant to chapter 641, part III,
 604 including health maintenance organizations and prepaid health
 605 clinics. Fees assessed may be collected prospectively at the
 606 time of licensure renewal and prorated for the licensure period.

607 Section 23. Subsections (8) and (23) of section 408.07,
 608 Florida Statutes, are amended to read:

609 408.07 Definitions.—As used in this chapter, with the

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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610 exception of ss. 408.031-408.045, the term:

611 (8) "Birth center" or "advanced birth center" means an
 612 organization licensed under s. 383.305.

613 (23) "Health care facility" means an ambulatory surgical
 614 center, a hospice, a nursing home, a hospital, a diagnostic-
 615 imaging center, a freestanding or hospital-based therapy center,
 616 a clinical laboratory, a home health agency, a cardiac
 617 catheterization laboratory, a medical equipment supplier, an
 618 alcohol or chemical dependency treatment center, a physical
 619 rehabilitation center, a lithotripsy center, an ambulatory care
 620 center, a birth center, an advanced birth center, or a nursing
 621 home component licensed under chapter 400 within a continuing
 622 care facility licensed under chapter 651.

623 Section 24. Subsection (2) of section 408.802, Florida
 624 Statutes, is amended to read:

625 408.802 Applicability.—~~The provisions of~~ This part applies
 626 apply to the provision of services that require licensure as
 627 defined in this part and to the following entities licensed,
 628 registered, or certified by the agency, as described in chapters
 629 112, 383, 390, 394, 395, 400, 429, 440, 483, and 765:

630 (2) Birth centers and advanced birth centers, as provided
 631 under chapter 383.

632 Section 25. Subsection (2) of section 408.820, Florida
 633 Statutes, is amended to read:

634 408.820 Exemptions.—Except as prescribed in authorizing
 635 statutes, the following exemptions shall apply to specified
 636 requirements of this part:

637 (2) Birth centers and advanced birth centers, as provided
 638 under chapter 383, are exempt from s. 408.810(7)-(10).

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639 Section 26. Subsection (11) of section 465.003, Florida
640 Statutes, is amended to read:

641 465.003 Definitions.—As used in this chapter, the term:

642 (11) (a) "Pharmacy" includes a community pharmacy, an
643 institutional pharmacy, a nuclear pharmacy, a special pharmacy,
644 and an Internet pharmacy.

645 1. The term "community pharmacy" includes every location
646 where medicinal drugs are compounded, dispensed, stored, or sold
647 or where prescriptions are filled or dispensed on an outpatient
648 basis.

649 2. The term "institutional pharmacy" includes every
650 location in a hospital, clinic, advanced birth center, nursing
651 home, dispensary, sanitarium, extended care facility, or other
652 facility, hereinafter referred to as "health care institutions,"
653 where medicinal drugs are compounded, dispensed, stored, or
654 sold.

655 3. The term "nuclear pharmacy" includes every location
656 where radioactive drugs and chemicals within the classification
657 of medicinal drugs are compounded, dispensed, stored, or sold.
658 The term "nuclear pharmacy" does not include hospitals licensed
659 under chapter 395 or the nuclear medicine facilities of such
660 hospitals.

661 4. The term "special pharmacy" includes every location
662 where medicinal drugs are compounded, dispensed, stored, or sold
663 if such locations are not otherwise defined in this subsection.

664 5. The term "Internet pharmacy" includes locations not
665 otherwise licensed or issued a permit under this chapter, within
666 or outside this state, which use the Internet to communicate
667 with or obtain information from consumers in this state and use

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668 such communication or information to fill or refill
669 prescriptions or to dispense, distribute, or otherwise engage in
670 the practice of pharmacy in this state. Any act described in
671 this definition constitutes the practice of pharmacy as defined
672 in subsection (13).

673 (b) The pharmacy department of any permittee shall be
674 considered closed whenever a Florida licensed pharmacist is not
675 present and on duty. The term "not present and on duty" may
676 ~~shall~~ not be construed to prevent a pharmacist from exiting the
677 prescription department for the purposes of consulting or
678 responding to inquiries or providing assistance to patients or
679 customers, attending to personal hygiene needs, or performing
680 any other function for which the pharmacist is responsible,
681 provided that such activities are conducted in a manner
682 consistent with the pharmacist's responsibility to provide
683 pharmacy services.

684 Section 27. Paragraph (c) of subsection (2) of section
685 465.019, Florida Statutes, is amended to read:

686 465.019 Institutional pharmacies; permits.—

687 (2) The following classes of institutional pharmacies are
688 established:

689 (c) "Modified Class II institutional pharmacies" are those
690 institutional pharmacies in short-term, primary care treatment
691 centers and advanced birth centers which ~~that~~ meet all the
692 requirements for a Class II permit, except space and equipment
693 requirements.

694 Section 28. This act shall take effect July 1, 2019.



2019 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

<u>BILL INFORMATION</u>	
BILL NUMBER:	SB 448
BILL TITLE:	Advanced Birth Centers
BILL SPONSOR:	Senator Harrell
EFFECTIVE DATE:	July 1, 2019

<u>COMMITTEES OF REFERENCE</u>
1)
2)
3)
4)
5)

<u>CURRENT COMMITTEE</u>	
<u>SIMILAR BILLS</u>	
BILL NUMBER:	
SPONSOR:	

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	HB 1099
SPONSOR:	Rep. Magar
YEAR:	2018
LAST ACTION:	

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	HB 383
SPONSOR:	
Is this bill part of an agency package?	
Y ___ N _x_	

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	January 25, 2019
LEAD AGENCY ANALYST:	Noël Cronin Lawrence
ADDITIONAL ANALYST(S):	
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

SB 448 adds additional requirements and authorizations to the Birth Center Licensure Act, sections 383.30-383.332, F.S., to create an advanced birth center licensure program. Birth centers are limited to admitting only persons experiencing a low-risk pregnancy. Advanced birth centers will be able to provide services to persons planning to deliver by low-risk cesarean section, qualified persons anticipating a vaginal delivery after a previous cesarean section, and persons anticipating a vaginal delivery between the 37th and 41st week of pregnancy (gestational age).

There will be costs for the Agency to implement the new program. The Agency expects to cover the costs through licensure, inspection, and construction review fees.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

A birth center is a health care facility where births are planned to occur following a normal, uncomplicated, low-risk pregnancy. By definition, the following are not birth centers: the mother's residence; licensed ambulatory surgical centers; hospitals or a special unit located within a hospital. As of January 25, 2019, the Agency licenses 35 active birth centers. Most are located in urban areas. Two are located in cities with a population of less than 600 (Grandin and Laurel Hill). Birth centers are not required to be staffed 24 hours per day, 7 days per week, but must be available to meet the needs of their clients.

Birth centers are subject to an annual (9 to 16 month interval) inspection by the Agency for compliance with the licensure requirements and for life safety standards. Birth centers may choose to be accredited through an approved accrediting organization in lieu of the licensure inspection.

The following criteria must be met in order to obtain and maintain a birth center license:

Personnel

Clinical staff - Florida licensed physicians, certified midwives, or licensed midwives. A clinical staff member and at least one other staff member must be on site while a client is in labor. Each clinical staff member may serve up to two clients in labor at a time. A birth center with no physician member on the clinical staff must have an agreement with at least one obstetric physician to serve as a consultant who agrees to provide advice and services to the birth center as requested. The consultant agreement must be reviewed annually.

Acceptance of clients and continuity of care

A member of the clinical staff must perform an initial risk assessment on each person seeking services at the birth center. Those persons determined to be at low risk for a poor pregnancy outcome may be accepted as clients. Clients must be evaluated regularly throughout their pregnancy to assure they remain low risk. Clients that are no longer low risk must be referred to a physician for continuing care and delivery in a hospital. Upon delivery in a birth center, the client and newborn receive evaluations prior to discharge. If any complications develop during delivery or postpartum, the client and/or infant is promptly transferred to a hospital or physician for follow-up care.

Surgical services

No surgical services may be provided in a birth center other than episiotomy, episiotomy/laceration repair, and circumcision. Clinical staff may prescribe drugs, as authorized by their professional license including analgesics and local anesthetics. General and conduction anesthesia is not permitted.

Physical environment and other services

Bedding, linens, towels and other supplies shall be kept clean and in good repair. The building shall be maintained to include insect and pest control, appropriate storage of any toxic or poisonous substances, regular intervals for waste removal, sufficient water supply, and fire control and disaster response plans. Food services are not required, but if offered, must meet the Department of Health food hygiene requirements. All equipment used in the birth center shall be clean and free from safety hazards.

Reports

In addition to reporting vital statistics necessary for birth and death certificates, each birth center must submit a utilization report to the Agency. The report is due no later than July 30 every year for the preceding 12 month period of July 1 through June 30. Content of the report must include:

- The number of deliveries by weight;
- The number of maternal clients by length of stay (hours);
- The number of surgeries (circumcisions, episiotomies, and repairs);
- The number and reason for maternal transfers;
- The number and reason for newborn transfers; and
- The number and cause of newborn deaths and stillborn/fetal deaths.

2. EFFECT OF THE BILL:

The addition of advanced birth center licensure will provide an option for women who do not want to deliver in a hospital and do not qualify for delivery in a birth center. Advanced birth centers will be able to provide services to persons anticipating a vaginal delivery between the beginning of the 37th through the end of the 41st week of pregnancy (gestational age) as well as persons who have had or plan to have a low-risk cesarean delivery. General, conduction and local anesthesia may be provided in an advanced birth center by an anesthesiologist or certified registered nurse anesthetist. Practitioners authorized by law to prescribe chemical agent to inhibit, stimulate or augment labor may do so in an advanced birth center.

Advanced birth centers must meet the licensure requirements for birth centers and:

- Operate (staffed) 24 hours per day, 7 days per week;
- Employ two medical directors to oversee the activities of the center, one of whom must be an obstetrician (who must be present in the center at all times during which a patient is in active labor) and one an anesthesiologist;
- Have at least one properly equipped, dedicated surgical suite for the performance of cesarean deliveries;
- Employ at least one registered nurse, who is present in the center at all times and has the ability to stabilize and facilitate the transfer of patients and newborn infants when appropriate;
- Enter into a written agreement with a blood bank for emergency blood bank services and have written protocols for the management of obstetrical hemorrhage including provisions for emergency blood transfusions;
- Meet standards for sanitary food handling and food service as established in rule by the Agency;
- Comply with the Florida Building Code and Florida Fire Prevention Code standards for ambulatory surgical centers;
- Have a CLIA certified clinical laboratory on site capable of providing testing for hematology, metabolic screening, liver function and coagulation studies; and
- Enter into a written transfer agreement with a local licensed hospital or an obstetrician who has hospital privileges for the transfer of emergency patients.

The Agency will need to create an application for this new licensure program. The Agency's computer systems will need to be updated to facilitate advanced birth center licensure and to capture the additional details of this program. The annual report form will need to be updated to reflect the additional services available. Based on the number of licensed birth centers, the number of applicants/licensees for an advanced birth center license is expected to be low. Creating a new licensure type can sometimes necessitate a high licensure fee, however, due to the common requirements for birth centers and advanced birth centers, implementation costs and staff/inspector training time can be reduced somewhat by using available resources. The necessary changes, including rule promulgation, will take time. It is anticipated applicants could be able to apply for licensure by January 2020, if the appropriate building codes can be met. By using the available resources, the Agency estimates the biennial licensure fees for advanced birth centers would need to be \$1,500 and \$500 per inspection, which could be established by rule in order to cover the costs associated with this new program. Birth centers currently pay a biennial licensure fee of \$392.80 per application and \$250 per inspection, although historically the licensure and inspection fees charged for this program have not covered the cost of licensure, inspection and regulation of these providers. Advanced birth centers will have an additional review to ensure the surgery suite meets building code requirements. The project review fee is \$2,000 plus \$100 per hour for building plan reviews and on-site construction surveys. These are non-recurring fees.

The bill gives the agency the authority to enforce the same design and construction standards that apply to surgical suites in an ambulatory surgical center (ASC). It is the agency's understanding that this language allows for the application of the physical plant standards that relate to pre-operative, surgical, and post-operative services (recovery) that apply to the construction of a new ASC. This would include required functional spaces, room sizes, finishes, and support utilities (medical gases, electrical outlets, emergency power, HVAC, etc.). Though not specified in the proposed statute, an advanced birth center would be classified as an Institutional Group I-2 occupancy and a Health Care

occupancy and would be required to comply with the requirements of the Florida Building and Life Safety Code, respectively for those occupancy types. The agency would assist the Florida Building Commission in incorporating these requirements into the special occupancy chapter of the Florida Building Code and any other requirements deemed necessary. Updates to the Florida Building Code would take a minimum of 6 months to complete.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

If yes, explain:	Rule authority for this new program is being included within s. 383.309, F.S. Licensure fees for advanced birth centers would need to be established by rule.
Is the change consistent with the agency's core mission?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Rule(s) impacted (provide references to F.A.C., etc.):	59A-11, F.A.C.

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y N

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y N

Board:	N/A
Board Purpose:	N/A
Who Appointments:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A

If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A
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2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y X N ___

Revenues:	Minimal. Licensure and inspection fees for an anticipated few facilities.
Expenditures:	Minimal. The Agency expects to cover the cost of the new licensure program through licensure, inspection, and construction review fees.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A THE FISCAL IMPACT TO THE PRIVATE SECTOR? Y X N ___

Revenues:	Unknown
Expenditures:	Applicants will be subject to a non-recurring Plans and Construction project review fee of \$2,000 plus \$100 per hour for building plan reviews and on-site construction surveys. Birth centers are subject to a biennial health care facility assessment fee of \$300. In addition, biennial licensure and inspection fees will need to be established by rule, and are estimated to be \$1,500 for the biennial licensure fee and \$500 per inspection.
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N X

If yes, explain impact.	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y X N ___

If yes, describe the anticipated impact to the agency including any fiscal impact.	Programming will be required to add Advanced Birth Centers to the Agency's licensure database and online licensure system. Impact can be minimized by using existing programming.
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FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N X

If yes, describe the anticipated impact including any fiscal impact.	NA
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ADDITIONAL COMMENTS

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LEGAL – GENERAL COUNSEL’S OFFICE REVIEW

Issues/concerns/comments:	
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APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/19

Meeting Date

448

Bill Number (if applicable)

Topic Advanced Birth Centers

Amendment Barcode (if applicable)

Name Mary Thomas

Job Title Assistant General Counsel

Address 1430 Piedmont Dr

Phone 850 224 6496

Street

TCH FL 32308

City

State

Zip

Email MThomas@fmedical.org

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/18

Meeting Date

448

Bill Number (if applicable)

Topic Advanced Birth Centers

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr

Phone 878-3056

Street

Tallahassee

FL

32301

Email winnsr@earthlink.net

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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THE FLORIDA SENATE
APPEARANCE RECORD

Feb 11, 2019
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

448
Bill Number (if applicable)

Topic Advanced Birthing Centers

Amendment Barcode (if applicable)

Name Andrew Mintz

Job Title CEO

Address 5002 W. Lemon St.

Phone 813-286-0033

Tampa FL 33609
City State Zip

Email amintz@womenscarefl.com

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Womens Care Florida

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

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S-001 (10/14/14)



THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2/11/19 Meeting Date

448 Bill Number (if applicable)

Topic Advanced Birthing Center Bill

Amendment Barcode (if applicable)

Name Robert W. Yelveston M.D.

Job Title Physician

Address 2526 Jonathan Ave. Street

Phone Robert.Yelveston@gmail.com

Tampa Florida 33629 City State Zip

Email 813-251-6058

Speaking: [] For [] Against [] Information

Waive Speaking: [] In Support [] Against (The Chair will read this information into the record.)

Representing Women's Care Florida

Appearing at request of Chair: [] Yes [X] No

Lobbyist registered with Legislature: [] Yes [X] No

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S-001 (10/14/14)



Post-Hurricane Michael Nursing Home Update Florida Senate Committee on Health Policy

February 11, 2019

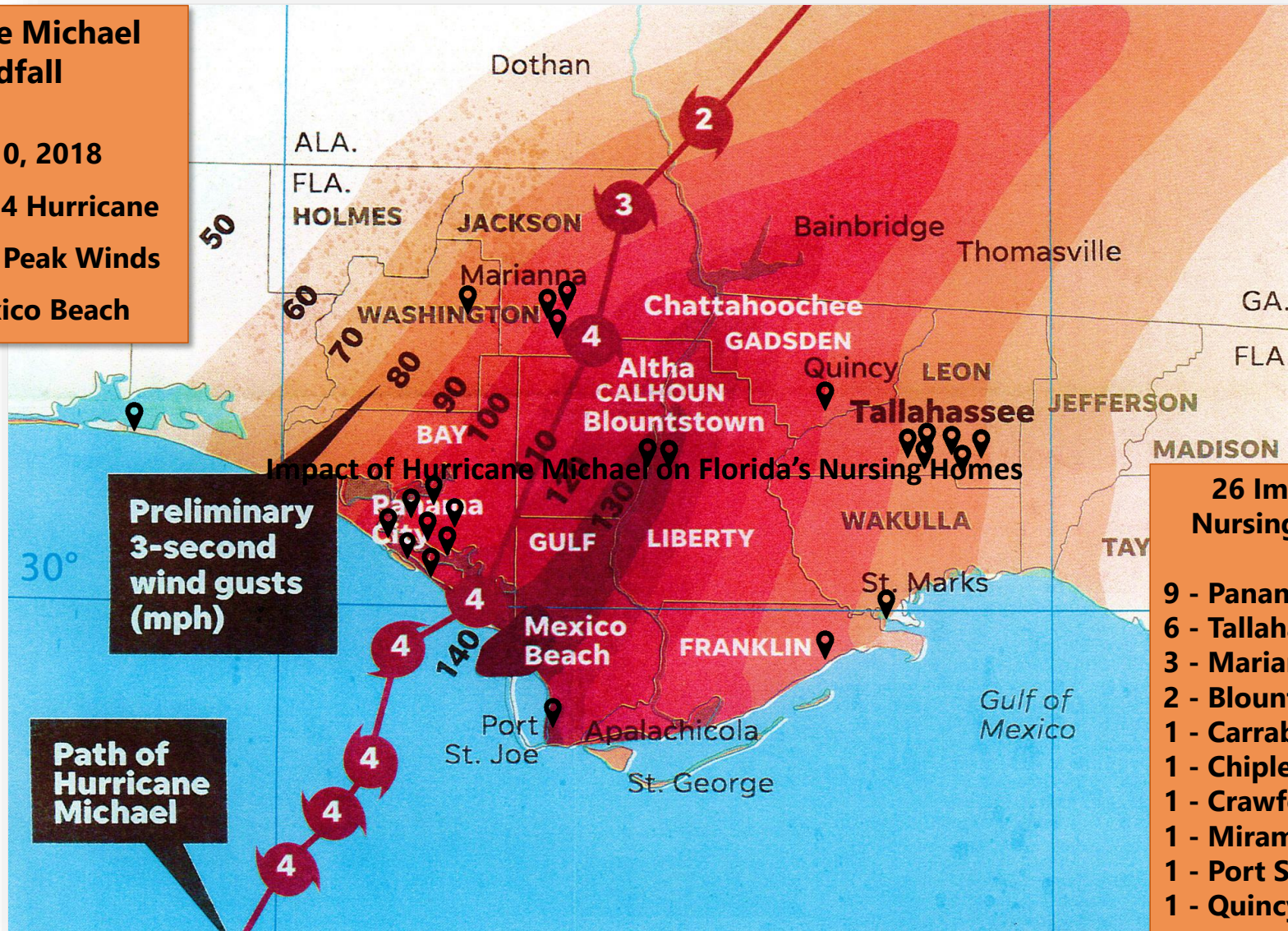
Bob Asztalos

**Chief Lobbyist/Emergency Response Coordinator
Florida Health Care Association**

www.fhca.org

Hurricane Michael Landfall

- October 10, 2018
- Category 4 Hurricane
- 155 MPH Peak Winds
- Near Mexico Beach



Hurricane Michael Impact on Florida Nursing Homes

• Total nursing homes in impact zone	26
• Total residents (approx.)	3,200
• Total nursing homes evacuated	9
• Total residents evacuated (approx.)	900
• Total nursing homes evacuated long term	7
• Total number of beds	712
• Total nursing homes on generator power	18
• Total residents on generator power (approx.)	2,500



Damaged Nursing Homes

7 Evacuated Nursing Homes

- 1 currently reopening; 3 projected late 2019
- 2 projected 2020
- 1 uncertain
- Residents relocated to north and central Florida

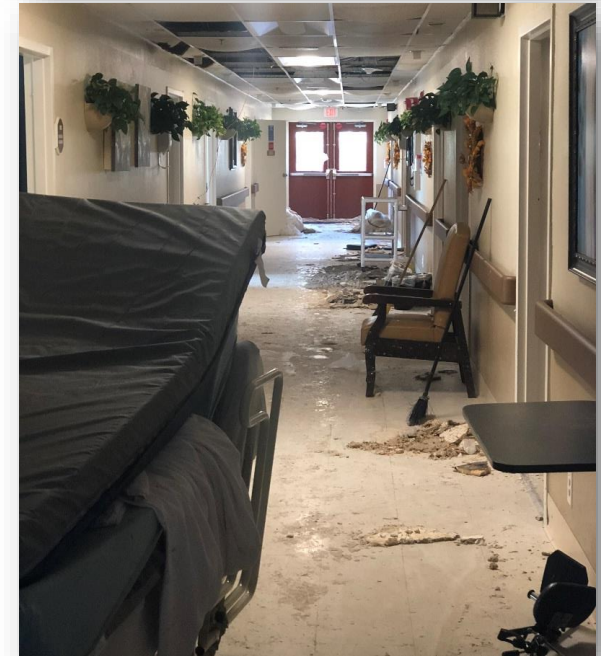
Structural Damages \$58 Million (approx.)

- 7 evacuated \$46 million
- 15 damaged \$12 million

Panhandle LTC Infrastructure Faces Long, Slow Rebuild (Similar issues to general community)

- Lack of contractors
- Insurance issues
- Loss of current staff, lack of potential staff and housing

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Outcomes

“We are not going to have another Hollywood Hills”

- **All residents safely evacuated and cared for in temperature-controlled environments - no deaths or injury as a result of the hurricane.**
- **Generators allowed nursing homes to care for their residents as well as community by serving as defacto shelters**
 - Families of staff, residents and people from community
 - Marianna center took in insulin dependent individuals from community
 - Blountstown Administrator housed homebound individual
- **Internal nursing home plans worked**
 - Extra support from community, emergency planners, regulators etc.
 - Community Health and Rehabilitation Center



Outcomes

Outreach by AHCA and DOH with professional associations unique among states

- Florida Hospital Association and FHCA working in State Emergency Operations Center
- Coordination with other health care associations (LeadingAge, Florida Assisted Living Association, Florida Senior Living Association)



Power restoration was much improved

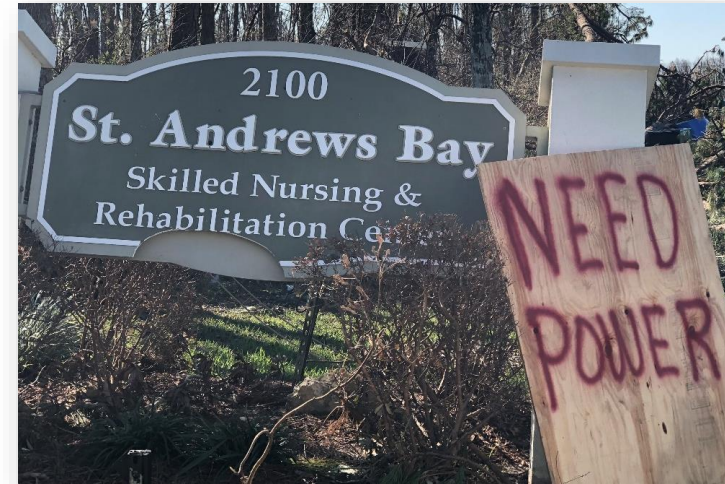
- Better communication between providers and power companies
- Emphasis placed on restoring nursing home power at local and state EOC levels

Power Restoration

- **Still need to develop working relationship with other power companies**

Evacuations

- **Inherent conflict between Emergency Management and Providers on when to evacuate**
- **Receiving facilities became strained caring for evacuees**
- **Transfer Trauma to residents/some residents moved up to four locations**



Implementation of Generator Rule on Nursing Homes

- After Hurricane Irma, AHCA/DOEA issued rules requiring Nursing Homes and Assisted Living Facilities to acquire a generator and 96 hours of fuel to cool an area for residents.
- Nursing homes and ALFs were to **comply by June 2018** or have temporary cooling plan in place and seek a waiver until **January 1, 2019**.
- Nursing homes can petition for a rule variance as long as the nursing home continues to have a temporary plan and demonstrates progress toward an implementation date.

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Current Status of Generator Rule on Nursing Homes

682 Licensed Nursing Homes

- **214 have approved permanent generator and fuel storage**
- **442 have a pending or approved variance**
- **26 have expired extensions**



Reasons for Granting Temporary Variances to the Generator Rule

- **Sample of 50 of the 442 variances on file**
- **All provided a plan to meet the temperature requirements using portable or temporary generators while completing process**
- **28% are awaiting generators, which are custom built, or other equipment**
- **18% experienced delays in delivery, installation or electrical wiring upgrades**
- **28% are under review by AHCA's Office of Plans and Construction**
- **14% are under review by local permitting**
- **12% are under review by AHCA's Office of Plans and Construction and local permitting**

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Expected Implementation Timeline

31% currently have permanent generator and fuel storage

Variances were approved by AHCA for a maximum of 6 months until June 1, 2019. Based on sample:

- **20% projected by March 31**
- **10% projected by April 30**
- **Remainder requests through May 31**



Questions?

Bob Asztalos

Florida Health Care Association

basztalos@fhca.org | (850) 224-3907

www.fhca.org

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

2-11-19

2/4/2019

Meeting Date

Bill Number (if applicable)

Topic Nursing Home Impact from Hurricane Michael

Amendment Barcode (if applicable)

Name Bob Asztalos

Job Title Chief Lobbyist/Emergency Response Coordinator

Address 307 W Park Ave

Phone 850-224-3907

Street

Tallahassee

FL

32302

Email basztalos@fhca.org

City

State

Zip

Speaking: [] For [] Against [x] Information

Waive Speaking: [] In Support [] Against (The Chair will read this information into the record.)

Representing Florida Health Care Association

Appearing at request of Chair: [x] Yes [] No

Lobbyist registered with Legislature: [x] Yes [] No

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CourtSmart Tag Report

Room: KN 412

Caption: Senate Health Policy Committee

Case:

Judge:

Type:

Started: 2/11/2019 2:30:53 PM

Ends: 2/11/2019 3:59:34 PM

Length: 01:28:42

2:30:52 PM Vice Chair Berman in the Chair - Meeting called to order
2:30:58 PM Roll call
2:31:05 PM Quorum is present
2:31:18 PM Chair gives instructions to audience
2:31:34 PM Tab 5 - Post-Hurricane Michael Nursing Home Update
2:32:33 PM Bob Asztalos, Florida Health Care Association
2:51:23 PM Senator Berman passes the Chair to Senator Harrell
2:52:26 PM Senator Baxley
2:53:10 PM Bob Asztalos
2:53:54 PM Chair
2:54:32 PM Senator Berman
2:54:37 PM Bob Asztalos
2:55:16 PM Chair
2:55:24 PM Tab 1- Introduction of Agency for Health Care Administration Secretary Mary Mayhew
3:00:49 PM Chair
3:01:52 PM Vice Chair Berman is in the Chair
3:02:14 PM Chair
3:02:24 PM Tab 2 - SB 188 - by Senator Harrell - Department of Health
3:04:40 PM Questions?
3:05:46 PM Senator Berman
3:05:55 PM Senator Harrell
3:07:18 PM Senator Berman
3:07:23 PM Amendment 633662 by Senator Harrell
3:08:09 PM Questions? None. Appearance cards? None. Debate on amendment? None.
3:08:21 PM Show Amendment 633662 is adopted
3:08:30 PM Amendment 950762 by Senator Harrell
3:08:41 PM Questions? None. Appearance Cards? None. Debate? None.
3:08:54 PM Amendment 950762 is adopted
3:09:00 PM Amendment 823188 - already explained
3:09:10 PM Questions? None. Appearance Cards? None. Questions or debate? None. Show amendment
823188 is adopted
3:09:26 PM Back on the bill as amended
3:09:27 PM Any questions on the bill as amended? None. Appearance cards?
3:09:34 PM Stephen Winn, Florida Osteopathic Medical Association, waives in support
3:09:43 PM Ron Watson, Lobbyist, Florida Chiropractic Physician Association, waives in support
3:09:52 PM Joe Anne Hart, Florida Dental Association, waives in support
3:10:01 PM Debate on bill? None.
3:10:06 PM Senator Harrell waives to close
3:10:13 PM Roll Call on SB 188
3:10:31 PM CS/SB 188 - Favorable
3:10:43 PM Tab 4 - SB 448 by Senator Harrell, Advanced Birth Centers
3:15:55 PM Questions?
3:16:54 PM Senator Rouson
3:17:03 PM Senator Harrell
3:17:38 PM Senator Rouson
3:18:37 PM Senator Harrell
3:18:49 PM Senator Rouson
3:18:56 PM Senator Harrell
3:19:56 PM Senator Cruz
3:20:37 PM Senator Harrell
3:21:09 PM Senator Cruz
3:21:32 PM Senator Harrell

3:22:20 PM Chair
3:22:29 PM Senator Bean
3:22:29 PM Questions?
3:22:29 PM
3:23:04 PM Senator Harrell
3:23:11 PM Chair
3:23:34 PM Questions?
3:23:39 PM Senator Berman
3:23:46 PM Senator Harrell
3:24:24 PM Senator Berman
3:25:02 PM Senator Harrell
3:25:10 PM Amendments
3:25:40 PM Late Filed Amendment 457560 by Senator Cruz
3:25:45 PM Objections? None
3:25:49 PM Senator Cruz to explain amendment 457560
3:27:00 PM Sponsor wishes to withdraw amendment
3:27:11 PM Back on the bill
3:27:16 PM Appearance Cards?
3:27:19 PM Steven Winn, Exec. Director, Florida Osteopathic Medical Association, waives in support
3:27:26 PM Mary Thomas, Assistant General Counsel, Florida Medical Association, waives in support
3:27:34 PM Andrew Minz, CEO, Women's Care Florida, speaking for the bill
3:30:57 PM Chair
3:31:04 PM Questions?
3:31:06 PM Senator Rouson
3:31:18 PM Andrew Minz
3:32:02 PM Chair
3:32:19 PM Dr. Robert Yelvertone, Women's Care Florida, to speak on bill
3:35:19 PM Questions?
3:36:19 PM Senator Book
3:37:03 PM Dr. Yelvertone
3:38:44 PM Senator Book
3:39:44 PM Dr. Yelvertone
3:39:51 PM Senator Book
3:39:55 PM Dr. Yelvertone
3:41:25 PM Senator Book
3:42:53 PM Dr. Yelvertone
3:43:12 PM Senator Rouson
3:44:38 PM Dr. Yelvertone
3:45:43 PM Chair
3:45:49 PM Debate?
3:45:57 PM Senator Bean
3:49:11 PM Chair
3:49:12 PM Senator Hooper
3:50:20 PM Chair
3:50:22 PM Senator Book
3:50:50 PM Debate?
3:51:10 PM Senator Mayfield
3:52:53 PM Senator Rouson
3:54:45 PM Chair
3:54:58 PM Senator Harrell to close on bill
3:58:15 PM Roll Call on SB 448 - Favorable
3:58:39 PM Chair returned to Senator Harrell
3:58:48 PM Senator Rouson wishes to vote yes on SB 188
3:59:04 PM Senator Book wishes to vote yes on 188
3:59:17 PM Chair - Further business to come before the committee?
3:59:27 PM Senator Book makes a motion to adjourn. Seeing no objections we are adjourned.