

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Harrell, Chair
Senator Berman, Vice Chair

MEETING DATE: Tuesday, October 22, 2019
TIME: 9:00—10:30 a.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

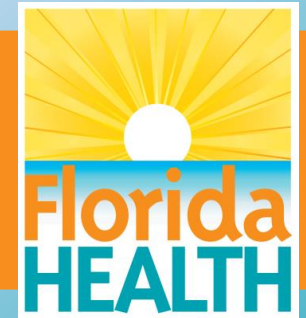
MEMBERS: Senator Harrell, Chair; Senator Berman, Vice Chair; Senators Baxley, Bean, Book, Cruz, Diaz, Hooper, Mayfield, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Update on Hepatitis A Outbreak - Department of Health and Department of Business and Professional Regulation		Presented
2	Health Risks Related to Vaping - Department of Health		Presented
3	SB 218 Harrell (Similar H 221, Compare CS/S 230)	Licensure Requirements for Osteopathic Physicians; Revising licensure requirements for persons seeking licensure or certification as an osteopathic physician, etc. HP 10/22/2019 Fav/CS AP RC	Fav/CS Yeas 9 Nays 0
4	SB 226 Harrell (Compare CS/S 230)	Athletic Trainers; Revising the definition of the term "athletic trainer"; revising athletic trainer licensure requirements; revising continuing education requirements for the renewal of an athletic trainer license; requiring that the supervision of an athletic training student meet certain requirements, etc. HP 10/22/2019 Fav/CS AP RC	Fav/CS Yeas 9 Nays 0

Other Related Meeting Documents

Department of Health

Hepatitis A Public Health Emergency: 60 Day Update



Senate Health Policy Committee
October 22, 2019

Department of Health

Scott A. Rivkees, M.D.
Florida State Surgeon General

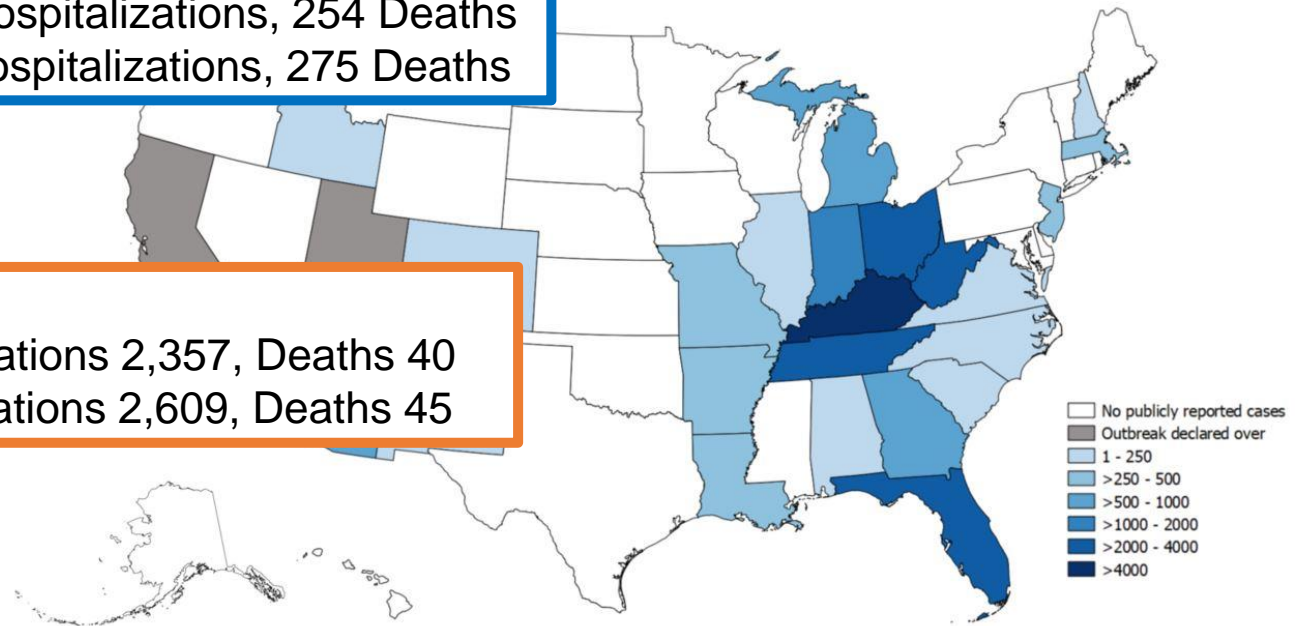
Department of Health

NATIONAL DATA

- 9/07/19 25,484 Cases, 15,330 Hospitalizations, 254 Deaths
- 10/11/19 27,064 Cases, 16,311 Hospitalizations, 275 Deaths

FLORIDA DATA

- 9/07/19 Cases: 3,009, Hospitalizations 2,357, Deaths 40
- 10/11/19 Cases 3,339, Hospitalizations 2,609, Deaths 45



<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

Department of Health

A Vaccine-Preventable Disease

- Children routinely vaccinated before their 2nd birthday since 2005
- 2-dose series, 6 months apart
- 1 dose, 93% of individuals are protected for 10 years
- 2 doses, ~100% protection
- Killed/inactivated virus
- Side effects are very rare

Department of Health

Goal: Vaccinate High-Risk & Vulnerable Patients in Florida

High-Risk Individuals

- Intravenous or non-intravenous illicit drug users
- Individuals who are homeless
- Vaccinate 80%

Medically Vulnerable Individuals

- Individuals with underlying liver disease
- Individuals ≥ 60 years of age with a chronic medical condition

<https://www.cdc.gov/hepatitis/hav/index.htm>

Department of Health

High-Risk and Vulnerable Population Estimates

High-Risk Population: CHD Primary Effort			Goal
Homeless	Illicit Drug Users	Total	80% of Total
64,000	427,000	491,000	392,000

Homeless Management Information System Data (provided by the CDC)
Substance Abuse and Mental Health Services (provided by the CDC)

Vulnerable Population	Liver Disease	>60 yrs Diabetes and/or Heart disease	Total Vulnerable Population
Estimated Numbers	338,500	>500,000	>838,500

FLHEALTHCHARTS.COM

Department of Health

Food industry worker concerns: Despite thousands of hepatitis A cases in the current national outbreak, documented cases of transmission from food workers to patrons are rare.

If a food worker has Hepatitis A:

- Interview case

- Consider duties while on the job

- Request joint assessment with appropriate regulatory agency

- Conduct assessment

- Vaccinate co-workers

- Determine need for patron notification

Department of Health

Food industry workers:

12/31/2017-10/14/2019

147 food employees identified

4.4% of cases are food employees

85% of the environmental assessments concluded that there were sufficient barriers to prevent transmission to patrons and notifications not required

15.0% of HAV food employees have led to patron notifications

22 patron notifications of need for vaccination within 14 days

No evidence of transmission to patrons in Florida

Department of Health

Public Health Emergency August 1, 2019

Renewed September 30, 2019

Includes all counties in Florida

Counties with a case rate greater than 10 per 100,000 persons or high case count (>100):

- Brevard
- Citrus
- Glades
- Hernando
- Hillsborough
- Lake
- Liberty
- Manatee
- Marion
- Martin
- Okeechobee
- Orange
- Pasco
- Pinellas
- Sumter
- Taylor
- Volusia

RECOMMENDATIONS

- Health care providers vaccinate high-risk patients
- Health care providers vaccinate medically vulnerable individuals
- Vaccinate individuals working with high-risk persons in a non-health care setting
- Health care providers report all cases of hepatitis A to county health departments
- Follow good handwashing procedures
- Cleaning of public shower, bathing, restroom facilities with bleach or other effective disinfectant solutions to kill the virus

Department of Health

Where to get vaccinated

- Health care provider
- Pharmacies
- County health departments
- Locations posted on www.floridahealth.gov
- Cost covered by commercial insurance
- Cost may be covered by Medicare Part B, D and Medicare Advantage plans
- County health departments providing for free to high-risk, uninsured or underinsured individuals
- **Coverage now offered by Medicaid plans**

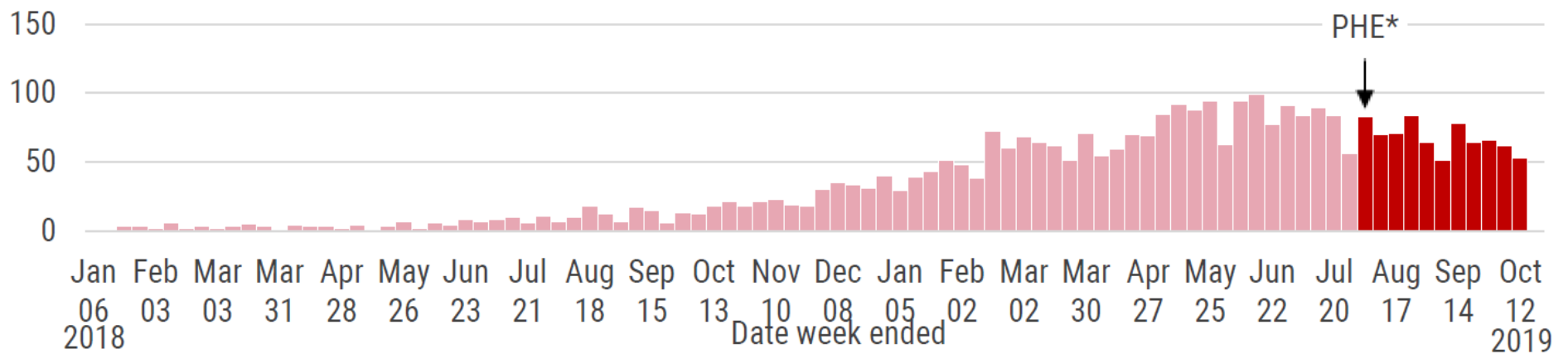
Department of Health

Vaccines Administered as of October 12, 2019

Vaccination Entity	January-December 2018	Since January 2019	Total January 2018 to Present	Since PHE August 1, 2019
CHD Administered Vaccine	17,940	100,321	118,261	19,297
Non-CHD Administered Vaccine	31,384	143,584	174,968	25,908
Total Administered Vaccine	49,324	243,905	293,229	45,205

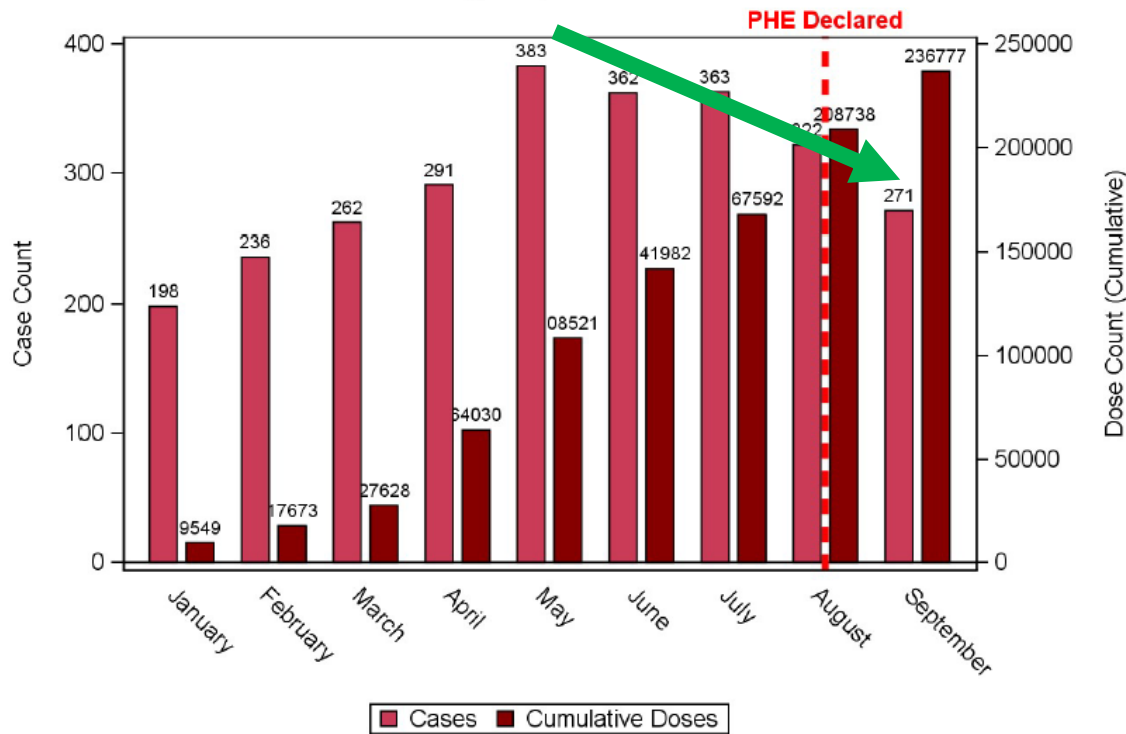
Department of Health

Hepatitis A cases reported by week in Florida in 2018 and 2019 (Updated 10/12/19)



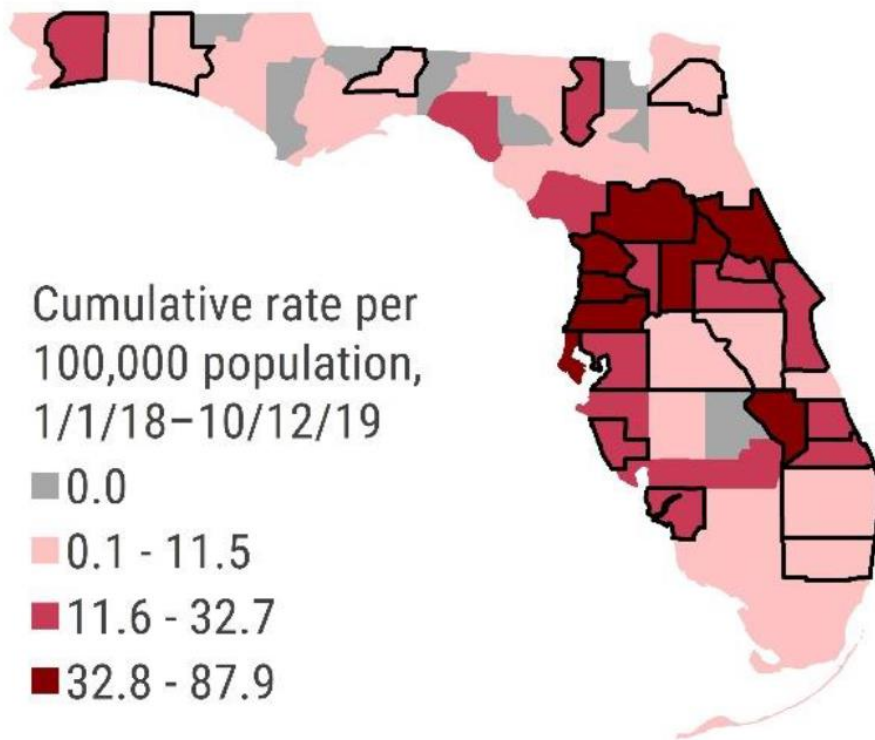
Department of Health

State of Florida
Cases and Cumulative Doses by Month
29% of the State's Target Population Has Been Vaccinated



Overall
decline in new
cases
since PHE
as vaccination
has increased

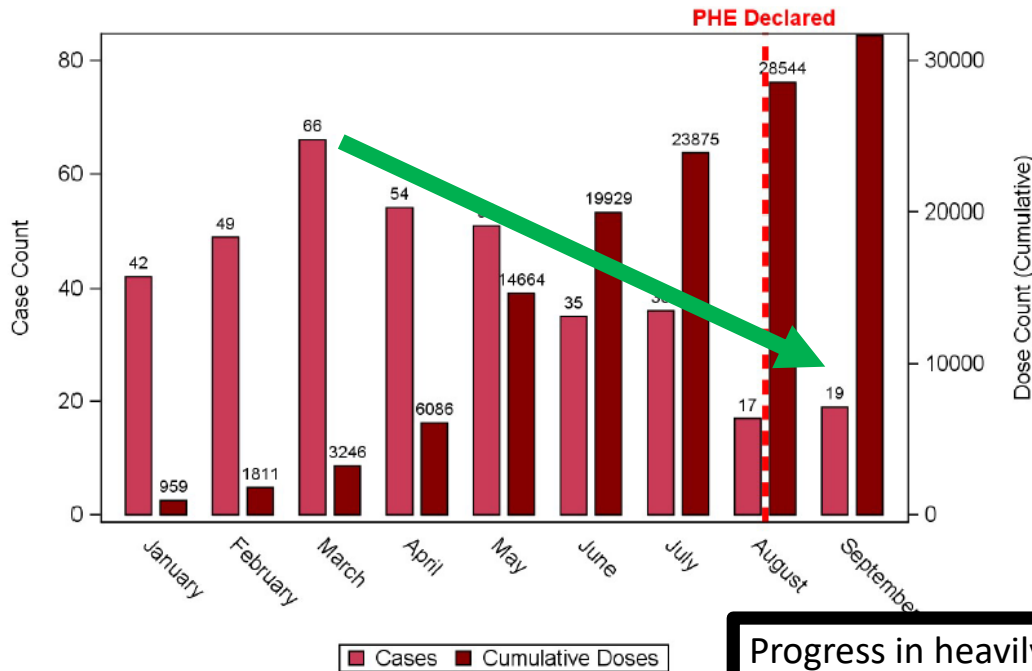
Department of Health



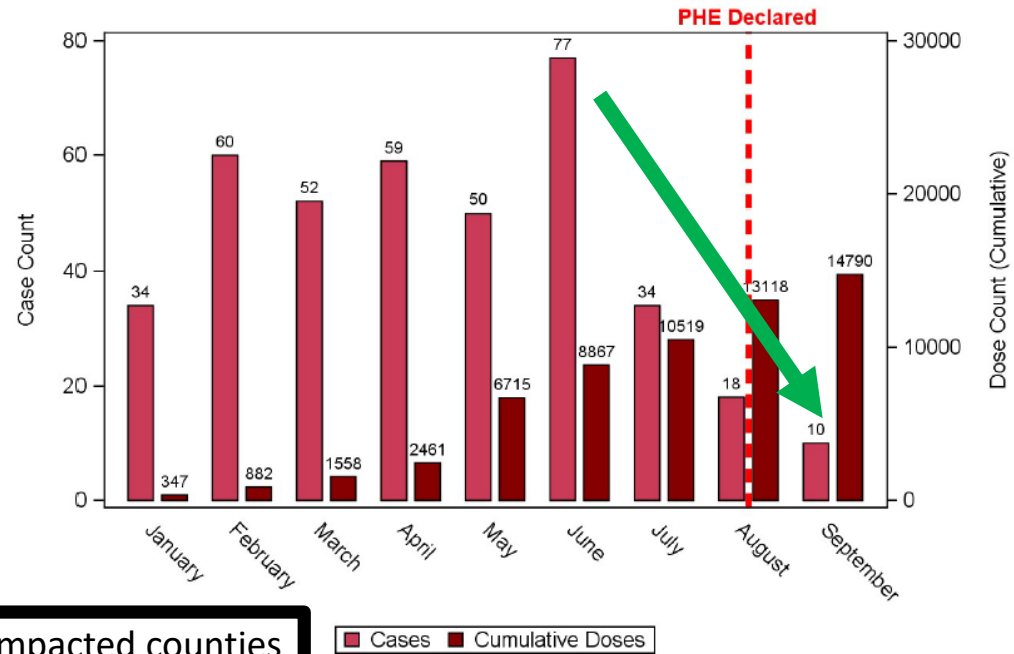
Highly Impacted areas

Department of Health

Pinellas County
Cases and Cumulative Doses by Month
104% of the Target Population Has Been Vaccinated



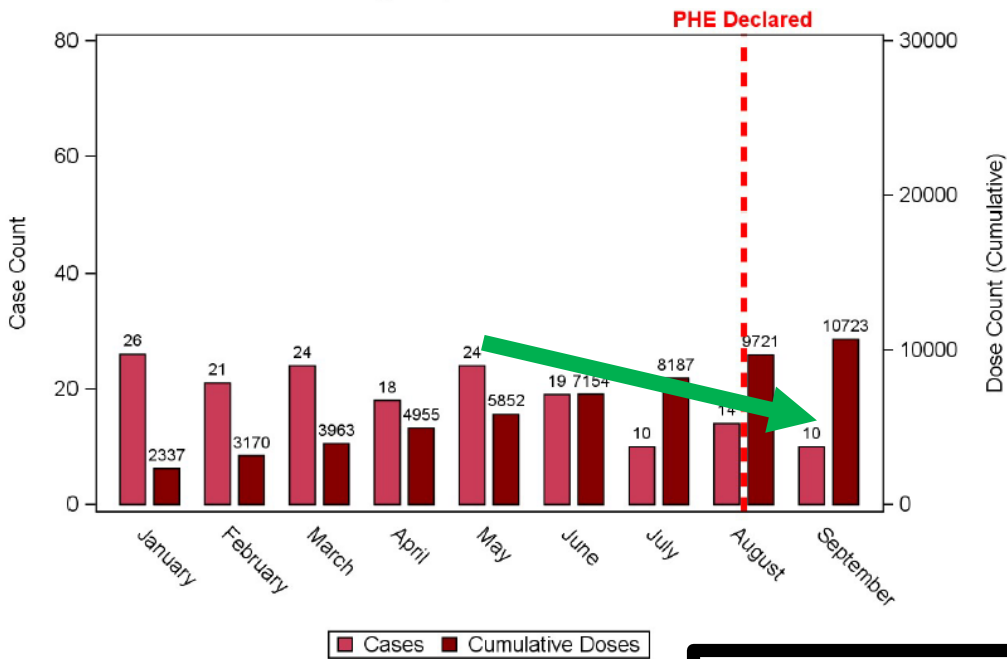
Pasco County
Cases and Cumulative Doses by Month
80% of the Target Population Has Been Vaccinated



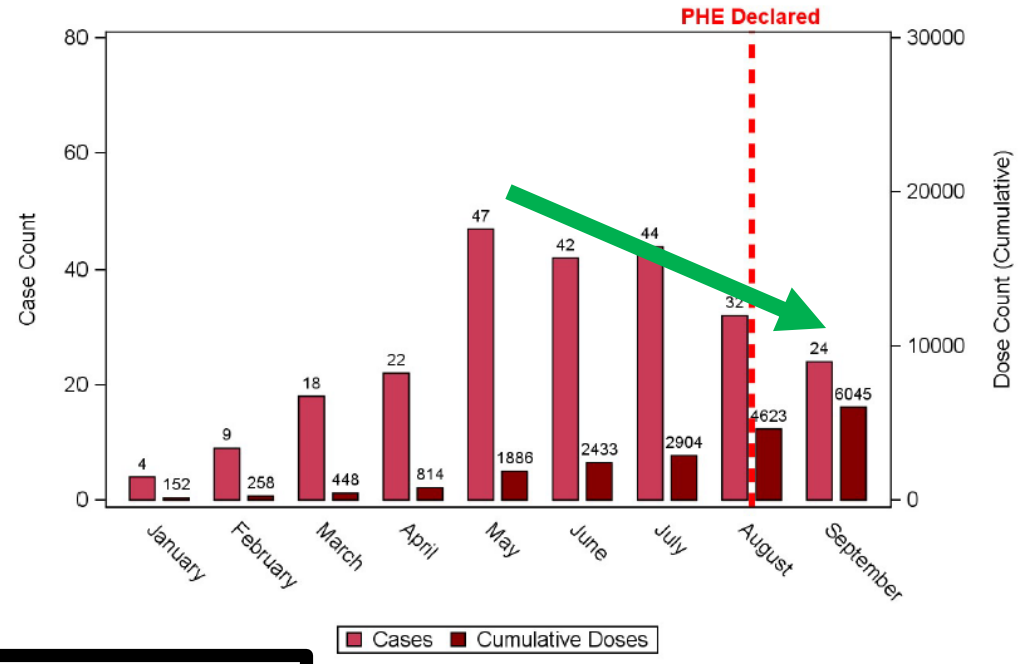
Progress in heavily impacted counties

Department of Health

Orange County
Cases and Cumulative Doses by Month
27% of the Target Population Has Been Vaccinated



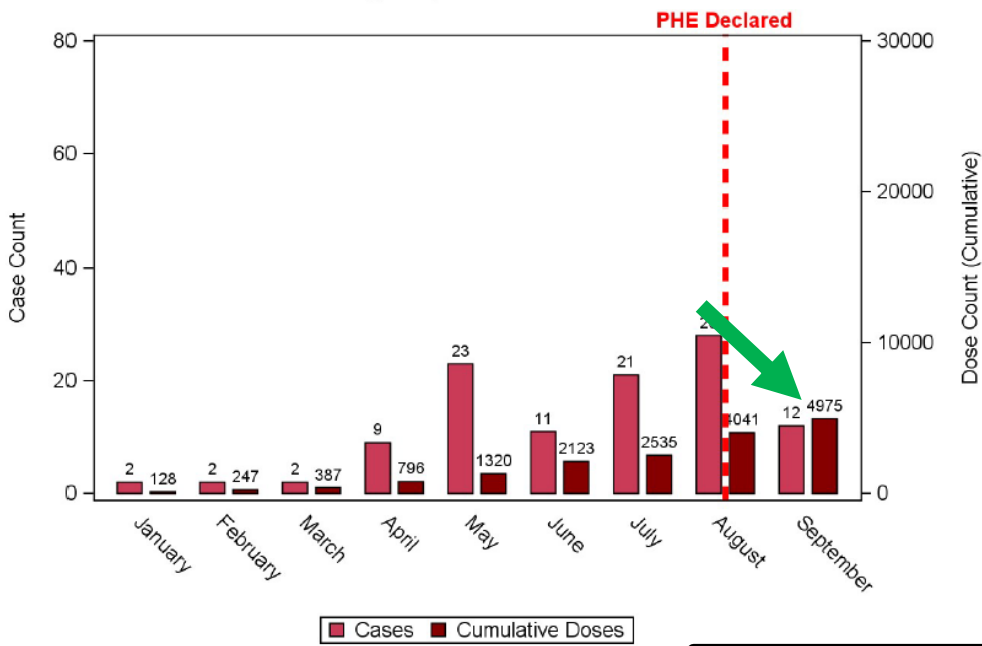
Volusia County
Cases and Cumulative Doses by Month
29% of the Target Population Has Been Vaccinated



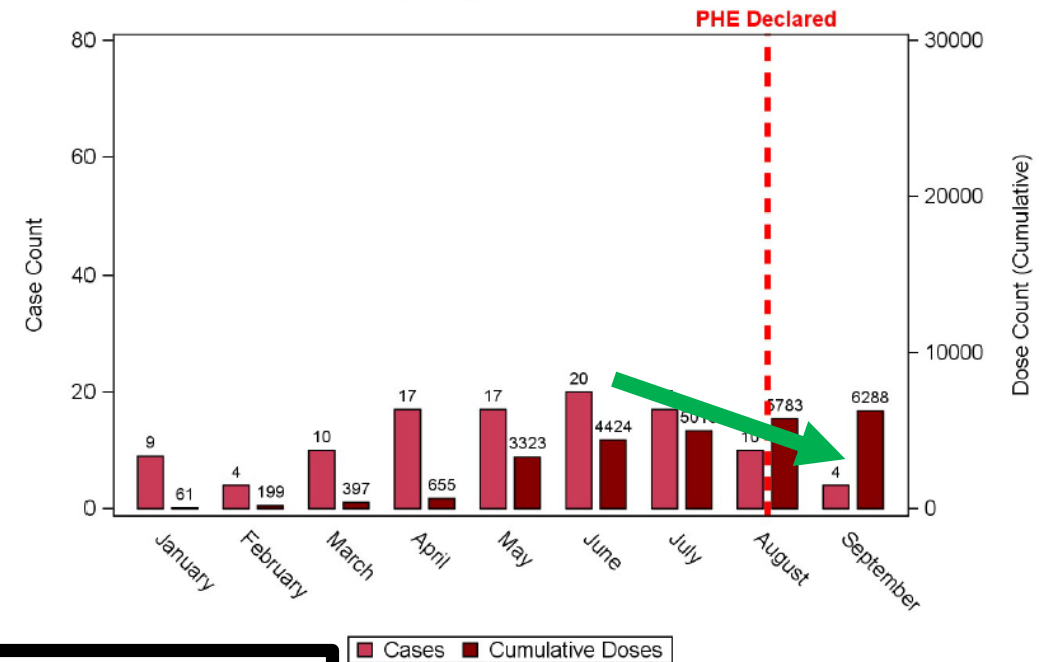
Progress in heavily impacted counties

Department of Health

Brevard County
Cases and Cumulative Doses by Month
25% of the Target Population Has Been Vaccinated

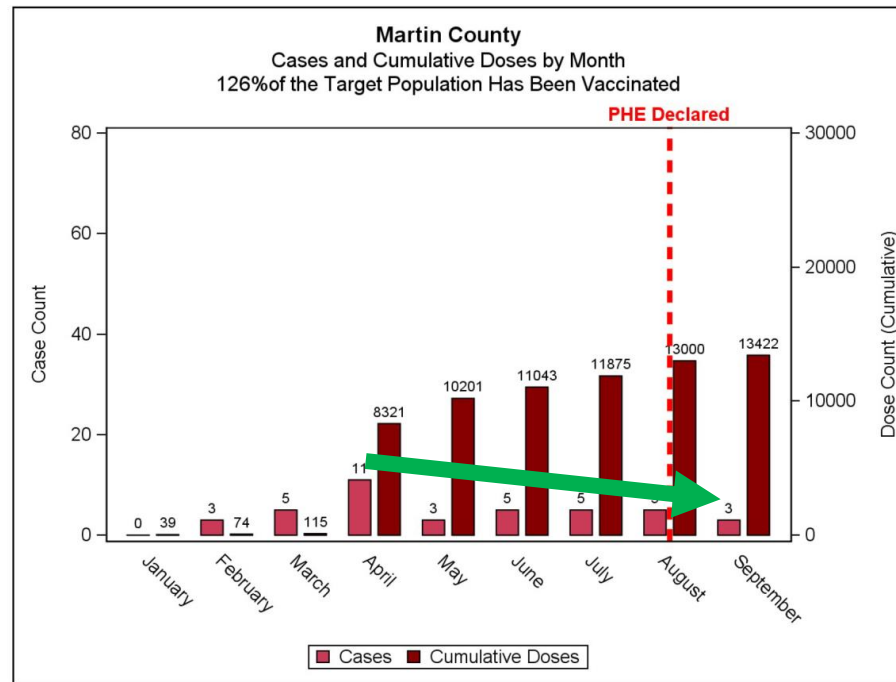


Hernando County
Cases and Cumulative Doses by Month
142% of the Target Population Has Been Vaccinated



Progress in heavily impacted counties

Department of Health



Progress in heavily impacted counties

County	Total Population	* Estimated Target Population	Target Population Vaccinated 01 Jan 2018 to 01 Oct 2019	% Target Population Vaccinated	Estimated Unvaccinated Target Population	Cases 01 Jan 2019 to 05 Oct 2019	Cases per 100K Population 2019	Case Trend Lines Last Three Months
Brevard	590,927	10,901	2738	25%	8,163	116	19.6	▼
Citrus	146,518	2,703	1635	60%	1,068	71	48.5	▲
Glades	13,337	246	114	46%	132	3	22.5	▼
Hernando	188,208	3,472	4918	142%	-1,446	108	57.4	▼
Hillsborough	1,447,997	26,711	6527	24%	20,184	148	10.2	▲
Lake	350,201	6,460	2449	38%	4,011	135	38.5	▲
Liberty	8,889	164	118	72%	46	1	11.2	▼
Manatee	388,813	7,172	2887	40%	4,285	124	31.9	▼
Marion	360,361	6,648	7055	106%	-407	138	38.3	▲
Martin	157,312	2,902	3648	126%	-746	40	25.4	▼
Okeechobee	41,787	771	695	90%	76	15	35.9	–
Orange	1,402,327	25,869	6898	27%	18,971	169	12.1	–
Pasco	527,990	9,740	7816	80%	1,924	397	75.2	▼
Pinellas	976,327	18,010	18801	104%	-791	369	37.8	▼
Sumter	131,096	2,418	569	24%	1,849	34	25.9	▼
Taylor	22,299	411	191	46%	220	5	22.4	▼
Volusia	539,007	9,943	2,847	29%	7,096	244	45.3	▼
TOTAL	7,293,396	134,541	69,906	52%	64,635	2,117	NA	NA
Counties highlighted in yellow have a hepatitis A occurrence of 10 cases per 100,000 population or greater.								
* The “Estimated Target Population” reflects 80% of the total high-risk population.								
0-25% Vaccinated	26-50% vaccinated	51-75% Vaccinated	76-100% Vaccinated	Over 100% Vaccinated				

17 Highly Impacted Counties

Decreases in 11 counties

Increases in 4 counties

Department of Health

Deaths from Hepatitis A: 45 persons

<60 years of age

- N=24
- 87% with underlying liver disease
- 23 of 24 not vaccinated

≥60 years of age

- N=21
- 12% with underlying liver disease
- 88% with other medical condition, e.g.
 - diabetes mellitus,
 - hypertension,
 - obesity
- 21 of 21 not vaccinated

Department of Health

Opportunities

Medical Community

- Identify and vaccinate individuals with underlying liver disease at any age
- Identify and vaccinate individuals ≥ 60 years of age with a medical condition
- Vaccinate high-risk individuals in ER and outpatient setting

Public

- Handwashing
- Sanitation of rest rooms
- Get vaccinated
- *Get hep A vaccine when you get your flu vaccine*

Community Partners

- Vaccinate individuals in jails
- Vaccinate individuals in drug treatment programs
- Execute local agreements for vaccine administration

Department of Health

When can we expect control of the outbreak?

- Per CDC, need to vaccinate 80% of high-risk groups to begin to see major decline
- Gradual decline as target approached
- **Seeing progress in several counties**
- Outbreak will be declared over when it has been 100 days since the onset of illness of the last outbreak-associated case, which is two incubation cycles for hepatitis A.

Department of Health

Thank you





Division of Hotels and Restaurants

Steven von Bodungen, Division Director

Prepared for: Florida Senate
Health Policy Committee
Meeting: Tuesday October 22, 2019

Division of Hotels & Restaurants

Regulatory Inspection and Education Activities Related to Hepatitis A

INSPECTIONS OF FOOD SERVICE LOCATIONS:

- Joint inspection requests are received from the Fla. Dept. of Health over an implicated concern of Hepatitis A transmission in a restaurant.
 - FY 2018-19: 69 joint foodborne illness inspections
 - FY 2019-20: 28 joint foodborne illness inspections to date
- Other routine DBPR inspections focus on compliance issues, such as hand washing and employee health, that can be significant factors in the spread of Hepatitis A.

PROACTIVE OUTREACH AND EDUCATION:

- Hepatitis A informational flyers prepared by FDOH are distributed during each inspection
 - over 60,000 informational flyers distributed by DBPR from March 2019 to present.
- Inspectors inform and educate restaurant operators on symptoms of Hepatitis A, how it can be recognized, and the responsibilities of employees and operators.

Department of Health

Public Health Impact of E-Cigarette/Vaping Use



Department of Health

Scott A. Rivkees, MD
State Surgeon General
Florida Department of Health

Florida Department of Health

The role of the Department of Health is to:

- Identify, diagnose, and conduct surveillance of diseases and health conditions in the state and accumulate the health statistics necessary to establish trends
- Implement interventions that prevent or limit the impact or spread of diseases and health conditions
- Collect, manage, and analyze vital statistics and other health data to inform the public and formulate public health policy and planning

Department of Health

Vaping is the act of inhaling and exhaling an aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device.

The term is used because e-cigarettes do not produce tobacco smoke, but rather an aerosol, often mistaken for water vapor, that actually consists of fine particles.

Many of these particles contain varying amounts of toxic chemicals, which have been linked to cancer, as well as respiratory and heart disease.



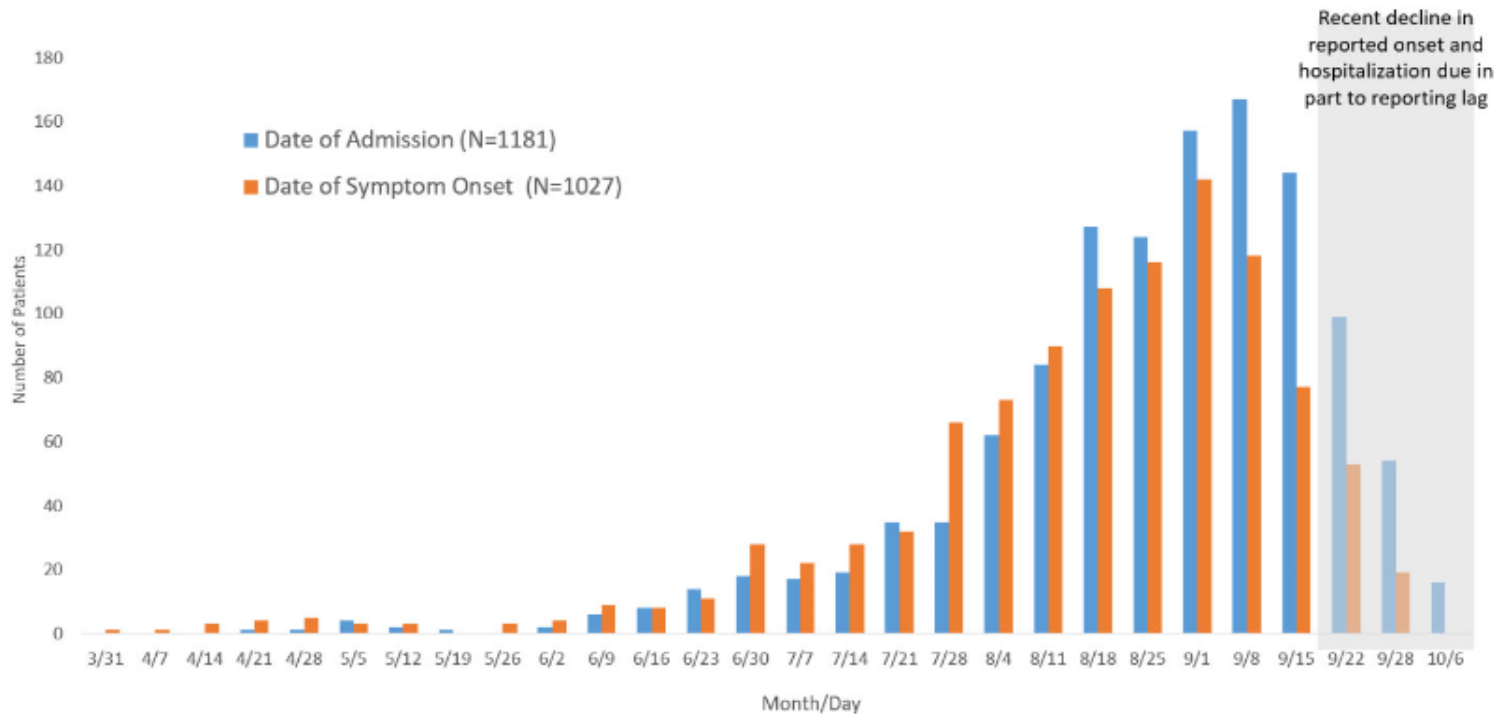
Department of Health

- Most e-cigarette devices have a battery, a heating element, and a receptacle to hold a liquid.
- The devices heat a liquid – typically containing nicotine, flavorings, and other chemicals – and produce an aerosol.
- E-cigarettes are known by many different names. They are sometimes called “e-cigs,” “mods,” “vape pens,” “vapes,” and “tank systems.”
- They are also called by their brand names, such as JUUL.



Department of Health

Dates of symptom onset and hospital admission for patients with lung injury associated with e-cigarette use, or vaping - United States

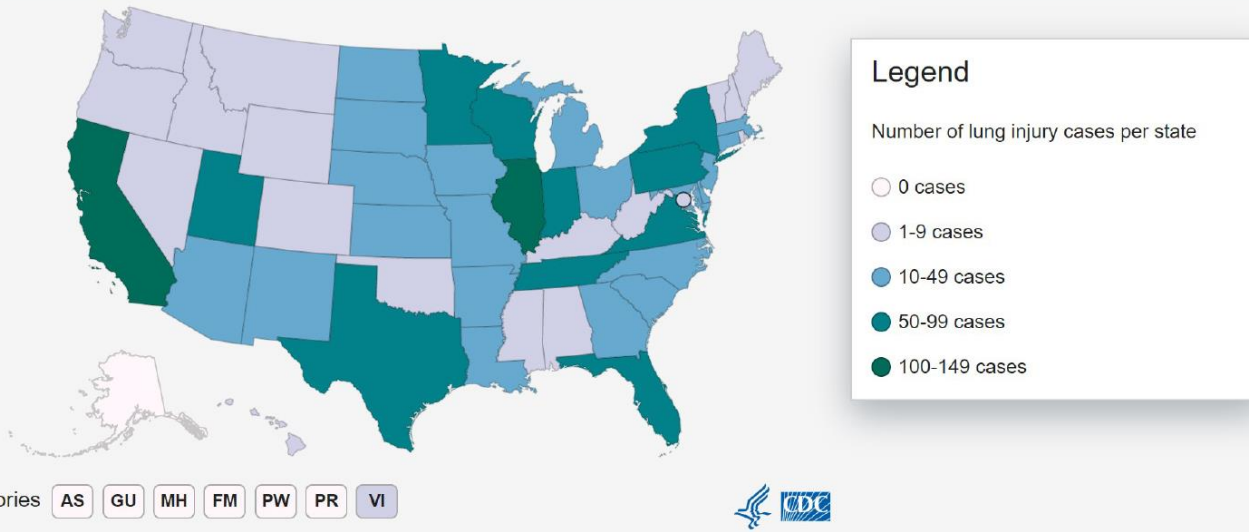


The current outbreak of vaping-related lung disease and deaths is new.

CDC Data. Oct. 11, 2019.

Department of Health

Number of Lung Injury Cases Reported to CDC as of October 15, 2019



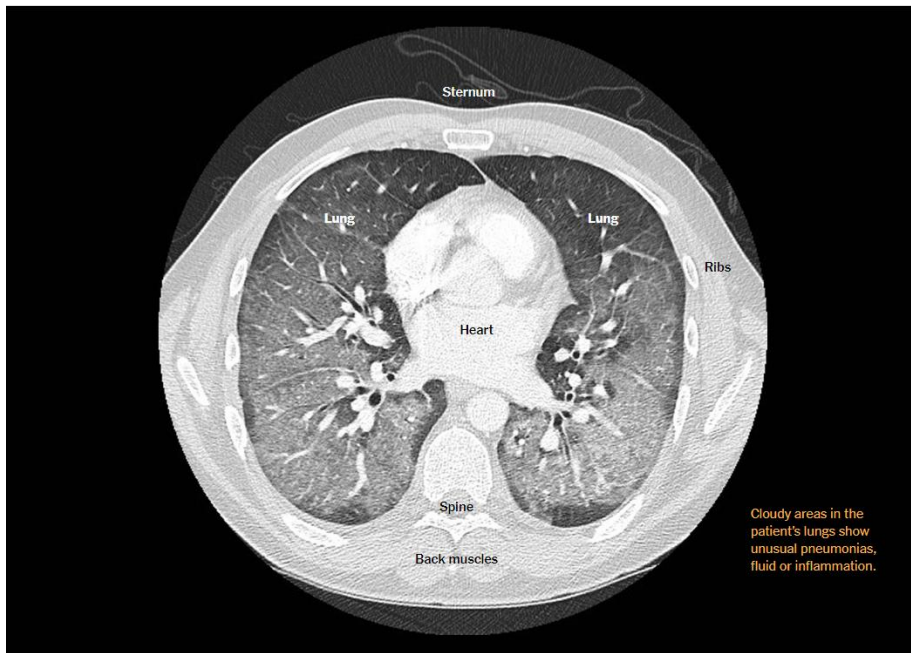
The current outbreak of vaping-related lung disease and deaths is a national problem.

U.S.: 1,479 cases, 33 Deaths
Fla: 68 cases, 1 Death

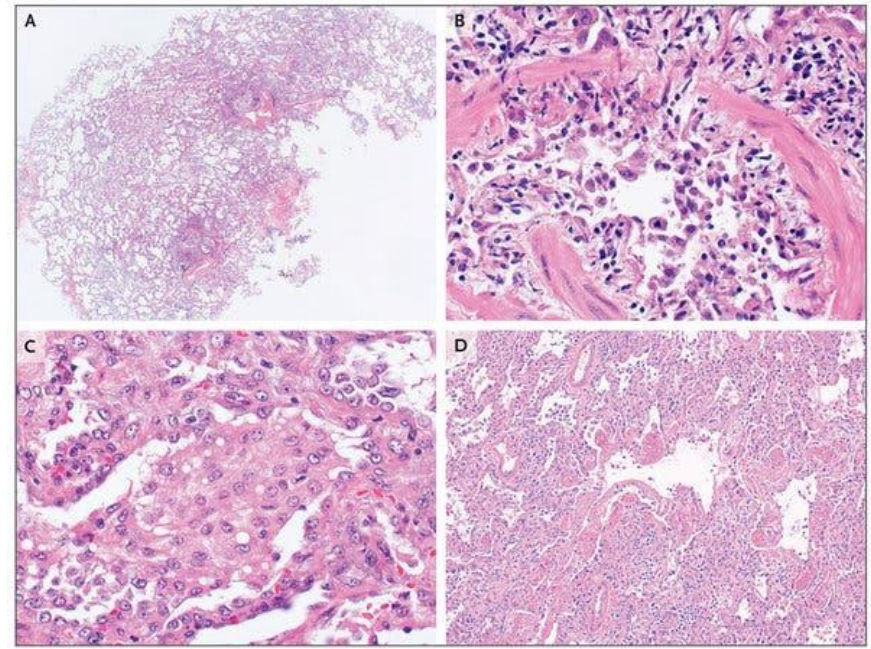
CDC Data. Oct. 15, 2019.

Department of Health

Vaping-related lung disease resembles a chemical burn



By The New York Times | Source: Intermountain Healthcare



October 2, 2019, NEJM

Department of Health

Lung Injury Associated with Vaping

- No specific cause has been identified
- CDC and FDA are investigating
- Most patients have been young and otherwise healthy
 - Report gradual onset of various symptoms over days to weeks
 - Respiratory (cough, chest pain, shortness of breath)
 - Gastrointestinal (GI) (abdominal pain, nausea, vomiting, diarrhea)
 - Systemic symptoms (fatigue, fever, weight loss)

Department of Health

Lung Injury Associated with Vaping

Florida	National
68 cases	1,479 cases
21 counties	49 states and 1 U.S. territory
1 confirmed death	33 deaths in 24 states
69% of cases are male	70% of cases are male
8% of cases are under 18 years old	16% of cases are under 18 years old
Age range of 15–72 years old	Age range of 13–75 years old
Median age of 24.5 years old	Median age of 23 years old

Department of Health

Product components associated with lung injury

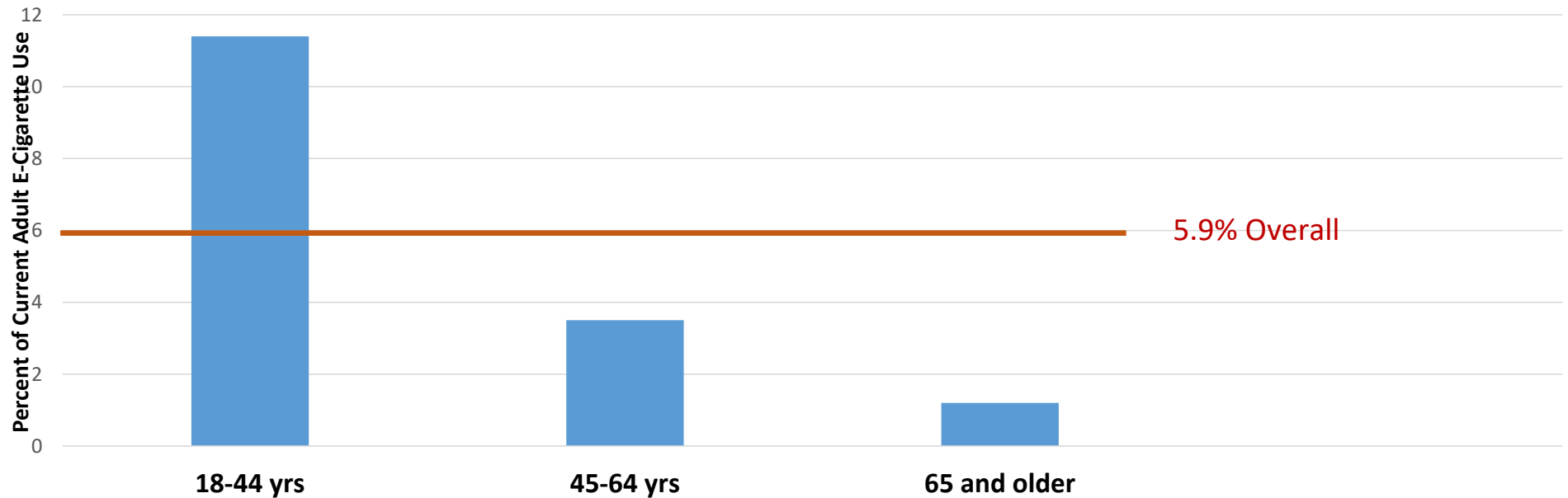
Among 849 patients with information on substances used in e-cigarette, or vaping, products in the 3 months prior to symptom onset:

- 78% reported using THC-containing products; 31% reported exclusive use of THC-containing products
- 58% reported using nicotine-containing products; 10% reported exclusive use of nicotine-containing products

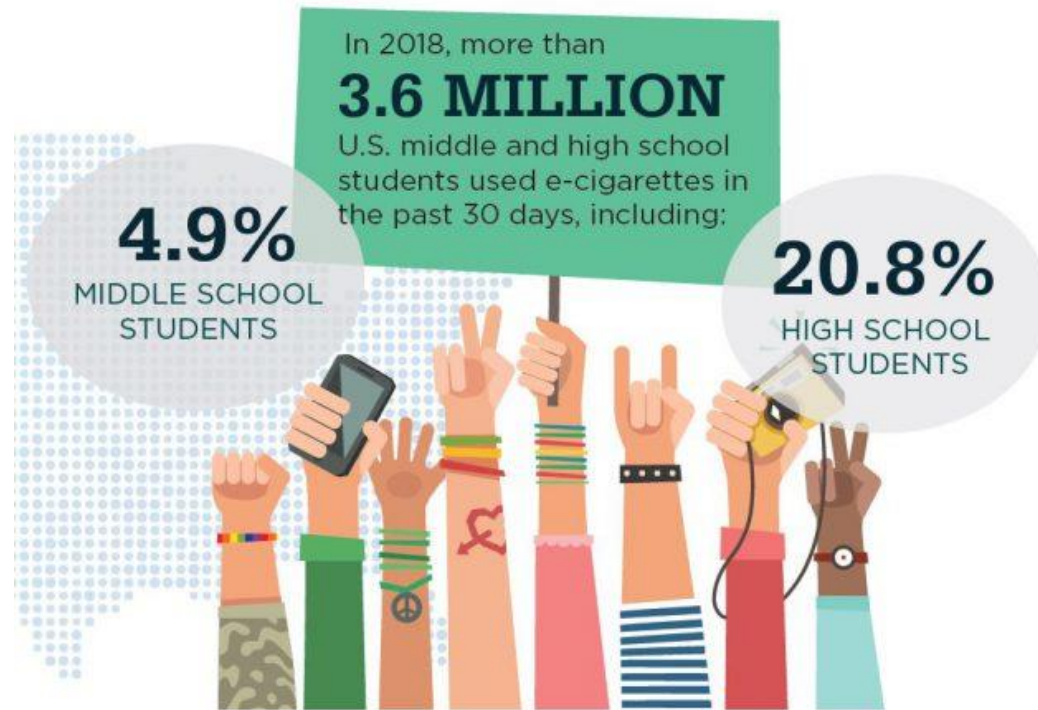
CDC 10/15/19

Department of Health

Florida, Current Adult E-cigarette use by Age, BRFSS 2018



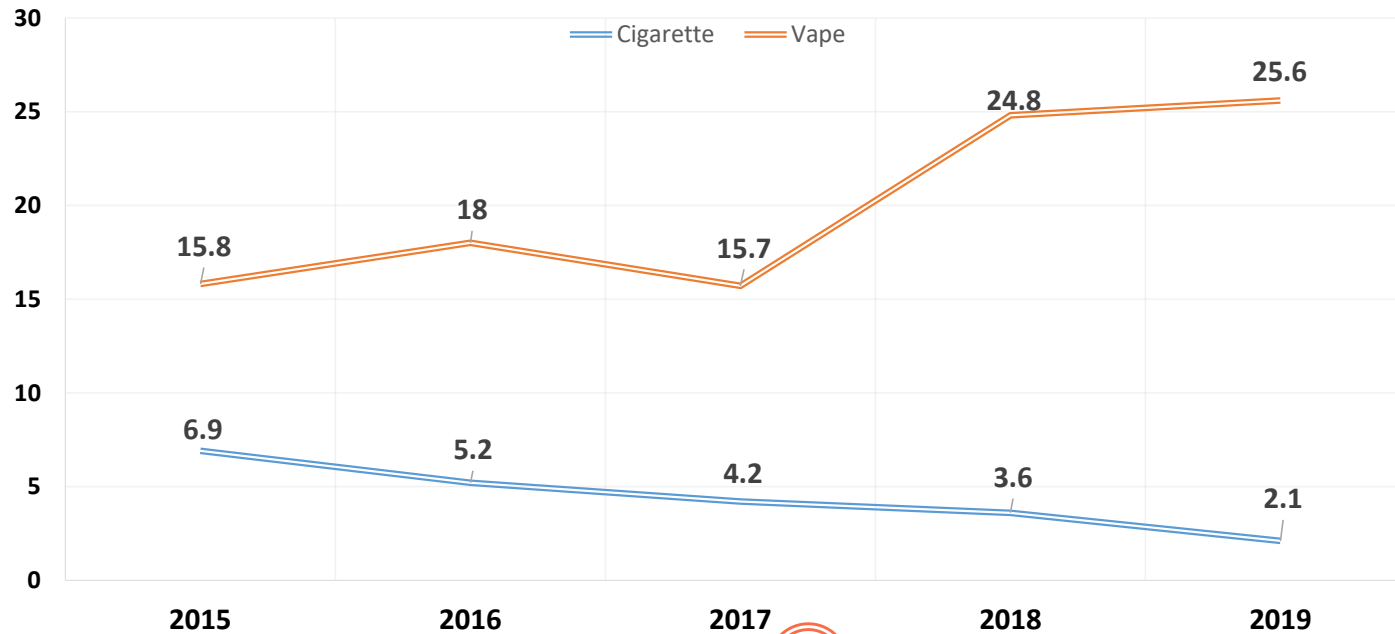
Department of Health



Outbreak follows a large rise in e-cigarette/vaping use in youth.

Department of Health

**PERCENT OF FLORIDA HIGH SCHOOL USE
CURRENT E-CIGARETTE USE VS CIGARETTE SMOKING
2015-2019**



Florida Youth Tobacco Survey
2015-2019

Department of Health

Factors Contributing to Youth Vaping

- Flavored products
- Product innovation
- Marketing
- Access
- Nicotine is an addictive drug

Department of Health

Flavored Products



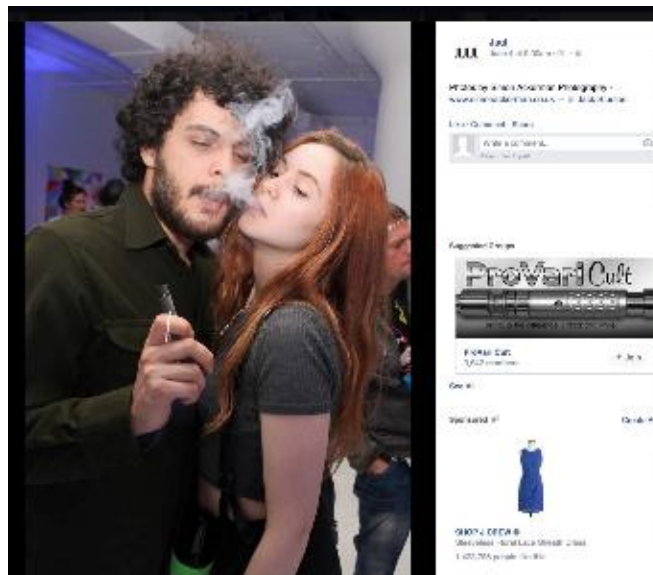
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Product Innovation



Department of Health

Marketing



Department of Health

Easy Access

- Convenience stores
- Vape shops
- Internet sales

Dank vapes cartridge for sale | Buy Dank vapes cartridge online

Buy Dank vapes cartridge online. Dank vapes cartridge have gained a lot of popularity recently, especially since they are available in states where cannabis concentrates are not legal yet. For this review, we tried out different flavors. Like all the other popular cartridge brands, you can buy replicates of the Dank vapes packaging online very easy. Buy online weeds is well known for its low price, but they provide a potent cannabis oil. Each strain from Dank vapes offers some of the best tasting flavors. You might be skeptical about the high THC percentages claimed by each Dank Vapes cartridge. Although the strength may not be 90%, it's still strong enough to get you high and happy. Buy dank vapes carts online. dank vapes for sale. order dank vapes. cheap dank vapes for sale. buy dank vapes. buy dank vapes pens online. buy dank vapes with overnight shipment. buy dank vape carts online. best place to buy wholesale dank vapes online. best vape cartridges online.



SALE!

DANK VAPES
AK-47 dank vapes
~~\$25.00~~ **\$23.00**



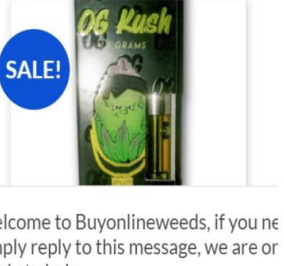
SALE!

DANK VAPES
Blackberry Kush dank vape
~~\$25.00~~ **\$23.00**



SALE!

DANK VAPES
Buy Gorilla Glue dank



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DANK VAPES
OG Kush dank vapes
~~\$25.00~~ **\$23.00**

Welcome to Buyonlineweeds, if you need simply reply to this message, we are or ready to help.
Customer Support
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Department of Health

Nicotine

- Nicotine is addictive
- Nicotine is not the primary cause of most smoking-related disease, but it is the reason people continue to smoke
- The large majority of e-cigarettes contain nicotine
- JUUL 5% nicotine vs. 1-2% for many others

Department of Health

Responding to the Vaping Lung Disease Outbreak

- Working closely with CDC and FDA
- Reporting cases
- Issued alert to medical providers 8/30/2019
- Media marketing

Department of Health

Responding to the Youth e-Epidemic

- Tobacco Free Florida is developing new youth vaping content
 - TV spots, radio spots, digital display ads, social media posts, long-format social media video
- Currently in formative testing
- Student-based activities



Department of Health



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

CDC Recommendations (10/15/19)

- People should not use e-cigarette, or vaping, products that contain THC.
- People should not buy any type of e-cigarette, or vaping products, particularly those containing THC, off the street.
- People should not modify or add any substances to e-cigarette.
- E-cigarette, or vaping, products should never be used by youths, young adults, or women who are pregnant.
- Adults who do not currently use tobacco products should not start using e-cigarette, or vaping, products.
- People should refrain from using e-cigarette, or vaping, products that contain nicotine.

Department of Health

FDA Recommendations 10/4/2019



- Do not use vaping products that contain THC.
- Do not use vaping products—particularly those containing THC—obtained off the street or from other illicit or social sources.
- Do not modify or add any substances, such as THC or other oils, to vaping products, including those purchased through retail establishments.
- No youth or pregnant women should be using any vaping product, regardless of the substance.
- Adults who do not currently use tobacco products should not start using these products. If you are an adult who uses e-cigarettes instead of cigarette smoking, do not return to smoking cigarettes.
- The FDA recommends contacting your health care provider for more information about the use of THC to treat medical conditions.

No vaping product has been approved by the FDA for therapeutic use or is authorized for marketing by the FDA.

Department of Health

Thank you!

Questions

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 218

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Licensure Requirements for Osteopathic Physicians

DATE: October 22, 2019 **REVISED:** _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 218 updates the osteopathic internship and residency accrediting agencies to include the Accreditation Council for Graduate Medical Education (ACGME) and repeals the Board of Osteopathic Medicine’s (BOOM) authority to approve other internship programs upon a showing of good cause.

The bill takes effect upon becoming law.

II. Present Situation:

Osteopathic Physicians

There are two types of medical physicians fully licensed to practice 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 same 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.¹

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 (AOA). 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.²

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 AOA; and
- Demonstrate that he or she has successfully completed a resident internship of not less than 12 months in a hospital approved by the Board of Trustees of the AOA or any other internship program approved by the Board of Osteopathic Medicine (BOOM) upon a showing of good cause; and
- Demonstrate that he or she has achieved a passing score, established by rule of the BOOM, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the BOOM no more than five years before making application.³

¹ Florida Osteopathic Medical Association, *Osteopathic Medicine*, available at: <http://www.foma.org/osteopathic-medicine.html> (last visited Sept 9, 2019).

² *Id.*

³ Section 459.0055, F.S.

The Accreditation Council for Graduate Medical Education (ACGME)

The 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 2018-19, 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.⁴

The ACGME was established by five medical organizations in 1981⁵ and, in 2014, was joined by the AOA 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 sets standards for graduate medical education (GME) and renders residency 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. In Academic Year 2018-2019, there were approximately 11,700 ACGME-accredited residency and fellowship programs in 181 specialties and subspecialties at approximately 850 Sponsoring Institutions. There were approximately 140,500 active full and part time residents and fellows. One out of seven active physicians in the United States is a resident or fellow.⁶

As of June 2020, all osteopathic residency programs for GME will need to be ACGME accredited. As the AOA guides residency programs through the process, resident physicians will be protected throughout the transition. If a residency program does not achieve ACGME accreditation by June 2020, a resident who has not completed the required training will be able to complete AOA-accredited training and advance to AOA board eligibility. This is the result of an agreement between the AOA, the ACGME, and the American Association of Colleges of

⁴ American Council of Graduate Medical Education, *What We Do*, available at: <https://www.acgme.org/What-We-Do/Overview> (last visited Sept. 9, 2019).

⁵ American Council of Graduate Medical Education, *Member Organizations*, available at: <https://www.acgme.org/About-Us/Overview/Member-Organizations> (last visited Sept. 9, 2019). The five organizations 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.

⁶ American Council of Graduate Medical Education, *About Us*, available at: <https://www.acgme.org/About-Us/Overview> (last visited Sept. 10, 2019)

Osteopathic Medicine (AACOM) that gives the AOA restricted authority to extend the AOA accreditation date to allow any remaining resident physicians to finish training in an accredited program. If a resident physician's program does not achieve ACGME accreditation by June 2020, he or she may also be able to transfer to another ACGME accredited program.⁷

The National Resident Matching Program

The National Resident Matching Program (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 2019, there was an all-time high of 32,194 PGY-1 positions offered. The total number of positions offered, including, PGY-1 and second-year post-graduates (PGY-2), was also at an all-time high of 35,185.⁸

Beginning in 2014, osteopathic medical school graduates could participate in the Match, which opened up additional residency programs available to osteopathic medical graduates.⁹ In 2019, 6001 osteopathic candidates applied to the Match and 5077 matched – an 84.6 percent match rate.¹⁰ By June 2020, an osteopathic residency program will need to be accredited by ACGME to participate in the Main Residency Match.¹¹

All residents who have completed an AOA- or ACGME-accredited residency program are eligible for AOA board certification. AOA board certification is a quality marker for patients that highlights the commitment to the uniquely osteopathic approach to patient care and allows engagement in continuous professional development throughout a career. Requirements are slightly different for osteopathic medical physicians pursuing certification through the American Board of Medical Specialties (ABMS). The ABMS requires candidates' residency programs to have been ACGME-accredited for a specified amount of time. Requirements vary by specialty.¹²

⁷ American Osteopathic Association, *What does single GME mean for DO resident physicians?* available at: <https://osteopathic.org/residents/resident-resources/residents-single-gme/> (last visited Oct. 17, 2019).

⁸ The Match, National Resident Matching Program, Results and Data 2019 Main Residency Match, *About the NRMP*, pp. v, 1, available at https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2019/04/NRMP-Results-and-Data-2019_04112019_final.pdf (last visited Sept. 9, 2019).

⁹ The Accreditation Council for Graduate Medical Education, *Member Organizations*, available at: <https://www.acgme.org/About-Us/Member-Organizations>, (last visited Sept. 10, 2019).

¹⁰ *Supra* note 8.

¹¹ The Match, National Residency Match Program, *2020 Match Participation Agreement for Applicants and Programs*, available at: <https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2019/09/2020-MPA-Main-Residency-Match-for-Applicants-and-Programs.pdf> (last visited Sept. 10, 2019).

¹² *Id.*

III. Effect of Proposed Changes:

The bill amends s. 459.0055, F.S., to recognize the agreement between the AOA and the ACGME. Both organizations have 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 GME.

This single path for GME will allow osteopathic and allopathic medical school graduates to seek residencies and fellowship programs accreditation by the 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. ACGME accreditation of osteopathic programs will also permit osteopathic medical physicians to pursue board certification through the ABMS.

The bill deletes reference to the Board of Trustees of the AOA as an internship and residency accrediting organization during the transition to a single path for GME, while maintaining reference to the AOA, and repeals the BOOM's authority to accredit other internship programs upon a showing of good cause.

The bill will take effect upon becoming law.

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:

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: 459.0055.

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 October 22, 2019:**

The CS makes technical changes and repeals the BOOM's authority to approve other internship programs upon a showing of good cause.

B. Amendments:

None.



550710

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
10/22/2019	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 65 - 70
and insert:
an internship or residency ~~a resident internship~~ of not less
than 12 months in a program accredited ~~hospital approved~~ for
this purpose by ~~the Board of Trustees~~ of the American
Osteopathic Association or the Accreditation Council for
Graduate Medical Education ~~any other internship program approved~~
~~by the board upon a showing of good cause by the applicant.~~ This



550710

11 requirement may be waived for

By Senator Harrell

25-00458-20

2020218__

1 A bill to be entitled
 2 An act relating to licensure requirements for
 3 osteopathic physicians; amending s. 459.0055, F.S.;
 4 revising licensure requirements for persons seeking
 5 licensure or certification as an osteopathic
 6 physician; providing an effective date.
 7
 8 Be It Enacted by the Legislature of the State of Florida:
 9
 10 Section 1. Subsection (1) of section 459.0055, Florida
 11 Statutes, is amended to read:
 12 459.0055 General licensure requirements.—
 13 (1) Except as otherwise provided herein, any person
 14 desiring to be licensed or certified as an osteopathic physician
 15 pursuant to this chapter shall:
 16 (a) Complete an application form and submit the appropriate
 17 fee to the department;
 18 (b) Be at least 21 years of age;
 19 (c) Be of good moral character;
 20 (d) Have completed at least 3 years of preprofessional
 21 postsecondary education;
 22 (e) Have not previously committed any act that would
 23 constitute a violation of this chapter, unless the board
 24 determines that such act does not adversely affect the
 25 applicant's present ability and fitness to practice osteopathic
 26 medicine;
 27 (f) Not be under investigation in any jurisdiction for an
 28 act that would constitute a violation of this chapter. If, upon
 29 completion of such investigation, it is determined that the

Page 1 of 3

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

25-00458-20

2020218__

30 applicant has committed an act that would constitute a violation
 31 of this chapter, the applicant is ineligible for licensure
 32 unless the board determines that such act does not adversely
 33 affect the applicant's present ability and fitness to practice
 34 osteopathic medicine;
 35 (g) Have not had an application for a license to practice
 36 osteopathic medicine denied or a license to practice osteopathic
 37 medicine revoked, suspended, or otherwise acted against by the
 38 licensing authority of any jurisdiction unless the board
 39 determines that the grounds on which such action was taken do
 40 not adversely affect the applicant's present ability and fitness
 41 to practice osteopathic medicine. A licensing authority's
 42 acceptance of a physician's relinquishment of license,
 43 stipulation, consent order, or other settlement, offered in
 44 response to or in anticipation of the filing of administrative
 45 charges against the osteopathic physician, shall be considered
 46 action against the osteopathic physician's license;
 47 (h) Not have received less than a satisfactory evaluation
 48 from an internship, residency, or fellowship training program,
 49 unless the board determines that such act does not adversely
 50 affect the applicant's present ability and fitness to practice
 51 osteopathic medicine. Such evaluation shall be provided by the
 52 director of medical education from the medical training
 53 facility;
 54 (i) Have met the criteria set forth in s. 459.0075, s.
 55 459.0077, or s. 459.021, whichever is applicable;
 56 (j) Submit to the department a set of fingerprints on a
 57 form and under procedures specified by the department, along
 58 with a payment in an amount equal to the costs incurred by the

Page 2 of 3

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

25-00458-20

2020218__

59 Department of Health for the criminal background check of the
60 applicant;

61 (k) Demonstrate that he or she is a graduate of a medical
62 college recognized and approved by the American Osteopathic
63 Association;

64 (l) Demonstrate that she or he has successfully completed
65 an a-resident internship or residency of not less than 12 months
66 in a program accredited ~~hospital approved~~ for this purpose by
67 the Board of Trustees of the American Osteopathic Association or
68 the Accreditation Council for Graduate Medical Education ~~any~~
69 ~~other internship program approved by the board~~ upon a showing of
70 good cause by the applicant. This requirement may be waived for
71 an applicant who matriculated in a college of osteopathic
72 medicine during or before 1948; and

73 (m) Demonstrate that she or he has obtained a passing
74 score, as established by rule of the board, on all parts of the
75 examination conducted by the National Board of Osteopathic
76 Medical Examiners or other examination approved by the board no
77 more than 5 years before making application in this state or, if
78 holding a valid active license in another state, that the
79 initial licensure in the other state occurred no more than 5
80 years after the applicant obtained a passing score on the
81 examination conducted by the National Board of Osteopathic
82 Medical Examiners or other substantially similar examination
83 approved by the board.

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

THE FLORIDA SENATE
APPEARANCE RECORD

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

10/22/19

Meeting Date

218

Bill Number (if applicable)

550710

Amendment Barcode (if applicable)

Topic Osteopathic Physician Licensure Requirements

Name Jason Winn, Esq.

Job Title General Counsel, Florida Osteopathic Med. Assoc.

Address 2544 Blairstone Pines Dr.

Street

Tallahassee

City

FL

State

32301

Zip

Phone _____

Email jwinn@jwinnlaw.com

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

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

10/22/19

Meeting Date

218

Bill Number (if applicable)

550710

Amendment Barcode (if applicable)

Topic Osteopathic Physician Licensure Requirements

Name Jason D. Winn, Esq.

Job Title General Counsel, Fla. Osteopathic Med. Assoc.

Address 2544 Blairstone Pines Dr.

Phone 850/519-5876

Tall, FL 32301

City

State

Zip

Email jwinne@jwinlaw.com

Speaking: [] For [] Against [] Information

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

Representing Florida Osteopathic Medical Association

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)

10/22/19
Meeting Date

218
Bill Number (if applicable)

Topic Osteopathic Physician Licensure Requirements Amendment Barcode (if applicable)

Name Jason D. Winn, Esq.

Job Title General Counsel, Fla. Osteopathic Med. Assoc.

Address 2544 Blairstone Pines Dr. Phone 850/519-5876
Street

Tall. FL 32301 Email jwinne@jwinlaw.com
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

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

10/22/19
Meeting Date

218
Bill Number (if applicable)

Topic Licensing DO's

Amendment Barcode (if applicable)

Name Mary Thomas

Job Title Assistant Gen Counsel

Address 1430 Piedmont Dr E
Street

Phone 850 224 6496

TLH FL 32308
City State Zip

Email MThomas@flmedical.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.

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)

10/22/19

Meeting Date

SB 218

Bill Number (if applicable)

Topic Licensure Requirements for Osteopathic Physicians

Amendment Barcode (if applicable)

Name JAN GORRIE

Job Title CONSULTANT

Address 201 EAST PARK AVENUE, 5TH FLOOR

Phone 850.577.0444

Street

TALLAHASSEE

FL

32301

Email JAN@BALLARDPARTNERS.COM

City

State

Zip

Speaking: For Against Information

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

Representing COUNCIL OF FLORIDA MEDICAL SCHOOL DEANS

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 (10/14/11)

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 226

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Athletic Trainers

DATE: October 22, 2019

REVISED: _____

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

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 226 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.

The bill has an effective date of July 1, 2020.

II. Present Situation:

Athletic Trainers

Section 468.073, F.S., establishes the BOAT within the Department of Health (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 have passed the national examination to be certified by the Board of Certification (BOC)¹ for athletic trainers;

¹ 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

- Have a current certification from the BOC, if they graduated before 2004;² and
- Have current certifications in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).³

An athletic trainer must practice under the direction of an allopathic, osteopathic or chiropractic physician licensed under chs. 458, 459, or 460, F.S., or otherwise authorized by Florida law. 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.⁴

The services an athletic trainer is authorized to provide relate to the prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of a physically active person who sustained an injury, illness, or other condition involving exercise, sport, recreation, or related physical activity. In providing care and services, an athletic trainer may use physical modalities, including, but not limited to, heat, light, sound, cold, electricity, and mechanical devices.⁵

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.⁶

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.⁷

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, *What is the BOC?* available at: <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Oct. 4, 2019).

² *Supra* note 1, at 4. Prior to 2004, and the inception of athletic training programs, athletic trainers obtained training through a BOC internship program to obtain licensure in Florida. Current law does not automatically allow athletic trainers who obtained training through the BOC internship program to become licensed in Florida.

³ Section 468.707, F.S.

⁴ Section 468.713, F.S.

⁵ Section 468.701, F.S.

⁶ Section 468.705, F.S.

⁷ Section 468.711, F.S.

III. Effect of Proposed Changes:

The bill amends s. 468.701, F.S., to remove a substantive statutory provision from the definition of “athletic trainer” and relocate that provision to s. 468.713, F.S. The provision in question restricts a licensed athletic trainer from providing, offering to provide, or representing that he or she is qualified to provide any care or services that he or she lacks the education, training, or experience to provide, or that he or she is otherwise prohibited by law from providing.

The bill also specifies within s. 468.713, F.S., that an athletic trainer must work within his or her allowable scope of practice as specified in BOAT rule under s. 468.705, F.S.

The bill amends the licensure requirements for an athletic trainer in s. 468.707, F.S., 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. A licensee will have to demonstrate the continuous good-standing of his or her BOC certification at the time of renewal.

The bill amends s. 468.723, F.S., to give 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 the Commission on Accreditation of Athletic Training Education.

The bill has an effective date of July 1, 2020.

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:

None.

C. Government Sector Impact:

CS/SB 226 has an insignificant negative impact on state revenues and expenditures. The DOH will experience an insignificant increase in workload associated with rulemaking activities required in the bill. These costs can be absorbed within existing resources of the DOH.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 468.701, 468.707, 468.711, 468.713, and 468.723.

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 October 22, 2019:

The CS:

- Amends s. 468.701, F.S., to remove a substantive statutory provision from the definition of “athletic trainer” and relocate that provision to s. 468.713, F.S.;
- Specifies within s. 468.713, F.S., that an athletic trainer must work within his or her allowable scope of practice as specified in BOAT rule under s. 468.705, F.S.; and
- Deletes provisions in the underlying bill relating to a person’s ability to administer emergency care to another person and the ability of third-party payers to reimburse athletic trainers for covered services.

B. Amendments:

None.

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



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
10/22/2019	.	
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The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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

(1) "Athletic trainer" means a person licensed under this
part who has met the requirements of ~~under~~ this part, including
the education requirements established ~~as set forth~~ by the



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11 Commission on Accreditation of Athletic Training Education or
12 its successor organization and necessary credentials from the
13 Board of Certification. ~~An individual who is licensed as an
14 athletic trainer may not provide, offer to provide, or represent
15 that he or she is qualified to provide any care or services that
16 he or she lacks the education, training, or experience to
17 provide, or that he or she is otherwise prohibited by law from
18 providing.~~

19 Section 2. Section 468.707, Florida Statutes, is amended to
20 read:

21 468.707 Licensure requirements.—Any person desiring to be
22 licensed as an athletic trainer shall apply to the department on
23 a form approved by the department. An applicant shall also
24 provide records or other evidence, as determined by the board,
25 to prove he or she has met the requirements of this section. The
26 department shall license each applicant who:

27 (1) Has completed the application form and remitted the
28 required fees.

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

33 (3) (a) Has obtained, at a minimum, a bachelor's
34 ~~baccalaureate or higher~~ degree from a college or university
35 professional athletic training degree program accredited by the
36 Commission on Accreditation of Athletic Training Education or
37 its successor organization recognized and approved by the United
38 States Department of Education or the Commission on Recognition
39 of Postsecondary Accreditation, approved by the board, or



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40 recognized by the Board of Certification, and has passed the
41 national examination to be certified by the Board of
42 Certification; or-

43 (b)(4) Has obtained, at a minimum, a bachelor's degree, has
44 completed the Board of Certification internship requirements,
45 and holds ~~If graduated before 2004, has~~ a current certification
46 from the Board of Certification.

47 (4)(5) Has current certification in both cardiopulmonary
48 resuscitation and the use of an automated external defibrillator
49 set forth in the continuing education requirements as determined
50 by the board pursuant to s. 468.711.

51 (5)(6) Has completed any other requirements as determined
52 by the department and approved by the board.

53 Section 3. Subsection (3) of section 468.711, Florida
54 Statutes, is amended to read:

55 468.711 Renewal of license; continuing education.-

56 (3) If initially licensed after January 1, 1998, the
57 licensee must be currently certified by the Board of
58 Certification or its successor agency and maintain that
59 certification in good standing without lapse.

60 Section 4. Section 468.713, Florida Statutes, is amended to
61 read:

62 468.713 Responsibilities of athletic trainers.-

63 (1) An athletic trainer shall practice under the direction
64 of a physician licensed under chapter 458, chapter 459, chapter
65 460, or otherwise authorized by Florida law to practice
66 medicine. The physician shall communicate his or her direction
67 through oral or written prescriptions or protocols as deemed
68 appropriate by the physician for the provision of services and



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69 care by the athletic trainer. An athletic trainer shall provide
70 service or care in the manner dictated by the physician.

71 (2) An athletic trainer shall work within his or her
72 allowable scope of practice as specified in board rule under s.
73 468.705. An athletic trainer may not provide, offer to provide,
74 or represent that he or she is qualified to provide any care or
75 services that he or she lacks the education, training, or
76 experience to provide or that he or she is otherwise prohibited
77 by law from providing.

78 Section 5. Subsection (2) of section 468.723, Florida
79 Statutes, is amended to read:

80 468.723 Exemptions.—This part does not prohibit ~~prevent~~ or
81 restrict:

82 (2) An athletic training student acting under the direct
83 supervision of a licensed athletic trainer. For purposes of this
84 subsection, "direct supervision" means the physical presence of
85 an athletic trainer so that the athletic trainer is immediately
86 available to the athletic training student and able to intervene
87 on behalf of the athletic training student. The supervision must
88 comply with board rule ~~in accordance with the standards set~~
89 ~~forth by the Commission on Accreditation of Athletic Training~~
90 ~~Education or its successor.~~

91 Section 6. This act shall take effect July 1, 2020.

92
93 ===== T I T L E A M E N D M E N T =====

94 And the title is amended as follows:

95 Delete everything before the enacting clause
96 and insert:

97 A bill to be entitled



922888

98 An act relating to athletic trainers; amending s.
99 468.701, F.S.; revising the definition of the term
100 "athletic trainer"; deleting a requirement that is
101 relocated to another section; amending s. 468.707,
102 F.S.; revising athletic trainer licensure
103 requirements; amending s. 468.711, F.S.; requiring
104 certain licensees to maintain certification in good
105 standing without lapse as a condition of renewal of
106 their athletic trainer licenses; amending s. 468.713,
107 F.S.; requiring that an athletic trainer work within a
108 specified scope of practice; relocating an existing
109 requirement that was stricken from another section;
110 amending s. 468.723, F.S.; requiring the direct
111 supervision of an athletic training student to be in
112 accordance with rules adopted by the Board of Athletic
113 Training; providing an effective date.

By Senator Harrell

25-00482-20

2020226__

1 A bill to be entitled
 2 An act relating to athletic trainers; amending s.
 3 468.701, F.S.; revising the definition of the term
 4 "athletic trainer"; amending s. 468.707, F.S.;
 5 revising athletic trainer licensure requirements;
 6 amending s. 468.711, F.S.; revising continuing
 7 education requirements for the renewal of an athletic
 8 trainer license; amending s. 468.723, F.S.; requiring
 9 that the supervision of an athletic training student
 10 meet certain requirements; specifying that certain
 11 provisions do not prohibit emergency care
 12 administration or third-party payor reimbursement;
 13 providing an effective date.
 14
 15 Be It Enacted by the Legislature of the State of Florida:
 16
 17 Section 1. Subsection (1) of section 468.701, Florida
 18 Statutes, is amended to read:
 19 468.701 Definitions.—As used in this part, the term:
 20 (1) "Athletic trainer" means a person licensed under this
 21 part who has met the requirements of under this part, including
 22 education requirements as set forth by the Commission on
 23 Accreditation of Athletic Training Education or its successor
 24 organization and necessary credentials from the Board of
 25 Certification. An athletic trainer shall practice within his or
 26 her scope of practice as established in the rules adopted by the
 27 board. An individual who is licensed as an athletic trainer may
 28 not provide, offer to provide, or represent that he or she is
 29 qualified to provide any care or services beyond his or her

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

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30 scope of practice, which ~~that~~ he or she lacks the education,
 31 training, or experience to provide, or which ~~that~~ he or she is
 32 otherwise prohibited by law from providing.
 33 Section 2. Section 468.707, Florida Statutes, is amended to
 34 read:
 35 468.707 Licensure requirements.—Any person desiring to be
 36 licensed as an athletic trainer shall apply to the department on
 37 a form approved by the department. An applicant shall also
 38 provide records or other evidence, as determined by the board,
 39 to prove he or she has met the requirements of this section. The
 40 department shall license each applicant who:
 41 (1) Has completed the application form and remitted the
 42 required fees.
 43 (2) ~~For a person who applies on or after July 1, 2016,~~ Has
 44 submitted to background screening pursuant to s. 456.0135. The
 45 board may require a background screening for an applicant whose
 46 license has expired or who is undergoing disciplinary action.
 47 (3) (a) Has obtained, at a minimum, a baccalaureate ~~or~~
 48 ~~higher~~ degree from a college or university professional athletic
 49 training degree program accredited by the Commission on
 50 Accreditation of Athletic Training Education or its successor
 51 organization recognized and approved by the United States
 52 Department of Education or the Commission on Recognition of
 53 Postsecondary Accreditation, approved by the board, or
 54 recognized by the Board of Certification, and has passed the
 55 national examination to be certified by the Board of
 56 Certification; ~~or-~~
 57 (b) (4) If graduated before 2004, Has obtained, at a
 58 minimum, a bachelor's degree, has completed the route of

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59 internship requirements recognized by the Board of
 60 Certification, and has a current certification from the Board of
 61 Certification.

62 ~~(4)(5)~~ Has current certification in both cardiopulmonary
 63 resuscitation and the use of an automated external defibrillator
 64 set forth in the continuing education requirements as determined
 65 by the board pursuant to s. 468.711.

66 ~~(5)(6)~~ Has completed any other requirements as determined
 67 by the department and approved by the board.

68 Section 3. Subsection (3) of section 468.711, Florida
 69 Statutes, is amended to read:

70 468.711 Renewal of license; continuing education.—

71 (3) If initially licensed after January 1, 1998, the
 72 licensee must be currently certified by the Board of
 73 Certification or its successor agency and maintain that
 74 certification in good standing without lapse.

75 Section 4. Subsections (2), (3), and (6) of section
 76 468.723, Florida Statutes, are amended to read:

77 468.723 Exemptions.—This part does not prevent or restrict:

78 (2) An athletic training student acting under the direct
 79 supervision of a licensed athletic trainer. For purposes of this
 80 subsection, "direct supervision" means the physical presence of
 81 an athletic trainer so that the athletic trainer is immediately
 82 available to the athletic training student and able to intervene
 83 on behalf of the athletic training student. The supervision must
 84 comply in accordance with board rule the standards set forth by
 85 ~~the Commission on Accreditation of Athletic Training Education~~
 86 ~~or its successor.~~

87 (3) A person from administering standard first aid

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88 treatment or emergency care to another person.

89 (6) Third-party payors from reimbursing employers of
 90 athletic trainers or individuals licensed to practice under this
 91 chapter for covered services rendered by a licensed athletic
 92 trainer.

93 Section 5. This act shall take effect July 1, 2020.

THE FLORIDA SENATE

APPEARANCE RECORD

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

10/22/19

Meeting Date

SB 226

Bill Number (if applicable)

Topic Athletic Trainers

Amendment Barcode (if applicable)

Name Jerry Stevens

Job Title Athletic Trainer

Address 4396 Allanwood Ct

Phone (904) 208-0713

Street

Jacksonville

FL

32258

City

State

Zip

Email jerry.stevens@fla.gov

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

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

Representing Athletic Trainers' Association of FL

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

Tallahassee, Florida 32399-1100

COMMITTEES:

Military and Veterans Affairs and Space, *Vice Chair*
Education
Health Policy
Infrastructure and Security

JOINT COMMITTEE:

Joint Administrative Procedures Committee

SENATOR JANET CRUZ

18th District

October 22, 2019

The Honorable Gayle Harrell
Health Policy Committee
530 Knott Building
404 South Monroe Street
Tallahassee, Florida 32399-1100

Chair Harrell,

Due to an unexpected illness this morning, I will not be able to attend the Health Policy Committee Meeting occurring today, 10/22/19 at 9:00 AM. I respectfully request that you accept this as my excuse letter for this absence.

Sincerely,

Janet Cruz
State Senator, District 18

CC: Celia Georgiades, Health Policy Committee – Administrative Assistant

REPLY TO:

- 210A S. MacDill Avenue, Tampa, Florida 33609 (813) 348-1017 FAX: (888) 263-3681
- 218 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5018

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

CourtSmart Tag Report

Room: KN 412

Case No.:

Type:

Caption: Senate Health Policy Committee

Judge:

Started: 10/22/2019 9:00:23 AM

Ends: 10/22/2019 10:18:21 AM Length: 01:17:59

9:00:24 AM Chair Harrell call Health Policy Committee to order with open remarks
9:00:48 AM Chair Harrell ask Celia to call roll
9:01:45 AM A quorum is present
9:02:10 AM TAB 1 Update on Hepatitis a Outbreak - Dept. of Health and Dept. of Business and Professional Regulation
9:03:10 AM Dr. Scott Rivkees, Surgeon General speaking
9:18:02 AM Chair Harrell thank Dr. Rivkees for coming and ask several questions.
9:18:31 AM Dr. Rivkees answers
9:18:54 AM Chair Harrell speaking
9:19:03 AM Dr. Rivkees speaking
9:19:37 AM Chair Harrell speaking
9:19:54 AM Senator Berman ask question
9:20:14 AM Dr. Rivkees speaking
9:21:21 AM Senator Berman speaking
9:21:36 AM Dr. Rivkees speaking
9:22:12 AM Senator Berman has a follow-up question
9:22:25 AM Dr. Rivkees speaking
9:23:03 AM Senator Berman ask question
9:23:11 AM Dr. Rivkees speaking
9:23:35 AM Senator Bean ask several questions
9:23:52 AM Dr. Rivkees speaking
9:24:31 AM Senator Bean has a follow-up question
9:24:44 AM Dr. Rivkees speaking
9:25:30 AM Senator Book ask questions
9:25:51 AM Dr. Rivkees speaking
9:27:27 AM Senator Book ask question
9:27:36 AM Dr. Rivkees speaking
9:28:07 AM Senator Rouson ask question
9:28:31 AM Dr. Rivkees speaking
9:29:29 AM Senator Hooper ask question
9:29:43 AM Dr. Rivkees
9:30:48 AM Senator Hooper ask follow-up question
9:31:02 AM Dr. Rivkees speaking
9:31:48 AM Chair Harrell ask was there further question and ask Dr. Rivkees to stay a little longer
9:32:12 AM Chair Harrell ask Mr. Steven Von Bodugen, Director of the Hotels & Restaurants Division for DBPR to come forward
9:32:33 AM Mr. Steven Von Bodugen speaking
9:36:06 AM Chair Harrell ask several questions regarding Hepatitis.
9:36:49 AM Mr. Von Bodungen speaking
9:38:12 AM Chair Harrell speaking
9:38:24 AM Mr. Von Bodungen speaking
9:38:34 AM Chair Harrell speaking
9:38:37 AM Mr. Von Bodungen speaking
9:38:54 AM Senator Berman ask question
9:39:07 AM Mr. Von Bodungen speaking
9:39:43 AM Senator Book ask a question
9:39:51 AM Mr. Von Bodungen speaking
9:41:06 AM Senator Book ask another question
9:41:17 AM Mr. Von Bodungen answer question
9:41:53 AM Chair Harrell ask another question
9:42:03 AM Mr. Von Bodungen speaking
9:44:50 AM Chair Harrell speaking

9:44:58 AM Senator Mayfield ask question
9:45:21 AM Mr. Von Bodungen speaking
9:46:08 AM Senator Mayfield speaking
9:46:18 AM Mr. Von Bodungen speaking
9:46:44 AM Chair Harrell speaking
9:46:50 AM Mr. Von Bodungen speaking
9:46:56 AM Chair Harrell speaking
9:47:12 AM Dr. Rivkees speaking
9:48:09 AM Chair Harrell speaking
9:48:17 AM Senator Book speaking
9:48:39 AM Dr. Rivkees speaking
9:49:24 AM Chair Harrell speaking
9:50:00 AM TAB 2 Health Risks Related to Vaping Dept. of Health.
9:50:18 AM Dr. Rivkees speaking
10:02:50 AM Chair Harrell speaking
10:02:58 AM Senator Rouson ask question
10:03:19 AM Dr. Rivkees speaking
10:04:09 AM Senator Rouson speaking
10:04:24 AM Dr. Rivkees speaking
10:04:55 AM Senator Rouson speaking
10:05:22 AM Dr. Rivkees speaking
10:06:08 AM Chair Harrell speaking
10:06:25 AM Senator Rouson speaking
10:06:54 AM Chair Harrell speaking
10:07:02 AM Senator Mayfield ask question
10:07:20 AM Dr. Rivkees speaking
10:07:53 AM Senator Mayfield speaking
10:08:50 AM Dr. Rivkees speaking
10:10:33 AM Chair Harrell speaking
10:10:46 AM Chair Harrell passes the chair to Vice-Chair Berman
10:11:06 AM Vice-Chair Berman stated we will now state up TAB 3 SB 218
10:11:14 AM TAB 3 SB 218 - on Licensure Requirement for Osteopathic Physicians by Senator Harrell
10:11:19 AM Senator Harrell explain SB 218
10:11:59 AM Chair Berman ask was there any questions on the Bill
10:12:00 AM Chair Berman stated there is one Amendment on the bill by Senator Harrell
10:12:07 AM Amendment Bar Code 550710
10:12:08 AM Senator Harrell Explains the Amendment
10:12:23 AM Chair Berman ask was there any questions on the Amendment
10:12:26 AM Chair Berman stated we have appearance cards on the Amendment
10:12:27 AM Vice-Chair Berman stated we Jason Winn
10:12:38 AM Jason Winn, General Counsel Fla. Osteopathic Med. Assoc. waive in support
10:12:44 AM Chair Berman call Mary Thomas
10:12:47 AM Mary Thomas, FL Med. Assoc., waive in support
10:12:51 AM Chair Berman called Jan Gorrie
10:12:55 AM Jan Gorrie, Consultant for the Council of FL Med. School Deans
10:13:01 AM Chair Berman ask for debate on the Amendment
10:13:05 AM The Amendment was adopted
10:13:10 AM Chair Berman stated back on the bill as Amended
10:13:36 AM Chair Berman stated are there any questions on the bill as amended
10:13:54 AM Chair ask for questions or debate none
10:14:17 AM Sentor Harrell waive close on SB 218
10:14:33 AM Celia call the role on CS for SB 218 bill passes
10:14:53 AM TAB 4 SB 226 on Athletic Trainers by Senator Harrell
10:15:16 AM Senator Harrell explain the bill
10:15:20 AM Chair Berman ask was there any questions on the bill
10:15:28 AM Chair Berman stated we have one amendment by Senator Harrell 922888
10:15:30 AM Senator Harrell to explain the Amendment
10:15:37 AM Amendment 922888 passes
10:15:43 AM Chair Berman ask was there any debate on the Amendment
10:15:50 AM Chair Berman stated we do have an appearance card
10:16:04 AM Jerry Stevens, Athletic Trainer, Athletic Trainers' Association of FL, waive in support
10:16:05 AM Chair Berman asked was there any debate on the bill as amended

10:16:28 AM No debate
10:16:35 AM Chair Berman ask Senator Harrell to close on the CS for SB 226
10:16:42 AM Senator waive closing
10:16:47 AM Chair Berman ask Celia call roll on CS for SB 226
10:16:57 AM Bill passes
10:17:04 AM Senator Harrell stated Senator Cruz was excused.
10:17:22 AM No further business Senator Berman move to adjourned