

**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.)

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Prepared By: The Professional Staff of the Committee on Appropriations

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BILL: CS/CS/SB 1486

INTRODUCER: Appropriations Committee; Health Policy Committee; and Senator Grimsley

SUBJECT: Department of Health

DATE: March 5, 2018

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	<b>Fav/CS</b>
2.	Loe	Hansen	AP	<b>Fav/CS</b>
3.			RC	

**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/CS/SB 1486 provides rulemaking authority to the Department of Health (DOH) to implement the Conrad 30 Waiver Program.

The bill has no impact on state revenues or expenditures.

The effective date of the bill is July 1, 2018.

**II. Present Situation:**

**The Conrad 30 Program**

The Conrad 30 Waiver Program, authorized by the United States Department of State (USDOS), and the United States Citizenship and Immigration Services (USCIS), 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 (INA).

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 Waiver 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 the 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 rulemaking authority to establish additional criteria for selecting Conrad 30 Waiver Program applicants for sponsorship, thereby limiting the DOH’s ability to place qualified physicians in areas of highest need.<sup>1</sup>

### III. Effect of Proposed Changes:

**Section 1** amends s. 381.4018, F.S., to require the DOH to adopt rules, following federal requirements, to implement the Conrad 30 Program to further encourage qualified physicians to relocate to Florida and practice in underserved areas. This rulemaking authority allows the DOH to establish criteria beyond the federal minimum requirements and prioritize applications, thereby placing physicians in areas of highest need.

**Section 2** provides that the bill takes effect July 1, 2018.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None.

#### B. Public Records/Open Meetings Issues:

None.

#### C. Trust Funds Restrictions:

None.

### V. Fiscal Impact Statement:

#### A. Tax/Fee Issues:

None.

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<sup>1</sup> Florida Department of Health, *House Bill 1047 Analysis* (December 19, 2017) (on file with the Senate Committee on Health Policy).

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

The bill has no impact on state revenues or expenditures.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

The bill substantially amends section 381.4018 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

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

**CS/CS by Appropriations on March 2, 2018:**

The committee substitute changes the bill title to, “an act relating to workforce development;” and deletes provisions of the bill related to:

- Requiring dates of birth on health care professional licensure applications;
- Expediting licensure for dentistry for spouses of active duty military;
- Repealing the requirement for the Board of Medicine (BOM) to conduct a review of organizations that board certify physicians in dermatology;
- Defining a contact classroom hour for chiropractic continuing education (CE) and authorizing 10 hours of online general chiropractic CE credit;
- Deregulating registered chiropractic assistants;
- Granting rulemaking authority to the Board of Nursing (BON) to establish standards of care, including discipline and standards of care for certified nursing assistants (CNA);
- Recognizing CNA certification in a territory of the United States or the District of Columbia for certification in Florida and eliminating the element of intent for violations of practice laws for CNAs;
- Requiring an institutional, nuclear, special, or internet pharmacy to pass a DOH onsite inspection before licensure;
- Establishing the licensure of in-state sterile compounding pharmacies;
- Deleting the requirement for Florida dentists and dental hygienists to grade dental and dental hygienist licensure examinations;
- Requiring dentists and dental hygienists to report adverse incidents;

- Expanding the definition of dental laboratory to include a person who provides onsite consultation during dental procedures;
- Requiring dental laboratories to be inspected at least biennially, rather than annually;
- Restricting an athletic trainer to working within his or her scope of practice;
- Requiring athletic trainers to maintain certification in good standing without lapse;
- Requiring supervision of athletic training students to be in accordance with board rules rather than an external entity's standards;
- Authorizing a joint registration for orthotics and prosthetics residency and providing a licensure pathway for a joint educational program;
- Eliminating the massage therapy apprenticeship program, except for the study of colonic irrigation; clarifying that the massage therapist licensure examination is a national examination approved by the board; and expanding circumstances for the revocation, or denial, of initial licensure of a massage establishment license;
- Eliminating outdated language, clarifying education accreditation requirements, and streamlining licensure by endorsement requirements for psychology licensure;
- Clarifying, streamlining, and correcting inconsistencies in provisions regulating the licensure of marriage and family therapy, mental health counseling, and clinical social work; and
- Requiring applicants for licensure as a mental health counselor to have a master's degree that is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), beginning July 1, 2024.

**CS by Health Policy January 30, 2018:**

The committee substitute:

- Repeals the requirement that the BOM conduct a review of organizations that board certify physicians in dermatology;
- Defines "contact classroom hour" for ch. 460, F.S.; authorizes chiropractic physicians to take up to 10 hours of general CE online; and deregulates registered chiropractic assistants;
- Removes provisions that sought to create regulatory and rulemaking authority to the BOM and the BOOM to oversee all office surgery centers (OSCs);
- Removes provisions that sought to deregulate laboratory personnel; and
- Removes provisions relating to the timing for submission of an application for examination for licensure as an optometrist; and provisions creating a pathway for licensure by endorsement.

**B. Amendments:**

None.