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 230

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Department of Health

DATE: October 16, 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 230 updates numerous provisions relating to health care practitioners and facilities regulated by the Department of Health (DOH), Division of Medical Quality Assurance (MQA). The bill:

- Substitutes the term "human immunodeficiency virus" (HIV) in place of "acquired immune deficiency syndrome" (AIDS) to broaden the scope of the DOH's regional patient care networks for persons with AIDS to also include persons with HIV;
- Grants rulemaking authority to the DOH 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;
- Modifies the DOH's rule-making authority pertaining to minimal standards governing ambulance and emergency medical services vehicle equipment, supplies, design, and construction;
- Revises the DOH's health care practitioner licensing provisions to permit the DOH to issue a temporary license, that expires in 60 days, instead of 30 days, to a non-resident or non-citizen physician who has accepted a residency, internship, or fellowship in Florida and has not yet received a social security number;
- Authorizes the DOH to issue medical faculty certificates, without examination, to full-time faculty at Nova Southeastern University or Lake Erie College of Osteopathic Medicine;
- 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;
- Updates the osteopathic internship and residency accrediting agencies to include the Accreditation Council for Graduate Medical Education (ACGME);
- Deregulates Registered Chiropractic Assistants (RCAs);

- Extends the requirement for the Florida Center for Nursing (FCN) to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025;
- 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 U.S. territory or the District of Columbia for certification in Florida and eliminates the element of intent for violations of the practice act by CNAs;
- Defines the supplemental general dentistry education required for dental licensure applicants who have not graduated from a dental school accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA), to exclude education in an advanced dental specialty;
- Repeals the requirement for Florida dentists and dental hygienists to grade dental and dental hygienist licensure examinations;
- Revives, reenacts, and amends statutory provisions relating to health access dental licenses, notwithstanding their repeal on January 1, 2020;
- Requires dentists and dental hygienists to report adverse incidents to the Board of Dentistry (BOD) and gives the BOD rule making authority;
- Authorizes an employee or independent contractor of a dental laboratory to engage in onsite consultation with a licensed dentist during a dental procedure and requires a dental laboratory to be inspected at least biennially;
- 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 duel registration;
- Revises massage therapy licensure requirements to:
- Eliminate massage apprenticeships as a path to licensure by 2023; and
- Require passage of a Board of Massage Therapy (BMT) specified national examination;
- Revises the definition of a massage therapy “apprentice” to include only those persons approved by the BMT to study colonic irrigation under a licensed massage therapist;
- 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 has an insignificant negative impact on state revenues and expenditures, which can be absorbed within existing resources of the DOH.

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

II. Present Situation:

Human Immunodeficiency Virus (HIV)

Human immunodeficiency virus (HIV)[1] is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells. Over time, HIV can destroy so many of these cells that the body cannot fight off infections and disease. Opportunistic infections or cancers take advantage of a very weak immune system, which can lead to acquired immune deficiency syndrome (AIDS).[2]

Currently there is no effective cure for a person infected with HIV, but with proper medical care, HIV can be controlled. The medicines used to treat HIV are antiretroviral drugs. If persons with HIV receive prescribed antiretroviral therapy (ART), their viral load (the amount of the HIV in their blood) can become undetectable.[3]

When people get the HIV and do not receive treatment, they will typically progress through three stages of disease. ART helps people at all stages of the disease. Treatment can slow or prevent the progression from one stage to the next.

Acquired Immunodeficiency Syndrome (AIDS)

AIDS is the most severe phase of an HIV infection. Persons with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic infections. Without treatment, persons with AIDS typically survive about three years. Common symptoms of AIDS include:

- Chills;
- Fever;
- Sweats;
- Swollen lymph glands;
- Weakness; and
- Weight loss.

Florida Aids Legislation

In 1988 the Florida legislature enacted the predecessor of s. 381.0042, F.S., declaring AIDS the nation's and state's number one public health problem, noting that there were over 59,000 known cases in the U.S, and 4,226 in Florida.[4]

Section 381.0042, F.S., authorizes the DOH to establish AIDS patient care networks in each region of the state where the number of cases of AIDS and other human immunodeficiency virus infections justifies the establishment of cost-effective regional patient care networks. The

[1] Center for Disease Control and Prevention. HIV, *About HIV/AIDS,* available at: https://www.cdc.gov/hiv/basics/whatishiv.html (last visited Oct. 10, 2019).
[2] Center for Disease Control and Prevention. HIV, *About HIV/AIDS,* available at: https://www.cdc.gov/hiv/basics/whatishiv.html (last visited Oct. 10, 2019).
[3] Center for Disease Control and Prevention. HIV, *About HIV/AIDS,* available at: https://www.cdc.gov/hiv/basics/whatishiv.html (last visited Oct. 10, 2019).
[4] CS/HB 1519, Bill Analysis, May 25, 1988 on file with the Senate Health Policy Committee

networks are to be delineated by DOH department rule which must take into account natural trade areas and centers of medical excellence that specialize in the treatment of AIDS, as well as available federal, state, and other funds.

Each patient care network must include representation of the following:
- Persons with HIV;
- Health care providers;
- Business interests;
- The DOH, including its county health departments and other possible agency resources; and
- Local government units.

Each network must plan for the care and treatment of persons with AIDS, and AIDS related complex, in a cost-effective, dignified manner that emphasizes outpatient and home care. Once each year, each network must make its recommendations concerning the needs for patient care to the DOH.

Emergency Medical Transport Services

In 1973, the Florida Legislature passed and enacted what is known today as the Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act. The Legislature recognized the need for the uniform and systematic provision of emergency medical services to save lives and reduce disability associated with illness and injury.

The emergency medical services (EMS) system of care must be equally capable of assessing, treating, and transporting children, adults, and elderly persons. Today, the Emergency Medical Services Section of the DOH is responsible for the licensure and oversight of over 60,000 emergency medical technicians and paramedics, more than 270 advanced and basic life support agencies, and over 4,500 EMS vehicles. In addition, the section certifies 911 public safety telecommunicators.[5]

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 DOH, including:
- The licensure of the emergency medical 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), or air ambulance services (AAS).

Every person or entity owning, operating, conducting, maintaining, or engaging in the business of providing prehospital or inter-facility ALS or BLS transportation services must be licensed before offering such service to the public. The DOH issues licenses for the operation of BLS and ALS services for applicants meeting the following requirements:
- Payment of an application fee;

[5] Department of Health, Licensing and Regulation, *Emergency Medical Services System,* available at: http://www.floridahealth.gov/licensing-and-regulation/ems-system/index.html (last visited Oct. 15, 2019).

- Ambulances, equipment, vehicles, personnel, communications systems, staffing patterns, and services of the applicant must meet the requirements for either a BLS service or an ALS service, whichever is applicable;
- Proof of:
  - Personal injury and property damage insurance coverage, in limits set by the DOH, sufficient to cover claims arising out of the injury or death of persons and property damages for which the owner, the business or service would be liable; or
  - Certificate of self-insurance evidencing an adequate self-insurance plan approved by the Office of Insurance Regulation; and
- Certificate of public convenience and necessity from each county in which the applicant will operate.[6]

Each BLS and ALS transportation service must also employ or contract with a medical director to supervise and assume direct responsibility for the medical performance of the emergency medical technicians and paramedics operating for that EMS system. The medical director must be:
- A licensed physician;
- A corporation, association, or partnership composed of physicians; or
- Physicians employed by a hospital that delivers in-hospital EMS and employs or contracts with physicians specifically for that purpose.[7]

The medical director must perform the following duties:
- Advising:
- Consulting;
- Training;
- Counseling; and
- Overseeing of services, including quality assurance.

The medical director's mandated duties do not include administrative and managerial functions. The DOH has rule making authority to regulate medical directors.[8]

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 allows a medical doctor holding a J-1 Visa to apply for a waiver of the two-year residence requirement upon completion of the J-1Visa 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 Populations

[6] Section 401.25, F.S.
[7] Section 401.265(1), F.S.
[8] Id.

(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 U.S. HHS as a HPSA, MUA, or MUP;
- Obtain a contract from the health care facility located in an area designated by U.S. 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 the Conrad 30 applicants for sponsorship, thereby limiting the DOH's ability to place qualified foreign physicians in areas of highest need.[9]

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. Section 456.013, F.S., also requires all applications for licensure to be submitted to the DOH on a form that may be submitted electronically. The requirement that an applicant submit his or her application for licensure before sitting for the licensure examination 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.

If an applicant has not been issued a social security number at the time of application because the applicant is not a U.S. citizen or resident, the DOH may process the application using a unique personal identification number. If the applicant is otherwise eligible for licensure, the DOH may issue a temporary license, which expires in 30 days after issuance unless a social security number is obtained and submitted in writing to the DOH. Upon receipt of the applicant's social security number, the DOH must issue a new license, which expires at the end of the current biennium.[10]

Section 456.017, F.S., was amended in 2005 to provide that neither a board[11] nor the DOH could administer a state-developed written examination if a national examination was certified by the DOH. National examinations have been certified for all professions, and the requirement for applicants to apply to the DOH to take the state examination has become obsolete. All state examinations have ceased.

---

[9] Florida Department of Health, *Senate Bill 188 Analysis* (2019) (on file with the Senate Committee on Health Policy), p. 2.
[10] Section 456.01 (1)(b), F.S.
[11] Under s. 456.001(1), F.S., "board" is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the DOH or, in some cases, within the DOH Division of Medical Quality Assurance.

The provision also requires an applicant to provide his or her social security number (SSN). However, there is no statutory requirement that an applicant provide his or her date of birth. An applicant's 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.[12]

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 BOM. 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 BOM.[13]

Medical Faculty Certificates

To become a licensed medical doctor in Florida, an individual generally has two paths to licensure: licensure by examination[14] or licensure by endorsement.[15] However, s. 458.3145, F.S., provides another limited path to practice in Florida by teaching in a program of medicine. Under s. 458.3145, F.S., the DOH is authorized to issue a medical faculty certificate to a qualified medical physician to practice in conjunction with his or her full-time faculty position at a medical school, if the physician has met specified criteria in current law and accepted a full-time faculty appointment to teach at the following programs in medical schools with campuses in Florida:

- University of Florida;
- University of Miami;
- University of South Florida;
- Florida State University;
- Florida International University;
- University of Central Florida;
- Mayo Clinic College of Medicine and Science in Jacksonville, Florida;
- The Florida Atlantic University; or

[12] *Id, at* p. 2.
[13] Section 458.3312, F.S.
[14] *See* s. 458.311, F.S., and Florida Board of Medicine, *Medical Doctor - Unrestricted*, available at: http://flboardofmedicine.gov/licensing/medical-doctor-unrestricted (last visited Oct. 9, 2019).
[15] *See* s. 458.313, F.S., and Board of Medicine, *Medical Doctor - Unrestricted*, available at: http://flboardofmedicine.gov/licensing/medical-doctor-unrestricted, (last visited Oct. 9, 2019).

- The Johns Hopkins All Children's Hospital in St. Petersburg, Florida.[16]

The list does not include any medical schools for osteopathic physicians with campuses in Florida.

Currently there are 58 physicians holding medical faculty certificates in Florida, with nine of those residing out of state.[17]

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.[18]

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.[19]

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.;

[16] Section 458.3145(1)(i), F.S.
[17] Florida Dep't of Health, Division of Medical Quality Assurance, *Annual Report and Long Range Plan Fiscal Year 2017-2018,* p. 16, available at: http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/_documents/annual-report-1718.pdf (last visited October 14, 2019).
[18] Florida Osteopathic Medical Association, *Osteopathic Medicine,* available at: http://www.foma.org/osteopathic-medicine.html (last visited Oct. 3, 2019).
[19] *Id.*

- 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;
- 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.[20]

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' graduate medical 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. The 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.[21]

The ACGME was established by five medical organizations in 1981[22] 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.

[20] Section 459.0055, F.S.
[21] American Council of Graduate Medical Education, *What We Do*, available at: https://www.acgme.org/What-We-Do/Overview (last visited Oct. 3, 2019).
[22] American Council of Graduate Medical Education, *Member Organizations*, , available at: https://www.acgme.org/About-Us/Overview/Member-OrganiAs%20of%20zations (last visited Oct. 3, 2019). 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.

The ACGME sets the 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 2018-19, 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.[23]

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 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.[24]

The National Residency 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 program 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.[25]

Beginning in 2014, osteopathic medical school graduates could participate in the Match, which opened up additional residency programs available to osteopathic medical graduates.[26] In 2019,

[23] American Council of Graduate Medical Education, *About Us*, available at: https://www.acgme.org/About-Us/Overview (last visited Oct. 3, 2019)

[24] 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. 3, 2019).

[25] The Match, National Resident Matching Program, Results and Data 2019 Main Residency Match, *About the NRMP,* p. v, 1, available at: https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2019/04/NRMP-Results-and-Data-2019_04112019_final.pdf (last visited Oct. 3, 2019).

[26] The Accreditation Council for Graduate Medical Education, *Member Organizations*, available at: https://www.acgme.org/About-Us/Member-Organizations, (last visited Oct. 3, 2019).

6001 osteopathic candidates applied to the Match and 5077 matched – an 84.6 percent match rate.[27] By June 2020, an osteopathic residency program will need to be accredited by ACGME to participate in the Main Residency Match.[28]

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.[29]

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 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.[30] According to the DOH, in Fiscal Year 2017-2018, there were 2,659 active in-state RCAs.[31]

Florida Center for Nursing

In 2001, the Florida Legislature created s. 464.0195, F.S., establishing the Florida Center for Nursing (FCN) "[t]o address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources."[32] The primary statutory goals address collecting and analyzing nursing workforce data; developing and disseminating a strategic plan for nursing; developing and implementing reward and recognition activities for nurses; and promoting nursing excellence programs, image building, and recruiting into the profession. The FCN is further charged to convene various stakeholder groups to review and comment on nursing workforce data and to recommend systemic changes that will improve the recruitment and retention of nurses in Florida.

The FCN conducts an analysis of licensed practical nurses (LPN), registered nurses (RN), and advanced practice registered nurses (APRN) annually to assess Florida's nurse supply, including the numbers of nurses, demographics, education, employment status, and specialization pursuant

---

[27] *Supra* note 24.

[28] 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 Oct. 3, 2019).

[29] *Id.*

[30] Section 460.4166, F.S.

[31] The Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2017-2018*, available at: http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/_documents/annual-report-1718.pdf (last visited Oct. 3, 2019).

[32] The Florida Center for Nursing, *2018 Annual Report*, available at: https://www.flcenterfornursing.org/AboutUs/AnnualReport.aspx (last visited Oct. 9, 2019).

to s. 467.019, F.S. The FCN submits a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually through January 30, 2020.

Board of Nursing Rulemaking Authority to Establish Standards of Practice

Section 464.004, F.S., established the BON within the DOH to license and regulate nursing to ensure that every nurse practicing in this state meets minimum requirements for safe practice. It was the legislative intent that nurses who fall below minimum competency or who otherwise present a danger to the public should be prohibited from practicing in this state.[33]

The Legislature has granted the BON rulemaking authority to:

- Establish guidelines for remedial courses for those nurses who fail the nursing examination three times;[34]
- Administer the certification of clinical nurse specialists;[35]
- Administer the certification of advanced practice registered nurses, including the appropriate requirements for advanced practice registered nurses in the categories of certified registered nurse anesthetists, certified nurse midwives, and certified nurse practitioners;[36]
- Establish a procedure for the biennial renewal of licenses and to prescribe continuing education requirements for renewal of licenses;[37]
- Provide application procedures for inactive status, the biennial renewal of inactive licenses, and the reactivation of licenses, including applicable fees;[38]
- Establish the testing procedures for use in certifying nursing assistants, regulating the practice of certified nursing assistants, and specifying the scope of practice and the level of supervision required for the practice of certified nursing assistants;[39] and
- Establish disciplinary guidelines.[40]

The Legislature did not expressly grant rulemaking authority to the BON to promulgate nursing standards of practice.[41] The authority to define the scope of practice for nurses is 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 objected.

[33] Section 456.002, F.S.
[34] Section 464.008, F.S.
[35] Section 464.0115, F.S.
[36] Section 464.012, F.S.
[37] Section 464.013, F.S.
[38] Section 464.014, F.S.
[39] Section 464.202. F.S.
[40] Section 464.018(5), F.S.
[41] 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 curium, 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).

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 the JAPC objected to the rule as lacking statutory rulemaking authority. The rule was ultimately challenged at the Division of Administrative Hearings (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,[42] podiatric physicians,[43] pharmacists,[44] psychotherapists,[45] clinical social workers,[46] dentists,[47] optometrists,[48] and opticians.[49]

Certified Nursing Assistants (CNAs)

Section 464.201(5), F.S., defines the practice of a CNA 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.[50]

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:

- Successful completion of an approved training program and achieving no less than 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.[51]

[42] Sections 458.331(1)(v) and 459.015(1)(z), F.S.
[43] Section 461.003, F.S.
[44] Sections 465.003(13) and 465.0155, F.S.
[45] Section 490.003(4), F.S.
[46] Section 491.003, F.S.
[47] Section 466.003(3), F.S.
[48] Section 463.005(1)(a), F.S.
[49] Section 463.002(7), F.S.
[50] Section 464.201, F.S.
[51] Section 464.203, F.S.

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:

- 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.

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.[52]

Dentistry, Dental Hygiene, Health Access Dental Licensure, 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. A person desiring to be licensed as a dentist must apply to the DOH to take the examinations. To take the examination, an applicant must be 18 years of age and be:

- A graduate from a dental school accredited by the American Dental Association (ADA) Commission on Dental Accreditation (CODA) or any other dental accrediting entity recognized by the U.S. Department of Education (DOE); or
- A dental student in the final year of a program at such an ADA CODA accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations.

Dental school graduates from a school not accredited by the ADA CODA, the U.S. DOE recognized dental accrediting entity, or approved by the BOD, desiring to take the Florida dental licensure examinations, are not entitled to take the examinations until the applicant:

- Demonstrates completion of a program of study defined by BOD rule, at an accredited American dental school and receipt of a D.D.S. or D.M.D. from the school; or
- Submits proof of successful completion of at least two consecutive years at a full-time supplemental general dentistry program accredited by the ADA CODA.[53]

The Legislature has 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) also developed by the American Board of Dental Examiners, Inc.

---

[52] *Id.*

[53] *Supra* note 9, p. 3. According to the DOH, it is unclear whether the two years of a full time supplemental general dentistry program includes specialty or advanced education programs.

Sections 466.006(4)(b) and 466.007(4)(b), F.S., require that the ADLEX examination for dentists, and ADHEX 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, this requirement has created a shortage of personnel available to grade the examinations, thus jeopardizing the administration of the ADLEX and the ADHEX.[54]

Health Access Dental Licensure

In 2008, the Legislature established the health access dental license in order to attract out-of-state dentists to practice in underserved health access settings.[55] With this license, a dentist actively licensed in good standing in another state, the District of Columbia, or a U.S. territory is authorized to practice dentistry in Florida in a health access setting if the dentist:

- Submits proof he or she graduated from a dental school accredited by the Commission on Dental Accreditation of the ADA or its successor agency;
- Submits proof he or she has successfully completed parts I and II of the National Board of Dental Examiners (NBDE) examination and a state or regional clinical dental licensing examination that the BOD has determined effectively measures the applicant's ability to practice safely;
- Submits ADLEX examination scores mailed to the BOD directly from the American Dental Association;
- Submits a final official transcript from a dental school sent to the BOD by the registrar's office;
- Submits a certification of licensure from each state in which he or she currently holds or has held a dental or dental hygiene license;
- Submits proof of training in cardiopulmonary resuscitation (CPR) at the basic support level;
- Files a BOD-approved application and pays the applicable fees;
- Has not been convicted of, nor pled *nolo contendre* to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- Currently holds a valid, active dental license in good standing which has not been revoked, suspended, restricted, or otherwise disciplined from another state, the District of Columbia, or a U.S. territory;
- Has never had a license revoked from another state, the District of Columbia, or a U.S. territory;

[54] *Supra* note 9, p. 4.

[55] A "health access setting" is defined in s. 466.003(14), F.S., as a program or institution of the Department of Children and Families, the Department of Health, or the Department of Juvenile Justice, a nonprofit community health center, a Head Start center, a federally qualified health center (FQHC) or FQHC look-alike as defined by federal law, a school-based prevention program, or a clinic operated by an accredited college of dentistry or an accredited dental hygiene program in this state if such community service programs and institutions immediately report to the Board of Dentistry practice act or standard of care violations related to the actions or inactions of a dentist, dental hygienist, or dental assistant engaged in the delivery of dental care in such settings.

- Has never failed an exam under s. 466.006, F.S., unless the applicant was reexamined and received a license to practice in Florida;
- Has not been reported to the NBDE, unless the applicant successfully appealed to have his or her name removed from the data bank;
- Submits proof that he or she has been engaged in the active, clinical practice of dentistry and has provided direct patient care for five years immediately preceding the date of application, or proof of continuous clinical practice, and has provided direct patient care since graduation if the applicant graduated less than five years from his or her application date;[56]
- Submits documentation that she or he has completed, or will complete prior to licensure, continuing education equivalent to this state's requirement for dentists licensed under s. 466.006, F.S., for the last full reporting biennium before applying for a health access dental license;[57] and
- Successfully completes the examination covering the laws and rules of the practice of dentistry in this state.[58,59]

A health access dental license is subject to biennial renewal. The BOD will renew a health access dental license if the applicant:

- Submits a renewal application and has paid a renewal fee;
- Submits documentation from the employer in the health access setting that the licensee has at all times pertinent remained an employee;
- Has not been convicted of, nor pled *nolo contendere* to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- Has not failed the examination specified in s. 466.006, F.S., since initially receiving a health access dental license or since the last renewal; and
- Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank.

The BOD may undertake measures to independently verify the health access dental licensee's ongoing employment status in the health access setting.[60]

The BOD may revoke a health access dental license if the licensee is terminated from employment at the health access setting or practices outside of the health access setting, fails the Florida dental examination, or is found by the BOD to have committed a violation of ch. 466, F.S., (the Dental Practice Act), other than a violation that is a citation offense or a minor violation.[61]

[56] Section 466.0067, F.S.
[57] *See* ch. 64B5-12.013, Fla. Admin. Code Rule (2019), for continuing education requirements.
[58] Section 466.006(4)(a), F.S.
[59] Department of Health, Board of Dentistry, *Health Access Dentist,* available at: https://floridasdentistry.gov/licensing/health-access-dentist/ (last visited Oct. 3, 2019).
[60] Section 466.00671, F.S.
[61] Section 466.00672, F.S.

Currently, there are 58 health access dental licenses. Of those, 37 are in-state active, two are in-state delinquent, 10 are out-of-state active, two are out-of-state delinquent, and seven are retired.[62]

The program is scheduled for repeal effective January 1, 2020, unless reenacted by the Legislature.[63]

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.[64]

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 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 the CSU for investigation.

The rule does not provide a penalty for failure to report an adverse occurrence.[65]

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 which 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 the dentist's 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

---

[62] Florida Dept. of Health, Division of Medical Quality Assurance, *Annual Report and Long Range Plan FY 2017-2018*, 14, *available at:* http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/index.html (last visited Oct. 3, 2019). "In-State Active" means the licensed practitioner has a Florida mailing address and is authorized to practice. "In-State Delinquent" means the licensed practitioner has a Florida mailing address and is not authorized to practice in the state because of failure to renew the license by the expiration date. "Out-of-State Active" means the licensed practitioner has an out-of-state mailing address and is authorized to practice. "Out-of-State Inactive" means the licensed practitioner has an out-of-state mailing address and is not authorized to practice. "Retired" means the licensed practitioner is not authorized to practice. The practitioner is not obligated to update licensure data. Section 456.036, F.S.

[63] Section 466.00673, F.S.

[64] Sections 458.351 and 459.026, F.S.

[65] Fla. Admin. Code. R. 64B5-14.006 (2019).

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 989 dental laboratories in Florida as of June 30, 2018; 792 have active licenses and 197 have delinquent licenses.[66] In the 2017-18 fiscal year, the DOH reports that there were four cases opened against dental laboratories, none of which resulted in disciplinary cases.[67]

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 have passed the national examination to be certified by the Board of Certification (BOC)[68] for athletic trainers;
- Have a current certification from the BOC, if they graduated before 2004;[69] and
- Have current certifications in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).[70]

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.[71]

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

[66] *Supra* note 62, p. 19.
[67] *Supra* note 62, p. 34.
[68] 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, *What is BOC?* available at http://www.bocatc.org/about-us#what-is-the-boc (last visited Oct. 3, 2019).
[69] *Supra* note 9, p. 4. According to the DOH, 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.
[70] Section 468.707, F.S.
[71] Section 468.713, F.S.

modalities, including, but not limited to, heat, light, sound, cold, electricity, and mechanical devices.[72]

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.[73]

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.[74]

Orthotics, Prosthetics, and Pedorthics

Section 468.801, F.S., establishes the Board of Orthotists and Prosthetists (BOOP) within the DOH to license and regulate the practice of Prosthetist-Orthotist, Prosthetist,[75] Orthotist,[76] Pedorthist,[77] 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.[78]

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

[72] Section 468.701, F.S.
[73] Section 468.705, F.S.
[74] Section 468.711, F.S.
[75] 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.
[76] 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.
[77] 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.
[78] Section 468.803, F.S.

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 BOOP 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.[79] Currently, a dual registration is not authorized.[80]

Massage Therapy

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

- They may attend an approved program at a massage therapy school and complete 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 courses 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.[81]

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 board[82] and administered by the DOH.[83]

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.[84] According to the DOH, there are 172 approved licensed massage schools in Florida, and 32,387 licensed massage therapists in the 2017-2018 fiscal year. There were only 71 apprentices licensed under the Florida apprenticeship program.[85]

[79] *Id.*
[80] *Supra* note 9, p.4.
[81] Fla. Admin. Code R. 64B7-29.003, (2019).
[82] Section 480.042, F.S.
[83] Section 480.041, F.S.
[84] *Id.*
[85] *Supra* note 62, p.15.

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.[86]

The BMT also licenses apprentices in colonic hydrotherapy.[87] 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.[88]

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 enhancing interpersonal behavioral health and mental or psychological heath.[89]

Licensure as a psychologist under ch. 490, F.S., requires a doctoral degree in psychology from an educational institution that, 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. DOE. The only accrediting agency recognized by the U.S. DOE to provide programmatic accreditation for doctoral psychology programs is the APA.

Section 490.005, F.S, refers to educational 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 includes an outdated reference to the APA accrediting programs in Canada. Currently, the APA no longer accredits Canadian doctorial programs.[90]

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.

---

[86] Section 480.033. F.S.

[87] 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.

[88] Fla. Admin. Code R. 64B7-29.007, (2019).

[89] Section 490.003(4), F.S.

[90] *Supra* note 9, p.10.

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

- Submission of 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., when the application is made);
- Proof of good standing as a diplomat with the American Board of Psychology; or
- 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 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.[91]

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

[91] Section 491.0046, F.S.

profession for which he or she is seeking licensure before commencing the practicum, internship, or field experience.[92]

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 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.

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.[93]

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

[92] Section 491.0045, F.S.
[93] *Id.*

applicant who graduated from a CACREP accredited program is required to meet the CACREP standards to complete 700 hours of practicum or internship.[94]

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;
- 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., in 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, nor has 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 of 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: Human Immunodeficiency Virus (HIV)

---

[94] 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 Oct. 3, 2019).

The bill amends s. 381.0042, F.S., the statute for patient care for persons with AIDS, to replace the term “acquired immune deficiency syndrome” with “human immunodeficiency virus” to broaden the purpose of the DOH’s regional patient care networks to include persons with HIV, who might not have developed AIDS, as well as patients with AIDS.

Section 2: The Conrad 30 Waiver Program

The bill amends s. 381.4018(3), 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 3: Emergency Medical Transport Services

The bill amends s. 401.35, F.S., and modifies the DOH’s directive to develop rules for emergency medical transportation services, and:

- Requires the DOH rules to provide minimal standards governing ambulance and EMS vehicle equipment and supplies that a licensee with a valid vehicle permit under s. 402.26 F.S., is required to maintain for providing basic life support and advanced life support;
- Deletes the requirement that the DOH rules on ambulance and EMS equipment and supplies be at least as comprehensive as standards published in the most current edition of the American College of Surgeons’ Committee on Trauma;
- Deletes the requirement that the standards for the DOH rules on ambulance and EMS vehicle design and construction be at least equal to those most currently recommended by the U.S. General Services Administration; and
- Requires the DOH rules on ambulance and EMS vehicle design and construction to be based on national standards, as interpreted by the DOH, on the date the rule is adopted.

Section 4: 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. The bill 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.

The bill also permits the DOH to issue a temporary license to a non-resident or non-citizen, eligible applicant, who has accepted a position with a residency, internship, or fellowship program in Florida and is applying for registration under ss. 458.345 or 459.021, F.S. The temporary license expires in 60 days, instead of 30, unless the applicant is issued a social security number and submits it in writing to the DOH.

Section 5: Medical Faculty Certificates

The bill amends s. 458.3145, F.S., to authorize the DOH to issue medical faculty certificates, without examination, to qualified foreign physicians, and qualified physicians licensed in another jurisdiction, who have been offered, and accepted, full-time faculty positions in a program of

medicine at Nova Southeastern University or Lake Erie College of Osteopathic Medicine, in addition to those programs of medicine already listed in current law.

Section 6: Medical Specialists

The bill amends s. 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 7: Osteopathic Internships and Residencies

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 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.

Section 8: Registered Chiropractic Assistants (RCAs)

The bill repeals s. 460.4166, F.S., thus deregulating the profession of RCAs, as the duties an RCA performs are not directly related to patient safety and the registration is voluntary.

Sections 9 through 12: The Florida Center for Nursing (FCN), Board of Nursing (BON) Rulemaking Authority, and Certified Nursing Assistants

The bill amends s. 464.019, F.S., to extend the requirement for the FCN to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025, as opposed to January 30, 2020, under current law.

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: APRNs, 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 13 and 17: Examinations for Dental and Hygiene Graduates

The bill amends ss. 406.006(3), F.S., to clarify that a "supplemental general dentistry program" does not include an advanced education program in a dental specialty and amends ss. 406.006(4) and 466.007, F.S., to delete the requirement that the ADLEX and ADHEX given in Florida must be graded by a Florida licensed dentist, or dentist and hygienist, respectively.

The bill amends ss. 466.006 and 466.007, F.S., to eliminate obsolete dental and dental hygiene licensure examination requirements.

Sections 14, 15, and 16: Health Access Dental Licensure

The bill revives, reenacts, and amends ss. 466.0067, 466.00671, and 466.00672, F.S., notwithstanding the January 1, 2020, repeal date for those sections. The bill's amendments to those sections are for the purpose of grammatical corrections only.

Section 18: Dental Adverse Incident Reporting

The bill amends s. 466.017, F.S., to require dentists and dental hygienists to report adverse incidents to the DOH, which is currently only required by a BOD 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.

Sections 19 and 20: Dental Laboratories

The bill amends s. 466.031, F.S., to authorize an employee or independent contractor of a dental laboratory, acting as an agent of that dental laboratory, to engage in onsite consultation with a licensed dentist during a dental procedure.

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

Sections 21 through 25: Athletic Trainers

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 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 26: 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 27, 28, and 29: Massage Therapy

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, 2020, to maintain their apprentice license until its expiration date, but no later than July 1, 2023, 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 BMT.

The bill repeals s. 480.042, F.S., relating to a massage therapy examination by the board, which is obsolete.

Sections 30, 31, and 32: 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. DOE, and inserts a specific reference to the American Psychological Association (APA), which is the only accrediting agency recognized by the U.S. DOE to provide program 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 anywhere outside the U.S. to demonstrate they have an education comparable to an APA accredited 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 preceding 25 years from the date of application. Licensure of qualified applicants will be expedited by amending these provisions.

Sections 33 through 38: 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 of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling to make a one-time exception for an additional intern registration for interns registered on or before March 31, 2017. For those interns who's registration expires 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 Council for Accreditation of Counseling and Related Education Programs and graduate courses approved by the board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.

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 mental health counselor applicants. 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, to bring this provision in line with graduates from CACREP accredited 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 requirements 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 board 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 a reference to the DOH, and places the correct reference of authority with the board to take disciplinary action for certain violations. By adding certified master social worker to this provision, the bill gives the DOH authority to enter an order denying licensure to a certified master social worker or impose discipline against any certified master social worker who is found guilty of violating any provision in ch. 491, F.S.

Sections 39: Technical Changes

The bill makes additional technical amendments to ss. 491.0046 and 945.42, F.S., to conform cross-references and makes a technical change to s. 945.42, F.S., to conform the definition of psychological professional in cross-references.

Section 40 provides 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 230 has an insignificant negative impact on state revenues and expenditures. The deregulation of chiropractic assistants will result in an insignificant negative impact on state revenues associated with the licensure of chiropractic assistants, which will be offset by the reduction in expenditures associated with regulating chiropractic assistants. 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: 381.0042, 381.4018, 401.35, 456.013, 458.3145, 458.3312, 459.0055, 464.019, 464.202, 464.203, 464.204, 466.006, 466.0067, 466.00671, 466.00672, 466.007, 466.017, 466.031, 466.036, 468.701, 468.707, 468.711, 468.713, 468.723, 468.803, 480.033, 480.041, 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: 406.4166 and 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 October 15, 2019:

The CS:

- Replaces the term "acquired immune deficiency syndrome" with "human immunodeficiency virus" to broaden the purpose of the DOH's regional patient care networks to include persons with HIV, who might not have developed AIDS, as well as patients with AIDS;
- Modifies the DOH's rule-making authority pertaining to minimal standards governing ambulance and emergency medical services vehicle equipment, supplies, design, and construction;
- Revises the DOH's health care practitioner licensing provisions to permit the DOH to issue a temporary license, that expires in 60 days, instead of 30 days, to a non-resident or non-citizen physician who has accepted a residency, internship, or fellowship in Florida and has not yet received a social security number; and
- Authorizes the DOH to issue medical faculty certificates, without examination, to full-time faculty at Nova Southeastern University or Lake Erie College of Osteopathic Medicine.

B. Amendments:

None.

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