

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 33 — Psychology Interjurisdictional Compact

by Health and Human Services Committee and Reps. Hunschofsky, Koster, and others (CS/SB 56 by Health Policy Committee and Senators Harrell and Davis)

The bill establishes Florida as a member state in the Psychology Interjurisdictional Compact (PSYPACT or compact) through enactment of the PSYPACT. Pursuant to the compact, and with appropriate authorizations, a licensed psychologist may engage in the practice of interjurisdictional telepsychology and also obtain a temporary authorization to practice psychology in-person, face-to-face, for up to 30 days per calendar year with clients and patients in member states other than the one in which he or she is licensed. Upon the bill becoming law, Florida joins 36 other states in the compact.

The bill also:

- Requires the Florida Department of Health to participate in the coordinated licensure information system (coordinated system) and to report any significant investigatory information relating to a psychologist practicing under the PSYPACT to the coordinated system.
- Requires the monitoring contract of a psychologist practicing under the PSYPACT who is in the impaired practitioner program to require withdrawal from all practice under the compact.
- Requires the Florida Board of Psychology to appoint an individual to be the state's commissioner on the PSYPACT commission.
- Exempts from licensure in this state a psychologist licensed in another state who is practicing only pursuant to the PSYPACT.
- Authorizes the Board of Psychology to take adverse action against a psychologist's credentials to practice pursuant to the PSYPACT and to impose any other applicable penalties for violation of the compact.
- Designates the state's commissioner on the PSYPACT commission and others, when acting in this state within the scope of his or her compact responsibilities, to be an agent of the state for purposes of the limited waiver of sovereign immunity and provides that the commission shall pay any claims or judgments pursuant to the waiver of sovereign immunity.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2023.

Vote: Senate 39-0; House 115-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 35 — Public Records and Meetings/Psychology Interjurisdictional Compact

by Reps. Hunschofsky, Koster, and others (CS/CS/SB 58 by Appropriations Committee on Health and Human Services; Health Policy Committee; and Senator Harrell)

The bill creates public record and public meeting exemptions for the Psychology Interjurisdictional Compact (PSYPACT).

The bill protects from public disclosure a psychologist's personal identifying information, other than the psychologist's name, licensure status, or license number, obtained from the coordinated licensure information system (coordinated system) and held by the Florida Department of Health or Board of Psychology, unless the state that originally reported the information to the coordinated system authorizes the disclosure by law.

The bill exempts a meeting or a portion of a meeting of the PSYPACT Commission (commission) if the commission must discuss:

- A compact state's noncompliance.
- Matters related to the commission's internal personnel practices and procedures.
- Current, threatened, or reasonably anticipated litigation.
- Contract negotiations.
- Accusation of any person of a crime or a formal censure of a person.
- Information disclosing trade secrets or commercial or financial information that is privileged or confidential.
- Personal information in which disclosure would constitute a clearly unwarranted invasion of personal privacy.
- Investigatory records compiled for law enforcement purposes.
- Information related to investigatory reports for use by the commission regarding compliance issues pursuant to the compact.
- Matters specifically exempted from disclosure by federal or state statute.

Recordings, minutes, and records generated during an exempt commission meeting are exempted from the public records provisions.

The exemptions are subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2028, unless reviewed and reenacted by the Legislature. The bill provides a statement of public necessity as required by the State Constitution.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect on the same date that CS/HB 33 takes effect.

Vote: Senate 39-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 121 — Florida Kidcare Program Eligibility

by Health Care Appropriations Subcommittee; Healthcare Regulation Subcommittee; and Reps. Bartleman, Trabulsy, and others (CS/CS/SB 246 by Fiscal Policy Committee; Appropriations Committee on Health and Human Services; and Senators Calatayud, Perry, Osgood, and Rodriguez)

The bill raises the income eligibility limits for the subsidized MediKids, Florida Healthy Kids, and Children’s Medical Services Network programs within the Florida Kidcare program from 200 percent to 300 percent of the federal poverty level (FPL), effective January 1, 2024. The bill also requires the Florida Healthy Kids Corporation to revise the monthly premiums for enrollees in households over 150 percent of the FPL who are not otherwise exempt from premiums, based on a minimum of three, but not more than six, income-based tiers.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect upon becoming law.

Vote: Senate 38-0; House 105-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 139 — Benefits, Training, and Employment for Veterans and Their Spouses

by Appropriations Committee; Healthcare Regulation Subcommittee; and Rep. Woodson and others (CS/SB 858 by Health Policy Committee and Senators Torres, Wright, Avila, Brodeur, Simon, Powell, Stewart, Osgood, Thompson, Collins, Davis, Harrell, Book, Jones, and Garcia)

The bill expands the purposes of the Florida Department of Veterans' Affairs and Florida Is For Veterans, Inc., to include veterans' spouses. The bill establishes the Office of Veteran Licensure Services (OVLS) within the Department of Health (DOH) to assist active duty members of the U.S. Armed Forces, the U.S. Reserve Forces, the National Guard, and veterans and their spouses in obtaining health care practitioner licensure under s. 456.024, F.S. The bill requires the executive director of the OVLS to be a veteran.

The bill requires the OVLS to:

- Provide information, guidance, direction, and assistance with the licensure process;
- Coordinate with each health practitioner regulatory board, or the department if there is no board, to expedite all applications submitted pursuant to s. 456.024, F.S.;
- Refer an individual requesting assistance with résumé writing and proofreading, job application completion, and interviewing skills and techniques, or information about educational or employment opportunities in health care professions, to Florida Is For Veterans, Inc.; and
- Submit a report by Veterans Day each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The report must categorize each individual served as an active duty member, a veteran, or a veteran's spouse and must include specific data.

The bill also makes technical changes to statutory provisions related to the inclusion of veterans' spouses and the waiver of certain fees for veterans and their spouses.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2023.

Vote: Senate 40-0; House 115-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 218 — Genetic Counselors Using Telehealth

by Senator Harrell

The bill amends the definition of “telehealth provider” in s. 456.47, F.S., to include licensed genetic counselors, thereby allowing those practitioners to provide health care and related services within their scope of practice using telehealth.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2023.

Vote: Senate 38-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 230 — Health Care Practitioner Titles and Designations

by Rules Committee; Health Policy Committee; and Senator Harrell

The bill creates s. 456.0651, F.S., for health care practitioner titles and designations. The bill defines “advertisement,” “educational degree,” “misleading, deceptive, or fraudulent representation,” and “profession” for the purposes of the new section.

The bill provides that if someone other than an allopathic or osteopathic physician attaches to his or her name any of the titles or designations listed in the bill, in an advertisement or in a manner that is misleading, deceptive, or fraudulent, the person is practicing medicine or osteopathic medicine without a license and is subject to the provisions of s. 456.065, F.S., relating to the unlicensed practice of a health care profession. The bill provides exceptions for certain professions and certain titles and provides that practitioners may use titles and specialty designations authorized under their respective practice acts.

The bill amends s. 456.072(1)(t), F.S., to provide that:

- A practitioner’s failure to wear a name tag, which must include his or her name and profession, when treating or consulting with a patient, is grounds for discipline unless he or she is providing services in his or her own office where the practitioner’s license is prominently displayed in a conspicuous area and the practitioner verbally identifies himself or herself to all new patients by name and profession in manner that does not constitute the unlicensed practice of medicine or osteopathic medicine as provided in s. 456.0651, F.S.
- Any advertisement naming a practitioner must include the practitioner’s profession and educational degree.
- Practitioner regulatory boards, or the Department of Health if there is no board, must adopt rules to determine how their practitioners must comply with the bill’s amendments to this paragraph of statute.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2023.

Vote: Senate 37-0; House 78-34

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 238 — Public Records/Protection from Discrimination Based on Health Care Choices

by Fiscal Policy Committee; Health Policy Committee; and Senators Burton and Perry

The bill (Chapter 2023-42, L.O.F.) amends s. 381.00318, F.S., to expand and conform that statute's public records exemption (PRE) provisions to match the changes made to ss. 381.00316 and 381.00319, F.S., in CS/SB 252. Specifically, the bill provides that documents relating to a complaint alleging a violation of ss. 381.00316, 381.00317, or 381.00319, F.S., by a business entity, governmental entity, or an educational institution, held by the Department of Legal Affairs (DLA) or the Department of Health (DOH), are confidential and exempt from public records provisions of s. 119.07(1), F.S., and Art. I, s. 24(a), State Constitution.

The exemption lasts until the investigation into the complaint is completed or ceases to be active, unless releasing the information would jeopardize the integrity of another active investigation, reveal medical information about an individual, or reveal information about an individual's religious beliefs. Information made confidential and exempt may be released to a business or governmental entity or education institution in furtherance of the entity's or institution's lawful duties and responsibilities and may also be released in an aggregated form.

The bill provides legislative findings and extends the Open Government Sunset Review Act repeal date to October 2, 2028.

These provisions were approved by the Governor and take effect June 1, 2023.

Vote: Senate 31-4; House 96-19

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 252 — Protection from Discrimination Based on Health Care Choices

by Fiscal Policy Committee and Senators Burton and Perry

The bill (Chapter 2023-43, L.O.F.) amends several statutes in order to prohibit mask mandates; mandates on emergency use authorization (EUA) vaccinations, messenger ribonucleic acid (mRNA) vaccinations, and COVID-19 vaccinations; and COVID-19 testing mandates in educational institutions, business entities, and governmental entities. The bill prohibits these entities and institutions from requiring proof of a vaccination with one of the specified types of vaccinations, post-infection recovery from COVID-19, or a COVID-19 test to gain access to, entry upon, or service from the entity or institution.

The bill also prohibits business and governmental entities from certain employment practices based on an employee's, or a potential employee's, vaccination or COVID-19 post-infection status or the refusal to take a COVID-19 test. The bill specifies that hospitals and ambulatory surgical centers may not discriminate in the provision of health care to a patient based solely on that patient's vaccination status with the COVID-19 vaccine. The bill's provisions relating to mRNA vaccines are repealed on June 1, 2025.

Additionally, the bill prohibits business entities, governmental entities, and educational institutions from requiring a person to wear a mask, a face shield, or any other facial covering that covers the nose and mouth or denying a person access to, entry upon, service from, or admission to such entity or institution or otherwise discriminating against any person based on his or her refusal to wear a mask, face shield, or other facial covering. The bill provides exceptions to these prohibitions for health care providers and practitioners, as long as the provider or practitioner meets specific requirements established by the bill, and for circumstances in which a mask or facial covering is required safety equipment.

Business entities and governmental entities that violate the bill's mask or vaccine mandate prohibitions are subject to discipline by the Department of Legal Affairs (DLA) while educational institutions are subject to discipline by the Department of Health (DOH). Such discipline may include fines of up to \$5,000 for each violation.

The bill establishes requirements for mandating masks in health care settings. Effective upon the bill becoming a law, the bill requires the DOH and the Agency for Health Care Administration (AHCA) to jointly develop standards for the use of facial coverings in such settings by July 1, 2023, and requires each health care provider and health care practitioner who operates or manages an office to establish policies and procedures for facial coverings by August 1, 2023, that are consistent with the standards adopted by the DOH and the AHCA if they require any individual to wear a mask.

The bill prohibits governmental entities and educational institutions from adopting, implementing, or enforcing an international health organization's guidelines unless authorized by state law, rule, or executive order issued pursuant to a declared emergency.

The bill also creates and amends several statutes related to the provision of health care for COVID-19 including:

- Prohibiting a hospital from interfering with COVID-19 treatment alternatives that are recommended by a health care practitioner with privileges at the hospital;
- Requiring a health care practitioner to obtain specified informed consent from a patient before prescribing any medication for the treatment of COVID-19 to the patient; and
- Prohibiting a pharmacist from being disciplined for properly dispensing medications prescribed for the treatment of COVID-19.

Vote: Senate 29-6; House 84-31

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 254 — Treatments for Sex Reassignment

by Health Policy Committee and Senators Yarborough, Perry, and Broxson

The bill (Chapter 2023-90, L.O.F.) creates several requirements, authorizations, prohibitions, and other provisions relating to medical treatments for the purpose of sex reassignment.

Definitions

The bill defines “sex” to mean the classification of a person as either male or female based on the organization of the human body of such person for a specific reproductive role, as indicated by the person’s sex chromosomes, naturally occurring sex hormones, and internal and external genitalia present at birth.

The bill defines “sex-reassignment prescriptions or procedures” to mean:

- The prescription or administration of puberty blockers for the purpose of attempting to stop or delay normal puberty in order to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex;
- The prescription or administration of hormones or hormone antagonists to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex; or
- Any medical procedure, including a surgical procedure, to affirm a person’s perception of his or her sex if that perception is inconsistent with the person’s sex.

The bill provides that the definition of “sex-reassignment prescriptions or procedures” does not include:

- Treatment provided by a physician who, in his or her good-faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development;
- Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law; or
- Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a licensed allopathic or osteopathic physician, place the individual in imminent danger of death or impairment of a major bodily function without the prescription or procedure.

Restrictions on Health Care Practitioners

The bill provides that sex-reassignment prescriptions or procedures may not be prescribed, administered, or performed except by a licensed allopathic or osteopathic physician or a physician practicing medicine or osteopathic medicine in the employment of the federal government.

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Under the bill, sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that:

- The Board of Medicine and the Board of Osteopathic Medicine (boards) are directed to, within 60 days after the bill's effective date, adopt emergency rules pertaining to standards of practice under which a patient younger than 18 years of age may continue to be treated by a physician with a prescription for sex-reassignment if such treatment was commenced before, and is still active on, the bill's effective date.
- In developing such rules, the boards are directed to consider requirements for physicians to obtain informed consent from such patient's parent or legal guardian under certain parameters and to consider the provision of professional counseling services for such patient by a board-certified psychiatrist or a licensed psychologist in conjunction with such prescription treatment.
- A patient younger than 18 years of age may continue to be treated by a physician with prescriptions for sex-reassignment according to the emergency rules, or nonemergency rules adopted to replace the emergency rules, if such treatment was commenced before, and is still active on, the bill's effective date.

The bill requires that if sex-reassignment treatments are prescribed for or administered or performed on patients 18 years of age or older, consent must be voluntary, informed, and in writing on forms adopted in rule by the boards and that consent is voluntary and informed only if the physician who is to prescribe or administer the pharmaceutical product or perform the procedure has, at a minimum, while physically present in the same room:

- Informed the patient of the nature and risks of the treatment in order for the patient to make a prudent decision;
- Provided the informed consent form to the patient; and
- Received the patient's written acknowledgment, before the prescription or procedure is prescribed, administered, or performed, that the information required to be provided has been provided.

The bill provides that the requirements for consent do not apply to renewals of prescriptions if a physician and his or her patient have met the requirements for consent for the initial prescription or renewal. However, separate consent is required for any new prescription for a pharmaceutical product not previously prescribed to the patient.

The bill provides that a health care practitioner's violation of the bill's provisions constitutes grounds for disciplinary action and that:

- Any health care practitioner who willfully or actively participates in a violation of the bill's provisions relating to treating a minor commits a felony of the third degree; and
- Any health care practitioner who violates the bill's provisions relating to treating an adult commits a misdemeanor of the first degree.

The bill requires the boards to adopt emergency rules to implement the provisions described above and that any emergency rules adopted under the bill will remain in effect until replaced by rules adopted under nonemergency rulemaking procedures.

The bill amends s. 456.074, F.S., relating to immediate suspension of a health care practitioner's license to provide that the Department of Health must issue an emergency order suspending a practitioner's license if the practitioner is arrested for committing, or attempting, soliciting, or conspiring to commit, a violation of the bill's prohibitions against providing sex-reassignment treatments to a minor.

Prohibition Against Expenditure of State Funds

The bill creates s. 286.31, F.S., to provide that a governmental entity as defined in the bill, a public postsecondary educational institution as described in s. 1000.04, F.S., the state group health insurance program, a managing entity as defined in s. 394.9082, F.S., or a managed care plan providing services under Statewide Medicaid Managed Care may not expend state funds as described in s. 215.31, F.S., for sex-reassignment prescriptions or procedures.

Court Jurisdiction for Child Custody

The bill amends Florida's Uniform Child Custody Jurisdiction and Enforcement Act to provide that:

- In addition to other conditions in current law that result in a court in Florida having temporary emergency jurisdiction over child custody if a child is present in this state, a court in Florida has such jurisdiction if it is necessary in an emergency to protect a child who has been subjected to or is threatened with being subjected to sex reassignment treatments; and
- Regarding the current-law authorization for a petitioner to file an application with a court for a warrant to take physical custody of a child if the child is likely to imminently suffer serious physical harm or removal from this state, the term "serious physical harm" includes, but is not limited to, being subjected to sex-reassignment treatments.

Civil Liability

The bill authorizes a person to bring a medical negligence action under ch. 766, F.S., to recover damages for personal injuries or death as a result of a prohibited sex-reassignment prescription or procedure provided to a person younger than 18 years of age. The action may be commenced within 20 years after the cessation or completion of the sex-reassignment treatment. If the action is successful, any award for punitive damages is exempt from the existing statutory limits on punitive damages. The bill does not create a cause of action for a person to bring a lawsuit based on lawful conduct occurring before the bill's effective date or lawful conduct that began before the bill's effective date and lawfully continued after that date.

Other Provisions

The bill provides that:

- If any of its provisions or their application to any person or circumstance are held invalid, the invalidity does not affect other provisions or applications of the bill which can be

given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

These provisions were approved by the Governor and take effect upon becoming law.

Vote: Senate 26-13; House 83-28

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 267 — Telehealth Practice Standards

by Rep. Fabricio and others (SB 298 by Senator Boyd)

The bill (Chapter 2023-63, L.O.F.) amends s. 456.47, F.S., to revise the definition of “telehealth.” Under the bill, the use of audio-only telephone calls is no longer excluded from the definition.

These provisions were approved by the Governor and take effect July 1, 2023.

Vote: Senate 39-0; House 115-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 300 — Pregnancy and Parenting Support

by Senators Grall, Gruters, and Yarborough

The bill (Chapter 2023-21, L.O.F.) amends and creates multiple provisions of law related to pregnancy support and wellness services, the state’s Family Planning Program, and the termination of pregnancies.

The bill prohibits abortion after six weeks of gestation unless an exception is met. Exceptions to abortion time frames that were in effect prior to the bill’s enactment are maintained and a new exception is established for cases in which the pregnancy is the result of rape, incest, or human trafficking. This new exception is available until the gestational age of the fetus is more than 15 weeks as determined by the physician.

The bill specifies that abortions, including medical abortions, may not be provided through telehealth and that medication intended for use in a medical abortion may only be dispensed by a physician and may not be dispensed via the U.S. Postal Service or by any other courier or shipping service. The bill also prohibits any person, educational institution, or governmental entity from expending state funds for a person to travel to another state to receive services that are intended to support an abortion, unless such expenditure is required by federal law or there is a legitimate medical emergency.

Effective upon the bill becoming law, SB 300 also amends the pregnancy support and wellness services network established in s. 381.96, F.S., to expand eligibility for such services to women who are up to 12 months postpartum and to parents or guardians of children under the age of three for up to 12 months. The bill adds new services and assistance which the network is required to provide, including counseling, mentoring, educational materials, and classes, as well as material assistance including clothing, car seats, cribs, baby formula, and diapers. The bill also requires the Department of Health (DOH) to report to the Governor and the Legislature annually on the types, amount, and costs of services provided by the network, as well as demographic information about persons who receive such services.

The bill appropriates, for the 2023-2024 fiscal year, \$25 million in recurring general revenue for the expanded network and specifies that contracted organizations in the network must spend at least 85 percent of the funds received on providing services and maintaining a hotline.

The bill also appropriates, for the 2023-2024 fiscal year, \$5 million in recurring general revenue, in addition to any funds appropriated in the General Appropriations Act, for family planning services provided by the DOH pursuant to s. 381.0051, F.S.

The bill makes other technical and clean-up changes, including repealing s. 390.01112, F.S., which is unused; clarifying that the current-law exception for fatal fetal anomalies is available until the third trimester of pregnancy, rather than until fetal viability; and repealing rulemaking language that is no longer applicable.

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The provisions of the bill, other than the expansion of the pregnancy support network and the appropriations, which are effective upon the act becoming law, are effective 30 days after one of several events occurs. These events include:

- A Florida Supreme Court ruling overturning *In re T.W.*, or one of several other related cases;
- A Florida Supreme Court ruling stating that the privacy clause in the Florida Constitution does not protect the right to abortion; or
- An amendment to the Florida Constitution which provides the same.

These provisions were approved by the Governor on April 13, 2023. Some provisions of the bill became effective when the bill became law, and other provisions are not effective until one of several specified triggers occurs. See the paragraph above for a discussion of the bill's effective dates.

Vote: Senate 26-13; House 70-40

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 385 — Professional Counselors Licensure Compact

by Healthcare Regulation Subcommittee and Rep. Porras and others (SB 140 by Senator Rodriguez)

The bill adds language to s. 491.017, F.S., authorizing the State of Florida to charge a fee for granting the privilege to practice professional counseling pursuant to the Professional Counselors Licensure Compact (compact). Upon this bill becoming law and taking effect, the language in s. 491.017, F.S., will fully conform to the terms of the compact.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2023.

Vote: Senate 37-0; House 115-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 387 — Medical Use of Marijuana

by Health and Human Services Committee; Healthcare Regulation Subcommittee; and Rep. Roach and others (CS/SB 344 by Health Policy Committee and Senators Brodeur and Davis)

The bill amends s. 381.986, F.S., to allow a qualified physician to conduct an examination by telehealth for a patient's medical marijuana certification renewal if the physician previously conducted an in-person exam of the patient for the purpose of certification. The bill also authorizes the Department of Health (DOH) to suspend a qualified physician's registration with the medical marijuana use registry for a period of up to two years if the physician fails to comply with the provisions of that statutory section or provides, advertises, or markets telehealth services before July 1, 2023.

Additionally, the bill directs the DOH to license as a medical marijuana treatment center (MMTC) any applicant who applied for the license available exclusively for class members of *Pigford v. Glickman* or *In re Black Farmers Litg.* under s. 381.986(8)(a)2.b., F.S., and:

- Received a letter granting or denying the license which did not cite any deficiencies, regardless of the applicant's final score; or
- Receives a final determination resulting from a challenge to the application process that the applicant met all necessary licensure requirements.

The bill requires the DOH to grant each such applicant 90 days to cure any deficiencies with his or her application and, if the applicant does so, grant the applicant a license. The bill also specifies that an applicant's death during a legal challenge does not invalidate the challenge and, if such a challenge is successful, the DOH must issue the license to the applicant's estate.

The bill provides that any licenses issued pursuant to the provisions above must be subtracted from licenses that are, or will become, available at a later date under statutory parameters and may not be subtracted from the 22 licenses for which the DOH accepted applications between April 24, 2023, and April 28, 2023.

If approved by the Governor, or allowed to become law without the Governor's signature, the provisions related to physician renewals of a patient's medical marijuana certification take effect July 1, 2023, and the provisions related to MMTC licenses take effect upon becoming law.

Vote: Senate 38-0; House 105-8

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/CS/HB 391 — Home Health Aides for Medically Fragile Children

by Health and Human Services Committee; Health Care Appropriations Subcommittee; Healthcare Regulation Subcommittee; and Rep. Tramont and others (CS/CS/SB 452 by Fiscal Policy Committee; Appropriations Committee on Health and Human Services; and Senators Harrell and Avila)

The bill creates the Home Health Aides for Medically Fragile Children program to help ameliorate the impact of the shortage of health care workers on medically fragile children. The bill requires the Agency for Health Care Administration (AHCA), in consultation with the Board of Nursing (BON), to approve any training program created by a home health agency (HHA) that meets the federal standards for a nurse aide training program and which is meant to train family caregivers as home health aides for medically fragile children (aide).

The bill requires that such a training program must consist of at least 85 hours of training in specified topics and allows a HHA to employ a family caregiver as an aide if he or she has completed the training program and met other specified criteria, including background screening. The bill also requires an aide to complete HIV/AIDS and cardiopulmonary resuscitation training and requires the employing HHA to ensure that the aide has 12 hours of in-service training every 12 months. The bill grants civil immunity to a HHA that terminates or denies employment to an aide who fails to maintain the requirements of the section or whose name appears on a criminal screening report.

The bill allows the AHCA, in consultation with the BON, to adopt rules to implement the bill and requires the AHCA to assess the program annually and to modify the Medicaid state plan and implement any federal waivers necessary to implement the program.

The bill amends ss. 400.489, 400.490, and 464.0156, F.S., to allow registered nurses to delegate tasks to aides and amends s. 408.822, F.S., to require aides to be included in the direct care workforce survey.

The bill requires the AHCA to establish a Medicaid fee schedule for HHAs employing an aide at \$25 per hour with a utilization cap of no more than eight hours per day.

The bill authorizes four full-time equivalent (FTE) positions and \$353,589 in recurring funds and \$118,728 in nonrecurring funds from the Health Care Trust Fund in Fiscal Year 2023-2024 to the AHCA to implement the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect upon becoming law.

Vote: Senate 37-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 558 — Certified Nursing Assistants

by Health Policy Committee and Senator Burton

The bill creates a new designation of “qualified medication aide” (QMA) for certified nursing assistants (CNA) who work in a nursing home and meet specified licensure and training requirements. The bill allows a nursing home to authorize a registered nurse (RN) working in the nursing home to delegate medication administration to a QMA who is working under the direct supervision of the RN.

In order to be designated as a QMA, a CNA must hold a clear and active certification as a CNA for at least one year preceding the delegation; complete 40 hours of training that consists of the six-hour training course currently required for a CNA to administer medication in a home health setting and a 34-hour course developed by the Board of Nursing (BON) specific to QMAs; and successfully complete a supervised clinical practice in medication administration conducted in the nursing home.

The bill amends several sections of statute relating to the delegation of tasks by an RN to a CNA to conform to the changes made in the bill. The bill also specifies that CNAs performing the duties of a QMA may not be counted toward preexisting staffing requirements for nursing homes.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2023.

Vote: Senate 39-0; House 117-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 612 — Blood Clot and Pulmonary Embolism Policy Workgroup

by Health Policy Committee and Senators Yarborough, Gruters, Davis, Book, Osgood, Harrell, Martin, Avila, Collins, Burton, Pizzo, DiCeglie, Berman, Burgess, Calatayud, Wright, Jones, Powell, Hutson, Garcia, Polsky, Torres, Stewart, Passidomo, Albritton, Baxley, Boyd, Bradley, Brodeur, Broxson, Grall, Hooper, Ingoglia, Mayfield, Perry, Rodriguez, Rouson, Simon, Thompson, and Trumbull

The bill creates the “Emily Adkins Prevention Act” and establishes a blood clot and pulmonary embolism policy workgroup composed of health care providers, patients who have experienced blood clots, family members of patients who have died from blood clots, advocates, and other interested parties and associations. The Secretary of Health Care Administration and the State Surgeon General share responsibility for the workgroup.

The purpose of the workgroup is to identify the prevalence, impacts, and health outcomes of persons experiencing blood clots and pulmonary embolisms; the standards of care for surveillance, detection, and treatment; and emerging treatments and research. The workgroup is charged with developing a risk surveillance system and policy recommendations for improved standards of care, surveillance, detection, and patient and family education relating to blood clots and pulmonary embolisms.

The Secretary of Health Care Administration is charged with reporting the workgroup’s findings and recommendations to the Governor and Legislature, with a final report to be submitted by January 4, 2025.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2023.

Vote: Senate 39-0; House 114-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 614 — Mammography Reports

by Senator Harrell

The bill (Chapter 2023-45, L.O.F.) extends the scheduled statutory repeal date for provisions of Florida law requiring facilities that perform mammography to send a summary of the patient's mammography report to certain patients. The repeal date is extended to September 10, 2024, to coincide with the effective date of federal reporting rules pertaining to, among other things, mammography reporting to patients by essentially all mammography facilities nationwide.

These provisions were approved by the Governor and take effect May 11, 2023.

Vote: Senate 38-0; House 118-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 768 — Referral of Patients by Health Care Providers

by Senator Martin

The bill amends s. 456.053, F.S., relating to an exemption from a prohibition against patient referrals for health care services when a referring provider has an investment or other financial interest in the entity providing the referred services, such as a group practice. The bill removes the requirement for the services to be provided under direct supervision and instead requires the supervision level to comply with all applicable Medicare payment coverage rules. The bill deletes the definitions of “direct supervision” and “present in the office suite” since the bill renders those definitions unnecessary.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2023.

Vote: Senate 39-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 783 — Opioid Abatement

by Health and Human Services Committee; Healthcare Regulation Subcommittee; and Rep. Caruso and others (CS/SB 704 by Fiscal Policy Committee and Senator Boyd)

The bill creates the Statewide Council on Opioid Abatement (Council) within the Department of Children and Families (DCF) for the purpose of enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims of the opioid crisis and their families.

The bill amends two definitions in s. 381.887, F.S., to clarify that caregivers need not to have recurring contact with persons at risk of an opioid overdose to meet the definition and to include health care practitioners who dispense drugs in the definition of “authorized health care practitioner.” The bill allows pharmacists to prescribe as well as dispense emergency opioid antagonists within the constraints of that section of statute. Additionally, the bill adds emergency opioid antagonists that are delivered through a prefilled injection device delivery system to the types of opioid antagonists that may be prescribed, dispensed, and administered under the section.

The bill also requires each Florida College System institution and state university to store a supply of emergency opioid antagonists in each residence hall or dormitory residence owned or operated by the institution. The emergency opioid antagonists must be easily accessible to campus law enforcement officers who are trained in their administration.

The bill provides civil or criminal immunity for campus law enforcement officers trained to administer the opioid antagonist as well as for the employing institution when the officer administers or attempts to administer the antagonist in accordance with the bill.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect July 1, 2023.

Vote: Senate 40-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 967 — Medicaid Coverage of Continuous Glucose Monitors

by Healthcare Regulation Subcommittee and Rep. Bell and others (CS/SB 988 by Health Policy Committee and Senators Burton and Davis)

The bill requires the Agency for Health Care Administration (AHCA) to provide coverage for continuous glucose monitors (CGM) under the Medicaid pharmacy benefit to treat Medicaid recipients diagnosed with diabetes, subject to the availability of funds and any parameters provided in the General Appropriations Act.

A CGM is defined under the bill as a device to aid in the treatment of diabetes by measuring glucose levels on demand or at set intervals through a small, electronic sensor that slightly penetrates a person's skin and is designed to remain in place and active for at least seven days. In order to qualify for this benefit, a Medicaid recipient must be diagnosed with a type of diabetes that may be treated with insulin, prescribed insulin and a CGM by a health care practitioner authorized for such prescribing, and participate in applicable follow-up care.

The bill requires the AHCA to seek federal approval, if needed, for implementation. The bill also requires the AHCA to include the fiscal impact of the bill in the rate-setting process for Medicaid managed care plans for the contract year beginning on October 1, 2023.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect October 1, 2023.

Vote: Senate 39-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 1133 — Physician Assistant Licensure

by Healthcare Regulation Subcommittee and Rep. Rizo and others (CS/SB 454 by Health Policy Committee and Senator Avila)

The bill amends ss. 458.347 and 459.022, F.S., to revise the eligibility requirements for physician assistants (PAs) seeking licensure. The bill changes the requirement for graduation from an approved program to a requirement to have “completed” or “matriculated,” as applicable. The bill authorizes the Board of Medicine and the Board of Osteopathic Medicine to grant a license to a PA applicant who does not meet the educational requirements for licensure but has passed the Physician Assistant National Certifying Examination.

These changes reinstate the licensure eligibility for PAs who graduated from accredited PA programs with a bachelor’s degree who were negatively impacted by the Legislature’s 2021 revisions to the PA licensure statutes.

If approved by the Governor, or allowed to become law without the Governor’s signature, these provisions take effect upon becoming law.

Vote: Senate 38-0; House 113-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1352 — Sick Cell Disease Medications, Treatment, and Screening

by Fiscal Policy Committee; Appropriations Committee on Health and Human Services; and Senators Rouson and Davis

The bill focuses on newborn and infant (newborn) screenings for a sickle cell hemoglobin variant, establishing a voluntary registry for screening results, educating persons about sickle cell hemoglobin variants and available resources, on-going research on sickle cell disease (SCD), and improving outcomes for persons diagnosed with SCD.

The bill creates s. 383.147, F.S., to require that if a newborn's screening reveals a sickle cell hemoglobin variant, the screening provider must submit the results to the Department of Health (DOH) for inclusion in a registry for persons carrying a sickle cell hemoglobin variant and notify the newborn's primary care physician. A primary care physician so notified must provide information about the availability and benefits of genetic counseling to the newborn's parent or guardian.

The bill requires the DOH to contract with a community-based SCD medical treatment and research center (center) to establish and maintain the registry. The DOH must establish a system to ensure that the center notifies the parent or guardian of a child included in the registry that a follow-up consultation with a physician is recommended, and the bill requires such notice to be provided to the parent or guardian at least once during the child's early adolescence and once during late adolescence.

A parent or guardian may request to have his or her child removed from the registry by submitting a form to be created under DOH rule, and the DOH must make every reasonable effort to notify persons in the registry who have attained 18 years of age that they may be removed from the registry by submitting a similar form, also to be created under DOH rule. The DOH must also provide information to such persons regarding available educational services, genetic counseling, and other beneficial resources.

The bill creates s. 409.91235, F.S., to require that, biennially, the Agency for Health Care Administration (AHCA), in consultation with the Florida Medical Schools Quality Network and a dedicated SCD medical treatment and research center that maintains a sickle cell patient database and tracks SCD outcome measures, must review specified data and report to the Governor, Legislature, the DOH Office of Minority Health and Health Equity, and the Rare Disease Advisory Council whether the Florida Medicaid program's medications, treatments, and services for Medicaid recipients with SCD are adequate to meet their needs or whether additions should be sought to improve outcomes.

The bill appropriates to DOH, for the 2023-2024 fiscal year, \$1,060,804 in recurring general revenue and \$21,355 in nonrecurring general revenue, and five full-time equivalent positions, for the purpose of the DOH implementing its duties under the bill.

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The bill also appropriates to the AHCA, for the 2023-2024 fiscal year, \$250,000 in nonrecurring general revenue for the purpose of the AHCA implementing its duties under the bill.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2023.

Vote: Senate 40-0; House 116-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1387 — Department of Health

by Health and Human Services Committee; Healthcare Regulation Subcommittee; and Rep. Porras and others (CS/CS/SB 1506 by Rules Committee; Health Policy Committee; and Senator Rodriguez)

The bill (Chapter 2023-71, L.O.F.) revises statutes relating to the Department of Health (DOH).
The bill:

- Creates s. 381.87, F.S., to prohibit research that is reasonably likely to create an enhanced potential pandemic pathogen (ePPP) or that has been determined by the U.S. Department of Health and Human Services, or other federal agency or state agency, to create such a pathogen. The bill defines terms and requires researchers applying for funding to disclose in the application if the research meets the definition of ePPP research.
- Makes several revisions to statutes governing the DOH medical marijuana program, including:
 - o Defining the term “attractive to children” and expanding a requirement that edibles not be attractive to children; and
 - o Amending background screening provisions related to medical marijuana and certified marijuana testing laboratories.
- Updates ch. 382, F.S., relating to DOH vital statistics, to make electronic filing mandatory, when possible.
- Updates statutes relating to the determination of brain death to account for cases in which a patient’s treating practitioner is an autonomous advanced practice registered nurse.
- Amends s. 382.025, F.S., to increase the age at which birth records will remain confidential and exempt, from 100 years of age to 125 years of age.
- Makes several revisions to statutes governing emergency medical technicians (EMTs) and paramedics, including:
 - o Removes a requirement for EMTs and paramedics applying to the DOH for licensure to do so “under oath,” replaces that requirement with an attestation, and removes the obsolete National Standard Curriculum from the training materials;
 - o Amends s. 401.34, F.S., to delete obsolete same-day grading of EMT and paramedic examinations, walk-in eligibility for determinations and examinations, and the fees for EMT and paramedic examination reviews;
 - o Amends s. 401.272, F.S., to eliminate an EMT’s or paramedic’s ability to partner with local county health departments;
 - o Requires EMTs and paramedics to practice under the medical direction of a physician through two-way voice communication or established standing orders or protocols when providing basic life support, advanced life support, and health promotion and wellness activities in a nonemergency environment;
 - o Deletes the required supervision of an EMT and paramedic by a medical director in a nonemergency environment;
 - o Eliminates blood pressure screening from the activities an EMT or paramedic may perform only under medical direction in a nonemergency environment; and

- o Amends s. 401.435, F.S., to remove the obsolete term “first responder” and replaces it with “emergency medical responder.”
- Amends s. 464.203, F.S., to exempt certified nursing assistant applicants who have completed an approved training program from the licensure requirement of taking the skills-demonstration portion of the examination.
- Amends numerous sections of ch. 468, Part I and ch. 484, Part II, F.S., to narrow the scope of regulated practice for audiologists and hearing aid specialists to the dispensing of prescription hearing aids, including:
 - o Redefines “hearing aid,” and defines “over-the-counter (OTC) hearing aid,” and “prescription hearing aid” for hearing aid specialists to align with new federal rules permitting the sale of certain OTC hearing aids;
 - o Deletes regulation of the sale of OTC hearing aids to consumers with perceived mild to moderate hearing impairment through in-person transactions, by mail, or online;
 - o Authorizes licensed hearing aid specialists to service, market, sell, dispense, provide customer support for, and distribute prescription and OTC hearing aids; and
 - o Removes restrictions and criminal penalties for the sale or distribution of hearing aids through the mail.

These provisions were approved by the Governor and take effect July 1, 2023.

Vote: Senate 29-11; House 114-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1471 — Health Care Provider Accountability

by Health and Human Services Committee; Healthcare Regulation Subcommittee; and Rep. Busatta Cabrera and others (CS/SB 1596 by Health Policy Committee and Senator Garcia)

The bill amends nursing home residents' rights to specify that a nursing home resident has the right to be free from sexual abuse, neglect, and exploitation.

The bill amends s. 408.812, F.S., to create a new cause of action to pursue an injunction against unlicensed activity allegedly committed by unlicensed persons or entities providing services for which a license is required under ch. 408, F.S.

The bill amends ss. 458.328 and 459.0138, F.S., to require the Department of Health to inspect a physician's office before an office surgery registration may be issued and to immediately suspend an existing registration under certain circumstances. The bill requires physicians performing gluteal fat grafting procedures in an office surgery setting to adhere to specific standards of practice, including in-person physical examinations no later than the day before the surgery and written consent for any duties that may be delegated during the procedure, and requires that the most critical portion of the procedure must be performed by the physician of record for the gluteal fat grafting procedure using ultrasound guidance or guidance via technology of equal or greater quality than ultrasound if approved by the Board of Medicine or the Board of Osteopathic Medicine, as applicable.

If approved by the Governor, or allowed to become law without the Governor's signature, these provisions take effect July 1, 2023.

Vote: Senate 39-0; House 115-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1550 — Prescription Drugs

by Fiscal Policy Committee; Health Policy Committee; and Senators Brodeur, Rodriguez, Wright, and Perry

The bill (Chapter 2023-29, L.O.F.) regulates the coverage of pharmacy benefits. The bill focuses on transparency, accountability, and participant relationships within the outpatient pharmaceutical delivery system.

For the purposes of this act, affected entities include prescription drug manufacturers, pharmacy benefit managers (PBMs), pharmacy benefits plans or programs (plans), and pharmacies. A PBM contracts to administer prescription drug benefits on behalf of a plan. As used in this act, a plan includes health maintenance organizations, health insurers, self-insured employer health plans, discount card programs, and government-funded health plans.

Price Increase Transparency and Manufacturer Reporting

Prescription drug manufacturers and nonresident prescription drug manufacturers licensed in Florida will be required to submit information on reportable drug price increases for disclosure on the Florida HealthFinder/MyFloridaRx website for public access. This information will be available for Floridians to search and compare prescription drug price increases. Additional trade secret information submitted on reportable drug price increases will be made available for governmental research purposes.

PBM Regulation and Transparency

PBMs operating in Florida will be regulated as administrators under the Florida Insurance Code. Additional requirements specific to PBM operations are provided in the bill, including, but not limited to, affiliated ownership disclosures, disclosure of contractual relationships, and compliance with and reporting about specific statutory contractual terms and conditions. Certain practices by PBMs are prohibited under the bill, such as restricting or penalizing a pharmacy or pharmacist from disclosing relevant information to a patient, governmental officials, or law enforcement; and communicating at the point-of-sale, or otherwise requiring, a cost-sharing obligation for a covered person that exceeds the lesser of the applicable amount in the covered person's plan or the usual and customary (cash) price. A contact within the Division of Consumer Services will be designated to accept complaints from consumers and pharmacies relating to PBMs. Complaints that allege conduct that may constitute a violation of the act must be investigated by the Office of Insurance Regulation.

Contracts between a PBM and a Plan

The bill requires certain provisions to be included in these contracts, such as a plan must require a PBM to reimburse network pharmacies according to a pass-through model, not spread pricing. A pass-through model means a PBM must reimburse the pharmacy the full amount the plan paid

to the PBM for the pharmacist services. One hundred percent of a PBM-negotiated manufacturer rebate must be passed to the plan for offsetting defined cost sharing and reducing premiums of covered persons. A PBM must meet or exceed certain network adequacy requirements that, among other things, do not steer patients to affiliated pharmacies and include offering contracts to specified health care facilities to administer pharmaceuticals and biological products on an outpatient basis. Additionally, the bill requires a PBM or plan to provide a 60-day continuity-of-care period upon revising a formulary of covered prescription drugs during a plan year so that the covered drug continues to be provided to the covered patient at the same cost during the 60-day period.

Contracts between a PBM and Network Pharmacy

The bill requires these contracts to require a PBM to provide a pharmacy with detailed information identifying a claim payment and any reconciliation transactions; prohibit financial clawbacks, retroactive recoupments, or other charges or withholding of fees; allow pharmacies to offer mail or delivery services on an opt-in basis; prohibit a PBM from unilaterally changing the terms of the contract; and require the PBM to provide an administrative process for a pharmacy to appeal the amount reimbursed for pharmacist services.

The PBM contracting provisions apply to all contracts that are executed or amended after July 1, 2023, which apply to pharmacy benefits beginning on or after January 1, 2024.

These provisions were approved by the Governor and take effect July 1, 2023.

Vote: Senate 40-0; House 118-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 1552 — Public Records/Pharmacy Benefit Managers

by Health Policy Committee and Senator Brodeur

The bill (Chapter 2023-30, L.O.F.) extends the current public records exemptions that are applicable to administrators under the Florida Insurance Code to pharmacy benefit managers (PBMs). The bill provides an exemption from public records requirements for examination and investigation reports and work papers relating to PBMs.

The bill is linked to SB 1550 relating to prescription drugs. Under SB 1550, PBMs will be regulated as administrators and will also be subject to additional examination and investigation authority specific to PBMs.

The bill's exemptions are subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2028, unless reviewed and reenacted by the Legislature. The bill provides a statement of public necessity as required by the State Constitution.

These provisions were approved by the Governor and take effect July 1, 2023.

Vote: Senate 40-0; House 119-0

THE FLORIDA SENATE
2023 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 1580 — Protections of Medical Conscience

by Rules Committee and Senators Trumbull and Perry

The bill (Chapter 2023-57, L.O.F.) establishes rights of conscience for health care providers and payors. The bill provides legislative intent and provides that a health care provider or payor has the right to opt-out of participation in or payment for a health care service on the basis of a conscience-based objection (CBO).

The bill establishes notification requirements for opting-out and prohibits a payor from opting-out of paying for a service it is contractually obligated to cover during a plan year. The bill also specifies that CBOs are limited to specific health care services, that the bill may not be construed to waive or modify any duty a provider or payor may have for other health care services that do not violate a provider's or payor's conscience, and that nothing in the bill allows a health care provider or payor to opt-out of providing health care services to any patient or potential patient because of that patient's or potential patient's race, color, religion, sex, or national origin.

The bill prohibits health care providers from being discriminated against or suffering adverse action for declining to participate in a health care service based on a CBO. The bill also provides whistle-blower protections for providers or payors in specific situations and specifies that the bill may not be construed to override any requirement to provide emergency medical treatment in accordance with federal or state law.

The bill allows health care providers or payors to file complaints of violations to the Attorney General (AG) and authorizes the AG to bring a civil action for appropriate relief. The bill also provides civil immunity for health care providers and payors solely for declining to participate in a health care service on the basis of a CBO, with some exceptions.

The bill prohibits a health care practitioner regulatory board, or the Department of Health (DOH) if there is no board, from taking disciplinary action against a health care practitioner solely because he or she has spoken or written publicly about a health care service or public policy, including on a social media platform, as long as the speech or written communication does not provide advice or treatment to a specific patient or patients and does not separately violate any other applicable law or rule. The bill also authorizes a board within the DOH to revoke approval of any specialty board for revoking the certification of an individual for the same reason.

These provisions were approved by the Governor and take effect July 1, 2023.

Vote: Senate 28-11; House 84-34