

Tab 1	SB 168 by Polsky ; (Identical to H 00499) Congenital Cytomegalovirus Screenings						
923940	A	S	RCS	HP, Polsky	Delete L.45 - 52:	01/23	03:22 PM

Tab 2	SB 436 by Grall ; (Identical to H 00415) Pregnancy and Parenting Resources Website						
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Tab 3	SB 362 by Bradley ; (Identical to H 00161) Medical Treatment Under the Workers' Compensation Law						
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Tab 4	SB 644 by Simon ; (Similar to H 00309) Rural Hospitals						
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Tab 5	SB 1600 by Collins ; (Similar to H 01381) Interstate Mobility						
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The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Brodeur, Vice Chair

MEETING DATE: Tuesday, January 23, 2024
TIME: 1:00—3:00 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 168 Polsky (Identical H 499)	Congenital Cytomegalovirus Screenings; Requiring certain hospitals to administer congenital cytomegalovirus screenings on newborns admitted to the hospital under specified circumstances; providing coverage under the Medicaid program for the screenings and any medically necessary follow-up reevaluations; requiring that newborns diagnosed with congenital cytomegalovirus be referred to a primary care physician for medical management, treatment, and follow-up services, etc. HP 01/23/2024 Fav/CS AHS FP	Fav/CS Yeas 8 Nays 0
2	SB 436 Grall (Identical H 415)	Pregnancy and Parenting Resources Website; Requiring the Department of Health, in consultation with the Department of Children and Families and the Agency for Health Care Administration, to maintain a website that provides information and links to certain pregnancy and parenting resources; requiring each department and the agency to provide a clear and conspicuous link to the website on their respective websites; requiring the Department of Health to contract with a third party to develop the website by a specified date, etc. HP 01/23/2024 Favorable AHS FP	Favorable Yeas 7 Nays 3
3	SB 362 Bradley (Identical H 161)	Medical Treatment Under the Workers' Compensation Law; Increasing limits on witness fees charged by certain witnesses; increasing maximum reimbursement allowances for physicians and surgical procedures, etc. BI 01/09/2024 Favorable HP 01/23/2024 Favorable FP	Favorable Yeas 10 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Tuesday, January 23, 2024, 1:00—3:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 644 Simon (Similar H 309)	Rural Hospitals; Specifying eligibility requirements for licensure of rural emergency hospitals; authorizing rural emergency hospitals to enter into any contracts required for certain federal reimbursement; requiring that individual health insurance policies, group health insurance policies, and health maintenance contracts, respectively, issued in this state on or after a specified date provide coverage for services performed in rural emergency hospitals under certain conditions, etc. HP 01/23/2024 Favorable AHS FP	Favorable Yeas 10 Nays 0
5	SB 1600 Collins (Similar H 1381, Compare H 1549)	Interstate Mobility; Requiring the respective boards of occupations, or the Department of Business and Professional Regulation if there is no board, to allow licensure by endorsement if the applicant meets certain criteria; requiring applicants of professions that require fingerprints for criminal history checks to submit such fingerprints before the board or department issues a license by endorsement; requiring the department, and authorizing the board, to review the results of the criminal history checks according to specific criteria to determine if the applicants meet the requirements for licensure; requiring the applicable health care regulatory boards, or the Department of Health if there is no board, to issue a license or certificate to applicants who meet specified conditions, etc. HP 01/23/2024 Favorable RI FP	Favorable Yeas 8 Nays 0

Other Related Meeting Documents

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 168
INTRODUCER: Senator Polsky
SUBJECT: Congenital Cytomegalovirus Screenings
DATE: January 24, 2024 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:
COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 168 amends newborn health screening requirements in s. 383.145, F.S., to require that all newborns who are born in a hospital that provides neonatal intensive care services and who are born before 35 weeks gestation, require cardiac care, or require medical or postsurgical treatment for at least three weeks, be tested for the Cytomegalovirus (CMV). Additionally, the bill requires that if the newborn is transferred to another hospital for higher level care, the receiving hospital must administer the CMV test if the test was not already performed at the transferring hospital or birth facility. The bill also requires a CMV test if the newborn will be transferred or admitted for intensive and prolonged care, regardless of whether the newborn failed his or her hearing screening.

The bill creates a new requirement that CMV screening and medically necessary follow-up reevaluations leading to diagnosis are covered benefits for Medicaid patients and that private health insurance policies and health maintenance organizations (HMO) that provide comprehensive coverage must compensate providers for the covered benefit at the contracted rate. The bill provides that a child who is diagnosed with CMV must be referred to a primary care physician and to the Children’s Medical Services (CMS) Early Intervention Program for management of his or her condition.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

Cytomegalovirus

Cytomegalovirus (CMV) is a common virus for people of all ages; however, a healthy person's immune system usually keeps the virus from causing illness.¹ In the United States, nearly one in three children are already infected with CMV by age five. Over half of adults have been infected with CMV by age 40. Once CMV is in a person's body, it stays there for life and can reactivate. A person can also be re-infected with a different strain (variety) of the virus. Most people with CMV infection have no symptoms and aren't aware that they have been infected.²

A pregnant woman can pass CMV to her unborn baby. The virus in the woman's blood can cross through the placenta and infect the baby. This can happen when a pregnant woman is infected with CMV for the first time or is infected with CMV again during pregnancy.³

Some babies with congenital CMV infection have health problems that are apparent at birth or that develop later during infancy or childhood. In the most severe cases, CMV can cause the death of an unborn baby (pregnancy loss).

Some babies with congenital CMV infection have signs at birth. These signs include:

- Rash
- Jaundice (yellowing of the skin or whites of the eyes)
- Microcephaly (small head)
- Low birth weight
- Hepatosplenomegaly (enlarged liver and spleen)
- Seizures
- Retinitis (damaged eye retina)

Some babies with signs of congenital CMV infection at birth may have long-term health problems, such as:

- Hearing loss
- Developmental and motor delay
- Vision loss
- Microcephaly (small head)
- Seizures

Some babies without signs of congenital CMV infection at birth may have hearing loss. Hearing loss may be present at birth or may develop later, even in babies who passed the newborn hearing test.⁴

¹ About Cytomegalovirus (CMV), Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/overview.html> (last visited Jan. 18, 2024).

² *Id.*

³ Babies Born with Congenital Cytomegalovirus (CMV), Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/congenital-infection.html>, (last visited Jan. 18, 2024).

⁴ *Id.*

CMV is the most common infectious cause of birth defects in the United States. About one out of 200 babies is born with congenital CMV. One out of five babies with congenital CMV will have symptoms or long-term health problems, such as hearing loss. Hearing loss may progress from mild to severe during the first two years of life, which is a critical period for language learning. Over time, hearing loss can affect a child's ability to develop communication, language, and social skills.

Babies who show signs of congenital CMV disease can be treated with medicines called antivirals. Antivirals may decrease the severity of hearing loss. Babies who get treated with antivirals should be closely monitored by their doctor because of possible side effects.⁵

Newborn and Infant Hearing Screening

Section 383.145, F.S., requires that a newborn hearing screening must be conducted on all newborns in hospitals in this state on birth admission. When a newborn is delivered in a facility other than a hospital, the parents must be instructed on the importance of having the hearing screening performed and must be given information to assist them in having the screening performed within three months after the child's birth.⁶

Before a newborn is discharged from the hospital or other state-licensed birthing facility that provides maternity and newborn care services, and unless objected to by the parent or legal guardian,⁷ the newborn must be screened for the detection of hearing loss to prevent the consequences of unidentified disorders.⁸ Additionally, within 30 days of discharge from the hospital, each such facility must refer the newborn to a licensed audiologist, physician, or hospital for screening for detection of hearing loss.⁹ If the birth is a home birth, the health care provider in attendance must provide the referral to a licensed audiologist, hospital, or other newborn hearing screening provider within 30 days.¹⁰

Section 383.145, F.S., also requires that all screenings be conducted by a licensed audiologist, a licensed physician, or appropriately supervised individual who has completed documented training specifically for newborn hearing screening.¹¹ When ordered by the treating physician, screening of a newborn's hearing must include auditory brainstem responses, or evoked otoacoustic emissions, or appropriate technology as approved by the United States Food and Drug Administration (FDA).¹²

If a newborn fails his or her hearing screening, the hospital or birthing facility must administer a test approved by the FDA, or other diagnostically equivalent test, to screen for CMV before the newborn becomes 21 days old or before discharge, whichever is sooner. A child who is diagnosed as having a permanent hearing impairment must be referred to the primary care

⁵ Congenital CMV and Hearing Loss, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cmV/hearing-loss.html>, (last visited Jan. 17, 2024).

⁶ Section 383.145(3)(i), F.S.

⁷ Section 383.145(3)(c), F.S.

⁸ Section 383.145(3)(a), F.S.

⁹ Section 383.145(3)(b), F.S.

¹⁰ Section 383.145(3)(d), F.S.

¹¹ Section 383.145(3)(e), F.S.

¹² Section 383.145(3)(h), F.S.

physician for medical management, treatment, and follow-up services. Furthermore, any child from birth to 36 months of age who is diagnosed as having a hearing impairment that requires ongoing special hearing services must be referred to the Children's Medical Services Early Intervention Program serving the geographical area in which the child resides.¹³ Any person who is not covered through insurance and cannot afford the costs for testing must be given a list of newborn hearing screening providers who provide the necessary testing free of charge.¹⁴

Early Steps

Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers, from birth to 36 months, who have or are at-risk for developmental disabilities or delays. Early intervention supports families and caregivers to increase their child's participation in daily activities and routines that are important to the family. Fifteen local Early Steps offices throughout the state receive referrals from various primary referral sources. Infants and toddlers are assessed in the following developmental domains to determine eligibility: physical, cognitive, communication, social-emotional and adaptive. Each child receives an Individualized Family Support Plan that meets his or her unique needs. Families also receive support to develop the skills and confidence needed in helping their child learn and develop.¹⁵

Medicaid and Private Health Insurance Coverage

Section 383.145(3)(k), F.S., currently requires that the initial procedure for screening the hearing of the newborn or infant and any medically necessary follow-up reevaluations leading to diagnosis are a covered benefit for Medicaid patients and that all private health insurance policies and health maintenance organizations providing comprehensive health coverage must compensate providers for the covered benefit at the contracted rate.

Mandated Health Insurance Coverages

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal which would mandate a health coverage or the offering of a health coverage by an insurance carrier, to submit to the AHCA and the legislative committees having jurisdiction, a report that assesses the social and financial impacts of the proposed coverage. As of January 22, 2024, Senate Committee on Health Policy staff has not received this report.

Under the federal Patient Protection and Affordable Care Act (ACA), individuals and small businesses can shop for health insurance coverage on the federal marketplace. All non-

¹³ Section 383.145(3)(k), F.S.

¹⁴ Section 383.145(3)(l), F.S.

¹⁵ Early Steps, Florida Department of Health, available at <https://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html#:~:text=Early%20Steps%20is%20Florida's%20early,for%20developmental%20disabilities%20or%20delays> (last visited Jan. 19, 2024).

grandfathered plans¹⁶ must include minimum essential coverage (MEC),¹⁷ including an array of services that includes the 10 essential health benefits (EHBs). These 10 EHBs are further clarified or modified each year through the federal rulemaking process and are open for public comment before taking effect. The 10 general categories for the EHBs are:

- Ambulatory services (outpatient care);
- Emergency services;
- Hospitalization (inpatient care);
- Maternity and newborn care.
- Mental health and substance abuse disorder services;
- Prescription drugs.
- Rehabilitative services and rehabilitative services and devices;
- Laboratory services;
- Preventive care and chronic disease management; and
- Pediatric services, including oral and vision care.¹⁸

States are free to modify the EHBs offered in their states by adding coverage; however, because of concerns that federal funds would be used on costly mandated coverages that were not part of the required EHBs, the ACA contains a provision requiring that, starting in 2016, the states would have to pay for the cost of the coverage. As a result, the State of Florida may be required to defray the costs of any additional benefits beyond the required EHBs put in place after 2011.¹⁹

Examples of health insurance benefits mandated under Florida law include:

- Coverage for certain diagnostic and surgical procedures involving bones or joints of the jaw and facial region (s. 627.419(7), F.S.);
- Coverage for bone marrow transplants (s. 627.4236, F.S.);
- Coverage for certain cancer drugs (s. 627.4239, F.S.);
- Coverage for any service performed in an ambulatory surgical center (s. 627.6616, F.S.);
- Diabetes treatment services (s. 627.6408, F.S.);
- Osteoporosis (s. 627.6409, F.S.);
- Certain coverage for newborn children (s. 627.641, F.S.);
- Child health supervision services (s. 627.6416, F.S.);
- Certain coverages related to mastectomies (s. 627.6417, F.S.);
- Mammograms (s. 627.6418, F.S.); and
- Treatment of cleft lip and cleft palate in children (s. 627.64193, F.S.).

¹⁶ A “grandfathered health plan” are those health plans, both individual and employer plans, that maintain coverage that were in place prior to the passage of the PPACA or in which the enrollee was enrolled on March 23, 2010 while complying with the consumer protection components of the PPACA. If a group health plan enters a new policy, certificate, or contract of insurance, the group must provide the new issuer the documentation from the prior plan so it can be determined whether there has been a change sufficient to lose grandfather status. *See* 26 U.S.C. 7805 and 26 C.F.R. s. 2590.715-1251(a).

¹⁷ To meet the individual responsibility provision of the ACA statute, a benefit plan or coverage plan must be recognized as providing minimum essential coverage (MEC). Employer based coverage, Medicaid, Medicare, CHIP (i.e. Florida KidCare), and TriCare would meet this requirement.

¹⁸ 42 U.S.C. s. 18022(b)(1)(A)-(J).

¹⁹ *See* 42 U.S.C. s. 18031(d)(3)(B)(ii).

Florida's current EHB includes anti-viral medications for CMV.²⁰

III. Effect of Proposed Changes:

CS/SB 168 amends s. 383.145, F.S. to require each hospital that provides neonatal intensive care services to administer an FDA-approved test for CMV, or other diagnostically equivalent test, to each newborn admitted to the hospital as the result of a premature birth prior to 35 weeks gestation, for cardiac care, or for medical or postsurgical treatment requiring an anticipated stay of three weeks or longer. The CMV screening must be initiated prior to the newborn being 21 days of age.

The bill requires that if the newborn is transferred to another hospital for higher level care, the receiving hospital must administer the CMV test if the test was not already performed at the transferring hospital or birth facility. The bill also requires a CMV test if the newborn will be transferred or admitted for intensive and prolonged care, regardless of whether the newborn failed his or her hearing screening.

The bill amends s. 383.145(3)(k), F.S., to create a new requirement that CMV screening and medically necessary follow-up reevaluations leading to diagnosis are covered benefits for Medicaid patients and that private health insurance policies and HMOs providing comprehensive health coverage must compensate providers for the covered benefit at the contracted rate. The bill provides that a child who is diagnosed with CMV must be referred to a primary care physician and to the CMS Early Intervention Program for management of his or her condition and be deemed eligible for a baseline evaluation and any medically necessary follow-up reevaluations and monitoring.

The bill provides an effective date of July 1, 2024.

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.

²⁰ *Id.*

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminate positive fiscal impact on the families of newborns who are diagnosed with CMV due to the required screening, are eligible for services, and are able to manage the condition prior to any permanent hearing loss occurring.

The bill may have an indeterminate negative fiscal impact on hospitals that are required to perform additional CMV tests due to the requirements in the bill.

C. Government Sector Impact:

The bill may have a negative fiscal impact on the DOH if the number of CMV screenings the DOH is required to perform under the newborn screening program increases due to the requirements in the bill and if more children are eligible to for the CMS Early Intervention Program. As of this writing, the DOH has not submitted an estimate of such fiscal impact.

The bill may have a fiscal impact on the Medicaid program. As of this writing, the Agency for Health Care Administration has not submitted an estimate of such fiscal impact.

The bill may have a negative fiscal impact on state government if the state is required to defray additional costs related to adding CMV screenings or treatments to the specified mandated insurance coverage.

VI. Technical Deficiencies:

None.

VII. Related Issues:

CS/SB 168 amends s. 383.145(3)(k), F.S., to create a new requirement that CMV screening and medically necessary follow-up reevaluations leading to diagnosis are covered benefits for Medicaid patients and that private health insurance policies and HMOs providing comprehensive health coverage must compensate providers for the covered benefit at the contracted rate, however, the bill is not specific as to what services are required to be covered under the medically necessary follow-up reevaluations. It may be advisable to clarify what services are required to be covered under the bill.

VIII. Statutes Affected:

This bill substantially amends section 383.145 of the Florida Statutes.

IX. Additional Information:

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

CS by Health Policy on January 23, 2024.

The CS:

- Increases the gestational age, from 33 to 35 weeks, for the requirement that a hospital providing NICU services must administer a CMV test to infants born earlier than that gestational age;
- Removes the requirement to administer a CMV test to newborns who are small for their gestational age; and
- Moves the requirement to administer a CMV test when a newborn is being transferred for more intensive care from the birthing hospital to the hospital receiving the transfer.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/23/2024	.	
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	.	

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

Senate Amendment

Delete lines 45 - 52
and insert:
birth occurring before 35 weeks' gestation, for cardiac care, or
for medical or surgical treatment requiring an anticipated stay
of 3 weeks or longer. Such screening must be initiated before
the newborn becomes 21 days of age.

3. If a newborn requires transfer to another hospital for a
higher level of care, the receiving hospital must initiate the



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11 congenital cytomegalovirus screening if it was not already
12 performed by the transferring hospital or birthing facility. For

By Senator Polsky

30-00096-24

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1 A bill to be entitled
2 An act relating to congenital cytomegalovirus
3 screenings; amending s. 383.145, F.S.; requiring
4 certain hospitals to administer congenital
5 cytomegalovirus screenings on newborns admitted to the
6 hospital under specified circumstances; requiring that
7 the screenings be initiated within a specified
8 timeframe; providing construction; providing coverage
9 under the Medicaid program for the screenings and any
10 medically necessary follow-up reevaluations; requiring
11 that newborns diagnosed with congenital
12 cytomegalovirus be referred to a primary care
13 physician for medical management, treatment, and
14 follow-up services; requiring that children diagnosed
15 with a congenital cytomegalovirus infection without
16 hearing loss be referred to the Children's Medical
17 Services Early Intervention Program and be deemed
18 eligible for evaluation and any medically necessary
19 follow-up reevaluations and monitoring under the
20 program; providing an effective date.

21
22 Be It Enacted by the Legislature of the State of Florida:

23
24 Section 1. Paragraphs (a), (k), and (l) of subsection (3)
25 of section 383.145, Florida Statutes, are amended to read:

26 383.145 Newborn and infant hearing screening.—

27 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
28 COVERAGE; REFERRAL FOR ONGOING SERVICES.—

29 (a) 1. Each hospital or other state-licensed birthing

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30 facility that provides maternity and newborn care services shall
31 ensure that all newborns are, before discharge, screened for the
32 detection of hearing loss to prevent the consequences of
33 unidentified disorders. If a newborn fails the screening for the
34 detection of hearing loss, the hospital or other state-licensed
35 birthing facility must administer a test approved by the United
36 States Food and Drug Administration or another diagnostically
37 equivalent test on the newborn to screen for congenital
38 cytomegalovirus before the newborn becomes 21 days of age or
39 before discharge, whichever occurs earlier.

40 2. Each hospital that provides neonatal intensive care
41 services shall administer a test approved by the United States
42 Food and Drug Administration or another diagnostically
43 equivalent test to screen for congenital cytomegalovirus in each
44 newborn admitted to the hospital as a result of a premature
45 birth occurring before 33 weeks' gestation, due to the newborn's
46 size being small for his or her gestational age, for cardiac
47 care, or for medical or postsurgical treatment requiring an
48 anticipated stay of 3 weeks or longer. Such screening must be
49 initiated before the newborn becomes 21 days of age.

50 3. If a newborn requires transfer to another hospital for
51 higher level of care, the birthing hospital must initiate the
52 congenital cytomegalovirus screening before the transfer. For
53 newborns transferred or admitted for intensive and prolonged
54 care, the congenital cytomegalovirus screening must be initiated
55 regardless of whether the newborn failed a hearing screening.

56 (k) The initial procedures ~~procedure~~ for the congenital
57 cytomegalovirus screening and the hearing screening of the
58 newborn or infant and any medically necessary follow-up

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59 reevaluations leading to diagnosis are ~~shall be a~~ covered
60 benefits ~~benefit~~ for Medicaid patients covered by a fee-for-
61 service program. For Medicaid patients enrolled in HMOs,
62 providers must ~~shall~~ be reimbursed directly by the Medicaid
63 Program Office at the Medicaid rate. This service is ~~may not be~~
64 considered a covered service for the purposes of establishing
65 the payment rate for Medicaid HMOs. All health insurance
66 policies and health maintenance organizations as provided under
67 ss. 627.6416, 627.6579, and 641.31(30), except for supplemental
68 policies that only provide coverage for specific diseases,
69 hospital indemnity, or Medicare supplement, or to the
70 supplemental policies, must ~~shall~~ compensate providers for the
71 covered benefit at the contracted rate. Nonhospital-based
72 providers are eligible to bill Medicaid for the professional and
73 technical component of each procedure code.

74 (1) A child ~~who is~~ diagnosed as having permanent hearing
75 loss or a congenital cytomegalovirus infection must be referred
76 to the primary care physician for medical management, treatment,
77 and follow-up services. Furthermore, in accordance with Part C
78 of the Individuals with Disabilities Education Act, Pub. L. No.
79 108-446, Infants and Toddlers with Disabilities, any child from
80 birth to 36 months of age ~~who is~~ diagnosed as having hearing
81 loss that requires ongoing special hearing services must be
82 referred to the Children's Medical Services Early Intervention
83 Program serving the geographical area in which the child
84 resides. A child diagnosed with a congenital cytomegalovirus
85 infection without hearing loss must be referred to the
86 Children's Medical Services Early Intervention Program and be
87 deemed eligible for a baseline evaluation and any medically

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88 necessary follow-up reevaluations and monitoring.

89 Section 2. This act shall take effect July 1, 2024.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Governmental Oversight and Accountability, *Vice Chair*
Appropriations
Appropriations Committee on Agriculture, Environment,
and General Government
Criminal Justice
Environment and Natural Resources
Ethics and Elections

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR TINA SCOTT POLSKY

30th District

October 17, 2023

Chair Colleen Burton
Committee on Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Burton,

I respectfully request that you place SB 168, relating to Congenital Cytomegalovirus Screenings, on the agenda of the Committee on Health Policy, at your earliest convenience.

Should you have any questions or concerns, please feel free to contact me or my office. Thank you in advance for your consideration.

Kindest Regards,

A handwritten signature in black ink, appearing to read "Tina S. Polsky".

Senator Tina S. Polsky
Florida Senate, District 30

cc: Allen Brown, Staff Director
Daniel Looke, Deputy Staff Director
Anhar Al-Asadi, Administrative Assistant

REPLY TO:

- 5301 North Federal Highway, Suite 135, Boca Raton, Florida 33487 (561) 443-8170
- 220 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5030

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

1-23-24 Meeting Date

168 Bill Number or Topic

HHS Committee

Amendment Barcode (if applicable)

Name Odie Pauley

Phone 850) 260-6566

Address 1076 Ten Mile Rd Street

Email chnpolacp@yahoo.com

Barifay 71 32423 City State Zip

Speaking: [X] For

[] Against [] Information

OR

Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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168

Bill Number or Topic

Amendment Barcode (if applicable)

1-23-24

Meeting Date

HHS

Committee

Name

Austin Pauley

Phone

850-326-7586

Address

1076 ten mile rd

Email

austin2118acc@gmail.com

Street

Bonifay

FL

32425

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1-23-24

Meeting Date

HHS

Committee

168

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Mikayla Parley

Phone

850) 768-9083

Address

1076 Ter Mile Rd

Street

Email

mikayla-parley@gmail.com

Bartley

City

FL

State

32425

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1-23-24

Meeting Date

168

Bill Number or Topic

HHS

Committee

Amendment Barcode (if applicable)

Name

Erabella Pavley

Phone

(850) 260-6566

Address

1076 Ten Mile Rd
Street

Email

chipdaccp@yahoo.com

Bonifay
City

FL
State

32925
Zip

with present

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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1-23-24

Meeting Date

HHS

Committee

168

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Kimberly Parley

Phone

(850) 260-6385

Address

1076 Tea Ann Rd

Street

Email

parleykim@yahoo.com

Bonifay

City

FL

State

32925

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1/23/24

Meeting Date

HHS

Committee

S 168

Bill Number or Topic

Amendment Barcode (if applicable)

Name Robert Fifer

Phone 305 215 7623

Address 11273 SW 153 Ave Street

Email rfifer@med.miami.edu

Miami, FL 33196 City State Zip

Speaking: [X] For [] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1-23-24

Meeting Date

168

Bill Number or Topic

HHS

Committee

Amendment Barcode (if applicable)

Name Sean Pawley

Phone 850-260-6566

Address 1076 ten mile rd

Email chipola cp@yahoo.com

Bonifay

FL

32425

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1/23/2024

Meeting Date

SB 168

Bill Number or Topic

Senate Health Policy

Committee

Amendment Barcode (if applicable)

Name Dr. Claudia Espinosa

Phone 850 - 758 - 5209

Address 13330 Usf Laurel Drive

Email

Street

Tampa FL 33612

City

State

Zip

Speaking: [checked] For [] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[checked] I am appearing without compensation or sponsorship. on behalf of CMV Collaborative

[] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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SB 168

Bill Number or Topic

1/23/2024

Meeting Date

Senate Health Policy

Committee

Amendment Barcode (if applicable)

Name

Cora Merritt

Phone

850 - 758-5209

Address

423 Marsh Landing Blvd

Email

cora.merritt@nemours.org

Street

Jacksonville

State

FL

Zip

32550

City

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Nemours Children's Health

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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1/23/24

Meeting Date

168

Bill Number or Topic

HHS

Committee

Amendment Barcode (if applicable)

Name

Theresa Bulger

Phone

412 601 0262

Address

2048 Weston

Email

tb@deafkidscon.org

Street

Tally

State

FL

Zip

338

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Academy of Audiologists

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

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S-001 (08/10/2021)

APPEARANCE RECORD

SB 168

Bill Number or Topic

1/23/24

Meeting Date

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Health Policy

Committee

Amendment Barcode (if applicable)

Name

Nancy Lawther Ph.D. PTA (Florida)

Phone

407 855-7604

Address

1747 Orlando Central Parkway

Email

legislation@flondapta.org

Street

Orlando FL 32809

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida PTA

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 436

INTRODUCER: Senator Grall

SUBJECT: Pregnancy and Parenting Resources Website

DATE: January 22, 2024

REVISED: 01/23/24

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 436 creates s. 383.0131, F.S., to require the Department of Health (DOH), in consultation with the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA), maintain a website, distinct from its own website, to provide information and links for public and private resources for expectant families and new parents. The DOH must contract for the creation of the website and it must be operational by January 1, 2025. The bill specifies categories of resources that must be available on the website but does not limit the website to those categories. Additionally, the bill requires the DCF and the AHCA to include clear and conspicuous links to the website on their websites.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

DOH Pregnancy Support and New Parent Support Web Resources

Currently, the DOH provides separate websites for pregnancy and new parent resources. The DOH's pregnancy website¹ includes numerous links to resources for pregnant women. These include information on what to do after pregnancy, available community resources, still-birth prevention, emergency preparedness, birth defects, the effect of various conditions and illness on pregnancy, tobacco use, and the Healthy Start program, among others. The parenting support webpage² has similar links to multiple resources for new parents including information on newborn screening, immunizations, and other programs such as Early Steps, Healthy Start, Florida Prepaid, and Bright Expectations.

¹ Available at <https://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/index.html>, (last visited Jan. 19, 2024).

² Available at <https://www.floridahealth.gov/programs-and-services/vital-statistics/index.html>. (Last visited Jan. 19, 2024).

Online Portals

State agencies in Florida operate statutorily mandated online portals on various topics. For example:

- The Department of Education is mandated in s. 1001.10, F.S., to develop an online portal for parents to choose the best education options for their students. The statute requires that the portal must:
 - Recommend educational options based on questions about the student, including the needs and interests of the student.
 - Advise parents on the recommended educational options for their student.
 - Enable schools to develop a school profile and connect directly with families who express interest in the school.
 - Allow parents to complete the school enrollment process.
- The DCF is required by s. 409.1464, F.S., to operate a website as part of the Responsible Fatherhood Initiative that will allow a father to obtain information about effective parenting, identify areas in which support would enable him to enhance his ability to be an effective father, and be connected to such support, including, but not limited to, support provided by organizations receiving specified grants.
- The AHCA is required by s. 408.05, F.S., to contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison. The AHCA is required to actively oversee the platform and the platform must allow a consumer to search by condition or service bundles that are comprehensible to a layperson and may not require registration, a security password, or user identification. The vendor is also required to establish and maintain a Florida-specific data set of health care claims information available to the public and any interested party.

III. Effect of Proposed Changes:

SB 436 creates s. 383.0131, F.S., to establish a pregnancy and parenting resources website. The bill requires the DOH to contract for the creation of the website which is required to be a stand-alone website that must be operational by January 1, 2025. The DOH, in consultation with the DCF and the AHCA, is required to maintain the website, and each of these agencies must post a clear and conspicuous link to the website on their respective webpages. The website must have information and links to public and private resources for expectant families which include, but are not limited to:

- Educational materials on pregnancy and parenting;
- Maternal health services;
- Prenatal and postnatal services;
- Educational and mentorship programs for fathers;
- Social services;
- Financial assistance; and
- Adoption services.

The bill provides an effective date of July 1, 2024.

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:

SB 436 is estimated to have a negative fiscal impact on the DOH. The department estimates a cost of \$466,200 to implement the bill, of which \$97,600 would be recurring.³

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

³ Department of Health, *2024 Agency Legislative Bill Analysis: SB 436*, pp. 3-4, Nov. 17, 2023 (on file with the Senate Committee on Health Policy).

VIII. Statutes Affected:

This bill creates section 383.0131 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

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

None.

B. Amendments:

None.

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

By Senator Grall

29-00521-24

2024436__

1 A bill to be entitled
2 An act relating to a pregnancy and parenting resources
3 website; creating s. 383.0131, F.S.; requiring the
4 Department of Health, in consultation with the
5 Department of Children and Families and the Agency for
6 Health Care Administration, to maintain a website that
7 provides information and links to certain pregnancy
8 and parenting resources; requiring each department and
9 the agency to provide a clear and conspicuous link to
10 the website on their respective websites; requiring
11 the Department of Health to contract with a third
12 party to develop the website by a specified date;
13 providing an effective date.

14
15 Be It Enacted by the Legislature of the State of Florida:

16
17 Section 1. Section 383.0131, Florida Statutes, is created
18 to read:

19 383.0131 Pregnancy and parenting resources website.-

20 (1) The Department of Health, in consultation with the
21 Department of Children and Families and the Agency for Health
22 Care Administration, shall maintain a website, distinct from
23 their own websites, which provides information and links to
24 public and private resources for expectant families and new
25 parents, which resources include, but are not limited to:

26 (a) Educational materials on pregnancy and parenting.

27 (b) Maternal health services.

28 (c) Prenatal and postnatal services.

29 (d) Educational and mentorship programs for fathers.

29-00521-24

2024436__

30 (e) Social services.

31 (f) Financial assistance.

32 (g) Adoption services.

33 (2) The Department of Health, the Department of Children
34 and Families, and the Agency for Health Care Administration
35 shall include a clear and conspicuous link to the website on
36 their respective websites.

37 (3) The Department of Health shall contract with a third
38 party for the development of the website, which must be
39 operational by January 1, 2025.

40 Section 2. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: November 28, 2023

I respectfully request that **Senate Bill #436**, relating to Pregnancy and Parenting Resources Website, be placed on the:

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

A handwritten signature in blue ink that reads "Erin K. Grall".

Senator Erin Grall
Florida Senate, District 29

The Florida Senate

APPEARANCE RECORD

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1/23/24

Meeting Date

SB 436

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Nancy Lawther, Ph.D

Phone 407 855-7604

Address 1747 Orlando Central Parkway

Email legislation@floridapta.org

Street

Orlando

FL

32809

City

State

Zip

Speaking: [X] For [] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

[X] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida PFA

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

S.B. 436

01/23/2024

Meeting Date

Health Policy

Committee

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Bill Number or Topic

S.B. 436

Amendment Barcode (if applicable)

Name Ashley Hayek Phone _____

Address 1001 Pennsylvania Ave. NW Email _____

Street

Washington

DC

20004

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

America First Policy Institute

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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SB 436 by Groll
Bill Number or Topic

1/23/24
Meeting Date

Health Policy
Committee

Amendment Barcode (if applicable)

Name Chanta Combs Phone 850-980-6610

Address 201 W. Park Ave Email ccombs@flacathconf.org

Street

TLH FL 32301
City State Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Conference of Catholic Bishops

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

1/24/24

Meeting Date

The Florida Senate APPEARANCE RECORD

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SB 436

Bill Number or Topic

Committee

Lynda Bell

Name

Amendment Barcode (if applicable)

850-388-9967

Phone

Address

Street

lyndabell@bellsouth.net

Email

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 362

INTRODUCER: Senator Bradley

SUBJECT: Medical Treatment Under the Workers' Compensation Law

DATE: January 22, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Johnson</u>	<u>Knudson</u>	<u>BI</u>	Favorable
2.	<u>Morgan</u>	<u>Brown</u>	<u>HP</u>	Favorable
3.	_____	_____	<u>FP</u>	_____

I. Summary:

SB 362 increases the maximum medical reimbursements for physicians and surgical procedures and the maximum fees for expert witnesses under ch. 440, F.S., “Workers Compensation Law” (law). The law requires employers to provide injured employees all medically necessary remedial treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require.

The bill increases the maximum reimbursement allowances (MRA) for physicians and surgical procedures to 200 percent of Medicare. Currently, the maximum reimbursement allowance for a physician licensed under ch. 458, F.S., or ch. 459, F.S., is 110 percent of Medicare and the maximum reimbursement allowance for surgical procedures is 140 percent of Medicare.

In regards to expert medical witnesses, the law currently limits the amount health care providers can be paid for expert testimony during depositions on a workers’ compensation claim to \$200 per hour, unless they only provided an expert medical opinion following a medical record review or provided direct personal services unrelated to the case in dispute, in which case they are limited to a maximum of \$200 per day. The bill increases the maximum hourly amount allowed expert witnesses to \$300 per hour. For those expert witnesses subject to the daily rate, the maximum amount allowed is increased to \$300 per day.

Implementation of the bill is estimated to result in a 7.3 percent increase (or \$286 million) in overall workers’ compensation system costs. The estimated impact on state and local governments is indeterminate.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

Florida Workers' Compensation System

Florida's Workers' Compensation Law¹ requires employers to provide injured employees all medically necessary remedial treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require.² The Division of Workers' Compensation within the Department of Financial Services (DFS), provides regulatory oversight of the workers' compensation system in Florida, including the health care delivery system.

Reimbursement for Health Care Providers

Health care providers must receive authorization from the insurer before providing treatment, and submit treatment reports to the insurer.³ Insurers must reimburse an individual physician, hospital, ambulatory surgical center, pain program, or work-hardening program at either the agreed-upon contract price or the maximum reimbursement allowance in the appropriate schedule.⁴ DFS mediates utilization and reimbursement disputes.⁵

A three-member panel (panel) consisting of the Chief Financial Officer (CFO) or his or her designee and two Governor's appointees sets the MRAs.⁶ The DFS incorporates the statewide schedules of the MRAs by rule in reimbursement manuals. In establishing the MRA manuals, the panel considers the usual and customary levels of reimbursement for treatment, services, and care; the cost impact to employers for providing reimbursement that ensures that injured workers have access to necessary medical care; and the financial impact of the MRAs on healthcare providers and facilities.⁷ Florida law requires the panel to develop MRA manuals that are reasonable, promote the workers' compensation system's health care cost containment and efficiency, and are sufficient to ensure that medically necessary treatment is available for injured workers.⁸

The panel develops four different reimbursement manuals to determine statewide schedules of maximum reimbursement allowances. The health care provider manual limits the maximum reimbursement for licensed physicians to 110 percent of Medicare reimbursement,⁹ while reimbursement for surgical procedures is limited to 140 percent of Medicare.¹⁰ The hospital manual sets maximum reimbursement for outpatient scheduled surgeries at 60 percent of charges,¹¹ while other outpatient services are limited to 75 percent of usual and customary charges.¹² Reimbursement of inpatient hospital care is limited based on a schedule of per diem

¹ Ch. 440, F.S.

² Section 440.13(2)(a), F.S.

³ Section 440.13, F.S.

⁴ Section 440.13(12)(a), F.S.

⁵ Section 440.13, F.S.

⁶ *Id.*

⁷ Section 440.13(12)(i), F.S.

⁸ *Id.*

⁹ Section 440.13(12)(f), F.S.

¹⁰ Section 440.13(12)(g), F.S.

¹¹ Section 440.13(12)(d), F.S.

¹² Section 440.13(12)(a), F.S.

rates approved by the panel.¹³ The ambulatory surgical centers manual limits reimbursement to 60 percent of usual and customary as such services are generally scheduled outpatient surgeries. The prescription drug reimbursement manual limits reimbursement to the average wholesale price plus a \$4.18 dispensing fee.¹⁴ Repackaged or relabeled prescription medication dispensed by a dispensing practitioner has a maximum reimbursement of 112.5 percent of the average wholesale price plus an \$8.00 dispensing fee.¹⁵ Fees may not exceed the schedules adopted under Ch. 440, F.S., and DFS rule.¹⁶ DFS incorporates the MRAs approved by the Three-Member Panel in reimbursement manuals¹⁷ through the rulemaking process provided by the Administrative Procedures Act.¹⁸

Expert Witness Fees for Health Care Providers

Chapter 440.13, F.S., limits the amount a health care provider can be paid for expert testimony during depositions on a workers' compensation claim. As an expert medical witness, a workers' compensation health care provider is limited to a maximum \$200 per hour. An expert witness who only provided an expert medical opinion following a medical record review or provided direct personal services unrelated to the case in dispute is limited to a maximum witness fee of \$200 per day.¹⁹

III. Effect of Proposed Changes:

Section 1 amends s. 440.13, F.S. Subsection (10) is amended to increase the maximum amount a health care provider can be paid for expert testimony during a deposition on a workers' compensation claim from \$200 to \$300 per hour. A health care provider that only provides an expert medical opinion following a medical record review or provides direct personal services unrelated to the case in dispute, is limited to a maximum witness fee of \$300 rather than \$200 per day.

Subsection (12) is amended to increase the maximum reimbursement for a physician licensed under ch. 458, F.S., or ch. 459, F.S., from 110 percent to 200 percent of Medicare, using appropriate codes and modifiers or the medical reimbursement level adopted by the three-member panel as of January 1, 2003, whichever is greater. The maximum reimbursement for surgical procedures is increased from 140 percent to 200 percent of the reimbursement allowed by Medicare, using appropriate codes and modifiers or the medical reimbursement level adopted by the three-member panel as of January 1, 2003, whichever is greater.

Section 2 provides an effective date of July 1, 2024.

¹³ *Id.*

¹⁴ Section 440.13(12)(h), F.S.

¹⁵ *Id.*

¹⁶ Section 440.13(13)(b), F.S. DFS also has rulemaking authority under s. 440.591, F.S.

¹⁷ Sections 440.13(12) and 440.13(13), F.S., and Ch. 69L-7, F.A.C.

¹⁸ Ch. 120, F.S.

¹⁹ S. 440.13(10), F.S.

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:

The bill increases the maximum payments to medical providers who appear as expert medical witnesses in litigated workers' compensation claims.

The bill increases payments to physicians and for surgical procedures (including all scheduled, non-emergency clinical laboratory and radiology services; and outpatient physical, occupational, and speech therapy services). Implementation of the bill would result in an estimated 7.3 percent increase (or \$286 million) in overall workers' compensation system costs, as described below.

The National Council on Compensation Insurance, Inc., Analysis of SB 1344²⁰

The National Council on Compensation Insurance, Inc., (NCCI) provided the following analysis of the impact of changing maximum reimbursement allowances (MRAs) in the 2016 edition of the Health Care Provider Reimbursement Manual (HCPRM). The Division of Workers' Compensation of DFS asked NCCI, the licensed rating and

²⁰ NCCI, Analysis of Florida Medical Fee Schedule Changes (2023 Session, HB 1299/SB 1344) (Mar. 28, 2023). On file with Senate Banking and Insurance Committee. For the 2024 Session, SB 362 was filed, which is identical to last year's SB 1344. An updated analysis by NCCI to incorporate the 2024 changes in the Medicare fee schedules is expected to be available in late January or early February.

statistical organization for the Florida workers’ compensation system, to analyze an additional four scenarios.

The current state multiplier for surgical is 140 percent and the current state multiplier for all others is 110 percent. The state-specific multipliers for HB 1299/SB1344 (scenario 3 increases both multipliers to 200 percent), as well as four additional scenarios are summarized below:

Type of Service	Proposed Multiplier by Scenario				
	1	2	3	4	5
Surgical	150 percent	175 percent	200 percent	225 percent	250 percent
All Other	150 percent	175 percent	200 percent	225 percent	250 percent

NCCI estimates that the changes to the MRAs, proposed to be effective July 1, 2023, would result in the following estimated impacts on overall Florida workers compensation system costs under each of the proposed scenarios, where Scenario 3 is the estimated impact of HB 1299/SB 1344:

Scenario	Estimated Percentage Impact	Estimated Impact on Overall Costs ²¹
1	+3.1	+\$122 million
2	+5.2	+\$204 million
3	+7.3	+\$286 million
4	+9.4	+\$369 million
5	+11.5	+\$451 million

In addition to physician services, the proposed changes would also impact MRAs for the following hospital outpatient services contained in the Florida Workers’ Compensation Reimbursement Manual for Hospitals:

- All scheduled, non-emergency clinical laboratory and radiology services; and
- Outpatient physical, occupational, and speech therapy services.

The changes to the HCPRM also impact certain hospital outpatient services. In Florida, payments for hospital outpatient services represent 18.4 percent of medical costs, and hospital outpatient services subject to the HCPRM MRAs represent 3.3 percent of total hospital outpatient costs.

²¹ Overall system costs are based on 2021 net written premium for insurance companies including an estimate of self-insured premium as provided by the Florida Division of Workers’ Compensation. For each scenario, the estimated dollar impact is displayed for illustrative purposes only and calculated as the respective percentage impact multiplied by \$3,921 million. These figures do not include the policyholder retained portion of deductible policies, or adjustments for subsequent changes in premium levels. The use of premium as the basis for the dollar impact assumes that expenses and other premium adjustments will be affected proportionally to the change in benefit costs.

Expert Medical Witness Fees

Currently, the reimbursement for an expert medical witness cannot exceed \$200/hour. HB 1299/SB 1344 seek to increase the maximum reimbursement amount to \$300/hour, an increase of 50 percent (= $\$300 / \$200 - 1$). Comprehensive data on expert medical witness payments by employers/insurers is not readily available to NCCI. While the magnitude of the increase in workers compensation system costs resulting from the proposed change in the hourly rate for expert medical witness depositions is uncertain, NCCI anticipates that any such potential increase would be minimal. Minimal is defined in this context to be an impact on overall system costs of less than plus 0.2 percent.

C. Government Sector Impact:

See above, in Private Sector Impact. Indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 440.13 of the Florida Statutes.

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

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

None.

B. Amendments:

None.

By Senator Bradley

6-00214-24

2024362__

1 A bill to be entitled
2 An act relating to medical treatment under the
3 Workers' Compensation Law; amending s. 440.13, F.S.;
4 increasing limits on witness fees charged by certain
5 witnesses; increasing maximum reimbursement allowances
6 for physicians and surgical procedures; providing an
7 effective date.

8
9 Be It Enacted by the Legislature of the State of Florida:

10
11 Section 1. Subsection (10) and paragraphs (f) and (g) of
12 subsection (12) of section 440.13, Florida Statutes, are amended
13 to read:

14 440.13 Medical services and supplies; penalty for
15 violations; limitations.—

16 (10) WITNESS FEES.—Any health care provider who gives a
17 deposition shall be allowed a witness fee. The amount charged by
18 the witness may not exceed \$300 ~~\$200~~ per hour. An expert witness
19 who has never provided direct professional services to a party
20 but has merely reviewed medical records and provided an expert
21 opinion or has provided only direct professional services that
22 were unrelated to the workers' compensation case may not be
23 allowed a witness fee in excess of \$300 ~~\$200~~ per day.

24 (12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM
25 REIMBURSEMENT ALLOWANCES.—

26 (f) Maximum reimbursement for a physician licensed under
27 chapter 458 or chapter 459 shall be 200 ~~110~~ percent of the
28 reimbursement allowed by Medicare, using appropriate codes and
29 modifiers or the medical reimbursement level adopted by the

6-00214-24

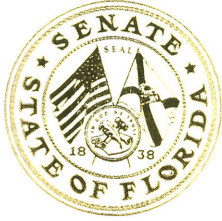
2024362__

30 three-member panel as of January 1, 2003, whichever is greater.

31 (g) Maximum reimbursement for surgical procedures shall be
32 200 ~~140~~ percent of the reimbursement allowed by Medicare or the
33 medical reimbursement level adopted by the three-member panel as
34 of January 1, 2003, whichever is greater.

35
36 The department, as requested, shall provide data to the panel,
37 including, but not limited to, utilization trends in the
38 workers' compensation health care delivery system. The
39 department shall provide the panel with an annual report
40 regarding the resolution of medical reimbursement disputes and
41 any actions pursuant to subsection (8). The department shall
42 provide administrative support and service to the panel to the
43 extent requested by the panel. For prescription medication
44 purchased under the requirements of this subsection, a
45 dispensing practitioner shall not possess such medication unless
46 payment has been made by the practitioner, the practitioner's
47 professional practice, or the practitioner's practice management
48 company or employer to the supplying manufacturer, wholesaler,
49 distributor, or drug repackager within 60 days of the dispensing
50 practitioner taking possession of that medication.

51 Section 2. This act shall take effect July 1, 2024.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Criminal
and Civil Justice, *Chair*
Criminal Justice, *Vice Chair*
Appropriations
Children, Families, and Elder Affairs
Community Affairs
Regulated Industries

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR JENNIFER BRADLEY
6th District

January 10, 2024

Senator Colleen Burton, Chair
Senate Committee on Health Policy
312 Senate Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Burton:

I respectfully request that Senate Bill 362 be placed on the committee's agenda at your earliest convenience. This bill relates to medical treatment under the workers' compensation law.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Bradley".

Jennifer Bradley

cc: Allen Brown, Staff Director
Anhar Al-Asadi, Administrative Assistant

REPLY TO:

- 1845 East West Parkway, Suite 5, Fleming Island, Florida 32003 (904) 278-2085
- 124 Northwest Madison Street, Lake City, Florida 32055 (386) 719-2708
- 408 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5006

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

Jan 23, 24

Meeting Date

362

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Kevin Shrock, MD.

Phone 954-764-8033

Address 1414 SE 3rd Avenue

Email DockShrock@gmail.com

Street

fort Lauderdale FL 33316

City

State

Zip

Speaking: [X] For [] Against [] Information OR Waive Speaking: [] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Orthopedic Society

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

APPEARANCE RECORD

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1/23/24

Meeting Date

SB 362

Bill Number or Topic

HEALTH POLICY

Committee

Amendment Barcode (if applicable)

Name RICHARD CHAIT

Phone 305 442 2318 / 608 2593

Address 2030 S DOUGLAS RD STE 217

Email RICHARD.CHAIT@FOR-THE-WORKERS.COM

Street

CORAL GABLES FL 33134

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

FLORIDA WORKERS' ADVOCATES (FWA)

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

The Florida Senate

APPEARANCE RECORD

362

1/23/24

Meeting Date

Bill Number or Topic

Health Policy
Committee

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Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Chris Nuland

Phone 904-233-3051

Address 4427 Herschel St
Street

Email

Jacksonville, FL 32210
City State Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Chapter, American College of Surgeons

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

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S-001 (08/10/2021)

January 23, 2024

Meeting Date

Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

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SB 362

Bill Number or Topic

Amendment Barcode (if applicable)

Name Chris Lyon

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Email clyon@llw-law.com

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Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Osteopathic Medical Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

1-23-24

~~Health Policy~~

The Florida Senate

APPEARANCE RECORD

362

Meeting Date

Health Policy

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Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Jarrod Fowler

Phone

~~850-224-6496~~ 850-224-6496

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Email

Jfowler@famedical.org

Street

Tallahassee

FL

32308

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Medical Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 644

INTRODUCER: Senator Simon

SUBJECT: Rural Hospitals

DATE: January 22, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 644 creates a new hospital license type for rural emergency hospitals (REH). To be licensed as a REH, a hospital is required by the bill to meet federal requirements for REHs and be certified as such by the Secretary of the federal Department of Health and Human Services (HHS). The bill authorizes REHs to enter into any contracts necessary to be eligible for federal reimbursement and allows the Agency for Health Care Administration (AHCA) to seek federal approval to provide Medicaid reimbursement to licensed REHs.

Additionally, the bill requires health insurance policies and health maintenance organization (HMO) contracts issued or renewed on or after July 1, 2024, to cover services provided by REHs to the extent not preempted by federal law if the service would be covered when performed in a general hospital.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

Rural Hospitals

A rural hospital is an acute care hospital that has 100 or fewer beds, an emergency room, and is one of the following:

- The sole provider within a county with a population density of up to 100 persons per square mile;
- An acute care hospital, in a county with a population density of up to 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;
- A hospital supported by a tax district or sub-district whose boundaries encompass a population of up to 100 persons per square mile;

- A hospital classified as a sole community hospital under 42 C.F.R. s. 412.92, regardless of the number of licensed beds;
- A hospital with a service area¹ that has a population of up to 100 persons per square mile; or
- A hospital designated as a critical access hospital, as defined in s. 408.07, F.S.²

As of January 17, 2024, there are 22 licensed rural hospitals in Florida.³

Closure of Rural Hospitals

Around the country between 2010 and 2021 a total of 136 rural hospitals have closed. In 2020 alone, a record 19 rural hospitals shuttered.⁴ Rural hospitals naturally face challenges due to low patient volumes, which can make it challenging to maintain fixed-operating costs and meet performance measures, and the fact that many of the patients treated in rural hospitals are older, sicker, and poorer when compared with the national average.⁵ In addition to the patient-side issues, rural hospitals also suffer from above average staffing shortages with only 10 percent of physicians in the U.S. practicing in rural areas despite 20 percent of the population residing in those areas.⁶ These issues were compounded and exacerbated by the COVID-19 pandemic which increased the severity of staffing shortages, increased costs, and worsened health outcomes.

In Florida, between 2010 and present, three rural hospitals closed: Healthmark Regional Medical Center in Defuniak Springs, Regional General Hospital in Williston, and Shands Lake Shore Regional Medical Center in Lake City.⁷

Rural Emergency Hospitals

To respond to the number of rural hospital closures, the federal Consolidated Appropriations Act of 2021 created a new Medicare provider type designated as a Rural Emergency Hospital.⁸ Federal rule defines a this newly-created type of hospital as an entity that operates for the purpose of providing emergency department services, observational care, and other outpatient medical and health services specified by the Secretary in which the annual per-patient average length of stay does not exceed 24 hours.⁹ Only rural hospitals with 50 or fewer beds and critical

¹ “service area” means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the Florida Center for Health Information and Transparency at the agency.

² S. 395.602(2)(b), F.S.

³ Florida Health Finder search, Class 1 Hospital Rural. Search tool available at <https://quality.healthfinder.fl.gov/>, (last visited Jan. 17, 2024).

⁴ Rural Hospital Closures Threaten Access – Solutions to Preserve Care in Local Communities, The American hospital, September 2022, available at <https://www.aha.org/system/files/media/file/2022/09/rural-hospital-closures-threaten-access-report.pdf>, (last visited Jan. 17, 2024).

⁵ *Id.*

⁶ *Id.*

⁷ *Supra* n. 3

⁸ 42 USC s. 1395x(kkk).

⁹ 42 CFR s. 485.502

access hospitals that were enrolled and certified to participate in Medicare on or before December 7, 2020, qualify for certification as a REH.¹⁰

REHs are required to be licensed by the state in which they are located, maintain a Medicare provider agreement with the federal Centers for Medicare & Medicaid Services (CMS), and meet the other conditions of participation established in 42 CFR s. 485.5 through 42 CFR s. 485.546. These conditions of participation establish requirements related to governance, services offered, staffing, physical environment, and emergency preparedness, among others.¹¹ Some of the requirements provide that the REH must:

- Have an organized medical staff that operates under bylaws approved by the governing body of the REH and which is responsible for the quality of medical care provided to patients in the REH. The medical staff must be composed of medical or osteopathic doctors and may include other categories of physicians. Additionally, an REH may supplement the care provided through the use telemedicine services provided by a distant-site hospital as long as the distant-site hospital meets specified requirements.¹²
- Have an organized nursing service that is available to provide 24-hour care to patients of the REH.¹³
- Provide emergency, laboratory, radiological, pharmaceutical, and outpatient medical and health services as detailed in the rule.¹⁴
- Have an infection control program and a quality assessment and performance improvement program.

An REH is eligible for payment through the Medicare program for services at an amount that is equal to the amount that would be paid to a hospital for providing the equivalent outpatient service increased by five percent.¹⁵ Additionally, an REH will receive a monthly facility payment of \$272,866 from the Medicare program until October 1, 2024, after which the amount will be \$267,408.68. In future years, the payment will increase by the hospital market basket percentage.¹⁶

Currently, 15 states authorize REHs including Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, New York, Oklahoma, South Dakota, Texas, and West Virginia.¹⁷

¹⁰ Rural Emergency Hospitals, Centers for Medicare and Medicaid Services, available at <https://www.cms.gov/medicare/health-safety-standards/guidance-for-laws-regulations/hospitals/rural-emergency-hospitals>, (last visited Jan. 18, 2024).

¹¹ Supra n. 10

¹² 42 CFR s. 485.512

¹³ 42 CFR s. 485.530

¹⁴ 42 CFR ss. 485.516-485.524

¹⁵ 42 CFR s. 419.92

¹⁶ MLN Fact Sheet, rural Emergency Hospitals, available at <https://www.cms.gov/files/document/mln2259384-rural-emergency-hospitals.pdf>, (last visited Jan. 18, 2024).

¹⁷ National Conference of State Legislatures, Rural Emergency Hospitals, available at <https://www.ncsl.org/health/rural-emergency-hospitals>, (last visited Jan. 18, 2024).

Mandated Health Insurance Coverages

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal which would mandate a health coverage or the offering of a health coverage by an insurance carrier, to submit to the AHCA and the legislative committees having jurisdiction, a report that assesses the social and financial impacts of the proposed coverage. As of January 22, 2024, Senate Committee on Health Policy staff has not received this report.

Under the federal Patient Protection and Affordable Care Act (ACA), individuals and small businesses can shop for health insurance coverage on the federal marketplace. All non-grandfathered plans¹⁸ must include minimum essential coverage (MEC),¹⁹ including an array of services that includes the 10 essential health benefits (EHBs). These 10 EHBs are further clarified or modified each year through the federal rulemaking process and are open for public comment before taking effect. The 10 general categories for the EHBs are:

- Ambulatory services (outpatient care);
- Emergency services;
- Hospitalization (inpatient care);
- Maternity and newborn care.
- Mental health and substance abuse disorder services;
- Prescription drugs.
- Rehabilitative services and rehabilitative services and devices;
- Laboratory services;
- Preventive care and chronic disease management; and
- Pediatric services, including oral and vision care.²⁰

States are free to modify the EHBs offered in their states by adding coverage; however, because of concerns that federal funds would be used on costly mandated coverages that were not part of the required EHBs, the ACA contains a provision requiring that, starting in 2016, the states would have to pay for the cost of the coverage. As a result, the State of Florida may be required to defray the costs of any additional benefits beyond the required EHBs put in place after 2011.²¹

Examples of health insurance benefits mandated under Florida law include:

- Coverage for certain diagnostic and surgical procedures involving bones or joints of the jaw and facial region (s. 627.419(7), F.S.);
- Coverage for bone marrow transplants (s. 627.4236, F.S.);
- Coverage for certain cancer drugs (s. 627.4239, F.S.);
- Coverage for any service performed in an ambulatory surgical center (s. 627.6616, F.S.);

¹⁸ A “grandfathered health plan” are those health plans, both individual and employer plans, that maintain coverage that were in place prior to the passage of the PPACA or in which the enrollee was enrolled on March 23, 2010 while complying with the consumer protection components of the PPACA. If a group health plan enters a new policy, certificate, or contract of insurance, the group must provide the new issuer the documentation from the prior plan so it can be determined whether there has been a change sufficient to lose grandfather status. *See* 26 U.S.C. 7805 and 26 C.F.R. s. 2590.715-1251(a).

¹⁹ To meet the individual responsibility provision of the PPACA statute, a benefit plan or coverage plan must be recognized as providing minimum essential coverage (MEC). Employer based coverage, Medicaid, Medicare, CHIP (i.e.: Florida KidCare), and TriCare would meet this requirement.

²⁰ 42 U.S.C. s. 18022(b)(1)(A)-(J).

²¹ *See* 42 U.S.C. s. 18031(d)(3)(B)(ii).

- Diabetes treatment services (s. 627.6408, F.S.);
- Osteoporosis (s. 627.6409, F.S.);
- Certain coverage for newborn children (s. 627.641, F.S.);
- Child health supervision services (s. 627.6416, F.S.);
- Certain coverages related to mastectomies (s. 627.6417, F.S.);
- Mammograms (s. 627.6418, F.S.); and
- Treatment of cleft lip and cleft palate in children (s. 627.64193, F.S.).

III. Effect of Proposed Changes:

SB 644 amends s. 395.602, F.S., to create a new definition of REH to mean “a hospital that meets the criteria specified in 42 U.S.C. s. 1395x(kkk)(2) and is certified as a rural emergency hospital by the United States Secretary of Health and Human Services” and to provide that a facility is eligible for licensure as an REH if it meets the definition. The bill allows an REH to enter into any contracts necessary to be eligible for federal reimbursement as an REH. Additionally, the bill amends the definition of “rural hospital” in s. 395.602, F.S., and the definition of “hospital” in s. 395.002, F.S., to add REHs and adds REHs to the requirement in s. 395.0163(1)(b), F.S., that the AHCA review construction plans and specifications prior to initiating such construction.

The bill creates a non-statutory section of law to authorize the AHCA to seek federal approval to provide Medicaid reimbursements to licensed REHs and amends ss. 627.6051, 627.6614, and 641.31078, F.S., to require individual and group health insurance policies, as well as health maintenance organization contracts, respectively, issued or renewed on or after July 1, 2024, to provide coverage for services performed in an REH if such service would be covered by the policy or contract when provided in a general hospital, to the extent such coverage is not preempted by federal or state law.

Additionally, the bill repeals one obsolete provision and amends several statutory sections to conform cross references to the changes made by the bill.

The bill provides an effective date of July 1, 2024.

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:

The bill may have an indeterminate positive fiscal impact on rural hospitals that convert to REHs and on rural communities that do not lose access to health services due to such conversion, rather than the closure of their rural hospital.

C. Government Sector Impact:

The bill may have an indeterminate negative fiscal impact on the AHCA due to requiring the agency to regulate a new facility type. As of this writing, the AHCA has not submitted an estimate for such fiscal impact, if there is one.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Sections 5-7 of the bill require a health insurance policy or HMO contract to provide coverage for any service performed in a rural hospital if such service were performed in a general hospital and were covered by a policy or contract in a general hospital. Since the bill does not limit the application of this mandate only to policies or contracts that provide major medical coverage, the bill appears to apply this mandate to supplemental and limited benefit coverage offered by health insurers or HMOs. As a result, if an insured or subscriber had such coverage and obtained services at a general hospital and the general hospital was reimbursed by an insurer or HMO, the insurer or HMO would be required to reimburse for such coverage at a rural hospital, although the policy or contract of the patient was not the same. In this way, the bill may create a coverage mandate on insurers and HMOs for unspecified benefits and reimbursement rates at rural hospitals since insurers and HMOs establish networks and may have different participating or non-participating providers, as well as covered benefits.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 395.002, 395.602, 395.0163, 627.6051, 627.6614, 641.31078, 409.9116, and 1009.65.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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

By Senator Simon

3-00959-24

2024644__

1 A bill to be entitled
2 An act relating to rural hospitals; amending s.
3 395.002, F.S.; revising the definition of the term
4 “hospital”; amending s. 395.602, F.S.; defining the
5 term “rural emergency hospital”; revising the
6 definition of the term “rural hospital”; specifying
7 eligibility requirements for licensure of rural
8 emergency hospitals; authorizing rural emergency
9 hospitals to enter into any contracts required for
10 certain federal reimbursement; authorizing the Agency
11 for Health Care Administration to seek federal
12 approval to provide Medicaid reimbursements to
13 licensed rural emergency hospitals; amending s.
14 395.0163, F.S.; requiring facilities that are to be
15 licensed as rural emergency hospitals to submit
16 certain construction plans and specifications to the
17 agency; deleting obsolete language; creating ss.
18 627.6051, 627.6614, and 641.31078, F.S.; requiring
19 that individual health insurance policies, group
20 health insurance policies, and health maintenance
21 contracts, respectively, issued in this state on or
22 after a specified date provide coverage for services
23 performed in rural emergency hospitals under certain
24 conditions; amending ss. 409.9116 and 1009.65, F.S.;
25 conforming cross-references; providing an effective
26 date.

27
28 Be It Enacted by the Legislature of the State of Florida:
29

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30 Section 1. Subsection (12) of section 395.002, Florida
31 Statutes, is amended to read:

32 395.002 Definitions.—As used in this chapter:

33 (12) "Hospital" means any establishment that:

34 (a) Offers services more intensive than those required for
35 room, board, personal services, and general nursing care, and
36 offers facilities and beds for use beyond 24 hours by
37 individuals requiring diagnosis, treatment, or care for illness,
38 injury, deformity, infirmity, abnormality, disease, or
39 pregnancy; and

40 (b) Regularly makes available at least clinical laboratory
41 services, diagnostic X-ray services, and treatment facilities
42 for surgery or obstetrical care, or other definitive medical
43 treatment of similar extent, except that a critical access
44 hospital, as defined in s. 408.07, shall not be required to make
45 available treatment facilities for surgery, obstetrical care, or
46 similar services as long as it maintains its critical access
47 hospital designation and shall be required to make such
48 facilities available only if it ceases to be designated as a
49 critical access hospital; or

50 (c) Is licensed as a rural emergency hospital under s.
51 395.602.

52
53 However, ~~the provisions of~~ this chapter does ~~de~~ not apply to any
54 institution conducted by or for the adherents of any well-
55 recognized church or religious denomination that depends
56 exclusively upon prayer or spiritual means to heal, care for, or
57 treat any person. For purposes of local zoning matters, the term
58 "hospital" includes a medical office building located on the

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59 same premises as a hospital facility, provided the land on which
60 the medical office building is constructed is zoned for use as a
61 hospital; provided the premises were zoned for hospital purposes
62 on January 1, 1992.

63 Section 2. Present paragraphs (b) and (c) of subsection (2)
64 of section 395.602, Florida Statutes, are redesignated as
65 paragraphs (c) and (d), respectively, a new paragraph (b) is
66 added to that subsection, subsections (4) and (5) are added to
67 that section, and present paragraph (b) of subsection (2) of
68 that section is amended, to read:

69 395.602 Rural hospitals.—

70 (2) DEFINITIONS.—As used in this part, the term:

71 (b) "Rural emergency hospital" means a hospital that meets
72 the criteria specified in 42 U.S.C. s. 1395x(kkk)(2) and is
73 certified as a rural emergency hospital by the United States
74 Secretary of Health and Human Services.

75 (c) ~~(b)~~ "Rural hospital" means an acute care hospital
76 licensed under this chapter, having 100 or fewer licensed beds
77 and an emergency room, which is:

78 1. The sole provider within a county with a population
79 density of up to 100 persons per square mile;

80 2. An acute care hospital, in a county with a population
81 density of up to 100 persons per square mile, which is at least
82 30 minutes of travel time, on normally traveled roads under
83 normal traffic conditions, from any other acute care hospital
84 within the same county;

85 3. A hospital supported by a tax district or subdistrict
86 whose boundaries encompass a population of up to 100 persons per
87 square mile;

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88 4. A hospital classified as a sole community hospital under
89 42 C.F.R. s. 412.92, regardless of the number of licensed beds;

90 5. A hospital with a service area that has a population of
91 up to 100 persons per square mile. As used in this subparagraph,
92 the term "service area" means the fewest number of zip codes
93 that account for 75 percent of the hospital's discharges for the
94 most recent 5-year period, based on information available from
95 the hospital inpatient discharge database in the Florida Center
96 for Health Information and Transparency at the agency; ~~or~~

97 6. A hospital designated as a critical access hospital, as
98 defined in s. 408.07; or

99 7. A hospital designated as a rural emergency hospital.

100

101 Population densities used in this paragraph must be based upon
102 the most recently completed United States census. A hospital
103 that received funds under s. 409.9116 for a quarter beginning no
104 later than July 1, 2002, is deemed to have been and continues
105 ~~shall continue~~ to be a rural hospital from that date through
106 June 30, 2021, if the hospital continues to have up to 100
107 licensed beds and an emergency room. An acute care hospital that
108 has not previously been designated as a rural hospital and that
109 meets the criteria of this paragraph shall be granted such
110 designation upon application, including supporting
111 documentation, to the agency. A hospital that was licensed as a
112 rural hospital during the 2010-2011 or 2011-2012 fiscal year
113 continues ~~shall continue~~ to be a rural hospital from the date of
114 designation through June 30, 2025, if the hospital continues to
115 have up to 100 licensed beds and an emergency room.

116

(4) A facility is eligible for licensure as a rural

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117 emergency hospital if it meets all of the criteria specified in
118 42 U.S.C. s. 1395x(kkk)(2) and is certified as a rural emergency
119 hospital by the United States Secretary of Health and Human
120 Services.

121 (5) Licensed rural emergency hospitals may enter into any
122 contracts necessary to be eligible for federal reimbursement as
123 a rural emergency hospital.

124 Section 3. The Agency for Health Care Administration may
125 seek federal approval to provide Medicaid reimbursements to
126 licensed rural emergency hospitals.

127 Section 4. Paragraph (b) of subsection (1) of section
128 395.0163, Florida Statutes, is amended to read:

129 395.0163 Construction inspections; plan submission and
130 approval; fees.—

131 (1)

132 (b) All outpatient facilities that provide surgical
133 treatments requiring general anesthesia or IV conscious
134 sedation, that provide cardiac catheterization services, or that
135 are to be licensed as rural emergency hospitals or ambulatory
136 surgical centers shall submit plans and specifications to the
137 agency for review under this section. All other outpatient
138 facilities must be reviewed under this section, except that
139 those that are physically detached from, and have no utility
140 connections with, the hospital and that do not block emergency
141 egress from or create a fire hazard to the hospital are exempt
142 from review under this section. ~~This paragraph applies to~~
143 ~~applications for which review is pending on or after July 1,~~
144 ~~1998.~~

145 Section 5. Section 627.6051, Florida Statutes, is created

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146 to read:

147 627.6051 Coverage for rural emergency hospital services.—To
148 the extent not preempted by federal or state law, any individual
149 health insurance policy issued or renewed in this state on or
150 after July 1, 2024, must provide coverage for any service
151 performed in a rural emergency hospital licensed under s.
152 395.602 if such service performed in a general hospital would be
153 covered by the policy.

154 Section 6. Section 627.6614, Florida Statutes, is created
155 to read:

156 627.6614 Coverage for rural emergency hospital services.—To
157 the extent not preempted by federal or state law, any group
158 health insurance policy issued or renewed in this state on or
159 after July 1, 2024, must provide coverage for any service
160 performed in a rural emergency hospital licensed under s.
161 395.602 if such service performed in a general hospital would be
162 covered by the policy.

163 Section 7. Section 641.31078, Florida Statutes, is created
164 to read:

165 641.31078 Coverage for rural emergency hospital services.—
166 To the extent not preempted by federal or state law, any health
167 maintenance contract issued or renewed in this state on or after
168 July 1, 2024, must provide coverage for any service performed in
169 a rural emergency hospital licensed under s. 395.602 if such
170 service performed in a general hospital would be covered by the
171 contract.

172 Section 8. Subsection (6) of section 409.9116, Florida
173 Statutes, is amended to read:

174 409.9116 Disproportionate share/financial assistance

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175 program for rural hospitals.—In addition to the payments made
176 under s. 409.911, the Agency for Health Care Administration
177 shall administer a federally matched disproportionate share
178 program and a state-funded financial assistance program for
179 statutory rural hospitals. The agency shall make
180 disproportionate share payments to statutory rural hospitals
181 that qualify for such payments and financial assistance payments
182 to statutory rural hospitals that do not qualify for
183 disproportionate share payments. The disproportionate share
184 program payments shall be limited by and conform with federal
185 requirements. Funds shall be distributed quarterly in each
186 fiscal year for which an appropriation is made. Notwithstanding
187 the provisions of s. 409.915, counties are exempt from
188 contributing toward the cost of this special reimbursement for
189 hospitals serving a disproportionate share of low-income
190 patients.

191 (6) This section applies only to hospitals that were
192 defined as statutory rural hospitals, or their successor-in-
193 interest hospital, prior to January 1, 2001. Any additional
194 hospital that is defined as a statutory rural hospital, or its
195 successor-in-interest hospital, on or after January 1, 2001, is
196 not eligible for programs under this section unless additional
197 funds are appropriated each fiscal year specifically to the
198 rural hospital disproportionate share and financial assistance
199 programs in an amount necessary to prevent any hospital, or its
200 successor-in-interest hospital, eligible for the programs prior
201 to January 1, 2001, from incurring a reduction in payments
202 because of the eligibility of an additional hospital to
203 participate in the programs. A hospital, or its successor-in-

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204 interest hospital, which received funds pursuant to this section
205 before January 1, 2001, and which qualifies under s.
206 395.602(2)(c) ~~s. 395.602(2)(b)~~, shall be included in the
207 programs under this section and is not required to seek
208 additional appropriations under this subsection.

209 Section 9. Paragraph (a) of subsection (1) of section
210 1009.65, Florida Statutes, is amended to read:

211 1009.65 Medical Education Reimbursement and Loan Repayment
212 Program.—

213 (1) To encourage qualified medical professionals to
214 practice in underserved locations where there are shortages of
215 such personnel, there is established the Medical Education
216 Reimbursement and Loan Repayment Program. The function of the
217 program is to make payments that offset loans and educational
218 expenses incurred by students for studies leading to a medical
219 or nursing degree, medical or nursing licensure, or advanced
220 practice registered nurse licensure or physician assistant
221 licensure. The following licensed or certified health care
222 professionals are eligible to participate in this program:

223 (a) Medical doctors with primary care specialties, doctors
224 of osteopathic medicine with primary care specialties, physician
225 assistants, licensed practical nurses and registered nurses, and
226 advanced practice registered nurses with primary care
227 specialties such as certified nurse midwives. Primary care
228 medical specialties for physicians include obstetrics,
229 gynecology, general and family practice, internal medicine,
230 pediatrics, and other specialties which may be identified by the
231 Department of Health. From the funds available, the Department
232 of Health shall make payments as follows:

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233 1. Up to \$4,000 per year for licensed practical nurses and
234 registered nurses, up to \$10,000 per year for advanced practice
235 registered nurses and physician assistants, and up to \$20,000
236 per year for physicians. Penalties for noncompliance shall be
237 the same as those in the National Health Services Corps Loan
238 Repayment Program. Educational expenses include costs for
239 tuition, matriculation, registration, books, laboratory and
240 other fees, other educational costs, and reasonable living
241 expenses as determined by the Department of Health.

242 2. All payments are contingent on continued proof of
243 primary care practice in an area defined in s. 395.602(2)(c) ~~s.~~
244 ~~395.602(2)(b)~~, or an underserved area designated by the
245 Department of Health, provided the practitioner accepts Medicaid
246 reimbursement if eligible for such reimbursement. Correctional
247 facilities, state hospitals, and other state institutions that
248 employ medical personnel shall be designated by the Department
249 of Health as underserved locations. Locations with high
250 incidences of infant mortality, high morbidity, or low Medicaid
251 participation by health care professionals may be designated as
252 underserved.

253 Section 10. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

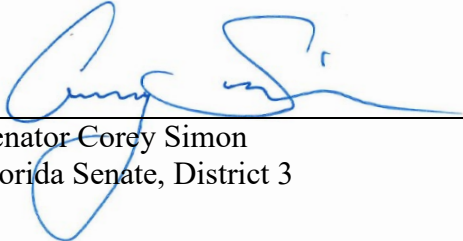
To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 9, 2024

I respectfully request that **Senate Bill # 644**, relating to Rural Hospitals, be placed on the:

- Committee agenda at your earliest possible convenience.
- Next committee agenda.



Senator Corey Simon
Florida Senate, District 3

1/23/24
HHP

The Florida Senate
APPEARANCE RECORD

644

Meeting Date

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name

DAVID MICA, Jr

Phone

Address

Street

Email

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

FL Hospital Assn.

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022-Joint-Rules.pdf)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

1/23/24

Meeting Date

644

Bill Number or Topic

Health Policy

Committee

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Amendment Barcode (if applicable)

Name Sarah Massey

Phone 850.545.0543

Address 136 S. Bronough

Street

Email smassey@flchamber.com

Tallahassee

City

FL

State

32301

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Chamber of Commerce

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

1/23/2024

Meeting Date

The Florida Senate APPEARANCE RECORD

644

Bill Number or Topic

Health Policy

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Committee

Amendment Barcode (if applicable)

Name **Bryan Cherry**

Phone **(850) 544-5673**

Address **110 E. College Ave. STE 110**

Email **bryan@pinpointresults.com**

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

North Walton Doctors Hospital

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

1/23/2024

Meeting Date

SB 644

Bill Number or Topic

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Senate Health Policy

Committee

Amendment Barcode (if applicable)

Name Amir Warren

Phone (904)-891-3016

Address 100 S. Monroe St. Street

Email awarren@fl-counties.com

Tallahassee FL 32301 City State Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [x] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing: Florida Association of Counties

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

1-22

Meeting Date

Health Policy

Committee

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044

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Chris Doolan

Phone

Address

1018 Thomasville

Email

cdoolan@doohand.com

doohand.com

Street

Tallahassee

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1600

INTRODUCER: Senator Collins

SUBJECT: Interstate Mobility

DATE: January 22, 2024

REVISED: 01/23/24

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Favorable
2.			RI	
3.			FP	

I. Summary:

SB 1600 creates s. 455.2135, F.S., to require the Department of Professional Regulations (DBPR) boards, or the DBPR itself, where there are no boards, and when endorsement based on years of licensure is not otherwise provided by law in the practice act for a profession, to allow licensure by endorsement for any individual who applies for licensure by endorsement if he or she meets certain specified criteria. The bill does not apply to harbor pilots.

SB 1600 also creates s. 456.0145, F.S., which requires the Department of Health (DOH) to issue a license or certificate by endorsement within 15 days of receipt of all required documents for any of the 59 health care professions¹ regulated by the DOH when the applicant meets specific criteria. The DOH boards, or the DOH when there is no board, may continue processing applications for licensure by endorsement as authorized under the Florida Statutes (2023) until rules adopted by the boards, or the DOH, to implement the changes made by SB 1600 take effect or until six months after the bill's effective date, whichever occurs first.

The bill provides an effective date of July 1, 2024.

¹ Office of Program Analysis and Government Accountability, Department of Health, Medical Quality Assurance, *Who Regulates practitioners?* available at <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5041#:~:text=Currently%2C%20the%20program%2C%20in%20conjunction%20with%202022%20boards,pharmacies%2C%20and%20resident%20and%20nonresident%20sterile%20compounding%20pharmacies.%29> (last visited Jan. 18, 2024).

II. Present Situation:

Department of Business and Professional Regulation

Chapter 455, F.S., applies to the regulation of professions by the DBPR.² The chapter also provides the procedural and administrative framework for its divisions and the professional boards within the DBPR.³ In this context, the term “profession” means any activity, occupation, profession, or vocation regulated by the DBPR in the Divisions of Certified Public Accounting, Professions, Real Estate, and Regulation.⁴ When a person is authorized to engage in a pertinent profession or occupation in Florida, the DBPR issues a “permit, registration, certificate, or license” to the licensee.

Organizational Structure of the DBPR

Section 20.165, F.S., establishes the organizational structure of the DBPR, which has the following 11 divisions:

- Administration;
- Alcoholic Beverages and Tobacco;
- Certified Public Accounting;
- Drugs, Devices, and Cosmetics;
- Florida Condominiums, Timeshares, and Mobile Homes;
- Hotels and Restaurants;
- Professions;
- Real Estate;
- Regulation;
- Technology; and
- Service Operations.

Permits, Registrations, Certificates, and Licenses Issued by DBPR

The following boards and programs are established within the Division of Professions:

- Board of Architecture and Interior Design;⁵
- Florida Board of Auctioneers;⁶
- Barbers’ Board;⁷
- Florida Building Code Administrators and Inspectors Board;⁸
- Board of Construction Industry Licensing;⁹
- Board of Cosmetology;¹⁰

² Section 455.01(6), F.S.

³ See s. 455.203, F.S. The DBPR must also provide legal counsel for boards within the DBPR by contracting with the Department of Legal Affairs, by retaining private counsel, or by staff counsel of the DBPR. See s. 455.221(1), F.S.

⁴ Section 455.01(6), F.S.

⁵ See part I, ch. 481, F.S.

⁶ See part VI, ch. 468, F.S.

⁷ See ch. 476, F.S.

⁸ See part XII, ch. 468, F.S.

⁹ See part I, ch. 489, F.S.

¹⁰ See ch. 477, F.S.

- Electrical Contractors' Licensing Board;¹¹
- Board of Employee Leasing Companies;¹²
- Board of Landscape Architecture;¹³
- Board of Pilot Commissioners;¹⁴
- Florida Board of Professional Engineers;¹⁵
- Board of Professional Geologists;¹⁶
- Board of Veterinary Medicine;¹⁷
- Home inspection services licensing program;¹⁸ and
- Mold-related services licensing program.¹⁹

The following board and commission are established within the Division of Real Estate:

- Florida Real Estate Appraisal Board;²⁰ and
- Florida Real Estate Commission.²¹

The board of Accountancy is established within the Division of Certified Public Accounting.²²

The following additional professions are licensed and regulated within the DBPR, in various other divisions, for a total of 22²³ regulated professions throughout DBPR:²⁴

- Asbestos contractors and consultants;
- Athletic agent;²⁵
- Community association managers;²⁶ and
- Talent agencies.²⁷

¹¹ See part II, ch. 489, F.S.

¹² See Part XI, ch. 468, F.S.

¹³ See Part II, ch. 481, F.S.

¹⁴ See ch. 310, F.S.

¹⁵ See ch. 471, F.S.

¹⁶ See ch. 492, F.S.

¹⁷ See ch. 474, F.S.

¹⁸ See part XV, ch. 468, F.S.

¹⁹ See part XVI, ch. 468, F.S.

²⁰ See part II, ch. 475, F.S.

²¹ See part I, ch. 475, F.S.

²² See ch. 473, F.S.

²³ See Department of Business and Professional Regulation, *Annual Report, Fiscal Year 2022-2023*, at pgs. 18 and 87, available at <http://www.myfloridalicense.com/DBPR/os/documents/Division%20Annual%20Report%20FY%202022-23.pdf> (last visited Jan. 18, 2024).

²⁴ The Florida Athletic Commission is assigned to the DBPR for administrative and fiscal accountability purposes only; and The DBPR also administers the Child Labor Law and Farm Labor Contractor Registration Law. See s. 548.003(1), F.S., and parts I and III, ch. 450, F.S., respectively.

²⁵ See part IX, ch., 468 F.S.

²⁶ See s. 468.432, F.S.

²⁷ See part VII, ch. 468, F.S.

DBPR Licensure by Endorsement

Of the 22 professions that fall under ch. 455, F.S., sixteen of the professions currently have one or more licensure by endorsement provisions in their practice act. The following six professions do not have provisions for licensure by endorsement:

- Harbor pilots;
- Talent agents;
- Community association managers;
- Athletic agents;
- Employee leasing companies; and
- Real estate appraisers.

The following DBPR-regulated professions have endorsement provisions but do not specify the number of years of licensure are required for endorsement:

- Auctioneers;
- Architecture and interior design;
- Real estate brokers, sales associates, and schools; and
- Cosmetology specialists.

Department of Health

One of the many enumerated missions of the DOH is to regulate health practitioners for the preservation of the health, safety, and welfare of the public.²⁸ The Division of Medical Quality Assurance (MQA), within the DOH, has general regulatory authority over health care practitioners.²⁹ The MQA works in conjunction with 22 regulatory boards and four councils to license and regulate 364 health care professions.³⁰ Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for the MQA.

Regulation of Health Care Practitioners

The MQA is statutorily responsible for assisting the following boards and professions in the regulation of their health care practitioner members:³¹

- The Board of Acupuncture;³²
- The Board of Medicine;³³

²⁸ Section 20.43, F.S.

²⁹ Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, genic counselors, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

³⁰ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2022-2023*, at pg. 4, available at <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited Jan. 18, 2024).

³¹ Section 456.001(4), F.S.

³² See ch. 457, F.S.

³³ See ch. 458, F.S.

- The Board of Osteopathic Medicine;³⁴
- The Board of Chiropractic Medicine;³⁵
- The Board of Podiatric Medicine;³⁶
- Naturopathy;³⁷
- The Board of Optometry;³⁸
- The Board of Nursing;³⁹
- Nursing assistants;⁴⁰
- The Board of Pharmacy;⁴¹
- The Board of Dentistry;⁴²
- Midwifery;⁴³
- The Board of Speech-Language Pathology and Audiology;⁴⁴
- The Board of Nursing Home Administrators;⁴⁵
- The Board of Occupational Therapy;⁴⁶
- Respiratory therapy, practices under the Board of Respiratory Care;⁴⁷
- Dietetics and nutritionists practice under the Board of Medicine;⁴⁸
- The Board of Athletic Training;⁴⁹
- The Board of Orthotists and Prosthetists;⁵⁰
- Electrolysis practices under the Board of Medicine;⁵¹
- The Board of Massage Therapy;⁵²
- The Board of Clinical Laboratory Personnel;⁵³
- Medical physicists;⁵⁴
- Genetic counselors;⁵⁵
- The Board of Opticianry;⁵⁶
- The Board of Hearing Aid Specialists;⁵⁷

³⁴ See ch. 459, F.S.

³⁵ See ch. 460, F.S.

³⁶ See ch. 461, F.S.

³⁷ See ch. 462, F.S.

³⁸ See ch. 463, F.S.

³⁹ See part I, ch. 464, F.S.

⁴⁰ See part II, Ch. 464, F.S.

⁴¹ See ch. 465, F.S.

⁴² See ch. 466, F.S.

⁴³ See ch. 467, F.S.

⁴⁴ See part I, ch. 468, F.S.

⁴⁵ See part II, ch. 468, F.S.

⁴⁶ See part III, ch. 468, F.S.

⁴⁷ See part V, ch. 468, F.S.

⁴⁸ See part X, ch. 468, F.S.

⁴⁹ See part XIII, ch. 468, F.S.

⁵⁰ See part XIV, ch. 468, F.S.

⁵¹ See ch. 478, F.S.

⁵² See ch. 480, F.S.

⁵³ See part I, ch. 483, F.S.

⁵⁴ See part II, ch. 483, F.S.

⁵⁵ See part III, ch. 483, F.S.

⁵⁶ See part I, ch. 484, F.S.

⁵⁷ See part II, ch. 484, F.S.

- The Board of Physical Therapy;⁵⁸
- The Board of Psychology;⁵⁹
- School psychologists;⁶⁰
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling;⁶¹
- Radiation technologists;⁶²
- Emergency medical technicians;⁶³ and
- Paramedics.⁶⁴

The DOH and the health care practitioner boards have different roles in the regulatory system. Boards establish practice standards by rule, pursuant to specific legislative grants of statutory authority and directives. The DOH receives and investigates complaints about health care practitioners and prosecutes cases for disciplinary action against practitioners. The boards determine the course of action and any disciplinary action to be taken against a practitioner under the applicable practice act.⁶⁵ The DOH is then responsible for ensuring that the licensee complies with the terms and penalties imposed by the board. If a case is appealed, the DOH's attorneys defend the final actions of the boards before the appropriate appellate court.

For professions for which there is no board, the DOH determines the action and discipline to be taken against a health care practitioner and issues the final orders. Those professions include the following:

- Emergency medical technicians (EMTs);
- Paramedics;
- Genetic counselors ;
- Radiation technologists;
- Naturopathy; and
- Medical physicists.

The DOH rules and board rules apply to all statutory grounds for discipline against a health care practitioner. Under current law, the DOH has disciplinary authority for violations of a practice act only for practitioners that are not regulated by a board. The DOH does not have final disciplinary authority over practitioners for which there is a board.

⁵⁸ See ch. 486, F.S.

⁵⁹ See ch. 490, F.S.

⁶⁰ *Id.*

⁶¹ See ch. 491, F.S.

⁶² See part III, ch. 468, F.S.

⁶³ See part III, ch. 401, F.S.

⁶⁴ *Id.*

⁶⁵ Section 456.072(2), F.S.

Licensure of Health Care Practitioners

Licensure by examination is the most common pathway for individuals seeking initial licensure, particularly among health care professionals educated and trained in Florida. The requirements to qualify for licensure by examination are legislatively specified in each profession’s respective practice act and vary widely based on the profession. However, licensure by examination has some common elements for most health care professions, and those include the following:

- Completion of an approved or legislatively mandated educational training program;
- Completion of an approved or legislatively mandated licensure or certification examination with a passing score; and
- Submission of a legislatively mandated application, approved by DOH, fingerprints for a criminal background check, and an application fee.

Licensure by Endorsement of Health Care Professionals

Licensure by endorsement is the most common alternative to licensure by examination in Florida. Licensure by endorsement is an expedited licensure process which allows a health care professional to become licensed in Florida based upon holding a substantially equivalent or similar health care professional license from another state. Currently, 20 health care professionals regulated by DOH and the boards are legislatively authorize to offer licensure by endorsement. Seventeen are not. See lists below.

Health Care Professions with Licensure by Endorsement	Health Care Professions without Licensure by Endorsement
Acupuncturist	Anesthesiologist Assistant
Allopathic Physician (MD)	Athletic Trainer
Audiologist	Chiropractor
Certified Nursing Assistant (CNA)	Clinical Laboratory Personnel
Mental Health Professions	Dental Hygienist
Dietitian	Dentist
Electrologist	EMT/Paramedic
Licensed Practical Nurse (LPN)	Genetic Counselor
Massage Therapist	Hearing Aid Specialist
Midwifery	Medical Physicist
Nursing Home Administrator	Optometrist
Occupational Therapist	Optician
Pharmacist	Orthotist and Prosthetist
Physical Therapist/Physical Therapy Assist.	Osteopathic Physician (DO)
Physical Therapist Assistant	Physician Assistant
Psychologist/School Psychologist	Podiatrist
Radiation Technician	Registered Pharmacy Technician
Registered Nurse (RN/APRN)	
Respiratory Therapist	
Speech-Language Pathologist	

Even among the health care professions which allow licensure by endorsement, there is no universal set of requirements. Requirements to obtain licensure by endorsement vary widely by profession. For example, the Legislature has mandated in some professions that applicants seeking licensure by endorsement have graduated from a school or college approved by a specific governmental accrediting body, jurisdictional accrediting body, or private accrediting body; submit fingerprints for a background screening;⁶⁶ have a certain amount of prior practice experience;⁶⁷ have a specific proficiency in English; or pass a statutorily-specified national or regional examination and an examination on Florida laws and rules relevant to the applicant's profession.⁶⁸

Acupuncture Licensure by Endorsement

In s. 457.105(2)(c), F.S., the Legislature authorizes acupuncturists to obtain Florida licensure by endorsement if an applicant has successfully completed a board-approved national certification process and is actively licensed in a state that had examination requirements that were substantially equivalent to, or more stringent than, those of Florida. The Board of Acupuncture enacted Florida Administrative Code Rule 64B1-3.009, specifying that it would certify an applicant for licensure by endorsement under s. 457.105(2), F.S., upon proof of the following:

- An active certification in Oriental Medicine from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM);
- An age of 21 or older;
- Good moral character;
- The ability to communicate in English;
- Having 60 hours of study in injection therapy, including:
 - History and development of acupuncture injection therapy;
 - Differential diagnosis;
 - Definitions, concepts, and pathophysiology;
 - The nature, function, channels entered, and contraindications of herbal, homeopathic, and nutritional injectables;
 - Diseases amenable to treatment with acupuncture injection therapy and the injectables appropriate to treat them;
 - Identification of appropriate points for treatment, including palpatory diagnosis;
 - A review of anatomy and referral zones;
 - Universal precautions including management of blood borne pathogens and biohazardous waste;
 - Procedures for injections, including preparing the injectables, contraindications and precautions;
 - Ten hours of clinical practice on a patient or patients; and
 - Administration techniques and equipment needed.
- That he or she has successfully complete 15 hours of supervised instruction in universal precautions and 20 hours of supervised instruction in Florida Statutes and Rules, including chs. 456 and 457, F.S., and the acupuncture administrative rules;

⁶⁶ Allopathic Physicians, Certified Nursing Assistants, Licensed Practice Nurses, Registered Nurses, and Massage Therapists.

⁶⁷ Allopathic Physicians, Mental Health Professionals, Licensed Practical Nurses, Registered Nurses, Nursing Home Administrators, Pharmacists, and Psychologists.

⁶⁸ Mental Health Professions, Licensed Practical Nurses, Registered Nurses, Nursing Home Administrators, Pharmacists, Psychologists, and Radiology Technicians.

- That he or she has completed an eight-hour program, or its equivalent, that incorporates the safe and beneficial use of laboratory testing and imaging findings in the practice of acupuncture and oriental medicine;
- That he or she has obtained professional liability insurance;⁶⁹ and
- That he or she has paid the fee for licensure by endorsement as established by the board.

Medical Licensure by Endorsement

The DOH must issue an allopathic medical license to an applicant for a license by endorsement, if he or she meets the following requirements set out in s. 458.313, F.S., which includes first meeting the qualifications for licensure set out in s. 458.311(1)(b) -(g), F.S., or s. 458.311(1)(b) -(e),(g) and (3), F.S., pertaining to licensure by examination. Section 458.311(1)(b) -(g), F.S., for licensure by examination, first requires the applicant to prove he or she:

- Is 21 year of age or older;
- Is of good moral character;
- Has not committed any act or offense in Florida or any other jurisdiction that would constitute the basis for disciplinary action;
- If a medical school graduate after October 1, 1992, that he or she must have completed the equivalent of two academic years of pre-professional, postsecondary education, as determined by rule of the board, which must include, courses in anatomy, biology, and chemistry prior to entering medical school;
- Meets one of the following medical education and post graduate training requirements:⁷⁰
 - Is a graduate of a U.S. allopathic medical school recognized and approved by the U.S. Office of Education (AMG); is competent in English and completed at least one year of approved residency; or
 - Is a graduate of an international allopathic medical school registered with the World Health Organization (WHO) that has been certified by the DOH under s. 458.314, F.S., as having met the standards required to be an accredited medical school in the U.S.; and
 - Has a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate; and
 - Has completed an approved residency of at least two years in one specialty area; or
 - Is a graduate of an international medical school that has not been certified by the DOH under s. 458.314, F.S., as having met the standards equal to an accredited U.S. medical schools; and
 - Has had his or her medical credentials evaluated by the ECFMG;
 - Holds an active, valid certificate issued by the ECFMG;
 - Has passed the examination utilized by the ECFMG; and
 - Has completed an approved residency or fellowship of at least two years in one specialty area.⁷¹

⁶⁹ See s. 456.048, F.S.

⁷⁰ Section 458.311(1)(f), F.S.

⁷¹ See s. 458.311,(1)(f)3.c., F.S. To be acceptable, the fellowship experience and training must count toward regular or subspecialty certification by a board recognized and certified by the American Board of Medical Specialties.

The alternative first requirement for licensure by examination and by endorsement under s. 358.313, F. S., replaces the education and post-graduate training requirements of s. 458.311(1)(f), F.S., with those in s. 458.311(3), F.S., which exempts graduates of foreign medical schools from the need to present a certificate issued by the ECFMG, and from passing an ECFMG examination, if the graduate:

- Has received a bachelor's degree from an accredited U.S. college or university;
- Has studied at a medical school which is recognized by the WHO;
- Has completed all of the formal requirements of the foreign medical school, except the internship or social service requirements;
- Has passed part I of the National Board of Medical Examiners (NBME) examination or the ECFMG examination; and
- Has completed an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American Medical Association (CME-AMA) and upon completion has passed part II of the National Board of Medical Examiners examination or the Educational Commission for Foreign Medical Graduates examination equivalent.

Allopathic medical applicants for licensure by endorsement must also submit fingerprints for a criminal background screening and provide evidence of:

- A passing score on the FLEX, USMLE or NBME; and
- An active medical license in another jurisdiction for at least two of the immediately preceding four years; or
- Successful completion of either a board-approved postgraduate training program within two years preceding the filing of an application; or
- Passage of a board-approved clinical competency examination within the year preceding the filing of an application for licensure.

Nursing Licensure by Endorsement - CNA, LPN, RN, ARNP

The DOH must issue an professional (RN) or practical (LPN) nursing license to an applicant for a license by endorsement if he or she meets the following requirements set out in s. 464.009, F.S.:

- Hold a valid license to practice professional or practical nursing in another state or territory of the U.S. obtained by one of the following measures:
 - By completing an approved or accredited nursing education program⁷² and passing the State Board Test Pool Examination (SBTPE) or the NCLEX; or
 - By having actively practiced nursing in another state, jurisdiction, or territory of the U.S. for two of the preceding three years without any criminal history or having his or her license acted against by the licensing authority of any jurisdiction.
- Submit a set of fingerprints for a background screening; and
- Not be under investigation in another state, jurisdiction, or territory of the U.S. for an act which would constitute a violation of nurse practice act or ch. 456, F.S.

⁷² See s 464.008, F.S.

An RN or LPN holding an active multistate license in another state is not required to obtain a license by endorsement to practice in Florida.⁷³

The Legislature has also directed the Board of Nursing (BON) to issue certificates to certified nursing assistants (CNAs) by endorsement. Section 464.203, F.S., requires the BON to issue a certificate to practice as a CNA to any person who demonstrates the following:

- A minimum competency to read and write;
- Passage of the required background screening;⁷⁴
- A current CNA certification in another state, U.S. territory, or the District of Columbia;
- Registration on that jurisdiction's CNA registry; and
- The absence of any findings of abuse, neglect, or exploitation by the applicant in that jurisdiction.

An advanced practice registered nurses (APRN) may also obtain licensure by endorsement in Florida by submitting proof of all of the following to the DOH:⁷⁵

- A valid RN license from any U.S. jurisdiction or a multistate RN license;
- A master's degree or post-master's degree certification;
- A national advanced practice certification from an approved nursing specialty board;
- Malpractice insurance or exemption; and
- Fingerprints for back ground screening for initial licensure.

Pharmacist Licensure by Endorsement

Section 465.0075, F.S., requires the DOH to issue a license by endorsement to an applicant who remits an application fee and whom the Board of Pharmacy (BOP) certifies:

- Is 18 years of age or older;⁷⁶
- Has a degree from a school or college of pharmacy accredited by an agency recognized and approved by the U.S. Office of Education ;⁷⁷
- Has submitted proof that he or she has completed a BOP-approved internship program not to exceed 2,080 hours, all of which may be obtained prior to graduation;⁷⁸
- Has obtained a passing score on the National Association of Boards of Pharmacy (NABP) licensure examination or a similar nationally recognized examination, if the board certifies that the applicant has taken the required examination;
- Has submitted evidence of:
 - An active license to practice pharmacy, including practice in community or public health by persons employed by a governmental entity, in another jurisdiction for at least two of the immediately preceding five years, or
 - The completion of a board-approved postgraduate training or clinical competency examination within the year immediately preceding application; and

⁷³ See s. 464.0095, F.S.

⁷⁴ See s. 400.215, F.S.

⁷⁵ See s. 464.012, F.S.

⁷⁶ Sections 465.0075(1)(a), and 465.007(1)(b), F.S.

⁷⁷ *Id.*

⁷⁸ Sections 465.0075(1)(a), and 465.007(1)(c), F.S.

- Has obtained a passing score on the pharmacy jurisprudence portions of the licensure examination; and
- Is not under investigation in any jurisdiction for an act or offense that would constitute a violation of the pharmacy practice act or ch. 456, F.S.

An applicant licensed in another state for a period in excess of two years from the date of application for licensure by endorsement must also submit a total of at least 30 hours of BOP approved continuing education (CE) for the two years immediately preceding application.

Section 465.0075, F.S., requires the DOH to issue a non-U.S. pharmacist graduate a license by endorsement who remits an application fee and whom the BOP certifies:

- Is 18 years of age or older;
- Has a BS or BA from a 4-year undergraduate pharmacy program from a school or college of pharmacy located outside the U.S.;
- Has demonstrated proficiency in English by passing both the Test of English as a Foreign Language (TOEFL) and the Test of Spoken English (TSE);
- Has passed the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) that is approved by BOP rule;
- Has completed a minimum of 500 hours in a supervised, BOP-approved work activity program within Florida under the supervision of a pharmacist licensed by the DOH;
- Has submitted proof that he or she has completed a BOP-approved internship program not to exceed 2,080 hours, all of which may be obtained prior to graduation;⁷⁹
- Has obtained a passing score on the National Association of Boards of Pharmacy (NABP) licensure examination or a similar nationally recognized examination, if the board certifies that the applicant has taken the required examination;
- Has submitted evidence of:
 - An active license to practice pharmacy, including practice in community or public health by persons employed by a governmental entity, in another jurisdiction for at least two of the immediately preceding five years, or
 - The completion of a board-approved postgraduate training or clinical competency examination within the year immediately preceding application; and
 - Has obtained a passing score on the pharmacy jurisprudence portions of the licensure examination; and
- Is not under investigation in any jurisdiction for an act or offense that would constitute a violation of the pharmacy practice act or ch. 456, F.S.

Midwifery Licensure by Endorsement

Midwifery is the practice of a midwife supervising normal labor and childbirth and the practice of rendering prenatal and postpartum care.⁸⁰ Midwives are not physicians or certified nurse midwives but must be 21 years of age and licensed under ch. 467, F.S.⁸¹

⁷⁹ Sections 465.0075(1)(a), and 465.007(1)(c), F.S.

⁸⁰ Section 467.003(8), F.S.

⁸¹ Section 467.003, (7), F.S.

Section 467.0125, F.S., requires the DOH to issue a license to a midwife by endorsement to any applicants who demonstrates to the DOH that he or she:

- Holds an active, unencumbered license to practice midwifery in another state, jurisdiction, or territory, provided the licensing requirements of that state, jurisdiction, or territory at the time the license was issued were substantially equivalent to or exceeded those established under the midwifery practice act and rules adopted hereunder;
- Has successfully completed a pre-licensure course conducted by an accredited and approved midwifery program;
- Submits an application for licensure on a DOH approved form; and
- Pays the application fee.

Speech and Language Pathologist and Audiologist Licensure by Endorsement

Section 468.1185, F.S., requires the DOH to issue a license by endorsement to a speech and language pathologist or audiologist applicant when the Board of Speech and Language Pathology and Audiology certifies that the applicant is qualified after he or she demonstrates:

- One of the following:
 - A valid license or certificate in another state or territory of the U.S. to practice the profession for which the application for licensure is made, if the criteria for issuance of such license were substantially equivalent to or more stringent than the licensure criteria which existed in this state at the time the license was issued; or
 - Holds a valid certificate of clinical competence from the American Speech-Language and Hearing Association; or
 - Is board certified in audiology by the American Board of Audiology; and
- That he or she is not under investigation in any jurisdiction for an act or offense that would constitute a violation of the speech and language pathology and audiology practice act or ch. 456, F.S.

Nursing Home Administrators Licensure by Endorsement

Section 468.1705, F.S., requires the DOH to issue a license by endorsement for a nursing home administrator who applies to the DOH, paid the applicable fee; and

- Meets one of the following requirements:
 - Holds a valid, active license to practice nursing home administration in another U.S. state, provided that the current requirements for licensure in that state are substantially equivalent to, or more stringent than, current requirements in this state; or
 - Meets the qualifications for licensure in s. 468.1695, F.S.; and
- Has completed a national examination which is substantially equivalent to, or more stringent than, the examination given by the DOH;
- Has passed an examination on the laws and rules of Florida governing the administration of nursing homes;
- Has worked as a fully-licensed nursing home administrator for two of the last five years immediately preceding the application; and
- Is not under investigation in this or another state for any act which would constitute a violation of the nursing home administrators practice act or ch. 456, F.S.

A temporary license may be issued one time only to an applicant who has filed an application for licensure by endorsement, has paid the fee for the next laws and rules examination offered, and who meets the following requirements:

- Has filed an application for a temporary license and paid an application fee;
- Has taken, or applied to take, the licensure examination;⁸²
- Has worked as a fully licensed nursing home administrator for two of the last five year period immediately preceding application for a temporary license.

Occupational Therapy Licensure by Endorsement

In s. 468.213, F.S., the Legislature authorizes the Board of Occupational Therapy to waive the examination requirements for licensure and grant a license without examination in two situations:

- To any person who presents proof of a current certification as an occupational therapist or occupational therapy assistant by a national certifying organization if the board determines the requirements for such certification to be equivalent to the requirements for licensure in the practice act; and
- To any person who presents proof of a current license as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or any territory or jurisdiction of the U.S., or foreign national jurisdiction which required standards for licensure equivalent to the requirements for licensure in the practice act as determined by the board.

Radiation Technicians Licensure by Endorsement

Section 468.3065, F.S., authorizes the DOH to issue a certificate by endorsement to practice as a radiologist assistant to an applicant who, upon applying to the DOH and remitting an application fee, demonstrates to the DOH that he or she holds a current certificate or registration as a radiologist assistant granted by the American Registry of Radiologic Technologists.

Section 468.3065, F.S. also authorizes the DOH to issue a certificate by endorsement to practice radiologic technology to an applicant who, upon applying to the DOH and remitting a fee, demonstrates to the DOH that he or she holds a current certificate, license, or registration to practice radiologic technology, provided that the requirements for such certificate, license, or registration are deemed by the DOH to be substantially equivalent to those established under Section 468.3065, F.S., and rules adopted pursuant thereto.

Finally, the DOH may issue a certificate by endorsement to practice radiologic technology to an applicant who, upon applying to the DOH, remits an appropriate fee and demonstrates to the DOH that he or she holds a current certificate, license, or registration to practice radiologic technology, provided that the requirements for such certificate, license, or registration are deemed by the DOH to be substantially equivalent to those established under the practice act and rules adopted under the radiation technicians practice act.

⁸² See ss. 468.1695(1), and 468.1705(4), F.S.

Respiratory Therapy Licensure by Endorsement

Section 468.358, F.S., authorizes the DOH to grant licenses by endorsement to certified respiratory therapists and registered respiratory therapists if credentialed by the National Board for Respiratory Care or a board-approved equivalent credential acceptable to the board. Licensure by this mechanism requires verification under oath and satisfactory evidence establishing that the credential is held.

Section 468.358, F.S., also authorizes the DOH to grant licenses by endorsement to individuals who have been granted licensure, certification, registration, or other authority, by whatever name known, to deliver respiratory care services in another state or country. Those persons may petition the board for consideration for licensure, and upon verification under oath and submission of evidence of licensure, certification, registration, or other authority acceptable to the board, may be granted licensure by endorsement.

Dietetics and Nutrition Licensure by Endorsement

Section 468.513, F.S., requires the DOH to issue a license by endorsement to practice dietetics and nutrition to any applicant that the Board of Medicine certifies is qualified, upon receipt of a completed application, the appropriate fee, and satisfactory evidence that he or she:

- Is a registered dietitian; or
- Holds a valid license to practice dietetics or nutrition issued by another state, district, or territory of the U.S., if the criteria for issuance of such license are determined by the board to be substantially equivalent to or more stringent than those of Florida; and
- Is not under investigation in any jurisdiction for an act or offense that would constitute a violation of the dietician and nutritionist practice act or ch. 456, F.S.

Electrologist Licensure by Endorsement

Section 478.47, F.S., requires the DOH to issue a license by endorsement to an electrologist applicant who submits an application, the required application fees and who holds an active license or other authority to practice electrology in a jurisdiction whose licensure requirements are determined by the Board of Medicine to be equivalent to the requirements for licensure in Florida.

Massage Therapy Licensure by Endorsement

The Legislature created the Board of Massage Therapy (BMT) within the DOH.⁸³ The BMT developed Florida Administrative Code Rule 64B7-25.004, *Endorsements*,⁸⁴ to require the DOH to issue a massage therapy license by endorsement to all applicants who satisfy the following criteria:

- Pay the initial license application fee;⁸⁵

⁸³ Section 480.035, F.S.

⁸⁴ See Fla. Admin. Code R. 64B7-25.004, *Endorsements*, lists Rulemaking Authority as ss. 456.013(2), 480.035(7), 480.041(4)(c), F.S. There is no longer a s. 480.041(4)(c), F.S.

⁸⁵ Fla. Admin. Code R. 64B7-27.100 (2023).

- Submit a completed application;⁸⁶
- Demonstrate a current license to practiced massage therapy in another state; and
- Demonstrate that the license was required to meet education standards or apprenticeship training substantially similar to, equivalent to, or more stringent than those required for licensure by chs. 456 and 480, F.S., and applicable Florida administrative code rules; and
- Demonstrate that the out-of-state license was issued upon:
 - The satisfactory completion of an examination comparable to the examination approved by the BMT; or
 - Present a certification to the BMT of successful completion of an approved examination for licensure subsequent to the issuance of the out-of-state license;
- Have no outstanding or unresolved complaints in any jurisdiction where licensure is held; and,
- Complete a 10-hour course of Florida Laws and Rules CE offered by a BMT-approved massage therapy school or BMT-approved continuing education provider.

Physical Therapy Practice by Endorsement

In s. 486.081, F.S., the Legislature has authorized the Board of Physical Therapy (BPT) to issue through the DOH a physical therapy (PT) license without examination to any applicant who presents evidence of the following:

- Having passed the American Registry Examination prior to 1971; or
- Having passed an examination in PT before a similar examining board of another state, the District of Columbia, a territory, or a foreign country, if the standards for licensure in physical therapy in such other state, district, territory, or foreign country are determined by the BPT to be as high as those of Florida.

In s. 486.107, F.S., the Legislature has authorized the BPT to issue through the DOH a license for a physical therapy assistant (PTA) without examination to any applicant who presents evidence to the BPT, under oath, of a license in another state, the District of Columbia, or a territory, if the standards for registering as a PTA or licensing of a PTA, in the other state are determined by the BPT to be as high as those of Florida.

Psychologist or School Psychologist Licensure by Endorsement

In s. 490.006, F.S., the Legislature requires the DOH to issue a license to a person as a psychologist or school psychologist who applies to the DOH, pays the appropriate application fee, and demonstrates to the Board of Psychology, or in the case of the school psychologist, to the DOH, that the applicant:

- Is a diplomate with the American Board of Professional Psychology, Inc.; or
- Possesses a doctoral degree in psychology and has at least 10 years of experience as a licensed psychologist in any jurisdiction or territory of the U.S. within the 25 years preceding the date of application;
- Has passed that portion of the psychology or school psychology licensure examinations pertaining to the laws and rules related to the practice of psychology or school psychology in Florida; and

⁸⁶ Fla. Admin. Code R. 64B7-25.001 (2023).

- Is not under investigation in any jurisdiction for an act or offense that would constitute a violation of the psychological services practice act or ch. 456, F.S.

A person licensed as a psychologist in another state who is practicing pursuant to the Psychology Interjurisdictional Compact under s. 490.0075, F.S., and only within the scope provided therein, is exempt from the licensure by endorsement requirements of s. 490.006, F.S.

Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling Licensure by Endorsement

In s. 491.006, F.S., the Legislature requires the DOH to issue licenses or certificates, as appropriate, to a person applying for licensure by endorsement as a clinical social worker, marriage and family therapist, or mental health counselor who remits the appropriate fee and demonstrates to the Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling 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 license to practice and has actively practiced the licensed profession in another state for three of the last five years immediately preceding licensure;
- Has passed:
 - A substantially equivalent licensing examination in another state; or
 - Has passed the licensure examination in Florida in the profession for which the applicant is applying; and
- Holds a license in good standing;
- Is not under investigation for an act that would constitute a violation of the clinical, counseling, and psychotherapy services practice act or ch. 456, F.S.; and
- Has not been found to have committed any act that would constitute a violation of the clinical, counseling, and psychotherapy services practice act or ch. 456, F.S.

III. Effect of Proposed Changes:

Licensure by Endorsement - DBPR Regulated Professions

SB 1600 creates s. 455.2135, F.S., to require the DBPR boards, or the DBPR itself where there are no boards, when endorsement based on years of licensure is not otherwise provided by law in the practice act of a profession, to allow licensure by endorsement for any individual who applies if he or she meets the following criteria:

- Holds a valid, current license to practice the profession issued by another state or territory of the U.S. for at least five years before the date of application and be applying for the same or similar Florida license;
- Submits an application either:
 - When the license in another state or territory is active; or
 - Within two years after such license was last active;
- Has passed the recognized national licensing exam, if the exam is established as a requirement for licensure in the profession;
- Has no pending disciplinary actions and all sanctions for any prior disciplinary actions have been satisfied;

- Shows proof of compliance with any federal regulation, training, or certification, if the board or the DBPR requires such proof, regarding licensure in the profession;
- Has completed Florida-specific continuing education courses or passed a jurisprudential examination specific to the state laws and rules for the applicable profession as established by the board or DBPR; and
- Has complied with any insurance or bonding requirements as required for the profession.

SB 1600 further provides that if the ch. 455, F.S., professional practice act requires the submission of fingerprints, the applicant must submit and pay for a complete set of fingerprints to the Department of Law Enforcement (FDLE) for a statewide criminal history check. The FDLE must forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check. The DBPR must review the results of the criminal history checks according to the level II screening standards in s. 435.04, F.S, and determine whether the applicant meets the licensure requirements. The boards are not required to make such a review.

Section 455.2135, F.S., exempts harbor pilots licensed under ch, 310, F.S., from these requirements.

Licensure by Endorsement - DOH Regulated Professions

SB 1600 creates s. 456.0145, F.S., the MOBILE Act, which requires the DOH to issue a license or certificate by endorsement within 15 days of receipt of all required documents for any of the health care professions regulated by the DOH when the applicant meet all of the following specific criteria:

- Submits a completed application;
- Holds an active, unencumbered license issued by another state, the District of Columbia, or a possession or territory of the U.S. in a profession with a similar “scope of practice,” as determined by the board or the DOH, as applicable. Section 456.0145(2)(a)2., F.S., defines the term “scope of practice” as the full spectrum of functions, procedures, actions, and services that a health care practitioner is deemed competent and authorized to perform under a Florida license; and delegates to the boards, or the DOH where there is no board, to determine what that means for each of the 364 professions licensed by the DOH;
- Has obtained:
 - A passing score on a national licensure examination or holds a national certification recognized by the board, or the DOH if there is no board, as applicable to the profession for which the applicant is seeking licensure; or
 - If the profession applied for does not require a national examination or national certification and the applicable board, or the DOH, if there is no board, determines that the jurisdiction in which the applicant currently holds an active, unencumbered license:
 - Meets established minimum education requirements; and
 - The work experience, and clinical supervision requirements are substantially similar to the requirements for licensure in that profession in Florida;
- Has actively practiced the profession for at least three years during the four year period immediately preceding the application submission;
- Attests that he or she is not, at the time of application submission, the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U.S.

Department of Defense for reasons related to the practice of the profession for which he or she is applying;

- Has not had professional disciplinary action taken against him or her in the seven years preceding the application submission application;
- Meets the financial responsibility requirements of s. 456.048, F.S., or the applicable practice act; and
- Submits a set of fingerprints for a background check pursuant to s. 456.0135, F.S., or the applicable practice act.

The bill requires the DOH to verify the information above submitted by the applicant using the National Practitioner Data Bank.⁸⁷

The bill defines a person as ineligible for a license under s. 456.0145, F.S., if he or she:

- Has a complaint, an allegation, or an investigation pending before a licensing entity in another state, the District of Columbia, or a possession or territory of the U.S.;
- Has been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- Has had a health care provider license revoked or suspended by another state, the District of Columbia, or a possession or territory of the U.S. or has voluntarily surrendered any license;
- Has been reported to the National Practitioner Data Bank, unless the applicant has successfully appealed to have his or her name removed; or
- Has previously failed the Florida examination required to receive a license to practice the profession for which the applicant is seeking a license.

The bill authorizes the board, or the DOH where there is no board, under s. 456.0145, F.S., to revoke a license upon finding that the licensee provided false or misleading material information or intentionally omitted material information in an application.

The bill authorizes the board, or DOH where there is no board, to require an applicant to successfully complete a state jurispruential examination on laws and rules for the applicable profession, if the applicable practice act requires such examination.

The bill requires the DOH to submit an annual report by December 31 to the Governor, the President of the Senate, and the Speaker of the House of Representatives which provides all of the following information for the previous fiscal year, by profession and in total:

- The number of applications for licensure received under the MOBILE Act;
- The number of licenses issued under the MOBILE Act; and
- The number of applications submitted under the MOBILE Act which were denied and the reason for such denials.

The bill requires each applicable board, or the DOH if there is no board, to adopt rules to implement s. 456.0145, F.S., within six months after its effective date, including rules relating to

⁸⁷ The National Practitioner Data Bank is an Internet-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.

legislative intent provided under s. 456.025(1), F.S.,⁸⁸ and the requirements of s. 456.025(3), F.S.⁸⁹

Health Care Professions with Licensure by Endorsement Under Current Law

The bill amends current law for licensure by endorsement in various practice acts to conform to provisions found in the MOBILE Act and to retain statutory guidance for the maximum amounts of related application fees.

The bill provides an effective date of July 1, 2024.

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:

Some portions of SB 1600 may represent an unconstitutional delegation of legislative authority to the boards, or the agencies where there is no board, under Article II, Section 3, of the Florida Constitution. The bill gives the boards, and agencies when there is no board, the right to exercise broad discretion as to what constitutes a similar scope of practice between licensed professions in Florida versus other states. See *Askew v. Cross Key Waterways*, 372 So. 2d913 (Fla. 1979); *Miami-Dade County v. Omnipoint Holdings, Inc.*, 811 So.2d 767, 769 (Fla. 3d DCA 2002).

⁸⁸ Section 456.025(1), F.S., provides, in part, that “It is the intent of the Legislature that all costs of regulating health care professions and practitioners shall be borne solely by licensees and licensure applicants. It is also the intent of the Legislature that fees should be reasonable and not serve as a barrier to licensure.”

⁸⁹ Section 456.025(3), F.S., requires, in part, that “Each board within the jurisdiction of the department, or the department when there is no board, shall determine by rule the amount of license fees for the profession it regulates, based upon long-range estimates prepared by the department of the revenue required to implement laws relating to the regulation of professions by the department and the board. Each board, or the department if there is no board, shall ensure that license fees are adequate to cover all anticipated costs and to maintain a reasonable cash balance, as determined by rule of the agency, with advice of the applicable board.”

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Individuals seeking to work in Florida may be eligible under the additional pathways created by the bill to obtain a license to work in specified professions in Florida.

C. Government Sector Impact:

According to the FDLE, although SB 1600 does not require additional programming of the department's Biometric Identification System (BIS), if the population targeted in the bill were to submit fingerprints for a state and national criminal history record check and FDLE were to retain the fingerprints, the bill, along with other bills requiring background screening that are currently being considered by the Legislature, would add to the workload on FDLE's BIS. The FDLE is currently in the process of migrating the current system to the new generation of BIS. With the capacity limitations of the current system, this could cause undue strain.⁹⁰

The FDLE also indicates that SB 1600 does not appear to create the need for additional full-time equivalent positions or other resources; however, the bill, along with other bills requiring background screening that are currently being considered by the Legislature, could rise to the level of requiring additional staffing and other resources.⁹¹

VI. Technical Deficiencies:

None.

VII. Related Issues:

According to the FDLE, lines 93-94 (for DBPR-regulated professions) and 151-153 (for DOH-regulated professions) of the bill are instances where, if current law does not require the submission of fingerprints for a criminal history record check, it is unclear how the board or applicable department would be able to review an applicant's record to determine eligibility for licensure by endorsement.

Regarding lines 93-98 and 102-106, the FDLE indicates a need for the bill to ensure compliance with federal law and the U.S. Department of Justice (DOJ)-established criteria for the submission of fingerprints to the FBI's Criminal Justice Information Services Division for a national criminal history background check. The department points out that access to FBI criminal history

⁹⁰ Florida Department of Law Enforcement, *2024 FDLE Legislative Bill Analysis: SB 1600*, Jan. 19, 2024 (on file with the Senate Committee on Health Policy).

⁹¹ *Id.*

record information is not allowed unless all criteria specified within Public Law 92-544 are satisfied.⁹²

VIII. Statutes Affected:

This bill creates the following sections of the Florida Statutes: 455.2135 and 456.0145.

The bill substantially amends the following sections of the Florida Statutes: 457.105, 458.313, 464.009, 465.0075, 467.0125, 468.1185, 468.1705, 468.213, 468.3065, 468.358, 468.513, 478.47, 480.041, 484.007, 486.081, 486.107, 490.006, 491.006, 486.031, and 486.102.

IX. Additional Information:

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

B. Amendments:

None.

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

⁹² *Id.*

By Senator Collins

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1 A bill to be entitled
2 An act relating to interstate mobility; creating s.
3 455.2135, F.S.; requiring the respective boards of
4 occupations, or the Department of Business and
5 Professional Regulation if there is no board, to allow
6 licensure by endorsement if the applicant meets
7 certain criteria; requiring applicants of professions
8 that require fingerprints for criminal history checks
9 to submit such fingerprints before the board or
10 department issues a license by endorsement; requiring
11 the department, and authorizing the board, to review
12 the results of the criminal history checks according
13 to specific criteria to determine if the applicants
14 meet the requirements for licensure; requiring that
15 the costs associated with fingerprint processing be
16 borne by the applicant; if fingerprints are submitted
17 through an authorized agency or vendor, requiring such
18 agency or vendor to collect the processing fees and
19 remit them to the Department of Law Enforcement;
20 providing an exemption; creating s. 456.0145, F.S.;
21 providing a short title; requiring the applicable
22 health care regulatory boards, or the Department of
23 Health if there is no board, to issue a license or
24 certificate to applicants who meet specified
25 conditions; defining the term "scope of practice";
26 requiring the department to verify certain information
27 using the National Practitioner Data Bank, as
28 applicable; specifying circumstances under which a
29 person is ineligible for a license; authorizing boards

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30 or the department, as applicable, to revoke a license
31 upon a specified finding; requiring boards or the
32 department, as applicable, to issue licenses within a
33 specified timeframe; authorizing boards or the
34 department, as applicable, to require that applicants
35 successfully complete a jurisprudential examination
36 under certain circumstances; requiring the department
37 to submit an annual report to the Governor and the
38 Legislature by a specified date; providing
39 requirements for the report; requiring the boards and
40 the department, as applicable, to adopt certain rules
41 within a specified timeframe; amending ss. 457.105,
42 458.313, 464.009, 465.0075, 467.0125, 468.1185,
43 468.1705, 468.213, 468.3065, 468.358, 468.513, 478.47,
44 480.041, 484.007, 486.081, 486.107, 490.006, and
45 491.006, F.S.; revising licensure by endorsement
46 requirements for the practice of acupuncture,
47 medicine, professional or practical nursing, pharmacy,
48 midwifery, speech-language pathology and audiology,
49 nursing home administration, occupational therapy,
50 radiology, respiratory therapy, dietetics and
51 nutrition, electrology, massage therapy, opticianry,
52 physical therapy, physical therapist assistantship,
53 psychology and school psychology, and clinical social
54 work, marriage and family therapy, and mental health
55 counseling, respectively; amending ss. 486.031 and
56 486.102, F.S.; conforming provisions to changes made
57 by the act; authorizing the boards and the Department
58 of Health, as applicable, to continue processing

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59 applications for licensure by endorsement, as
60 authorized under the Florida Statutes (2023), for a
61 specified timeframe; providing an effective date.
62

63 Be It Enacted by the Legislature of the State of Florida:
64

65 Section 1. Section 455.2135, Florida Statutes, is created
66 to read:

67 455.2135 Interstate mobility.-

68 (1) When endorsement based on years of licensure is not
69 otherwise provided by law in the practice act for a profession,
70 the board, or the department if there is no board, shall allow
71 licensure by endorsement for any individual applying who:

72 (a) Has held a valid, current license to practice the
73 profession issued by another state or territory of the United
74 States for at least 5 years before the date of application and
75 is applying for the same or similar license in this state;

76 (b) Submits an application either when the license in
77 another state or territory is active or within 2 years after
78 such license was last active;

79 (c) Has passed the recognized national licensing exam, if
80 such exam is established as a requirement for licensure in the
81 profession;

82 (d) Has no pending disciplinary actions and all sanctions
83 of any prior disciplinary actions have been satisfied;

84 (e) Shows proof of compliance with any federal regulation,
85 training, or certification, if the board or the department
86 requires such proof, regarding licensure in the profession;

87 (f) Completes Florida-specific continuing education courses

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88 or passes a jurisprudential examination specific to the state
89 laws and rules for the applicable profession as established by
90 the board or department; and

91 (g) Complies with any insurance or bonding requirements as
92 required for the profession.

93 (2) If the practice act for a profession requires the
94 submission of fingerprints, the applicant must submit a complete
95 set of fingerprints to the Department of Law Enforcement for a
96 statewide criminal history check. The Department of Law
97 Enforcement shall forward the fingerprints to the Federal Bureau
98 of Investigation for a national criminal history check. The
99 department shall, and the board may, review the results of the
100 criminal history checks according to the level 2 screening
101 standards in s. 435.04 and determine whether the applicant meets
102 the licensure requirements. The costs of fingerprint processing
103 are borne by the applicant. If the applicant's fingerprints are
104 submitted through an authorized agency or vendor, the agency or
105 vendor must collect the required processing fees and remit the
106 fees to the Department of Law Enforcement.

107 (3) This section does not apply to harbor pilots licensed
108 under chapter 310.

109 Section 2. Section 456.0145, Florida Statutes, is created
110 to read:

111 456.0145 Mobile Opportunity by Interstate Licensure
112 Endorsement (MOBILE) Act.—

113 (1) SHORT TITLE.—This section may be cited as the "Mobile
114 Opportunity by Interstate Licensure Endorsement Act" or the
115 "MOBILE Act."

116 (2) LICENSURE BY ENDORSEMENT.—

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117 (a) An applicable board, or the department if there is no
118 board, shall issue a license or certificate to practice in this
119 state to an applicant who meets all of the following criteria:

120 1. Submits a completed application.

121 2. Holds an active, unencumbered license issued by another
122 state, the District of Columbia, or a possession or territory of
123 the United States in a profession with a similar scope of
124 practice, as determined by the board or department, as
125 applicable. As used in this subparagraph, the term "scope of
126 practice" means the full spectrum of functions, procedures,
127 actions, and services that a health care practitioner is deemed
128 competent and authorized to perform under a license issued in
129 this state.

130 3.a. Has obtained a passing score on a national licensure
131 examination or holds a national certification recognized by the
132 board, or the department if there is no board, as applicable to
133 the profession for which the applicant is seeking licensure in
134 this state; or

135 b. Meets the requirements of paragraph (b).

136 4. Has actively practiced the profession for which the
137 applicant is applying for at least 3 years during the 4-year
138 period immediately preceding the date of submission of the
139 application.

140 5. Attests that he or she is not, at the time of submission
141 of the application, the subject of a disciplinary proceeding in
142 a jurisdiction in which he or she holds a license or by the
143 United States Department of Defense for reasons related to the
144 practice of the profession for which he or she is applying.

145 6. Has not had professional disciplinary action taken

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146 against him or her in the 7 years immediately preceding the date
147 of submission of the application.

148 7. Meets the financial responsibility requirements of s.
149 456.048 or the applicable practice act, if required for the
150 profession for which the applicant is seeking licensure.

151 8. Submits a set of fingerprints for a background check
152 pursuant to s. 456.0135 or the applicable practice act, if
153 required for the profession for which he or she is applying.

154
155 The department shall verify information submitted by the
156 applicant under this subsection using the National Practitioner
157 Data Bank, as applicable.

158 (b) An applicant for a profession that does not require a
159 national examination or national certification is eligible for
160 licensure if an applicable board, or the department if there is
161 no board, determines that the jurisdiction in which the
162 applicant currently holds an active, unencumbered license meets
163 established minimum education requirements and, if applicable,
164 examination, work experience, and clinical supervision
165 requirements that are substantially similar to the requirements
166 for licensure in that profession in this state.

167 (c) A person is ineligible for a license under this section
168 if the applicant:

169 1. Has a complaint, an allegation, or an investigation
170 pending before a licensing entity in another state, the District
171 of Columbia, or a possession or territory of the United States;

172 2. Has been convicted of or pled nolo contendere to,
173 regardless of adjudication, any felony or misdemeanor related to
174 the practice of a health care profession;

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175 3. Has had a health care provider license revoked or
176 suspended by another state, the District of Columbia, or a
177 possession or territory of the United States, or has voluntarily
178 surrendered any such license;

179 4. Has been reported to the National Practitioner Data
180 Bank, unless the applicant has successfully appealed to have his
181 or her name removed from the data bank; or

182 5. Has previously failed the Florida examination required
183 to receive a license to practice the profession for which the
184 applicant is seeking a license.

185 (d) The board, or the department if there is no board, may
186 revoke a license upon finding that the licensee provided false
187 or misleading material information or intentionally omitted
188 material information in an application for licensure.

189 (e) The board, or the department if there is no board,
190 shall issue a license within 15 days after receipt of all
191 documentation required for an application.

192 (3) STATE EXAMINATION.—The board, or the department if
193 there is no board, may require an applicant to successfully
194 complete a jurisprudential examination specific to state laws
195 and rules for the applicable profession, if this chapter or the
196 applicable practice act requires such examination.

197 (4) ANNUAL REPORT.—By December 31 of each year, the
198 department shall submit a report to the Governor, the President
199 of the Senate, and the Speaker of the House of Representatives
200 which provides all of the following information for the previous
201 fiscal year, per profession and in total:

202 (a) The number of applications for licensure received under
203 this section.

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204 (b) The number of licenses issued under this section.

205 (c) The number of applications submitted under this section
206 which were denied and the reason for such denials.

207 (5) RULES.—Each applicable board, or the department if
208 there is no board, shall adopt rules to implement this section
209 within 6 months after this section's effective date, including
210 rules relating to legislative intent under s. 456.025(1) and the
211 requirements of s. 456.025(3).

212 Section 3. Subsection (2) of section 457.105, Florida
213 Statutes, is amended to read:

214 457.105 Licensure qualifications and fees.—

215 (2) A person may become licensed to practice acupuncture if
216 the person applies to the department and meets all of the
217 following criteria:

218 (a) Is 21 years of age or older, has good moral character,
219 and has the ability to communicate in English, which is
220 demonstrated by having passed the national written examination
221 in English or, if such examination was passed in a foreign
222 language, by also having passed a nationally recognized English
223 proficiency examination.†

224 (b) Has completed 60 college credits from an accredited
225 postsecondary institution as a prerequisite to enrollment in an
226 authorized 3-year course of study in acupuncture and oriental
227 medicine, and has completed a 3-year course of study in
228 acupuncture and oriental medicine, and effective July 31, 2001,
229 a 4-year course of study in acupuncture and oriental medicine,
230 which meets standards established by the board by rule, which
231 standards include, but are not limited to, successful completion
232 of academic courses in western anatomy, western physiology,

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233 western pathology, western biomedical terminology, first aid,
234 and cardiopulmonary resuscitation (CPR). However, any person who
235 enrolled in an authorized course of study in acupuncture before
236 August 1, 1997, must have completed only a 2-year course of
237 study which meets standards established by the board by rule,
238 which standards must include, but are not limited to, successful
239 completion of academic courses in western anatomy, western
240 physiology, and western pathology.~~†~~

241 (c) Has successfully completed a board-approved national
242 certification process, meets the requirements for licensure by
243 endorsement under s. 456.0145 ~~is actively licensed in a state~~
244 ~~that has examination requirements that are substantially~~
245 ~~equivalent to or more stringent than those of this state, or~~
246 passes an examination administered by the department, which
247 examination tests the applicant's competency and knowledge of
248 the practice of acupuncture and oriental medicine. At the
249 request of any applicant, oriental nomenclature for the points
250 shall be used in the examination. The examination shall include
251 a practical examination of the knowledge and skills required to
252 practice modern and traditional acupuncture and oriental
253 medicine, covering diagnostic and treatment techniques and
254 procedures.~~†~~~~and~~

255 (d) Pays the required fees set by the board by rule not to
256 exceed the following amounts:

257 1. Examination fee: \$500 plus the actual per applicant cost
258 to the department for purchase of the written and practical
259 portions of the examination from a national organization
260 approved by the board.

261 2. Application fee: \$300.

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262 3. Reexamination fee: \$500 plus the actual per applicant
263 cost to the department for purchase of the written and practical
264 portions of the examination from a national organization
265 approved by the board.

266 4. Initial biennial licensure fee: \$400, if licensed in the
267 first half of the biennium, and \$200, if licensed in the second
268 half of the biennium.

269 Section 4. Section 458.313, Florida Statutes, is amended to
270 read:

271 (Substantial rewording of section. See
272 s. 458.313, F.S., for present text.)

273 458.313 Licensure by endorsement; requirements; fees.—The
274 department shall issue a license by endorsement to any applicant
275 who, upon applying to the department on forms furnished by the
276 department and remitting a fee set by the board in an amount not
277 to exceed \$500, the board certifies has met the requirements for
278 licensure by endorsement under s. 456.0145.

279 Section 5. Section 464.009, Florida Statutes, is amended to
280 read:

281 (Substantial rewording of section. See
282 s. 464.009, F.S., for present text.)

283 464.009 Licensure by endorsement.—

284 (1) The department shall issue the appropriate license by
285 endorsement to practice professional or practical nursing to any
286 applicant who, upon applying to the department and remitting a
287 fee set by the board in an amount not to exceed \$100,
288 demonstrates to the board that he or she meets the requirements
289 for licensure by endorsement under s. 456.0145.

290 (2) A person holding an active multistate license in

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291 another state pursuant to s. 464.0095 is exempt from the
 292 requirements for licensure by endorsement in this section.

293 Section 6. Section 465.0075, Florida Statutes, is amended
 294 to read:

295 (Substantial rewording of section. See
 296 s. 465.0075, F.S., for present text.)

297 465.0075 Licensure by endorsement; requirements; fee.—The
 298 department shall issue a license by endorsement to any applicant
 299 who, upon applying to the department and remitting a
 300 nonrefundable fee set by the board in an amount not to exceed
 301 \$100, the board certifies has met the requirements for licensure
 302 by endorsement under s. 456.0145.

303 Section 7. Subsection (1) of section 467.0125, Florida
 304 Statutes, is amended to read:

305 467.0125 Licensed midwives; qualifications; endorsement;
 306 temporary certificates.—

307 (1) The department shall issue a license by endorsement to
 308 practice midwifery to an applicant who, upon applying to the
 309 department on a form approved by the department and remitting
 310 the appropriate fee, demonstrates to the department that she or
 311 he meets the requirements for licensure by endorsement under s.
 312 456.0145 ~~all of the following criteria:~~

313 ~~(a) Holds an active, unencumbered license to practice~~
 314 ~~midwifery in another state, jurisdiction, or territory, provided~~
 315 ~~the licensing requirements of that state, jurisdiction, or~~
 316 ~~territory at the time the license was issued were substantially~~
 317 ~~equivalent to or exceeded those established under this chapter~~
 318 ~~and the rules adopted hereunder.~~

319 ~~(b) Has successfully completed a prelicensure course~~

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320 ~~conducted by an accredited and approved midwifery program.~~

321 ~~(c) Submits an application for licensure on a form approved~~
322 ~~by the department and pays the appropriate fee.~~

323 Section 8. Subsections (3) and (4) of section 468.1185,
324 Florida Statutes, are amended to read:

325 468.1185 Licensure.—

326 ~~(3) The board shall certify as qualified for a license by~~
327 ~~endorsement as a speech-language pathologist or audiologist an~~
328 ~~applicant who:~~

329 ~~(a) Holds a valid license or certificate in another state~~
330 ~~or territory of the United States to practice the profession for~~
331 ~~which the application for licensure is made, if the criteria for~~
332 ~~issuance of such license were substantially equivalent to or~~
333 ~~more stringent than the licensure criteria which existed in this~~
334 ~~state at the time the license was issued; or~~

335 ~~(b) Holds a valid certificate of clinical competence of the~~
336 ~~American Speech-Language and Hearing Association or board~~
337 ~~certification in audiology from the American Board of Audiology.~~

338 (3)~~(4)~~ The board may refuse to certify any person applying
339 for licensure under this section ~~applicant~~ who is under
340 investigation in any jurisdiction for an act which would
341 constitute a violation of this part or chapter 456 until the
342 investigation is complete and disciplinary proceedings have been
343 terminated.

344 Section 9. Subsections (1), (2), and (3) of section
345 468.1705, Florida Statutes, are amended to read:

346 468.1705 Licensure by endorsement; temporary license.—

347 (1) The department shall issue a license by endorsement to
348 any applicant who, upon applying to the department and remitting

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349 a fee set by the board not to exceed \$500, demonstrates to the
350 board that he or she meets the requirements for licensure by
351 endorsement under s. 456.0145;

352 ~~(a) Meets one of the following requirements:~~

353 ~~1. Holds a valid active license to practice nursing home~~
354 ~~administration in another state of the United States, provided~~
355 ~~that the current requirements for licensure in that state are~~
356 ~~substantially equivalent to, or more stringent than, current~~
357 ~~requirements in this state; or~~

358 ~~2. Meets the qualifications for licensure in s. 468.1695;~~

359 and

360 ~~(b)1. Has successfully completed a national examination~~
361 ~~which is substantially equivalent to, or more stringent than,~~
362 ~~the examination given by the department;~~

363 ~~2. Has passed an examination on the laws and rules of this~~
364 ~~state governing the administration of nursing homes; and~~

365 ~~3. Has worked as a fully licensed nursing home~~
366 ~~administrator for 2 years within the 5-year period immediately~~
367 ~~preceding the application by endorsement.~~

368 ~~(2) National examinations for licensure as a nursing home~~
369 ~~administrator shall be presumed to be substantially equivalent~~
370 ~~to, or more stringent than, the examination and requirements in~~
371 ~~this state, unless found otherwise by rule of the board.~~

372 ~~(2)(3)~~ The department may ~~shall~~ not issue a license by
373 ~~endorsement or~~ a temporary license to any applicant who is under
374 investigation in this or another state for any act which would
375 constitute a violation of this part until such time as the
376 investigation is complete and disciplinary proceedings have been
377 terminated.

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378 Section 10. Section 468.213, Florida Statutes, is amended
379 to read:

380 468.213 Licensure by endorsement; waiver of examination
381 requirement.-

382 (1) The board may ~~waive the examination and~~ grant a license
383 to any person who meets the requirements for licensure by
384 endorsement under s. 456.0145 ~~presents proof of current~~
385 ~~certification as an occupational therapist or occupational~~
386 ~~therapy assistant by a national certifying organization if the~~
387 ~~board determines the requirements for such certification to be~~
388 ~~equivalent to the requirements for licensure in this act.~~

389 (2) The board may waive the examination and grant a license
390 to any applicant who presents proof of current licensure as an
391 occupational therapist or occupational therapy assistant in a
392 ~~another state, the District of Columbia, or any territory or~~
393 ~~jurisdiction of the United States or~~ foreign national
394 jurisdiction which requires standards for licensure determined
395 by the board to be equivalent to the requirements for licensure
396 in this part ~~act~~.

397 Section 11. Section 468.3065, Florida Statutes, is amended
398 to read:

399 468.3065 Certification by endorsement.-

400 (1) The department may issue a certificate by endorsement
401 to practice as a radiologist assistant to an applicant who, upon
402 applying to the department and remitting a nonrefundable fee not
403 to exceed \$50, demonstrates to the department that he or she
404 meets the requirements for licensure by endorsement under s.
405 456.0145 ~~holds a current certificate or registration as a~~
406 ~~radiologist assistant granted by the American Registry of~~

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407 ~~Radiologic Technologists.~~

408 (2) The department may issue a certificate by endorsement
409 to practice radiologic technology to an applicant who, upon
410 applying to the department and remitting a nonrefundable fee not
411 to exceed \$50, demonstrates to the department that he or she
412 meets the requirements for licensure by endorsement under s.
413 456.0145 holds a current certificate, license, or registration
414 to practice radiologic technology, provided that the
415 requirements for such certificate, license, or registration are
416 deemed by the department to be substantially equivalent to those
417 established under this part and rules adopted under this part.

418 (3) The department may issue a certificate by endorsement
419 to practice as a specialty technologist to an applicant who,
420 upon applying to the department and remitting a nonrefundable
421 fee not to exceed \$100, demonstrates to the department that he
422 or she meets the requirements for licensure by endorsement under
423 s. 456.0145 holds a current certificate or registration from a
424 national organization in a particular advanced, postprimary, or
425 specialty area of radiologic technology, such as computed
426 tomography or positron emission tomography.

427 Section 12. Section 468.358, Florida Statutes, is amended
428 to read:

429 468.358 Licensure by endorsement.—

430 (1) Licensure as a certified respiratory therapist must
431 shall be granted by endorsement to an individual who meets the
432 requirements for licensure by endorsement under s. 456.0145
433 holds the "Certified Respiratory Therapist" credential issued by
434 the National Board for Respiratory Care or an equivalent
435 credential acceptable to the board. Licensure by this mechanism

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436 ~~requires verification by oath and submission of evidence~~
437 ~~satisfactory to the board that such credential is held.~~

438 ~~(2) Licensure as a registered respiratory therapist shall~~
439 ~~be granted by endorsement to an individual who holds the~~
440 ~~"Registered Respiratory Therapist" credential issued by the~~
441 ~~National Board for Respiratory Care or an equivalent credential~~
442 ~~acceptable to the board. Licensure by this mechanism requires~~
443 ~~verification by oath and submission of evidence satisfactory to~~
444 ~~the board that such credential is held.~~

445 ~~(2)~~(3) An individual who has been granted licensure,
446 certification, registration, or other authority, by whatever
447 name known, to deliver respiratory care services in a foreign
448 ~~another state or country~~ may petition the board for
449 consideration for licensure in this state and, upon verification
450 by oath and submission of evidence of licensure, certification,
451 registration, or other authority acceptable to the board, may be
452 granted licensure by endorsement.

453 ~~(3)~~(4) Licensure may ~~shall~~ not be granted by endorsement as
454 provided in this section without the submission of a proper
455 application and the payment of the requisite fees therefor.

456 Section 13. Section 468.513, Florida Statutes, is amended
457 to read:

458 468.513 Dietitian/nutritionist; licensure by endorsement.—

459 ~~(1)~~ The department shall issue a license to practice
460 dietetics and nutrition by endorsement to any applicant who
461 meets the requirements for licensure by endorsement under s.
462 456.0145 ~~the board certifies as qualified~~, upon receipt of a
463 completed application and the fee specified in s. 468.508.

464 ~~(2) The board shall certify as qualified for licensure by~~

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465 ~~endorsement under this section any applicant who:~~

466 ~~(a) Presents evidence satisfactory to the board that he or~~
467 ~~she is a registered dietitian; or~~

468 ~~(b) Holds a valid license to practice dietetics or~~
469 ~~nutrition issued by another state, district, or territory of the~~
470 ~~United States, if the criteria for issuance of such license are~~
471 ~~determined by the board to be substantially equivalent to or~~
472 ~~more stringent than those of this state.~~

473 ~~(3) The department shall not issue a license by endorsement~~
474 ~~under this section to any applicant who is under investigation~~
475 ~~in any jurisdiction for any act which would constitute a~~
476 ~~violation of this part or chapter 456 until such time as the~~
477 ~~investigation is complete and disciplinary proceedings have been~~
478 ~~terminated.~~

479 Section 14. Section 478.47, Florida Statutes, is amended to
480 read:

481 478.47 Licensure by endorsement.—The department shall issue
482 a license by endorsement to any applicant who, upon submitting
483 ~~submits~~ an application and the required fees as set forth in s.
484 478.55, demonstrates to the board that he or she meets the
485 requirements for licensure by endorsement under s. 456.0145 and
486 ~~who holds an active license or other authority to practice~~
487 ~~electrology in a jurisdiction whose licensure requirements are~~
488 ~~determined by the board to be equivalent to the requirements for~~
489 ~~licensure in this state.~~

490 Section 15. Paragraph (c) of subsection (5) of section
491 480.041, Florida Statutes, is amended to read:

492 480.041 Massage therapists; qualifications; licensure;
493 endorsement.—

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494 (5) The board shall adopt rules:

495 (c) Specifying licensing procedures for practitioners
 496 desiring to be licensed in this state who meet the requirements
 497 for licensure by endorsement under s. 456.0145 or hold an active
 498 license and have practiced in any other state, territory, or
 499 jurisdiction of the United States or any foreign national
 500 jurisdiction which has licensing standards substantially similar
 501 to, equivalent to, or more stringent than the standards of this
 502 state.

503 Section 16. Present subsections (3) and (4) of section
 504 484.007, Florida Statutes, are redesignated as subsections (4)
 505 and (5), respectively, a new subsection (3) is added to that
 506 section, and subsection (1) of that section is amended, to read:

507 484.007 Licensure of opticians; permitting of optical
 508 establishments.—

509 (1) Any person desiring to practice opticianry shall apply
 510 to the department, upon forms prescribed by it, to take a
 511 licensure examination. The department shall examine each
 512 applicant who the board certifies meets all of the following
 513 criteria:

514 (a) Has completed the application form and remitted a
 515 nonrefundable application fee set by the board, in the amount of
 516 \$100 or less, and an examination fee set by the board, in the
 517 amount of \$325 plus the actual per applicant cost to the
 518 department for purchase of portions of the examination from the
 519 American Board of Opticianry or a similar national organization,
 520 or less, and refundable if the board finds the applicant
 521 ineligible to take the examination.†

522 (b) Is not younger ~~less~~ than 18 years of age.†

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523 (c) Is a graduate of an accredited high school or possesses
524 a certificate of equivalency of a high school education. ~~;~~ and

525 (d)1. Has received an associate degree, or its equivalent,
526 in opticianry from an educational institution the curriculum of
527 which is accredited by an accrediting agency recognized and
528 approved by the United States Department of Education or the
529 Council on Postsecondary Education or approved by the board;

530 ~~2. Is an individual licensed to practice the profession of~~
531 ~~opticianry pursuant to a regulatory licensing law of another~~
532 ~~state, territory, or jurisdiction of the United States, who has~~
533 ~~actively practiced in such other state, territory, or~~
534 ~~jurisdiction for more than 3 years immediately preceding~~
535 ~~application, and who meets the examination qualifications as~~
536 ~~provided in this subsection;~~

537 ~~3. Is an individual who has actively practiced in another~~
538 ~~state, territory, or jurisdiction of the United States for more~~
539 ~~than 5 years immediately preceding application and who provides~~
540 ~~tax or business records, affidavits, or other satisfactory~~
541 ~~documentation of such practice and who meets the examination~~
542 ~~qualifications as provided in this subsection; or~~

543 2.4. Has registered as an apprentice with the department
544 and paid a registration fee not to exceed \$60, as set by rule of
545 the board. The apprentice shall complete 6,240 hours of training
546 under the supervision of an optician licensed in this state for
547 at least 1 year or of a physician or optometrist licensed under
548 the laws of this state. These requirements must be met within 5
549 years after the date of registration. However, any time spent in
550 a recognized school may be considered as part of the
551 apprenticeship program provided herein. The board may establish

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552 administrative processing fees sufficient to cover the cost of
553 administering apprentice rules as promulgated by the board.

554 (3) The board shall certify to the department for licensure
555 by endorsement any applicant who meets the requirements for
556 licensure by endorsement under s. 456.0145.

557 Section 17. Section 486.081, Florida Statutes, is amended
558 to read:

559 486.081 Physical therapist; issuance of license by
560 endorsement; issuance of license without examination to person
561 passing examination of another authorized examining board in a
562 foreign country; fee.-

563 (1) The board may cause a license by endorsement to be
564 issued through the department ~~without examination~~ to any
565 applicant who meets the requirements for licensure by
566 endorsement under s. 456.0145 or, without examination, to any
567 applicant who presents evidence satisfactory to the board of
568 having passed ~~the American Registry Examination prior to 1971 or~~
569 an examination in physical therapy before a similar lawfully
570 authorized examining board of ~~another state, the District of~~
571 ~~Columbia, a territory, or a foreign country,~~ if the standards
572 for licensure in physical therapy in such ~~other state, district,~~
573 ~~territory, or~~ foreign country are determined by the board to be
574 as high as those of this state, as established by rules adopted
575 pursuant to this chapter. Any person who holds a license
576 pursuant to this section may use the words "physical therapist"
577 or "physiotherapist" or the letters "P.T." in connection with
578 her or his name or place of business to denote her or his
579 licensure hereunder. A person who holds a license pursuant to
580 this section and obtains a doctoral degree in physical therapy

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581 may use the letters "D.P.T." and "P.T." A physical therapist who
582 holds a degree of Doctor of Physical Therapy may not use the
583 title "doctor" without also clearly informing the public of his
584 or her profession as a physical therapist.

585 (2) At the time of making application for licensure under
586 ~~without examination pursuant to the terms of~~ this section, the
587 applicant shall pay to the department a nonrefundable fee set by
588 the board in an amount not to exceed \$175 ~~as fixed by the board,~~
589 ~~no part of which will be returned.~~

590 Section 18. Section 486.107, Florida Statutes, is amended
591 to read:

592 486.107 Physical therapist assistant; issuance of license
593 by endorsement ~~without examination to person licensed in another~~
594 ~~jurisdiction; fee.-~~

595 (1) The board may cause a license by endorsement to be
596 issued through the department ~~without examination~~ to any
597 applicant who presents evidence to the board, under oath, of
598 meeting the requirements for licensure by endorsement under s.
599 456.0145 licensure in another state, the District of Columbia,
600 ~~or a territory, if the standards for registering as a physical~~
601 ~~therapist assistant or licensing of a physical therapist~~
602 ~~assistant, as the case may be, in such other state are~~
603 ~~determined by the board to be as high as those of this state, as~~
604 ~~established by rules adopted pursuant to this chapter.~~ Any
605 person who holds a license pursuant to this section may use the
606 words "physical therapist assistant," or the letters "P.T.A.,"
607 in connection with her or his name to denote licensure
608 hereunder.

609 (2) At the time of making application for licensure by

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610 ~~endorsement under licensing without examination pursuant to the~~
611 ~~terms of this section, the applicant shall pay to the department~~
612 ~~a nonrefundable fee set by the board in an amount not to exceed~~
613 ~~\$175 as fixed by the board, no part of which will be returned.~~

614 Section 19. Subsections (1), (2), and (3) of section
615 490.006, Florida Statutes, are amended to read:

616 490.006 Licensure by endorsement.—

617 (1) The department shall license a person as a psychologist
618 or school psychologist who, upon applying to the department and
619 remitting the appropriate fee, demonstrates to the department
620 or, in the case of psychologists, to the board that the
621 applicant meets the requirements for licensure by endorsement
622 under s. 456.0145—

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

625 ~~(b) Possesses a doctoral degree in psychology and has at~~
626 ~~least 10 years of experience as a licensed psychologist in any~~
627 ~~jurisdiction or territory of the United States within the 25~~
628 ~~years preceding the date of application.~~

629 ~~(2) In addition to meeting the requirements for licensure~~
630 ~~set forth in subsection (1), an applicant must pass that portion~~
631 ~~of the psychology or school psychology licensure examinations~~
632 ~~pertaining to the laws and rules related to the practice of~~
633 ~~psychology or school psychology in this state before the~~
634 ~~department may issue a license to the applicant.~~

635 ~~(3) The department shall not issue a license by endorsement~~
636 ~~to any applicant who is under investigation in this or another~~
637 ~~jurisdiction for an act which would constitute a violation of~~
638 ~~this chapter until such time as the investigation is complete,~~

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639 ~~at which time the provisions of s. 490.009 shall apply.~~

640 Section 20. Subsections (1) and (2) of section 491.006,
641 Florida Statutes, are amended to read:

642 491.006 Licensure or certification by endorsement.—

643 (1) The department shall license or grant a certificate to
644 a person in a profession regulated by this chapter who, upon
645 applying to the department and remitting the appropriate fee,
646 demonstrates to the board that he or she meets the requirements
647 for licensure by endorsement under s. 456.0145;

648 ~~(a) Has demonstrated, in a manner designated by rule of the~~
649 ~~board, knowledge of the laws and rules governing the practice of~~
650 ~~elinical social work, marriage and family therapy, and mental~~
651 ~~health counseling.~~

652 ~~(b)1. Holds an active valid license to practice and has~~
653 ~~actively practiced the licensed profession in another state for~~
654 ~~3 of the last 5 years immediately preceding licensure;~~

655 ~~2. Has passed a substantially equivalent licensing~~
656 ~~examination in another state or has passed the licensure~~
657 ~~examination in this state in the profession for which the~~
658 ~~applicant seeks licensure; and~~

659 ~~3. Holds a license in good standing, is not under~~
660 ~~investigation for an act that would constitute a violation of~~
661 ~~this chapter, and has not been found to have committed any act~~
662 ~~that would constitute a violation of this chapter.~~

663 (2) The fees paid by any applicant for certification as a
664 master social worker under this section are nonrefundable.

665 ~~(2) The department shall not issue a license or certificate~~
666 ~~by endorsement to any applicant who is under investigation in~~
667 ~~this or another jurisdiction for an act which would constitute a~~

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668 ~~violation of this chapter until such time as the investigation~~
669 ~~is complete, at which time the provisions of s. 491.009 shall~~
670 ~~apply.~~

671 Section 21. Subsection (3) of section 486.031, Florida
672 Statutes, is amended to read:

673 486.031 Physical therapist; licensing requirements.—To be
674 eligible for licensing as a physical therapist, an applicant
675 must:

676 (3) (a) Have been graduated from a school of physical
677 therapy which has been approved for the educational preparation
678 of physical therapists by the appropriate accrediting agency
679 recognized by the Commission on Recognition of Postsecondary
680 Accreditation or the United States Department of Education at
681 the time of her or his graduation and have passed, to the
682 satisfaction of the board, the American Registry Examination
683 prior to 1971 or a national examination approved by the board to
684 determine her or his fitness for practice as a physical
685 therapist as hereinafter provided;

686 (b) Have received a diploma from a program in physical
687 therapy in a foreign country and have educational credentials
688 deemed equivalent to those required for the educational
689 preparation of physical therapists in this country, as
690 recognized by the appropriate agency as identified by the board,
691 and have passed to the satisfaction of the board an examination
692 to determine her or his fitness for practice as a physical
693 therapist as hereinafter provided; or

694 (c) Be entitled to licensure by endorsement or without
695 examination as provided in s. 486.081.

696 Section 22. Subsection (3) of section 486.102, Florida

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697 Statutes, is amended to read:

698 486.102 Physical therapist assistant; licensing
699 requirements.—To be eligible for licensing by the board as a
700 physical therapist assistant, an applicant must:

701 (3) (a) Have been graduated from a school giving a course of
702 not less than 2 years for physical therapist assistants, which
703 has been approved for the educational preparation of physical
704 therapist assistants by the appropriate accrediting agency
705 recognized by the Commission on Recognition of Postsecondary
706 Accreditation or the United States Department of Education, at
707 the time of her or his graduation and have passed to the
708 satisfaction of the board an examination to determine her or his
709 fitness for practice as a physical therapist assistant as
710 hereinafter provided;

711 (b) Have been graduated from a school giving a course for
712 physical therapist assistants in a foreign country and have
713 educational credentials deemed equivalent to those required for
714 the educational preparation of physical therapist assistants in
715 this country, as recognized by the appropriate agency as
716 identified by the board, and passed to the satisfaction of the
717 board an examination to determine her or his fitness for
718 practice as a physical therapist assistant as hereinafter
719 provided;

720 (c) Be entitled to licensure by endorsement or without
721 examination as provided in s. 486.107; or

722 (d) Have been enrolled between July 1, 2014, and July 1,
723 2016, in a physical therapist assistant school in this state
724 which was accredited at the time of enrollment; and

725 1. Have been graduated or be eligible to graduate from such

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726 school no later than July 1, 2018; and

727 2. Have passed to the satisfaction of the board an
728 examination to determine his or her fitness for practice as a
729 physical therapist assistant as provided in s. 486.104.

730 Section 23. Notwithstanding the changes made to the Florida
731 Statutes (2023) by this act, a board as defined in s. 456.001,
732 Florida Statutes, or the Department of Health, as applicable,
733 may continue processing applications for licensure by
734 endorsement as authorized under the Florida Statutes (2023)
735 until the rules adopted by such board or the department to
736 implement the changes made by this act take effect or until 6
737 months after the effective date of this act, whichever occurs
738 first.

739 Section 24. This act shall take effect July 1, 2024.



The Florida Senate

Committee Agenda Request

To: Senator Colleen Burton, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 11, 2024

I respectfully request that **Senate Bill #1600**, relating to Interstate Mobility, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Jay Collins", written over a horizontal line.

Senator Jay Collins
Florida Senate, District 14

The Florida Senate

APPEARANCE RECORD

1600

23 Jan 2024

Meeting Date

Deliver both copies of this form to Senate professional staff conducting the meeting

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Chris Stranburg

Phone 813-767-9667

Address 107 E College Ave

Email cstranburg@afphg.org

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Americans for Prosperity

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate

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1/23/24

Meeting Date

SB 1600

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name

Jason Harrell

Phone

850 345-6835

Address

119 S Monroe

Email

JASUN@FICPA.org

Street

Tallahassee

FL

32303

City

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Institute of CPAs

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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The Florida Senate

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SB 1600

1/23/2024

Meeting Date

Health Policy

Committee

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Bill Number or Topic

Amendment Barcode (if applicable)

Name George Levesque ("Le-vek")

Phone 850-577-9090

Address 301 S. Bronough Street, Ste. 600

Email _____

Street

Tallahassee

FL

32312

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Chapter of the American
institute of Architects

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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The Florida Senate
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1:00

1/23/24

Meeting Date

1600

Bill Number or Topic

HEALTH POLICY

Committee

Amendment Barcode (if applicable)

Name **Sal Nuzzo**

Phone **8503229941**

Address **100 N Duval Street**

Email **snuzzo@jamesmadison.org**

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

DUBLICATE

The Florida Senate

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01/23/2024

Meeting Date

S.B. 1600

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Ashley Hayek

Phone 727-487-7019

Address 1001 Pennsylvania Ave NW
Street

Email jshiner@americafirst.com

washington
City

DC
State

20001
Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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The Florida Senate

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Meeting Date

1600

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Sarah Massey

Phone 850.545.0543

Address 136 S. Bronough

Street

Email smassey@fchamber.com

Tallahassee

City

FL

State

32301

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Chamber of Commerce

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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SB 1600

Bill Number or Topic

1/23/24

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Kevin Comer (co-Mer) Phone

Address Email

Street

City

State

Zip

Speaking: [] For [] Against [] Information OR Waive Speaking: [X] In Support [] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[X] I am a registered lobbyist, representing:

[] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Association of Dental Support Organizations

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022 Joint Rules.pdf (flsenate.gov)

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S-001 (08/10/2021)

The Florida Senate

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SB 1600

Bill Number or Topic

1/23/24

Meeting Date

Health Pol

Committee

Amendment Barcode (if applicable)

Name

Deborah Foote

Phone

850 656 2222

Address

POB 7416

Email

deborahwflapsych.com

Street

Tall

FL

32314

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

FL Psych Assn

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. 2020-2022JointRules.pdf (flsenate.gov)

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S-001 (08/10/2021)

1/23/2024

Meeting Date

HEALTH POLICY

Committee

The Florida Senate

APPEARANCE RECORD

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SB 1600

Bill Number or Topic

Amendment Barcode (if applicable)

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Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

TAMPA GENERAL HOSPITAL

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Health Policy Committee

Judge:

Started: 1/23/2024 1:02:20 PM

Ends: 1/23/2024 2:08:14 PM

Length: 01:05:55

1:02:20 PM Chair Burton calls the meeting to order
1:02:58 PM Roll call - quorum's present
1:03:19 PM Tab 4 - SB 644 by Sen. Simon
1:04:03 PM Public Testimony by David Mica Jr. w/ Fla. Hospital Assn.
1:05:08 PM Public Appearance by Sarah Massey w/ Fla. Chamber of Commerce
1:05:18 PM Public Appearance by Bryan Cherry representing N. Walton Doctors Hosp.
1:05:30 PM Public Appearance by Amir Warren w/ Fla. Assn. of Counties
1:05:56 PM Public Testimony by Chris Doolin
1:06:24 PM Sen. Albritton in debate
1:07:24 PM Sen. Simon closes
1:08:25 PM SB 644 is reported favorably
1:08:35 PM Tab 2 - SB 436 by Sen. Grall
1:09:22 PM Sen. Book w/ a couple questions
1:12:55 PM Sen. Davis recognized in questioning
1:18:30 PM Sen. Albritton for a question
1:19:53 PM Public Testimony Nancy Lawther, PhD, w/ Fla. PTA
1:23:00 PM Public Appearance by Ashley Hayek, Amer. First Policy Inst.
1:23:19 PM Public Appearance by Chante Combs w/ Fla. Conference of Bishops
1:23:48 PM Sen. Harrell recognized in debate
1:27:07 PM Sen. Book in debate
1:28:28 PM Sen. Davis in debate
1:31:00 PM Sen. Grall closes
1:35:29 PM SB 436 passes
1:36:05 PM Tab 3 - SB 362 by Sen. Bradley
1:36:22 PM Sen. Bradley explains bill
1:37:08 PM Public Testimony by Kevin Shrock, MD, w/ Fla. Orthopedic Society
1:40:54 PM Public Testimony by Richard Chait w/ Fla. Workers' Advocates
1:45:43 PM Public Appearance by Chris Nuland w/ Fla. Chap. of Amer. College of Surgeons
1:45:52 PM Public Appearance by Chris Lyon representing Fla. Osteopathic Medical Assn.
1:45:58 PM Public Appearance by Jarrod Fowler w/ Fla. Medical Assn.
1:46:08 PM Sen. Harrell in debate
1:48:02 PM Sen. Bradley closes on bill
1:49:01 PM SB 362 reported favorably
1:49:16 PM gavel passed to Sen. Brodeur
1:49:32 PM Tab 1 - SB 168 by Sen. Polsky
1:51:21 PM amend. 923940 by Polsky
1:51:48 PM amend. adopted; back on bill as amended
1:52:00 PM Public Testimony by Odie Pauley
1:53:57 PM Public Testimony by Erabella Pauley
1:54:29 PM Public Testimony by Robert Fifer
1:57:51 PM Public Testimony by Dr. Claudia Espinosa w/ CMV Collaborative
1:59:10 PM Public Appearance by Cora Merrit w/ Nemours Children's Health
1:59:18 PM Public Appearance by Theresa Bulgar
1:59:33 PM Public Appearance by Dr. Nancy Lawther of Fla. PTA
1:59:51 PM Sen. Polsky closes
2:00:02 PM CS/SB 168 passes
2:00:23 PM Tab 5 - SB 1600 by Collins
2:01:08 PM bill is explained
2:01:53 PM Public Testimony by Chris Stranburg w/ Americans for Prosperity
2:02:26 PM Public Testimony by Jason Harrell w/ Fla. Inst. of CPAs
2:03:26 PM Public Testimony by George Levesque w/ the Fla. Ch. of Amer. Inst. of Architects
2:04:45 PM Public Testimony by Sal Nuzzo w/ Jms. Madison Inst.

2:06:10 PM Public Appearance by Ashley Hayek
2:06:19 PM Public Appearance by Sarah Massey w/ the Fla. Chamber of Commerce
2:06:28 PM Public Appearance by Kevin Comerer w/ Assn. of Dental Support Orgs.
2:06:34 PM Public Appearance by Deborah Foote w/ Fla. Psych. Assn.
2:06:44 PM Public Appearance by Jan Gorrie representing Tampa General Hosp.
2:07:17 PM Sen. Collins closes
2:07:22 PM SB 1600 reported favorably
2:07:34 PM Sen. Brodeur asks to be shown as favorable for tab 4
2:07:51 PM Sen. Osgood moves to adjourn
2:07:55 PM Lynda Bell dropped off a card to show she waived in support for SB 436