

Tab 1	CS/SB 104 by HP, Book (CO-INTRODUCERS) Harrell; (Similar to CS/H 00059) Prescription Drug Donation Repository Program
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Tab 2	SB 184 by Book; (Similar to H 07019) Aging Programs
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Tab 3	CS/SB 188 by HP, Harrell; (Similar to H 07031) Department of Health
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237660	A	S	WD	AHS, Harrell	btw L.261 - 262:	02/20 04:31 PM
671644	A	S	RCS	AHS, Harrell	btw L.363 - 364:	02/20 04:31 PM
593730	A	S	RCS	AHS, Harrell	Delete L.666 - 683.	02/20 04:31 PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

**APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND
HUMAN SERVICES**

Senator Bean, Chair
Senator Harrell, Vice Chair

MEETING DATE: Wednesday, February 20, 2019
TIME: 1:30—3:30 p.m.
PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Bean, Chair; Senator Harrell, Vice Chair; Senators Book, Diaz, Farmer, Flores, Hooper, Passidomo, Rader, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 104 Health Policy / Book (Similar H 59)	Prescription Drug Donation Repository Program; Creating the "Prescription Drug Donation Repository Program Act"; creating the program within the Department of Health; authorizing the department to contract with a third-party vendor to administer the program; providing inspection, inventory, and storage requirements for centralized and local repositories; authorizing the department to establish a direct-support organization to provide assistance, funding, and promotional support for program activities; authorizing the Governor to waive program patient eligibility requirements during a declared state of emergency, etc. HP 02/04/2019 Fav/CS AHS 02/20/2019 Favorable AP	Favorable Yeas 10 Nays 0
2	SB 184 Book (Similar H 7019)	Aging Programs; Transferring the powers, duties, and functions of the Department of Elderly Affairs relating to hospices, assisted living facilities, adult family-care homes, and adult day care centers to the Agency for Health Care Administration; establishing that the agency is the lead agency responsible for the regulation of hospices, assisted living facilities, adult day care centers, and adult family-care homes, etc. CF 02/11/2019 Favorable AHS 02/20/2019 Favorable AP	Favorable Yeas 10 Nays 0
3	CS/SB 188 Health Policy / Harrell (Similar H 7031, Compare H 247, H 509, S 884, S 1042, S 1078)	Department of Health; Revising health care practitioner licensure application requirements; revising licensure requirements for a person seeking licensure or certification as an osteopathic physician; revising requirements for examinations of dental hygienists; revising athletic trainer licensure requirements; revising qualifications for licensure as a massage therapist; revising requirements for licensure by endorsement or certification for specified professions, etc. HP 02/11/2019 Fav/CS AHS 02/20/2019 Fav/CS AP	Fav/CS Yeas 9 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Appropriations Subcommittee on Health and Human Services
Wednesday, February 20, 2019, 1:30—3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	Presentation on the Agency for Persons with Disabilities		Presented
5	Senator Presentations of the Health and Human Services Local Funding Initiative Requests for Fiscal Year 2019-2020		Presented
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 Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 104

INTRODUCER: Health Policy Committee and Senators Book and Harrell

SUBJECT: Prescription Drug Donation Repository Program

DATE: February 19, 2019 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
2.	<u>Loe</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 104 creates the Prescription Drug Donation Repository Program (program) within the Department of Health (DOH) to facilitate the donation and distribution of prescription drugs and supplies to eligible patients in the state. The program:

- Authorizes Florida residents with valid prescriptions who are either indigent, uninsured, or underinsured to receive donated prescription drugs and supplies under the program.
- Specifies a list of entities that may donate prescription drugs or medical devices to the program and establishes requirements that must be met before donations may be accepted.
- Limits dispensing of prescription drugs under the program to persons who are licensed, registered, or otherwise permitted by state law.
- Provides procedures for inventorying, storing, dispensing, recalling, and destroying prescription drugs under the program.
- Provides recordkeeping and reporting requirements for participating facilities.
- Requires the DOH to maintain and publish on its website registries of all participating facilities and available donated drugs and supplies.
- Authorizes the creation of a direct-support organization (DSO) to provide funding for the program.
- Requires the DOH to adopt rules necessary to implement the program.

The bill amends section 252.36(5), Florida Statutes, to allow the Governor to waive the patient eligibility requirements of the program during a declared state of emergency.

The DOH will experience an increase in workload to administer the program; however, these costs should be absorbed through funding collected by the DSO in support of the program.

The bill is effective July 1, 2019.

II. Present Situation:

State Prescription Drug Donation and Reuse Programs

State prescription drug donation and reuse programs have been in effect since 1997.¹ Such drug donation and reuse programs permit unused prescription or non-prescription drugs to be donated and re-dispensed to patients within certain federal guidelines. Currently, 38 states have passed laws authorizing such programs; however, not all of these states have operationalized their programs.²

Pharmaceutical donation and reuse programs involve the voluntary collection and re-distribution of donated, unused prescription and non-prescription drugs from participating donors to eligible patients. States vary in the types of drugs and supplies that are accepted, the number and types of sites that are considered eligible locations where donors may deposit donations, participant eligibility requirements, and the dispensing fees for the donated drugs. Generally, the drugs are not controlled substances. Some programs, such as Florida's, are limited to only cancer treatment drugs. Twelve other states besides Florida – Colorado, Kentucky, Michigan, Minnesota, Montana, Nebraska, Nevada, Ohio, Pennsylvania, Utah, Washington, and Wisconsin – have prescription drug donation and reuse programs limited to only cancer treatment drugs.

Pharmacies, charitable clinics, and hospitals are locations where such donations are accepted. In Florida's Cancer Drug Donation Program,³ only Class II hospital pharmacies that elect or volunteer to participate are eligible to accept donations of cancer drugs from designated individuals or entities.⁴

Individuals receiving donated drugs may be required to meet certain eligibility requirements beyond a cancer diagnosis to participate in the donation program such as proof of state residency (Minnesota), lack of access to other insurance coverage, or Medicaid ineligibility (Florida). Dispensing fees are set based on a maximum relative threshold above the Medicaid dispensing fee or capped at an absolute dollar amount that typically ranges from \$10 to \$15.

The statutory provisions of many pharmaceutical donation programs have several common requirements:

- No controlled substances are accepted as donations;
- No adulterated or misbranded medications are allowed;

¹ National Conference of State Legislatures, *State Prescription Drug Return, Reuse and Recycling Laws* (As of Oct. 1, 2018), <http://www.ncsl.org/research/health/state-prescription-drug-return-reuse-and-recycling.aspx> (last visited: Jan. 28, 2019).

² *Supra* note 1.

³ Section 499.029, F.S.

⁴ *See* s. 465.019, F.S. Class II institutional pharmacies are those institutional pharmacies that employ the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, provide dispensing and consulting services on the premises to the patients of that institution, for use on the premises of that institution.

- All donated pharmaceuticals must be checked by a pharmacist prior to being dispensed;
- Pharmaceuticals must not be expired and most pharmaceuticals must have at least six months or longer before expiration;
- All pharmaceuticals must be unopened and in original, sealed, tamper-evident packaging; and
- Liability protection is assured for both donors and recipients.⁵

Most states permit the donation of any non-controlled substance to a designated medical facility, clinic, or pharmacy that has elected to participate in the program. Currently, outside of Florida, 14 states allow any non-institutional donor to donate prescription drugs to a donation program under varying degrees of quality control.⁶ Twenty states have operational repository programs – either cancer drug programs or broader collection programs – including states such as Iowa, which has served over 71,000 patients and re-distributed \$17.7 million in donated prescriptions and supplies since 2007.⁷ The Iowa program is limited to residents with incomes at or below 200 percent of the federal poverty level (FPL), or \$51,500 for a family of four under the 2019 guidelines,⁸ who are uninsured or underinsured, and are eligible to receive the donated medications and supplies.⁹ The Iowa program accepts donations from any organization or individual in the country with the medication provided in its sealed or original, tamper-resistant packaging. Any pharmacy or medical facility with authorization to dispense under Iowa administrative rules may then re-dispense the donated medication or supplies.¹⁰

Wyoming has also had a long-running Medication Donation Program. The state's program filled over 150,000 prescriptions since its inception in 2007 and provided more than \$2.4 million worth of donated prescriptions in 2016.¹¹ Recipients must be a Wyoming resident, have an income under 200 percent of the FPL, and be without prescription insurance or Medicaid coverage. Prescriptions are mailed to the recipient at no cost to the patient; however, neither controlled substances nor refrigerated prescriptions are covered in the program.¹²

Florida Cancer Drug Donation Program

The Florida Cancer Drug Donation Program (CDDP) was created in 2006¹³ and is administratively housed within the Florida Department of Business and Professional Regulation (DBPR). The CDDP allows eligible donors to donate cancer drugs and related supplies to participating facilities that may dispense the donations to eligible cancer patients. The hospital

⁵ *Supra* note 1.

⁶ *Supra* note 1.

⁷ *Supra* note 1.

⁸ U.S. Department of Health and Human Services, *U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs (Effective January 1, 2019)*, <https://aspe.hhs.gov/poverty-guidelines> (last visited Jan. 28, 2019).

⁹ Iowa Department of Public Health, *SafeNetRx Program*, <https://idph.iowa.gov/ohds/rural-health-primary-care/repository>, (last visited Jan. 28, 2019).

¹⁰ *Id.*

¹¹ Wyoming Department of Health, *Wyoming Medication Donation Program*, <https://health.wyo.gov/healthcarefin/medicationdonation/application-and-eligibility/> (last visited: Jan. 28, 2019).

¹² *Id.*

¹³ Chapter 2006-310, Laws of Fla. (creating s. 499.029, effective July 1, 2006). It was originally created within the Department of Health, but was part of a programmatic transfer by the 2010 Legislature to DBPR effective October 1, 2011.

pharmacies accept donations of cancer drugs and supplies from drug manufacturers and wholesalers; health care facilities, including nursing home facilities, hospices, or hospitals with a closed drug delivery system; pharmacies, medical device manufacturers, or suppliers; and patients or their representatives.¹⁴ However, all donations to the CDDP must be maintained in a closed drug delivery system.¹⁵

Eligible participating facilities are limited to only those Florida hospital pharmacies with a Class II institutional pharmacy permit.¹⁶ These pharmacies participate on a voluntary basis and must agree to accept, inspect, and dispense the donated drugs to the eligible patients in accordance with the statute. The DBPR is required to establish and maintain a participant facility registry for the CDDP. The law provides the content for the registry and a requirement for a website posting. Currently, the following 15 hospital pharmacies participate in the CDDP.

Cancer Drug Donation Program Participants¹⁷:	
Health Care Facility	Location
Moffitt Cancer Center	Tampa
Shands Hospital at the University of Florida	Gainesville
Sacred Heart Health	Pensacola
Halifax Medical Center	Daytona Beach
Jackson Memorial Hospital	Miami
Adventist Health System/Sunbelt Health Care	Celebration
Indian River Medical Center	Vero Beach
Tallahassee Memorial Hospital	Tallahassee
Baptist Medical Center	Jacksonville
Lower Keys Medical Center	Key West
Sun City Hospital, Inc.	Sun City Center
Mt. Sinai Medical Center	Miami Beach
Healthsouth Rehabilitation Hospital of Spring Hill	Brooksville
Baptist Hospital of Miami	Kendall
Palm Bay Hospital	Palm Beach

Florida’s recipient eligibility requirements limit participation to Florida residents who:

- Have been diagnosed with cancer; and
- Are ineligible for the Medicaid program, or any other prescription drug program funded in whole or in part by the federal government, or do not have third party insurance unless the benefits have been exhausted or a certain cancer drug is not covered.¹⁸

Donated drugs may only be prescribed by a licensed practitioner and dispensed by a licensed pharmacist to an eligible patient.¹⁹ Dispensed drugs and supplies under the CDDP are not

¹⁴ Section 499.029(3)(c), F.S.

¹⁵ Section 499.029(1)(b), F.S. A “closed drug delivery system” means a system in which the actual control of the unit-dose medication package is maintained by the facility rather than by the individual patient.

¹⁶ Section 499.029(2)(e), F.S.

¹⁷ Florida Department of Business and Professional Regulation, *Cancer Drug Donation Program Participation Report*, <http://www.myfloridalicense.com/DBPR/drugs-devices-and-cosmetics/cancer-drug-donation-program/> (last visited Jan. 28, 2019).

¹⁸ Rule 61N-1.026(1), F.A.C.

¹⁹ Section 499.029(5), F.S.

eligible for reimbursement by third parties, either public or private. However, the facility may charge the recipient of the donated drug a handling fee of no more than 300 percent of the Medicaid dispensing fee or no more than \$15, whichever is less, for each cancer drug that is dispensed.²⁰

The Division of Drugs, Devices, and Cosmetics within the DBPR does not maintain a list of available donated medications on its website; however, it does provide a list of other medical assistance programs that provide cancer medications based on different qualifications.²¹ The DBPR also does not require the participating facilities to report the medications that are available for re-dispensing in the CDDP program or the number of donated drugs that have been administered.²² A facility is required to maintain its own data for three years.²³

The CDDP site will only accept drugs if:

- The donation is accompanied by a Program Donation and Destruction Record Form;
- The donation occurs at least six months before the drug's expiration date;
- The donated drug is in the original, unopened tamper-evident unit dose packaging;
- The drug is not be adulterated, misbranded, or mislabeled;
- The donated drug has been maintained by a health care facility; and
- The drug is not a substance listed on Schedule II, III, IV, or V of s. 893.03, F.S.²⁴

Under the act, a donor or a participant in the CDDP who acts with reasonable care in donating, accepting, distributing, or dispensing prescription drugs or supplies is immune from civil or criminal liability or professional disciplinary action for any kind of injury, death, or loss relating to such activities.²⁵

Regulation of Pharmacy

The DBPR is the state agency charged with the regulation and licensure of businesses and professionals.²⁶ Under the provisions of chapter 499, F.S., the Division of Drugs, Devices, and Cosmetics safeguards the health, safety, and welfare of the state's citizens from injury due to the use of adulterated, contaminated, and misbranded drugs, drug ingredients, and cosmetics. The Division oversees: the CDDP; issuance and regulation of licensure and permits for drug manufacturers, wholesalers, and distributors; controlled substance reporting requirements for certain wholesale distributors; issuance and regulation of other permits and licenses; and the Drug Wholesale Distributor Advisory Council.²⁷

²⁰ Section 409.029(7)(b), F.S., and Rule 61N-1.026(5), F.A.C.

²¹ Florida Department of Business and Professional Regulation, *Medical Assistance Programs List* (last visited Jan. 30, 2019).

²² Email correspondence from Colton Madill, Department of Business and Professional Regulation (Jan. 31, 2019) (on file with the Senate Committee on Health Policy).

²³ *Id.*

²⁴ See Rule 61N-1.026(6), F.A.C., and Florida Department of Business and Professional Regulation, *Florida Cancer Drug Donation Program Brochure*, <http://www.myfloridalicense.com/dbpr/ddc/documents/CDDP.Brochure.pdf> (last viewed: Jan. 28, 2019).

²⁵ Section 409.029(11), F.S.

²⁶ Section 20.165, F.S.

²⁷ Department of Business and Professional Regulation, *Division of Drugs, Devices, and Cosmetics*, <http://www.myfloridalicense.com/DBPR/drugs-devices-and-cosmetics/> (last visited Jan. 30, 2019).

The Florida Drug and Cosmetic Act (Act) is codified as ss. 499.001 - 499.081, F.S. The Act provides uniform legislation to be administered so far as practicable in conformity with the provisions of, and regulations issued under the authority of, the federal Food, Drug, and Cosmetic Act and the portion of the Federal Trade Commission Act which expressly prohibits the false advertisement of drugs, devices, and cosmetics. The Act provides definitions for what is considered a device, drug, and, specifically, a prescription drug.²⁸

Chapter 465, F.S., governs the regulation of the practice of pharmacy by the Board of Pharmacy in the DOH. Section 465.019(2)(b), F.S., provides requirements for institutional pharmacies. “Class II institutional pharmacies” are those institutional pharmacies that employ the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, provide dispensing and consulting services on the premises to patients of that institution for use on the premises of that institution.

Section 465.015(2)(c), F.S., makes it unlawful for a pharmacist to sell or dispense drugs without first being furnished a prescription. Section 465.016(1)(l), F.S., prohibits a pharmacist from placing into stock any part of any prescription compounded or dispensed which is returned by the patient. Additionally, the Board of Pharmacy has adopted an administrative rule that prohibits a pharmacist from placing any part of any prescription compounded or dispensed, which is returned by a patient, into the stock of any pharmacy, except as specified in the Board of Pharmacy rules.²⁹

There is an exception to the Board of Pharmacy rule for a closed drug delivery system³⁰ in which unit dose³¹ or customized patient medication packages are dispensed to individuals who are admitted as inpatients³² to a hospital. The unused medication may be returned to the pharmacy for re-dispensing only if each unit dose or customized patient medication package is individually sealed and if each unit dose or the unit dose system – or the customized patient medication package container or the customized patient medication package unit of which it is clearly a part – is labeled with the name of the drug, dosage strength, manufacturer’s control number, and expiration date, if any. In the case of controlled substances, such drugs may only be returned as permitted under federal law.³³

²⁸ A “prescription drug” under s. 499.003(40), F.S., is defined as a “prescription, medicinal, or legend drug, including, but not limited to, finished dosage forms or active ingredients subject to, defined by, or described by, s. 503(b) of the federal act or s. 465.003(8), s. 499.007(13), subsection (31), or subsection (47), except that an active pharmaceutical ingredient is a prescription drug only if substantially all finished dosage forms in which it may be lawfully dispensed or administered in this state are also prescription drugs.

²⁹ Rule 64B16-28.118(2), F.A.C.

³⁰ *Supra* note 15.

³¹ Rule 64B16-28-118(1), F.A.C. A “unit dose system” means a system in which all the individually sealed unit doses are physically connected as a unit.

³² Generally, an inpatient is an individual who is admitted to the hospital by a licensed physician or dentist with the expectation that the recipient will stay in excess of 24 hours and occupy an inpatient bed. *See* Agency for Health Care Administration, *Florida Medicaid –Inpatient Hospital Services Coverage Policy (July 2016)*, http://ahca.myflorida.com/medicaid/review/specific_policy.shtml (last visited: Feb. 1, 2019).

³³ Rule 64B16-28-118(2), F.A.C.

For nursing facility residents, s. 400.141(1)(d), F.S., requires a pharmacist licensed in Florida that is under contract with a nursing home to repackage a resident's bulk prescription medication which has been packaged by another pharmacist into a unit-dose system compatible with the system used by the nursing facility, if requested by the facility. In order to be eligible for the repackaging service, the resident or the resident's spouse's prescription medication benefits must be covered through a former employer as part of his or her retirement benefits, a qualified pension plan as specified in s. 4972 of the Internal Revenue Code, a federal retirement program as specified under 5 C.F.R. part 831, or a long-term care policy as defined under specified state law. A pharmacist who correctly repackages and relabels the medication, and the nursing home that correctly administers the repackaged medication, cannot be held liable in any civil or administrative action arising from the repackaging. The pharmacist may charge a reasonable fee for costs of the repackaging.

A nursing home typically has a Class I institutional permit. This permit authorizes the nursing home to have patient-specific medications that have already been dispensed to the resident. Prescription drugs may not be dispensed in a Class I pharmacy.³⁴

Federal Law and Regulations

Controlled Substances Act

The federal Controlled Substances Act (CSA) was enacted by Congress in 1970 and codified as 21 U.S.C. §801, et seq. The CSA regulates the manufacture and distribution of controlled substances in the United States. The federal Drug Enforcement Agency (DEA) is responsible for the enforcement of the CSA.

The CSA categorizes drugs into five "schedules" based on their potential for abuse and safety or dependence liability.³⁵ The CSA provides for specific dispensing requirements for controlled substances, including written prescriptions, retention requirements, and refill restrictions, depending on the drug's schedule.³⁶ Prescriptions must also meet specific labeling and packaging requirements. For Schedule II, III, and IV drugs, the label must clearly contain a warning that it is a crime to transfer the drug to any person other than the patient.³⁷

³⁴ Section 465.019(2)(a), F.S.

³⁵ U.S. Department of Justice, Diversion Control Division, *Controlled Substance Security Manual*, https://www.deadiversion.usdoj.gov/pubs/manuals/sec/app_law.htm (last visited Jan. 30, 2019). Drugs classified as Schedule I are those that are considered to have no medical use in the United States and have a high abuse potential and include drugs such as heroin, LSD, and marijuana. Schedule II substances have a high abuse potential with severe psychological or physical dependency, but have accepted medical use. Examples of Schedule II drugs include opium, morphine, codeine, and oxycodone. Schedule III drugs have an abuse potential and dependency liability less than Schedule II with an accepted medical use. Schedule III drugs may also contain limited quantities of certain narcotic and non-narcotic drugs. Schedule IV drugs have an abuse potential and dependency liability less than those drugs in Schedule III and have an accepted medical use and include drugs such as Valium, Xanax, and Darvon. The drugs in the fifth and final schedule, Schedule V, have an abuse potential less than those listed in Schedule IV, have an accepted medical use, and are often available without a prescription, including some for antitussive and antidiarrheal purposes.

³⁶ 21 U.S.C. §829 and 21 CFR §§1306.21 and 1306.22.

³⁷ 21 U.S.C. §825.

The CSA permits the delivery of controlled substances by an “ultimate user,”³⁸ who has lawfully obtained the drug, to a designated covered entity for disposal and destruction such as through a prescription drug take-back program.³⁹ An authorized covered entity is defined in federal law as:

- A specified law enforcement agency;
- A manufacturer, distributor, or reverse distributor of prescription medications;
- A retail pharmacy;
- A registered narcotic treatment program;
- A hospital or clinic with an onsite pharmacy;
- An eligible long-term care facility; or
- Any other entity authorized by the DEA to dispose of prescription medications.⁴⁰

The last National Prescription Take Back Day sponsored by the DEA resulted in more than 914,236 pounds of expired, unused, and unwanted prescription drugs returned at 5,839 sites on October 27, 2018, of which 27,121 pounds were collected at 185 Florida sites.⁴¹ The goal of the take-back program is to prevent the diversion of unwanted drugs to misuse and abuse and to avoid the potential safety hazard of drugs flushed into wastewater, sewage, or septic tank systems.⁴²

Citizen-Support Organizations and Direct-Support Organizations

Citizen-support organizations (CSOs) and direct-support organization (DSOs) are statutorily created non-profit organizations⁴³ authorized to carry out specific tasks in support of public entities or public causes.⁴⁴ The function and purpose of a CSO or DSO are prescribed by an enacting statute and a written contract with the governmental agency the CSO or DSO supports.⁴⁵

CSO and DSO Transparency and Reporting Requirements

In 2014, the Legislature created s. 20.058, F.S., establishing a comprehensive set of transparency and reporting requirements for CSOs and DSOs.⁴⁶ Specifically, the law requires each CSO and DSO to annually submit the following information to the appropriate agency by August 1:⁴⁷

- The name, mailing address, telephone number, and website address of the organization;
- The statutory authority or executive order that created the organization;

³⁸ An “ultimate user” is defined under 21 U.S.C. 802(27), as the person who has lawfully obtained, and who possesses, a controlled substance for his own use or the use of a member of his household or for an animal owned by him or by a member of his household.

³⁹ 21 U.S.C. 822a.

⁴⁰ *Id.*

⁴¹ Drug Enforcement Administration, *16th National Take Back Day Collection Results (October 27, 2018)* https://www.deadiversion.usdoj.gov/drug_disposal/takeback/ (last visited Jan. 29, 2019).

⁴² *Id.*

⁴³ Chapter 617, F.S.

⁴⁴ *E.g.*, ss. 1009.983 and 413.0111, F.S.

⁴⁵ *See* ss. 14.29(9)(a), 16.616(1), and 258.015(1), F.S. *See also* Rules of the Florida Auditor General, Audits of Certain Nonprofit Organizations (effective June 30, 2018), available at https://flauditor.gov/pages/pdf_files/10_700.pdf (last visited: Jan. 29, 2019).

⁴⁶ Section 3, ch. 2014-96, L.O.F.

⁴⁷ Section 20.058(1), F.S.

- A brief description of the mission of, and results obtained by, the organization;
- A brief description of the organization's plans for the next three fiscal years;
- A copy of the organization's ethics code; and
- A copy of the organization's most recent Internal Revenue Service (IRS) Form 990.⁴⁸

Each governmental agency receiving information from a CSO or DSO pursuant to law must make such information available to the public through the agency's website.⁴⁹ If the organization maintains a website, the agency's website must provide a link to the organization's website.⁵⁰ Any contract between an agency and a CSO or DSO must be contingent upon the CSO or DSO submitting and posting the required information to the agency as specified in law.⁵¹ If a CSO or DSO fails to submit the required information to the agency for two consecutive years, the agency head must terminate any contract between the agency and the CSO or DSO.⁵²

By August 15 of each year, the agency must report to the Governor, President of the Senate, Speaker of the House of Representatives, and the Office of Program Policy Analysis and Government Accountability (OPPAGA) the information submitted by each CSO or DSO along with the agency's recommendation and supporting rationale to continue, terminate, or modify the agency's association with the CSO or DSO.⁵³

Any law creating, or authorizing the creation of a CSO or DSO must state that the authorization for the organization repeals on October 1 of the 5th year after enactment, unless reviewed and reenacted by the Legislature. CSOs and DSOs in existence prior to July 1, 2014, must be reviewed by the Legislature by July 1, 2019.⁵⁴

CSO and DSO Audit Requirements

Section 215.981, F.S., requires each CSO and DSO with annual expenditures in excess of \$100,000 to provide for an annual financial audit of its accounts and records.⁵⁵ An independent certified public accountant in accordance with rules adopted by the Auditor General must conduct the audit. The audit report must be submitted within nine months after the end of the fiscal year to the Auditor General and to the governmental agency the CSO or DSO supports.⁵⁶ Additionally, the Auditor General may, pursuant to his or her own authority, or at the direction of the Legislative Auditing Committee, conduct audits or other engagements of a CSO's or DSO's accounts and records.⁵⁷

⁴⁸ The IRS Form 990 is an annual information return required to be filed with the IRS by most organizations exempt from federal income tax under 26 U.S.C. 501. 26 C.F.R. 1.6033-2.

⁴⁹ Section 20.058(2), F.S.

⁵⁰ *Id.*

⁵¹ Section 20.058(4), F.S.

⁵² *Id.*

⁵³ *Id.* at (3).

⁵⁴ *Id.* at (5).

⁵⁵ The independent audit requirement does not apply to a CSO or DSO for a university, district board of trustees of a community college, or district school board. Additionally, the expenditure threshold for an independent audit is \$300,000 for a CSO or DSO for the Department of Environmental Protection and the Department of Agriculture and Consumer Services.

⁵⁶ Section 215.981(1), F.S.

⁵⁷ Section 11.45(3), F.S.

CSO and DSO Ethics Code Requirement

Section 112.3251, F.S., requires a CSO or DSO to adopt a code of ethics. The code of ethics must contain the specified standards of conduct and disclosures provided in ss. 112.313 and 112.3143(2), F.S.⁵⁸ A CSO or DSO may adopt additional or more stringent standards of conduct and disclosure requirements and must post its code of ethics on its website.⁵⁹

Governor's Executive Powers

During a declared state of emergency, the Governor has extensive authority to act as he or she deems necessary. Section 252.36(1), F.S., provides, in part, that “in the event of an emergency beyond local control, the Governor[...]may assume” or delegate “direct operational control over all or any part of the emergency management functions within this state.”

In addition, the Governor may “issue executive orders, proclamations, and rules” which “shall have the force and effect of law.” Section 252.36(5), F.S., specifically authorizes the Governor to use all resources of the state government and of each political subdivision of the state, as reasonably necessary to cope with the emergency.

The Governor is also directed to “take such action and give such direction to state and local law enforcement officers,” and state health officials as may be “reasonable and necessary” to secure compliance with the State Emergency Management Act and the Florida Hazardous Materials Emergency Response and Community Right-To-Know Act in ch. 252, F.S.

A declared State of Emergency is limited to 60 days, unless renewed by the Governor or terminated by the Legislature.

III. Effect of Proposed Changes:

Section 1 creates s. 465.1902, F.S., to establish the Prescription Drug Donation Repository Program (Program) within the Department of Health (DOH). The purpose of the Program is to authorize and facilitate the donation and distribution of prescription drugs and supplies to eligible patients through a system of local and centralized repositories. The DOH may contract with a third party to implement and administer the Program.

The bill authorizes the following individuals or entities to donate prescription drugs and supplies:

- Nursing home facilities with closed drug delivery systems.
- Hospices that have maintained control of a patient’s prescription drug.
- Hospitals with closed drug delivery systems.
- Pharmacies.
- Drug manufacturers or wholesale distributors.
- Medical device manufacturers or suppliers.
- Prescribing individuals who receive prescription drugs or supplies directly from a drug manufacturer, wholesale distributor, or pharmacy.

⁵⁸ Some of the standards of conduct and disclosures in ss. 112.313 and 112.3143(2), F.S., include misuse of public position, solicitation or acceptance of gifts, unauthorized compensation, and voting conflicts.

⁵⁹ Section 112.3251, F.S.

Patients or a patient's legal representative or next of kin may donate to a local repository that qualifies as a free clinic or nonprofit health clinic if the following specific requirements are met:

- An affidavit is signed by the donor on a form approved by the DOH which identifies the prescribing health care practitioner, and attests to the authenticity of the prescription drug or medical supply being donated;
- The prescription drug or medical supply being donated is in its original tamper-evident packaging and does not have any signs of tampering, misbranding, deterioration, comprised integrity, or adulteration;
- Any drug being donated has an expiration date that is more than three months after the date of donation; and
- A licensed pharmacist inspects the prescription drug or medical supply and verifies that it meets all of these requirements.

The bill provides that prescription drugs and supplies donated by a patient, a patient's legal representative, or a patient's next of kin are exempt from one, non-applicable safety provision that applies to other donations; however, these donations are subject to all applicable safety and storage requirements of the Program.

The bill authorizes prescription drugs to be donated at the discretion of the centralized repository or a local repository if the drug:

- Is approved for medical use in the United States;
- Does not include a substance listed in Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03, F.S.;
- Is in its original sealed and tamper-evident packaging, and does not have any physical signs of tampering or adulteration;
- Requires storage at normal room temperature per the manufacturer or the United States Pharmacopeia;
- Has been stored according to manufacturer or United States Pharmacopeia storage requirements;
- Packaging contains a lot number and expiration date of the drug, and will not expire within three months after the donation is made;
- Is not eligible for return to the Medicaid program for restocking; and
- Is not subject to a Federal Food and Drug Administration Risk Evaluation and Mitigation Strategy with Elements to Assure Safe Use.

The bill requires that prescription drugs or supplies must be donated at a repository and prohibits the use of a drop box and donation to a specific patient. Repositories must destroy any donated drug not eligible for dispensing and make a record of the destruction on a form developed by the DOH.

The bill requires a licensed pharmacist employed by, or under contract with, a repository to inspect all donated prescription drugs and supplies to determine whether they are eligible for donation under the Program, have been adulterated or misbranded, and are safe and suitable for dispensing. The pharmacist must sign an inspection record affirming the eligibility of the prescription drug or supply and attach the form to the inventory record. The pharmacist is not

required to re-inspect the prescription drug if the inspected drugs are redistributed to another repository under the Program.

The bill requires repositories to store all donated prescription drugs and supplies in a secure storage area, separate from non-donated inventory, and under the environmental conditions required by the manufacturer or the U.S. Pharmacopeia. Repositories must quarantine donated drugs and supplies from dispensing inventory until they have been inspected and approved for dispensing by the pharmacist.

The bill requires local repositories to maintain an inventory of all donated prescription drugs and supplies they receive and to notify the centralized repository within five days of receipt. The centralized repository maintains an inventory of all prescription drugs and supplies donated to the Program, including donations made at local repositories. The centralized repository may redistribute drugs and supplies to local repositories to facilitate dispensing as needed throughout the state.

The bill makes participation in the Program voluntary and requires an eligible entity to notify the DOH of its intent to participate before accepting or dispensing any prescription drugs or supplies under the Program. The DOH shall establish in rule a form for such notification, to include, at a minimum:

- The name, street address, website, and telephone number of the local repository, and any state-issued license or registration number issued to the local repository, including the name of the issuing agency;
- The name and telephone number of the pharmacist employed by, or under contract with, the local repository responsible for the inspection of donated prescription drugs and supplies; and
- A statement signed and dated by the responsible pharmacist affirming that the local repository meets the eligibility requirements.

An eligible patient wishing to receive drugs or supplies under the Program may contact a local repository and submit an intake collection form. The form, to be created by the DOH in rule, shall include, at a minimum:

- The name, street address, and telephone number of the eligible patient;
- The specific basis for eligibility, which must be indigent, uninsured, or underinsured, as defined in the Program;⁶⁰ and
- A statement signed and dated by the eligible patient affirming that he or she meets the eligibility requirements of the Program.

The bill requires local repositories to collect an executed intake form from each eligible patient receiving drugs or supplies under the Program. Upon receiving a duly executed intake form, the local repository shall issue the eligible patient an identification card that is valid for up to one year. Local repositories must send a summary of the intake collection form data to the centralized repository within five days of receipt.

⁶⁰ The bill defines “indigent” as persons with an income below 200 percent of the federal poverty level, “uninsured” as persons who have no third-party insurance and are not eligible under Medicaid or any other federal program, and “underinsured” as persons who have third-party insurance or are eligible under Medicaid or other federal program, but have exhausted these benefits or do not have prescription drug coverage for the drug prescribed.

The bill permits licensed pharmacists and those health care practitioners already authorized by law to dispense prescription drugs and supplies in Florida to do so under the Program. Prior to dispensing a prescription drug or supply to an eligible patient, the dispenser must:

- Verify that the patient is eligible to receive donations under the Program, either through a Program identification card or a duly executed intake collection form; and
- Inspect the donated prescription drug or supply to confirm it is still eligible for dispensing under the Program.

The bill prohibits repositories from reselling drugs, submitting claims, or otherwise seeking reimbursement from any public or private third-party payer for donated drugs or supplies dispensed under the Program. However, the dispensing facility may charge a nominal handling fee to be determined by the DOH in rule.

In the event of a prescription drug recall, the bill requires a local or centralized repository to:

- Have an established protocol to notify recipients of the drug;
- Destroy all of the recalled prescription drugs in the repository; and
- Complete a destruction information form for all donated prescription drugs that were destroyed.

The bill requires local repositories to maintain records of all prescription drugs and supplies accepted, donated, dispensed, distributed, or destroyed under the Program. Local repositories must submit these records quarterly to the centralized repository for data collection and the centralized repository must submit these records and the collected data in annual reports to the DOH.

The bill requires the DOH to maintain a registry on its website of all available drugs and supplies, including the name, strength, available quantity, and expiration date of each drug and supply, as well as the contact information for the repositories where it is available. The DOH is required to maintain a registry on its website of all participating local repositories, to include each repository's name, address, website, and telephone number.

The bill grants immunity from civil or criminal liability, and professional disciplinary actions, to a donor or participant relating to activities under the Program. Additionally, a pharmaceutical manufacturer who exercises reasonable care is not liable for any claim or injury arising from the transfer of prescription drugs under the Program.

Before a donated drug may be dispensed, the bill requires the dispenser to provide written notification to the patient, or his or her legal representative, that:

- The drug was donated to the Program;
- The dispenser is not liable for any injury, death, or loss related to the dispensing of the drug; and
- The requirement of a nominal handling fee.

The bill authorizes the DOH to establish a direct-support organization (DSO) to provide assistance, funding, and promotional support for the activities authorized for the Program. The DSO is repealed on October 1, 2024, unless reviewed and saved from repeal by the Legislature.

The bill provides rulemaking authority to the DOH to administer the Program and establish the DSO.

Section 2 amends s. 252.36(5), F.S., to allow the Governor to waive the patient eligibility requirements of the Program during a declared state of emergency.

Section 3 provides an effective date of July 1, 2019.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

CS/SB 104 includes the issuance of an identification card to eligible patients who participate in the Program. These individuals are required to submit intake forms to either the local repository, the central repository, or a vendor selected by the Department of Health (DOH) to determine their eligibility for the Program, and such eligibility is based on income and sensitive medical information. It is not clear if that information would then be stored by the DOH, the repositories, or any contracted vendor.

The bill does not address how patient identification information from the medication donation process will be handled, or if any of the patient medical information not otherwise protected by other statutes, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA),⁶¹ could be subject to a public records release request since the bill does not have a companion public records exemption bill. If some of these records are subject to a public records release, it may impact participation in the Program.

C. Trust Funds Restrictions:

None.

⁶¹ The Health Insurance Accountability and Portability Act of 1996 or HIPAA, Public Law 104-191, was enacted to address concerns about both the effectiveness and the security of health care data. HIPAA required the federal Department of Health and Human Services to adopt rules relating to national standards for electronic health transactions, health care privacy and security, and health care clearinghouses. The privacy rule component of HIPAA sets standards for the use and disclosure of individuals' health care information, specifically what was protected, who was protected, how it was protected, and how it could be released and used. See Health Information Privacy, *HIPAA for Professionals*, <https://www.hhs.gov/hipaa/for-professionals/index.html> (last visited: Feb. 1, 2019).

D. State Tax or Fee Increases:

Article VII, section 19 of the State Constitution requires that a new state tax or fee, as well as an increased state tax or fee, must be approved by two-thirds of the membership of each house of the Legislature and must be contained in a separate bill that contains no other subject. Article VII, section 19(d)(1) of the State Constitution defines “fee” to mean “any charge or payment required by law, including any fee for service, fee or cost for licenses, and charge for service.”

Section 1 of the bill authorizes local repositories to charge a small handling fee for dispensing donated prescription drugs or medical supplies as set in rule by the DOH. Program participation is voluntary; however, governmental units such as county health departments under the jurisdiction of the DOH and State Veterans’ Nursing Homes under the jurisdiction of the Florida Department of Veterans’ Affairs may elect to participate in the Program and charge a small handling fee. As such, the Florida Constitution may require that this provision be passed in a separate bill by a two-thirds vote of the membership of each house of the Legislature.

E. Other Constitutional Issues:

None.

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

None.

B. Private Sector Impact:

Hospitals and nursing homes volunteering to participate in the program may incur costs associated with collecting, storing, and re-dispensing donated prescription drugs. Those same hospitals and nursing homes may enjoy cost savings to the extent their patients might receive needed drugs or supplies on a more timely basis. Without such donations, some patients could return as sicker and costlier patients at a later date.

Participating hospitals and facilities are permitted to recoup some costs through a small handling fee. Current state regulations permit a handling fee of up to 300 percent of the Medicaid dispensing fee or \$15, whichever is less, for each cancer drug or supply dispensed.⁶²

C. Government Sector Impact:

The bill authorizes the creation of a direct-support organization (DSO) to provide assistance, funding, and promotional support for the Program's authorized activities. Sufficient funding and assistance provided by the DSO could relieve the DOH of

⁶² Rule 61N-1.026(5), F.A.C.

negative fiscal impacts created by the bill. The Department of Health (DOH) may need to submit a legislative budget request for an indeterminate amount to support the Program, if the DSO is unsuccessful in collecting the necessary resources to operate the Program.

The DOH may experience an increase in workload and operational costs to administer the program. The DOH estimates it will cost \$1,098,048 for the first year of implementation if it serves as the central repository.⁶³

Department of Health Estimated Costs for Fiscal Year 2019-20	
Component	Amount
Facility Costs <ul style="list-style-type: none"> • Estimated need for a 5,000 square foot facility at current market rate of \$11.73 per square foot: \$703,800 • Estimated Annual Utilities: \$5,000 	\$708,800
Personnel Costs <ul style="list-style-type: none"> • 1.0 FTE – Senior Pharmacist: <ul style="list-style-type: none"> ○ Rate: \$80,000; Benefits: \$34,400; Total: \$114,400 • 1.0 FTE –Administrative Assistant <ul style="list-style-type: none"> ○ Rate: \$25,479; Benefits: \$10,956; Total: \$36,435 • 3.0 FTE –Pharmacy Technicians <ul style="list-style-type: none"> ○ Rate: \$70,449; Benefits: \$30,293; Total: \$100,742 • Standard Expense Package (5.0 FTE): <ul style="list-style-type: none"> ○ Recurring Total: \$11,516 ○ Nonrecurring Total: \$19,510 • Human Resource Assessment (5.0 FTE): \$1,645 	\$284,248
Enhancements to Pharmacy Systems Enhancements to DOH Dispensing and Pharmaceutical Forms System (PFS) Inventory systems (nonrecurring cost).	\$70,000
Other Potential Costs Shipping of products to local repositories.	\$35,000
TOTAL OVERALL FIRST YEAR COSTS	\$1,098,048

The bill gives the DOH the option of contracting with a vendor to administer the Program. Several other states with drug donation programs have contracted with third party vendors. The DOH has not provided an estimate of costs to contract with a third party vendor; however, it expects that these costs would be less compared to the DOH serving as the central repository.⁶⁴

VI. Technical Deficiencies:

The Department of Health (DOH) notes that the use of terms within the bill may not be consistent with terms already in use in the pharmacy practice act and Chapter 456, F.S. Chapter 465, F.S., contains a definition of “prescriber” that differs from the term used in the bill. For

⁶³ Email correspondence from Gary Landry, Department of Health (Feb. 7, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

⁶⁴ Email correspondence from Gary Landry, Department of Health (Feb. 11, 2019) (on file with the Senate Appropriations Subcommittee on Health and Human Services).

consistency, the DOH suggests the same definition be used. Secondly, the term “dispenser” is used in the bill versus “dispensing practitioner” in the current statutes.⁶⁵ For consistency, the DOH suggests that the term “dispensing practitioner” should be used.

On line 357, a technical correction to the phrase “centralized pharmacy” should be made as local repositories should send summaries of their intake forms to the “centralized repository.”

VII. Related Issues:

The Cancer Drug Donation Program (CDDP) as previously described is not amended or incorporated into this proposed, broader drug donation program under the bill. The two programs would continue to run simultaneously and administered separately by the DOH and DBPR.

VIII. Statutes Affected:

This bill substantially amends section 252.36 of the Florida Statutes.

This bill creates section 465.1902 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 February 4, 2019.

The CS authorizes a patient, a patient’s legal representative, or a patient’s next of kin to donate unopened and unadulterated prescriptions or medical supplies to participating free clinics or nonprofit free clinics under the following conditions:

- The donor must sign an affidavit, on a form approved by the DOH, attesting to the authenticity of the items being donated, along with the identity of the prescriber.
- The items being donated must be inspected by a licensed pharmacist who examines them for any signs of tampering or adulteration.
- The donation itself and the items donated must meet all applicable safety and storage standards that are required in the bill for other donations.

B. Amendments:

None.

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

⁶⁵ *Id at (8).*

By the Committee on Health Policy; and Senator Book

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1 A bill to be entitled
 2 An act relating to the Prescription Drug Donation
 3 Repository Program; creating s. 465.1902, F.S.;
 4 providing a short title; defining terms; creating the
 5 Prescription Drug Donation Repository Program within
 6 the Department of Health; specifying the purpose of
 7 the program; authorizing the department to contract
 8 with a third-party vendor to administer the program;
 9 specifying entities that are eligible donors;
 10 authorizing certain local repositories to accept a
 11 donation from specified persons under certain
 12 conditions; prohibiting a centralized repository or a
 13 local repository from accepting donations from
 14 unauthorized donors; providing criteria and procedures
 15 for eligible donations; prohibiting donations to
 16 specific patients; providing that certain prescription
 17 drugs eligible for return to stock must be credited to
 18 Medicaid and may not be donated under the program;
 19 prohibiting the donation of certain drugs pursuant to
 20 federal restrictions; clarifying that a repository is
 21 not required to accept donations of prescription drugs
 22 or supplies; providing inspection, inventory, and
 23 storage requirements for centralized and local
 24 repositories; requiring inspection of donated
 25 prescription drugs and supplies by a licensed
 26 pharmacist; requiring a local repository to notify the
 27 centralized repository within a specified timeframe
 28 after receiving a donation of prescription drugs or
 29 supplies; authorizing the centralized repository to

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30 redistribute prescription drugs or supplies;
 31 authorizing a local repository to transfer
 32 prescription drugs or supplies to another local
 33 repository with authorization from the centralized
 34 repository; requiring a local repository to notify the
 35 department of its intent to participate in the
 36 program; providing notification requirements;
 37 providing a procedure for a local repository to
 38 withdraw from participation in the program; requiring
 39 the department to adopt rules regarding the
 40 disposition of prescription drugs and supplies of a
 41 withdrawing local repository; specifying conditions
 42 for dispensing donated prescription drugs and supplies
 43 to eligible patients; providing intake collection form
 44 requirements; requiring a local repository to issue an
 45 eligible patient who completes an intake collection
 46 form a program identification card; prohibiting the
 47 sale of donated prescription drugs and supplies under
 48 the program; authorizing a repository to charge the
 49 patient a nominal handling fee for the preparation and
 50 dispensing of prescription drugs or supplies under the
 51 program; requiring repositories to establish a
 52 protocol for notifying recipients of a prescription
 53 drug recall; providing for destruction of donated
 54 prescription drugs under certain circumstances;
 55 providing recordkeeping requirements; requiring the
 56 centralized repository to submit an annual report to
 57 the department; requiring the department or contractor
 58 to establish, maintain, and publish a registry of

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59 participating local repositories and available donated
 60 prescription drugs and supplies; requiring the
 61 department to publish certain information and forms on
 62 its website; providing immunity from civil and
 63 criminal liability and from professional disciplinary
 64 action for participants under certain circumstances;
 65 providing immunity to pharmaceutical manufacturers,
 66 under certain circumstances, from any claim or injury
 67 arising from the donation of any prescription drug or
 68 supply under the program; requiring dispensers to
 69 provide certain notice to patients; authorizing the
 70 department to establish a direct-support organization
 71 to provide assistance, funding, and promotional
 72 support for program activities; providing
 73 organizational requirements for a direct-support
 74 organization; specifying direct-support organization
 75 purposes and objectives; prohibiting the direct-
 76 support organization from lobbying; specifying that
 77 the direct-support organization is not a lobbying
 78 firm; prohibiting the direct-support organization from
 79 possessing prescription drugs on behalf of the
 80 program; providing limitations on expenditures of such
 81 direct-support organizations; specifying that the
 82 direct-support organization must operate under
 83 contract with the department; specifying required
 84 contract terms; providing for the direct-support
 85 organization board of directors; specifying the
 86 board's membership requirements; specifying
 87 requirements and requiring the department to adopt

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88 rules relating to a direct-support organization's use
 89 of department property; specifying requirements for
 90 the deposit and use of funds by the direct-support
 91 organization; providing for annual audits of a direct-
 92 support organization; providing for future legislative
 93 review and repeal of provisions relating to the
 94 direct-support organization; requiring the department
 95 to adopt rules; amending s. 252.36, F.S.; authorizing
 96 the Governor to waive program patient eligibility
 97 requirements during a declared state of emergency;
 98 providing an effective date.

100 Be It Enacted by the Legislature of the State of Florida:

101

102 Section 1. Section 465.1902, Florida Statutes, is created
 103 to read:

104 465.1902 Prescription Drug Donation Repository Program.—

105 (1) SHORT TITLE.—This section may be cited as the

106 "Prescription Drug Donation Repository Program Act."

107 (2) DEFINITIONS.—As used in this section, the term:

108 (a) "Centralized repository" means a distributor permitted
 109 under chapter 499 who is approved by the department or the
 110 contractor to accept, inspect, inventory, and distribute donated
 111 drugs and supplies under this section.

112 (b) "Closed drug delivery system" means a system in which
 113 the actual control of the unit-dose medication package is
 114 maintained by the facility, rather than by the individual
 115 patient.

116 (c) "Contractor" means the third-party vendor approved by

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117 the department to implement and administer the program as
 118 authorized in subsection (4).

119 (d) "Controlled substance" means any substance listed under
 120 Schedule II, Schedule III, Schedule IV, or Schedule V of s.
 121 893.03.

122 (e) "Direct-support organization" means the entity created
 123 under subsection (15).

124 (f) "Dispenser" means a health care practitioner who,
 125 within the scope of his or her practice act, is authorized to
 126 dispense medicinal drugs and who does so under this act.

127 (g) "Donor" means an entity specified in subsection (5).

128 (h) "Eligible patient" means a Florida resident who is
 129 indigent, uninsured, or underinsured and who has a valid
 130 prescription for a prescription drug or supply that may be
 131 dispensed under the program.

132 (i) "Free clinic" means a clinic that delivers only medical
 133 diagnostic services or nonsurgical medical treatment free of
 134 charge to low-income recipients.

135 (j) "Health care practitioner" or "practitioner" means a
 136 practitioner licensed under this chapter, chapter 458, chapter
 137 459, chapter 461, chapter 463, chapter 464, or chapter 466.

138 (k) "Indigent" means an individual whose family income for
 139 the 12 months preceding the determination of income is below 200
 140 percent of the federal poverty level as defined by the most
 141 recently revised poverty income guidelines published by the
 142 United States Department of Health and Human Services.

143 (l) "Local repository" means a health care practitioner's
 144 office, a pharmacy, a hospital with a closed drug delivery
 145 system, a nursing home facility with a closed drug delivery

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146 system, or a free clinic or nonprofit health clinic that is
 147 licensed or permitted to dispense medicinal drugs in the state.

148 (m) "Nonprofit health clinic" means a nonprofit legal
 149 entity that provides medical care to patients who are indigent,
 150 uninsured, or underinsured. The term includes, but is not
 151 limited to, a federally qualified health center as defined in 42
 152 U.S.C. s. 1396d(1)(2)(B) and a rural health clinic as defined in
 153 42 U.S.C. s. 1396d(1)(1).

154 (n) "Nursing home facility" has the same meaning as in s.
 155 400.021.

156 (o) "Prescriber" means a health care practitioner who,
 157 within the scope of his or her practice act, is authorized to
 158 prescribe medicinal drugs.

159 (p) "Prescription drug" has the same meaning as the term
 160 "medicinal drugs" or "drugs," as those terms are defined in s.
 161 465.003(8), but does not include controlled substances or cancer
 162 drugs donated under s. 499.029.

163 (q) "Program" means the Prescription Drug Donation
 164 Repository Program created by this section.

165 (r) "Supplies" means any supply used in the administration
 166 of a prescription drug.

167 (s) "Tamper-evident packaging" means a package that has one
 168 or more indicators or barriers to entry which, if breached or
 169 missing, can reasonably be expected to provide visible evidence
 170 to consumers that tampering has occurred.

171 (t) "Underinsured" means a person who has third-party
 172 insurance or is eligible to receive prescription drugs or
 173 supplies through the Medicaid program or any other prescription
 174 drug program funded in whole or in part by the Federal

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175 Government, but who has exhausted these benefits or does not
176 have prescription drug coverage for the drug prescribed.

177 (u) "Uninsured" means a person who has no third-party
178 insurance and is not eligible to receive prescription drugs or
179 supplies through the Medicaid program or any other prescription
180 drug program funded in whole or in part by the Federal
181 Government.

182 (3) PRESCRIPTION DRUG DONATION REPOSITORY PROGRAM;
183 CREATION; PURPOSE.—The Prescription Drug Donation Repository
184 Program is created within the department for the purpose of
185 authorizing and facilitating the donation of prescription drugs
186 and supplies to eligible patients.

187 (4) PROGRAM IMPLEMENTATION; ADMINISTRATION.—The department
188 may contract with a third-party vendor to administer the
189 program.

190 (5) DONOR ELIGIBILITY.—

191 (a) The centralized repository or a local repository may
192 accept a donation of a prescription drug or supply from:

193 1. Nursing home facilities with closed drug delivery
194 systems.

195 2. Hospices that have maintained control of a patient's
196 prescription drugs.

197 3. Hospitals with closed drug delivery systems.

198 4. Pharmacies.

199 5. Drug manufacturers or wholesale distributors.

200 6. Medical device manufacturers or suppliers.

201 7. Prescribers who receive prescription drugs or supplies
202 directly from a drug manufacturer, wholesale distributor, or
203 pharmacy.

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204 (b) In addition to the donors specified in paragraph (a), a
205 local repository that qualifies as a free clinic or nonprofit
206 health clinic may accept a donation from a patient or a
207 patient's legal representative or next of kin if the following
208 requirements are met:

209 1. An affidavit, in a format approved by the department,
210 signed by the donor must accompany the donation, identify the
211 prescribing health care practitioner, and attest to the
212 authenticity of the prescription drug or medical supply being
213 donated;

214 2. The prescription drug or medical supply being donated is
215 in its original tamper-evident packaging, in accordance with
216 subparagraph (6)(b)1., and does not have any physical signs of
217 tampering, misbranding, deterioration, compromised integrity, or
218 adulteration;

219 3. Any drug being donated has an expiration date that is
220 more than 3 months after the date of the donation; and

221 4. A licensed pharmacist inspects the prescription drug or
222 medical supply and can attest to the authenticity of the donated
223 prescription drug or medical supply and that it meets the
224 requirements of this paragraph.

225
226 Prescription drugs and supplies accepted under this paragraph
227 are exempt from subparagraph (6)(b)3. but are subject to all
228 other applicable requirements of subsections (6) and (7).

229 (c) Donations of prescription drugs or supplies may not be
230 accepted by the centralized repository or a local repository
231 from any donor not authorized under this subsection.

232 (6) PRESCRIPTION DRUGS AND SUPPLIES ELIGIBLE FOR DONATION;

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233 DONATION REQUIREMENTS; PROHIBITED DONATIONS.-

234 (a) Only prescription drugs and supplies that have been
 235 approved for medical use in the United States and that meet the
 236 criteria for donation established by this section may be
 237 accepted for donation under the program. Donations must be made
 238 on the premises of the centralized repository or a local
 239 repository to a person designated by the repository. A drop box
 240 may not be used to accept donations.

241 (b) The centralized repository or a local repository may
 242 accept a prescription drug only if:

243 1. The drug is in its original sealed and tamper-evident
 244 packaging. Single-unit-dose drugs may be accepted if the single-
 245 unit-dose packaging is unopened.

246 2. The drug requires storage at normal room temperature per
 247 the manufacturer or the United States Pharmacopeia.

248 3. The drug has been stored according to manufacturer or
 249 United States Pharmacopeia storage requirements.

250 4. The drug does not have any physical signs of tampering
 251 or adulteration and there is no reason to believe that the drug
 252 is adulterated.

253 5. The packaging does not have any physical signs of
 254 tampering, misbranding, deterioration, compromised integrity, or
 255 adulteration.

256 6. The packaging indicates the lot number and expiration
 257 date of the drug. If the lot number is not retrievable, all
 258 specified medications must be destroyed in the event of a
 259 recall.

260 7. The drug has an expiration date that is more than 3
 261 months after the date that the drug was donated.

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262 (c) The centralized repository or a local repository may
 263 accept supplies only if they are in their original, unopened,
 264 sealed packaging and have not been tampered with or misbranded.

265 (d) Prescription drugs or supplies may not be donated to a
 266 specific patient.

267 (e) Prescription drugs billed to and paid for by Medicaid
 268 in long-term care facilities which are eligible for return to
 269 stock under federal Medicaid regulations must be credited to
 270 Medicaid and may not be donated under the program.

271 (f) Prescription drugs with an approved Federal Food and
 272 Drug Administration Risk Evaluation and Mitigation Strategy that
 273 includes Elements to Assure Safe Use are not eligible for
 274 donation under the program.

275 (g) This section does not require the centralized
 276 repository or a local repository to accept a donation of
 277 prescription drugs or supplies.

278 (7) INSPECTION AND STORAGE.-

279 (a) A licensed pharmacist employed by or under contract
 280 with the centralized repository or a local repository shall
 281 inspect donated prescription drugs and supplies to determine
 282 whether they meet the requirements of subsections (5) and (6).

283 (b) The inspecting pharmacist must sign an inspection
 284 record on a form prescribed by the department by rule which
 285 verifies that the prescription drugs and supplies meet the
 286 criteria of subsections (5) and (6) and must attach the record
 287 to the inventory required by paragraph (d). A local repository
 288 that receives drugs and supplies from the centralized repository
 289 is not required to reinspect them.

290 (c) The centralized repository and local repositories shall

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291 store donated prescription drugs and supplies in a secure
 292 storage area under the environmental conditions specified by the
 293 manufacturer or the United States Pharmacopeia for the
 294 respective prescription drugs or supplies. Donated prescription
 295 drugs and supplies may not be stored with other inventory. A
 296 local repository shall quarantine donated prescription drugs or
 297 supplies until they are inspected and approved for dispensing
 298 under this section.

299 (d) The centralized repository and local repositories shall
 300 maintain an inventory of all donated prescription drugs or
 301 supplies. Such inventory at local repositories shall be recorded
 302 on a form prescribed by the department by rule.

303 (e) A local repository shall notify the centralized
 304 repository within 5 days after receipt of any donation of
 305 prescription drugs or supplies to the program. The notification
 306 must be on a form prescribed by the department by rule.

307 (f) The centralized repository may redistribute
 308 prescription drugs and supplies by transferring them to or from
 309 the centralized repository and a local repository, as needed. A
 310 local repository that receives donated prescription drugs or
 311 supplies may, with authorization from the centralized
 312 repository, distribute the prescription drugs or supplies to
 313 another local repository.

314 (8) PROGRAM PARTICIPATION.—

315 (a) A practitioner, pharmacy, facility, or clinic must
 316 notify the department of its intent to participate in the
 317 program as a local repository before accepting or dispensing any
 318 prescription drugs or supplies pursuant to this section. The
 319 notification must be made on a form prescribed by the department

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320 by rule and must, at a minimum, include:

321 1. The name, street address, website, and telephone number
 322 of the intended local repository and any license or registration
 323 number issued by the state to the intended local repository,
 324 including the name of the issuing agency.

325 2. The name and telephone number of the pharmacist employed
 326 by or under contract with the intended local repository who is
 327 responsible for the inspection of donated prescription drugs and
 328 supplies.

329 3. A signed and dated statement by the responsible
 330 pharmacist affirming that the intended local repository meets
 331 the eligibility requirements of this section.

332 (b) A local repository may withdraw from participation in
 333 the program at any time by providing written notice to the
 334 department or contractor, as appropriate, on a form prescribed
 335 by the department by rule. The department shall adopt rules
 336 addressing the disposition of prescription drugs and supplies in
 337 the possession of the withdrawing local repository.

338 (9) DISPENSING REQUIREMENTS; PROHIBITIONS.—

339 (a) Each eligible patient without a program identification
 340 card must submit an intake collection form to a local repository
 341 before receiving prescription drugs or supplies under the
 342 program. The department shall prescribe a form by rule, which
 343 must include at least all of the following:

344 1. The name, street address, and telephone number of the
 345 eligible patient.

346 2. The basis for eligibility, which must specify that the
 347 patient is indigent, uninsured, or underinsured.

348 3. A statement signed and dated by the eligible patient

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349 affirming that he or she meets the eligibility requirements of
350 this section.

351 (b) Upon receipt of a completed and signed intake
352 collection form, the local repository shall issue him or her a
353 program identification card, which is valid for 1 year after its
354 date of issuance. The card must be in a form prescribed by the
355 department by rule.

356 (c) The local repository shall send a summary of each
357 intake collection form to the centralized pharmacy within 5 days
358 after receiving it.

359 (d) A dispenser may dispense donated prescription drugs or
360 supplies only to an eligible patient who has a program
361 identification card or who has submitted a completed intake
362 collection form.

363 (e) A dispenser shall inspect the donated prescription
364 drugs or supplies before dispensing them.

365 (f) A dispenser may provide dispensing and consulting
366 services to an eligible patient.

367 (g) Donated prescription drugs and supplies may not be sold
368 or resold under the program.

369 (h) A dispenser of donated prescription drugs or supplies
370 may not submit a claim or otherwise seek reimbursement from any
371 public or private third-party payor for donated prescription
372 drugs or supplies dispensed under this program. However, a
373 repository may charge the patient a nominal handling fee,
374 established by department rule, for the preparation and
375 dispensing of prescription drugs or supplies under the program.

376 (10) RECALLED PRESCRIPTION DRUGS AND SUPPLIES.—

377 (a) The centralized repository and each local repository

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378 shall establish and follow a protocol for notifying recipients
379 in the event of a prescription drug recall.

380 (b) Local repositories shall destroy all recalled or
381 expired prescription drugs and all prescription drugs that are
382 not suitable for dispensing in the repository. Local
383 repositories must complete a destruction information form for
384 all such drugs, in accordance with department rule.

385 (11) RECORDKEEPING.—

386 (a) Local repositories shall maintain records of
387 prescription drugs and supplies that are accepted, donated,
388 dispensed, distributed, or destroyed under the program.

389 (b) All required records must be maintained in accordance
390 with any applicable practice act. Local repositories shall
391 submit these records quarterly to the centralized repository for
392 data collection, and the centralized repository shall submit
393 these records and the collected data in annual reports to the
394 department.

395 (12) REGISTRIES; PUBLICATION OF FORMS.—

396 (a) The department or contractor shall establish and
397 maintain registries of all local repositories and of
398 prescription drugs and supplies available under the program. The
399 registry of local repositories must include each repository's
400 name, address, website, and telephone number. The registry of
401 available prescription drugs and supplies must include the name,
402 strength, available quantity, and expiration date of the
403 prescription drug or supplies and the name and contact
404 information of each repository where such drug or supplies are
405 available. The department shall publish the registries on its
406 website.

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407 (b) The department shall publish all forms required by this
 408 section on its website.

409 (13) IMMUNITY FROM LIABILITY, DISCIPLINARY ACTION.—

410 (a) Any donor of prescription drugs or supplies and any
 411 participant in the program who exercises reasonable care in
 412 donating, accepting, distributing, or dispensing prescription
 413 drugs or supplies under the program is immune from civil or
 414 criminal liability and from professional disciplinary action by
 415 the state for any injury, death, or loss to person or property
 416 relating to such activities.

417 (b) A pharmaceutical manufacturer who exercises reasonable
 418 care is not liable for any claim or injury arising from the
 419 donation of any prescription drug or supply under this section,
 420 including, but not limited to, liability for failure to transfer
 421 or communicate product or consumer information regarding the
 422 donated prescription drug, including its expiration date.

423 (14) NOTICE TO PATIENTS.—Before dispensing a donated
 424 prescription drug under the program, the dispenser must provide
 425 written notification to the eligible patient or his or her legal
 426 representative, receipt of which must be acknowledged in
 427 writing, of all of the following information:

428 (a) The prescription drug was donated to the program.

429 (b) The donors and participants in the program are immune
 430 from civil or criminal liability or disciplinary action.

431 (c) The eligible patient is not required to pay for the
 432 prescription drug, but may be required to pay a nominal handling
 433 fee, which may not exceed the amount established by department
 434 rule.

435 (15) DIRECT-SUPPORT ORGANIZATION.—The department may

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436 establish a direct-support organization to provide assistance,
 437 funding, and promotional support for the activities authorized
 438 under the act.

439 (a) Entity organization.—The direct-support organization
 440 must operate in accordance with s. 20.058 and is:

441 1. A Florida corporation not for profit incorporated under
 442 chapter 617, exempted from filing fees, and approved by the
 443 Department of State.

444 2. Organized and operated to conduct programs and
 445 activities; raise funds and request and receive grants, gifts,
 446 and bequests of moneys; acquire, receive, hold, and invest, in
 447 its own name, securities, funds, objects of value, or other
 448 property, either real or personal; and make expenditures or
 449 provide funding to or for the direct or indirect benefit of the
 450 program.

451 (b) Purposes and objectives.—The purposes and objectives of
 452 the direct-support organization must be consistent with the
 453 goals of the department, in the best interest of the state, and
 454 in accordance with the adopted goals and the mission of the
 455 department.

456 (c) Prohibition against lobbying.—The direct-support
 457 organization is not considered a lobbying firm, as that term is
 458 defined in s. 11.045(1). All expenditures of the direct-support
 459 organization must be directly related to program administration
 460 within the requirements of this section. Funds of the direct-
 461 support organization may not be used for the purpose of
 462 lobbying, as that term is defined in s. 11.045(1).

463 (d) Possession of prescription drugs.—The direct-support
 464 organization may not possess any prescription drugs on behalf of

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465 the program.466 (e) Contract.—The direct-support organization shall operate
467 under a written contract with the department.468 1. The contract must require the direct-support
469 organization to submit to the department, annually by August 1,
470 the following information, which must be posted on the websites
471 of the direct-support organization and the department:472 a. The articles of incorporation and bylaws of the direct-
473 support organization, as approved by the department.474 b. A proposed annual budget for the approval of the
475 department.476 c. The code of ethics of the direct-support organization.477 d. The statutory authority or executive order that created
478 the direct-support organization.479 e. A brief description of the direct-support organization's
480 mission and any results obtained by the direct-support
481 organization.482 f. A brief description of the direct-support organization's
483 annual plan for each of the next 3 fiscal years.484 g. A copy of the direct-support organization's most recent
485 federal Internal Revenue Service Return Organization Exempt from
486 Income Tax form (Form 990).487 h. Certification by the department that the direct-support
488 organization is complying with the terms of the contract and
489 operating in a manner consistent with the goals and purposes of
490 the department and the best interest of the program and the
491 state. Such certification must be made annually and reported in
492 the official minutes of a meeting of the board of directors of
493 the direct-support organization.

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494 2. The contract must, at a minimum, provide for:495 a. The reversion without penalty to the department, or to
496 the state if the department ceases to exist, of all moneys and
497 property held in trust by the direct-support organization for
498 the benefit of the program if the direct-support organization
499 ceases to exist or if the contract is terminated.500 b. A disclosure of material provisions of the contract and
501 the distinction between the department and the direct-support
502 organization to appear on all promotional and fundraising
503 publications.504 c. A list of prescription drugs solicited by the direct-
505 support organization for distribution to the centralized
506 repository or a local repository.507 (f) Board of directors.—The State Surgeon General shall
508 appoint the board of directors, which must consist of at least 5
509 members, but not more than 15 members, who serve at his or her
510 pleasure. The board must elect a chair from among its members.
511 Board members must serve without compensation but may be
512 entitled to reimbursement of travel and per diem expenses in
513 accordance with s. 112.061, if funds are available for this
514 purpose.515 (g) Use of property.—The department may allow, without
516 charge, appropriate use of fixed property, facilities, and
517 personnel services of the department by the direct-support
518 organization for purposes related to the program. For purposes
519 of this paragraph, the term "personnel services" includes full-
520 time or part-time personnel, as well as payroll processing
521 services.522 1. The department may prescribe any condition with which

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523 the direct-support organization must comply in order to use
 524 fixed property or facilities of the department.

525 2. The department may not allow the use of any fixed
 526 property or facilities of the department by the direct-support
 527 organization if the organization does not provide equal
 528 membership and employment opportunities to all persons
 529 regardless of race, color, religion, sex, age, or national
 530 origin.

531 3. The department shall adopt rules prescribing the
 532 procedures by which the direct-support organization is governed
 533 and any conditions with which a direct-support organization must
 534 comply to use property or facilities of the department.

535 (h) Deposit of funds.—Any moneys of the direct-support
 536 organization may be held in a separate depository account in the
 537 name of the organization and subject to the provisions of the
 538 organization's contract with the department.

539 (i) Use of funds.—Funds designated for the direct-support
 540 organization must be used for the enhancement of program
 541 projects and in a manner consistent with that purpose. Any
 542 administrative costs of running and promoting the purposes of
 543 the organization or program must be paid by private funds.

544 (j) Audit.—The direct-support organization shall provide
 545 for an annual financial audit in accordance with s. 215.981.

546 (k) Repeal.—This subsection is repealed on October 1, 2024,
 547 unless reviewed and saved from repeal by the Legislature.

548 (16) RULEMAKING.—The department shall adopt rules necessary
 549 to administer this section. When applicable, the rules may
 550 provide for the use of electronic forms, recordkeeping, and
 551 meeting by teleconference.

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552 Section 2. Paragraph (o) is added to subsection (5) of
 553 section 252.36, Florida Statutes, to read:

554 252.36 Emergency management powers of the Governor.—

555 (5) In addition to any other powers conferred upon the
 556 Governor by law, she or he may:

557 (o) Waive the patient eligibility requirements of s.
 558 465.1902.

559 Section 3. This act shall take effect July 1, 2019.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Waived)

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

2-20-2019
Meeting Date

CS/SB 104
Bill Number (if applicable)

Topic DRUG DONATION REPOSTORY

Amendment Barcode (if applicable)

Name DAWN STEWARD

Job Title —

Address 2130 Blossom Lane

Phone 407-645-0273

Winter Park FL 32789
City State Zip

Email stu2130@adl.com

Speaking: For Against Information

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

Representing —

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE
APPEARANCE RECORD

(Waived)

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

2-20-19

Meeting Date

SB 104

Bill Number (if applicable)

Topic Prescription Drug Donation

Amendment Barcode (if applicable)

Name Carlos M. Cruz

Job Title Govt Consultant

Address 307 W Park Avenue

Phone 904-214-5724

Street

Tallahassee, FL 32301

City

State

Zip

Email Cruz@convergegov.com

Speaking: For Against Information

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

Representing Polaris Pharmacy Services

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

(Waived)

APPEARANCE RECORD

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

2/20/19

Meeting Date

SB 104

Bill Number (if applicable)

Topic Prescription Drug Donation Repository program

Amendment Barcode (if applicable)

Name Devon West

Job Title Policy Advisor

Address 115 S. Andrews Ave

Phone 954 789 9293

Street

City Ft Lauderdale fl

State

Zip

Email devonw@broward.org

Speaking: For Against Information

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

Representing Broward County

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/20/2019
Meeting Date

104
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S.
Street

Phone 727/897-9291

St Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: For Against Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

The Florida Senate
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 Appropriations Subcommittee on Health and Human Services

BILL: SB 184

INTRODUCER: Senator Book

SUBJECT: Aging Programs

DATE: February 19, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Hendon</u>	<u>Hendon</u>	<u>CF</u>	Favorable
2.	<u>McKnight</u>	<u>Kidd</u>	<u>AHS</u>	Recommend: Favorable
3.	_____	_____	<u>AP</u>	_____

I. Summary:

SB 184 moves rule making authority for certain programs from the Department of Elder Affairs (DEA) to the Agency for Health Care Administration (AHCA). These programs include hospice care, assisted living facilities, adult family care homes, and adult day care programs. Currently both agencies develop rules, while licensing and inspection is solely performed by the AHCA. The bill makes no substantive changes to the requirements of these programs.

The bill has no fiscal impact and has an effective date of July 1, 2019.

II. Present Situation:

When the Department of Health and Rehabilitative Services was transformed into the Department of Children and Families (DCF), many duties and programs were moved to the newly created Agency for Health Care Administration (AHCA) and the Department of Elder Affairs (DEA). For hospice care, assisted living facilities, adult family care homes, and adult day care programs, duties for rule making were split between the AHCA and the Department of Elder Affairs (DEA). Over time this has created operational challenges due to the regulating agency (the AHCA) enforcing rules that it did not write. Both agencies have proposed changes to this arrangement to the Legislature to place all rule writing authority with the AHCA.

Hospice Care

Hospice care is provided to terminally ill patients. Providers of hospice care are regulated by federal and state law and are licensed by the AHCA. The DEA is responsible for certain rule making. Each hospice must provide a continuum of hospice services which afford the patient and the family of the patient a range of service delivery which are tailored to the specific needs and preferences of the patient and family at any point in time throughout the length of care for the terminally ill patient and during the bereavement period. These services must be available 24

hours a day, 7 days a week, and must include: nursing services, social work services, pastoral or counseling services, dietary counseling, and bereavement counseling services.¹ Physician services may be provided by the hospice directly or through contract. A hospice may also use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances. Each hospice must also provide or arrange for such additional services as are needed to meet all the palliative and support needs of the patient and family. These services may include, but are not limited to, physical therapy, occupational therapy, speech therapy, massage therapy, home health aide services, infusion therapy, provision of medical supplies and durable medical equipment, day care, homemaker and chore services, and funeral services. There are 47 licensed hospice providers with a total of 1,016 beds in Florida.²

Assisted Living Facilities

An assisted living facility (ALF) is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.³ A personal service is direct physical assistance with, or supervision of, the activities of daily living and self-administration of medication.⁴ Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.⁵ ALFs are licensed by the AHCA. Both the agency and the DEA have rule making duties.

An ALF is required to provide care and services appropriate to the needs of the residents accepted for admission to the facility.⁶ The owner of facility administrator determines whether an individual is appropriate for admission to the facility based on a number of criteria.⁷ If, as determined by the facility administrator or health care provider, a resident no longer meets the criteria for continued residency or the facility is unable to meet the resident's needs, the resident must be discharged in accordance with the Resident Bill of Rights.⁸ There are 3,086 licensed ALFs in Florida with a total of 105,144 beds.⁹

Adult Family Care Homes

Adult family care homes are residential homes designed to provide personal care services to individuals requiring assistance. The provider must live in the home and offer personal services for up to five residents.¹⁰ Adult family care homes are licensed by the AHCA. Both the agency

¹ See part IV of Chapter 400, F.S.

² Agency for Health Care Administration, Florida Health Finder, see <http://www.floridahealthfinder.gov/index.html>, last visited February 12, 2019.

³ Section 429.02(5), F.S.

⁴ Section 429.02(16), F.S.

⁵ Section 429.02(1), F.S.

⁶ For specific minimum standards see Fla. Admin. Code R 58A-5.0182.

⁷ Section 429.26, F.S., and Fla. Admin. Code R 58A-5.0181.

⁸ Section 429.28, F.S.

⁹ Agency for Health Care Administration, Florida Health Finder, see <http://www.floridahealthfinder.gov/index.html>, last visited February 12, 2019.

¹⁰ See part II of Chapter 429, F.S.

and the DEA have rule making duties. There are 337 licensed adult family care homes with 1,528 beds in Florida.¹¹

Adult Day Care Centers

Adult day care centers provide therapeutic programs of social and health services as well as activities for adults in a non-institutional setting.¹² Participants may use a variety of services offered during any part of a day, but less than a 24-hour period. Adult day care centers are licensed by the AHCA. Both the AHCA and the DEA have rule making duties. There are 326 licensed adult day care centers with 17,636 beds in Florida.¹³

III. Effect of Proposed Changes:

Section 1 transfers all powers, duties, budget, personnel, and administrative authority, including administrative rulemaking, related to hospices, assisted living facilities, adult family care homes, and adult day care centers, supporting certain regulatory functions from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 2 amends s. 20.41, F.S., relating to the Department of Elder Affairs, to require the agency to provide any needed information on hospice care, assisted living facilities, adult day care centers and adult family care homes to the Agency for Health Care Administration.

Section 3 amends s. 20.42, F.S., relating to the Agency for Health Care Administration, to assign the AHCA with the lead responsibility for regulation of hospice care, assisted living facilities, adult day care centers and adult family care homes.

Section 4 amends s. 400.605, F.S., relating to hospice regulation, to remove the requirements for the Department of Elder Affairs to consult with the Agency for Health Care Administration.

Section 5 amends s. 400.60501, F.S., relating to hospice annual reports, to transfer the responsibility to collect and produce such reports from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 6 amends s. 400.6095, F.S., relating to hospice admissions, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 7 amends s. 400.610, F.S., relating to hospice administration, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

¹¹ Agency for Health Care Administration, Florida Health Finder, see <http://www.floridahealthfinder.gov/index.html>, last visited February 12, 2019.

¹² See part III of Chapter 429, F.S.

¹³ Agency for Health Care Administration, Florida Health Finder, see <http://www.floridahealthfinder.gov/index.html>, last visited February 12, 2019.

Section 8 amends s. 429.02, F.S., relating to definitions used in chapter 429 on assisted living facilities to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 9 amends s. 429.17, F.S., relating to assisted living facility licenses, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 10 amends s. 429.23, F.S., relating to assisted living facility risk management, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 11 amends s. 429.24, F.S., relating to assisted living facility contracts, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 12 amends s. 429.255, F.S., relating to assisted living facility personnel and emergency care, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 13 amends s. 429.256, F.S., relating to assistance with self-administration of medication in an assisted living facility, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 14 amends s. 429.27, F.S., relating to personal property of residents in assisted living facilities, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 15 amends s. 429.275, F.S., relating to financial records of an assisted living facility, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 16 amends s. 429.31, F.S., relating to the closing of an assisted living facility, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 17 amends s. 429.34, F.S., relating to the right to enter and inspect an assisted living facility to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 18 amends s. 429.41, F.S., relating to assisted living facility licensing standards, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration. The bill deletes outdated language requiring the department to submit a copy of its rules to the Legislature.

Section 19 amends s. 429.42, F.S., relating to assisted living facility pharmacy and dietary services, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 20 amends s. 429.52, F.S., relating to assisted living facility staff training, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 21 amends s. 429.54, F.S., relating to the collection of data on assisted living facility costs, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 22 amends s. 429.63, F.S., providing legislative intent on adult family care home licensure, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 23 amends s. 429.67, F.S., relating to licensure of adult family care homes, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 24 amends s. 429.71, F.S., relating to licensure deficiencies in adult family care homes, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 25 amends s. 429.73, F.S., relating to licensure standards for adult family care homes, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 26 amends s. 429.75, F.S., relating to training and education programs for adult family care homes providers, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 27 amends s. 429.81, F.S., relating to resident agreements in adult family care homes, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 28 amends s. 429.929, F.S., relating to standards for adult day care centers, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 29 amends s. 765.110, F.S., relating to health care advance directives, to conform to the transfer of responsibilities from the Department of Elder Affairs to the Agency for Health Care Administration.

Section 30 provides an effective date of July 1, 2019.

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 184 has no fiscal impact to the state. The bill requires the transfer of all budget, salary rate, and personnel used in the development of rules for specified aging programs from the Department of Elder Affairs to the Agency for Health Care Administration.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 20.41, 20.42, 400.605, 400.60501, 400.6095, 400.610, 429.02, 429.17, 429.23, 429.24, 429.255, 429.256,

429.27, 429.275, 429.31, 429.34, 429.41, 429.42, 429.52, 429.54, 429.63, 429.67, 429.71, 429.73, 429.75, 429.81, 429.929, and 765.110.

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 Book

32-00734B-19

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1 A bill to be entitled
 2 An act relating to aging programs; transferring the
 3 powers, duties, and functions of the Department of
 4 Elderly Affairs relating to hospices, assisted living
 5 facilities, adult family-care homes, and adult day
 6 care centers to the Agency for Health Care
 7 Administration; amending s. 20.41, F.S.; requiring the
 8 department to provide certain documents and
 9 information to the agency upon request; amending s.
 10 20.42, F.S.; establishing that the agency is the lead
 11 agency responsible for the regulation of hospices,
 12 assisted living facilities, adult day care centers,
 13 and adult family-care homes; amending ss. 400.605,
 14 400.60501, 400.6095, 400.610, 429.02, 429.17, 429.23,
 15 429.24, 429.255, 429.256, 429.27, 429.275, 429.31,
 16 429.34, 429.41, 429.42, 429.52, 429.54, 429.63,
 17 429.67, 429.71, 429.73, 429.75, 429.81, 429.929, and
 18 765.110, F.S.; conforming provisions to changes made
 19 by the act; providing an effective date.

20
 21 Be It Enacted by the Legislature of the State of Florida:

22
 23 Section 1. All powers, duties, functions, records,
 24 personnel, property, salary rate, budget authority, and
 25 administrative authority of the Department of Elderly Affairs
 26 relating to hospices, assisted living facilities, adult family-
 27 care homes, and adult day care centers, and the administrative
 28 rules in chapters 58A-2, 58A-5, 58A-6, and 58A-14, Florida
 29 Administrative Code, are transferred by a type two transfer, as

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30 defined in s. 20.06(2), Florida Statutes, to the Agency for
 31 Health Care Administration.

32 Section 2. Subsection (9) is added to section 20.41,
 33 Florida Statutes, to read:

34 20.41 Department of Elderly Affairs.—There is created a
 35 Department of Elderly Affairs.
 36 (9) Upon request, the department shall provide the Agency
 37 for Health Care Administration with any documents and
 38 information needed for the agency's regulation of hospices,
 39 assisted living facilities, adult family-care homes, and adult
 40 day care centers.

41 Section 3. Subsection (3) of section 20.42, Florida
 42 Statutes, is amended to read:

43 20.42 Agency for Health Care Administration.—

44 (3) The department shall be the chief health policy and
 45 planning entity for the state. The department is responsible for
 46 health facility licensure, inspection, and regulatory
 47 enforcement; investigation of consumer complaints related to
 48 health care facilities and managed care plans; the
 49 implementation of the certificate of need program; the operation
 50 of the Florida Center for Health Information and Transparency;
 51 the administration of the Medicaid program; the administration
 52 of the contracts with the Florida Healthy Kids Corporation; the
 53 certification of health maintenance organizations and prepaid
 54 health clinics as set forth in part III of chapter 641; and any
 55 other duties prescribed by statute or agreement. The department
 56 is the lead agency responsible for the regulation of hospices,
 57 assisted living facilities, adult day care centers, and adult
 58 family-care homes.

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59 Section 4. Subsection (1) of section 400.605, Florida
 60 Statutes, is amended to read:
 61 400.605 Administration; forms; fees; rules; inspections;
 62 fines.-
 63 (1) The agency, ~~in consultation with the department, may~~
 64 ~~adopt rules to administer the requirements of part II of chapter~~
 65 ~~400. The department, in consultation with the agency, shall by~~
 66 rule establish minimum standards and procedures for a hospice
 67 pursuant to this part. The rules must include:
 68 (a) The qualifications of professional and ancillary
 69 personnel to ensure the provision of appropriate and adequate
 70 hospice care.
 71 (b) Standards and procedures for the administrative
 72 management of a hospice.
 73 (c) Standards for hospice services that ensure the
 74 provision of quality patient care.
 75 (d) Components of a patient plan of care.
 76 (e) Procedures relating to the implementation of advanced
 77 directives and do-not-resuscitate orders.
 78 (f) Procedures for maintaining and ensuring confidentiality
 79 of patient records.
 80 (g) Standards for hospice care provided in freestanding
 81 inpatient facilities that are not otherwise licensed medical
 82 facilities and in residential care facilities such as nursing
 83 homes, assisted living facilities, adult family-care homes, and
 84 hospice residential units and facilities.
 85 (h) Components of a comprehensive emergency management
 86 plan, developed in consultation with the Department of Health,
 87 ~~the Department of Elderly Affairs, and the Division of Emergency~~

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88 Management.
 89 (i) Standards and procedures relating to the establishment
 90 and activities of a quality assurance and utilization review
 91 committee.
 92 (j) Components and procedures relating to the collection of
 93 patient demographic data and other information on the provision
 94 of hospice care in this state.
 95 Section 5. Section 400.60501, Florida Statutes, is amended
 96 to read:
 97 400.60501 Outcome measures; adoption of federal quality
 98 measures; public reporting; annual report.-
 99 (1) No later than December 31, 2019, ~~the department, in~~
 100 ~~conjunction with the agency,~~ shall adopt the national hospice
 101 outcome measures and survey data in 42 C.F.R. part 418 to
 102 determine the quality and effectiveness of hospice care for
 103 hospices licensed in the state.
 104 (2) ~~The department, in conjunction with~~ The agency, shall:
 105 (a) Make available to the public the national hospice
 106 outcome measures and survey data in a format that is
 107 comprehensible by a layperson and that allows a consumer to
 108 compare such measures of one or more hospices.
 109 (b) Develop an annual report that analyzes and evaluates
 110 the information collected under this act and any other data
 111 collection or reporting provisions of law.
 112 Section 6. Subsection (8) of section 400.6095, Florida
 113 Statutes, is amended to read:
 114 400.6095 Patient admission; assessment; plan of care;
 115 discharge; death.-
 116 (8) The hospice care team may withhold or withdraw

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117 cardiopulmonary resuscitation if presented with an order not to
 118 resuscitate executed pursuant to s. 401.45. The agency
 119 ~~department~~ shall adopt rules providing for the implementation of
 120 such orders. Hospice staff shall not be subject to criminal
 121 prosecution or civil liability, nor be considered to have
 122 engaged in negligent or unprofessional conduct, for withholding
 123 or withdrawing cardiopulmonary resuscitation pursuant to such an
 124 order and applicable rules. The absence of an order to
 125 resuscitate executed pursuant to s. 401.45 does not preclude a
 126 physician from withholding or withdrawing cardiopulmonary
 127 resuscitation as otherwise permitted by law.

128 Section 7. Paragraph (b) of subsection (1) of section
 129 400.610, Florida Statutes, is amended to read:

130 400.610 Administration and management of a hospice.—

131 (1) A hospice shall have a clearly defined organized
 132 governing body, consisting of a minimum of seven persons who are
 133 representative of the general population of the community
 134 served. The governing body shall have autonomous authority and
 135 responsibility for the operation of the hospice and shall meet
 136 at least quarterly. The governing body shall:

137 (b)1. Prepare and maintain a comprehensive emergency
 138 management plan that provides for continuing hospice services in
 139 the event of an emergency that is consistent with local special
 140 needs plans. The plan shall include provisions for ensuring
 141 continuing care to hospice patients who go to special needs
 142 shelters. The plan shall include the means by which the hospice
 143 provider will continue to provide staff to provide the same type
 144 and quantity of services to their patients who evacuate to
 145 special needs shelters which were being provided to those

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146 patients prior to evacuation. The plan is subject to review and
 147 approval by the county health department, except as provided in
 148 subparagraph 2. During its review, the county health department
 149 shall contact state and local health and medical stakeholders
 150 when necessary. The county health department shall complete its
 151 review to ensure that the plan complies with criteria in rules
 152 of the agency ~~Department of Elderly Affairs~~ within 90 days after
 153 receipt of the plan and shall either approve the plan or advise
 154 the hospice of necessary revisions. Hospice providers may
 155 establish links to local emergency operations centers to
 156 determine a mechanism by which to approach specific areas within
 157 a disaster area in order for the provider to reach its clients.
 158 A hospice shall demonstrate a good faith effort to comply with
 159 the requirements of this paragraph by documenting attempts of
 160 staff to follow procedures as outlined in the hospice's
 161 comprehensive emergency management plan and to provide
 162 continuing care for those hospice clients who have been
 163 identified as needing alternative caregiver services in the
 164 event of an emergency.

165 2. For any hospice that operates in more than one county,
 166 the Department of Health during its review shall contact state
 167 and local health and medical stakeholders when necessary. The
 168 Department of Health shall complete its review to ensure that
 169 the plan complies with criteria in rules of the agency
 170 ~~Department of Elderly Affairs~~ within 90 days after receipt of
 171 the plan and shall approve the plan or advise the hospice of
 172 necessary revisions. The Department of Health shall make every
 173 effort to avoid imposing differing requirements on a hospice
 174 that operates in more than one county as a result of differing

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175 or conflicting comprehensive plan requirements of the counties
176 in which the hospice operates.

177 Section 8. Subsections (13) and (17) of section 429.02,
178 Florida Statutes, are amended to read:

179 429.02 Definitions.—When used in this part, the term:

180 (13) “Limited nursing services” means acts that may be
181 performed by a person licensed under part I of chapter 464.
182 Limited nursing services shall be for persons who meet the
183 admission criteria established by the agency department for
184 assisted living facilities but are and shall not be complex
185 enough to require 24-hour nursing supervision and may include
186 such services as the application and care of routine dressings,
187 and care of casts, braces, and splints.

188 (17) “Personal services” means direct physical assistance
189 with or supervision of the activities of daily living, the self-
190 administration of medication, or other similar services that
191 which the agency department may define by rule. The term may not
192 be construed to mean the provision of medical, nursing, dental,
193 or mental health services.

194 Section 9. Subsection (6) of section 429.17, Florida
195 Statutes, is amended to read:

196 429.17 Expiration of license; renewal; conditional
197 license.—

198 (6) The agency department may by rule establish renewal
199 procedures, identify forms, and specify documentation necessary
200 to administer this section and. ~~The agency, in consultation with~~
201 ~~the department,~~ may adopt rules to administer ~~the requirements~~
202 ~~of~~ part II of chapter 408.

203 Section 10. Subsection (10) of section 429.23, Florida

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204 Statutes, is amended to read:

205 429.23 Internal risk management and quality assurance
206 program; adverse incidents and reporting requirements.—

207 (10) The agency Department of Elderly Affairs may adopt
208 rules necessary to administer this section.

209 Section 11. Subsection (8) of section 429.24, Florida
210 Statutes, is amended to read:

211 429.24 Contracts.—

212 (8) The agency department may by rule clarify terms,
213 establish procedures, clarify refund policies and contract
214 provisions, and specify documentation as necessary to administer
215 this section.

216 Section 12. Subsections (4) and (5) of section 429.255,
217 Florida Statutes, are amended to read:

218 429.255 Use of personnel; emergency care.—

219 (4) Facility staff may withhold or withdraw cardiopulmonary
220 resuscitation or the use of an automated external defibrillator
221 if presented with an order not to resuscitate executed pursuant
222 to s. 401.45. The agency department shall adopt rules providing
223 for the implementation of such orders. Facility staff and
224 facilities may shall not be subject to criminal prosecution or
225 civil liability, nor be considered to have engaged in negligent
226 or unprofessional conduct, for withholding or withdrawing
227 cardiopulmonary resuscitation or use of an automated external
228 defibrillator pursuant to such an order and rules adopted by the
229 agency department. The absence of an order to resuscitate
230 executed pursuant to s. 401.45 does not preclude a physician
231 from withholding or withdrawing cardiopulmonary resuscitation or
232 use of an automated external defibrillator as otherwise

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233 permitted by law.

234 (5) The agency ~~Department of Elderly Affairs~~ may adopt
235 rules to implement the provisions of this section relating to
236 use of an automated external defibrillator.

237 Section 13. Subsection (6) of section 429.256, Florida
238 Statutes, is amended to read:

239 429.256 Assistance with self-administration of medication.-

240 (6) The agency ~~department~~ may by rule establish facility
241 procedures and interpret terms as necessary to implement this
242 section.

243 Section 14. Subsection (8) of section 429.27, Florida
244 Statutes, is amended to read:

245 429.27 Property and personal affairs of residents.-

246 (8) The agency ~~department~~ may by rule clarify terms and
247 specify procedures and documentation necessary to administer the
248 provisions of this section relating to the proper management of
249 residents' funds and personal property and the execution of
250 surety bonds.

251 Section 15. Subsection (4) of section 429.275, Florida
252 Statutes, is amended to read:

253 429.275 Business practice; personnel records; liability
254 insurance.-The assisted living facility shall be administered on
255 a sound financial basis that is consistent with good business
256 practices.

257 (4) The agency ~~department~~ may by rule clarify terms,
258 establish requirements for financial records, accounting
259 procedures, personnel procedures, insurance coverage, and
260 reporting procedures, and specify documentation as necessary to
261 implement ~~the requirements of~~ this section.

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262 Section 16. Subsection (2) of section 429.31, Florida
263 Statutes, is amended to read:

264 429.31 Closing of facility; notice; penalty.-

265 (2) Immediately upon the notice by the agency of the
266 voluntary or involuntary termination of such operation, the
267 agency shall monitor the transfer of residents to other
268 facilities and ensure that residents' rights are being
269 protected. The agency ~~department~~, in consultation with the
270 Department of Children and Families, shall specify procedures
271 for ensuring that all residents who receive services are
272 appropriately relocated.

273 Section 17. Subsection (1) of section 429.34, Florida
274 Statutes, is amended to read:

275 429.34 Right of entry and inspection.-

276 (1) In addition to the requirements of s. 408.811, a duly
277 designated officer or employee of the agency ~~department~~, of the
278 Department of Children and Families, of the Medicaid Fraud
279 Control Unit of the Office of the Attorney General, or of the
280 state or local fire marshal, or a representative of the State
281 Long-Term Care Ombudsman Program or a member of the state or
282 local long-term care ombudsman council has the right to enter
283 unannounced upon and into the premises of any facility licensed
284 under this part in order to determine the state of compliance
285 with this part, part II of chapter 408, and applicable rules.
286 Data collected by the State Long-Term Care Ombudsman Program,
287 local long-term care ombudsman councils, or the state or local
288 advocacy councils may be used by the agency in investigations
289 involving violations of regulatory standards. A person specified
290 in this section who knows or has reasonable cause to suspect

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291 that a vulnerable adult has been or is being abused, neglected,
 292 or exploited shall immediately report such knowledge or
 293 suspicion to the central abuse hotline pursuant to chapter 415.

294 Section 18. Section 429.41, Florida Statutes, is amended to
 295 read:

296 429.41 Rules establishing standards.—

297 (1) It is the intent of the Legislature that rules
 298 published and enforced pursuant to this section shall include
 299 criteria by which a reasonable and consistent quality of
 300 resident care and quality of life may be ensured and the results
 301 of such resident care may be demonstrated. Such rules shall also
 302 ensure a safe and sanitary environment that is residential and
 303 noninstitutional in design or nature. It is further intended
 304 that reasonable efforts be made to accommodate the needs and
 305 preferences of residents to enhance the quality of life in a
 306 facility. Uniform firesafety standards for assisted living
 307 facilities shall be established by the State Fire Marshal
 308 pursuant to s. 633.206. The agency, ~~in consultation with the~~
 309 ~~department,~~ may adopt rules to administer ~~the requirements of~~
 310 part II of chapter 408. In order to provide safe and sanitary
 311 facilities and the highest quality of resident care
 312 accommodating the needs and preferences of residents, the agency
 313 ~~department,~~ in consultation with the ~~agency,~~ the Department of
 314 Children and Families, and the Department of Health, shall adopt
 315 rules, policies, and procedures to administer this part, which
 316 must include reasonable and fair minimum standards in relation
 317 to:

318 (a) The requirements for and maintenance of facilities, not
 319 in conflict with chapter 553, relating to plumbing, heating,

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320 cooling, lighting, ventilation, living space, and other housing
 321 conditions, which will ensure the health, safety, and comfort of
 322 residents suitable to the size of the structure.

323 1. Firesafety evacuation capability determination.—An
 324 evacuation capability evaluation for initial licensure shall be
 325 conducted within 6 months after the date of licensure.

326 2. Firesafety requirements.—

327 a. The National Fire Protection Association, Life Safety
 328 Code, NFPA 101 and 101A, current editions, shall be used in
 329 determining the uniform firesafety code adopted by the State
 330 Fire Marshal for assisted living facilities, pursuant to s.
 331 633.206.

332 b. A local government or a utility may charge fees only in
 333 an amount not to exceed the actual expenses incurred by the
 334 local government or the utility relating to the installation and
 335 maintenance of an automatic fire sprinkler system in a licensed
 336 assisted living facility structure.

337 c. All licensed facilities must have an annual fire
 338 inspection conducted by the local fire marshal or authority
 339 having jurisdiction.

340 d. An assisted living facility that is issued a building
 341 permit or certificate of occupancy before July 1, 2016, may at
 342 its option and after notifying the authority having
 343 jurisdiction, remain under the provisions of the 1994 and 1995
 344 editions of the National Fire Protection Association, Life
 345 Safety Code, NFPA 101, and NFPA 101A. The facility opting to
 346 remain under such provisions may make repairs, modernizations,
 347 renovations, or additions to, or rehabilitate, the facility in
 348 compliance with NFPA 101, 1994 edition, and may utilize the

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349 alternative approaches to life safety in compliance with NFPA
 350 101A, 1995 edition. However, a facility for which a building
 351 permit or certificate of occupancy is issued before July 1,
 352 2016, that undergoes Level III building alteration or
 353 rehabilitation, as defined in the Florida Building Code, or
 354 seeks to utilize features not authorized under the 1994 or 1995
 355 editions of the Life Safety Code must thereafter comply with all
 356 aspects of the uniform firesafety standards established under s.
 357 633.206, and the Florida Fire Prevention Code, in effect for
 358 assisted living facilities as adopted by the State Fire Marshal.

359 3. Resident elopement requirements.—Facilities are required
 360 to conduct a minimum of two resident elopement prevention and
 361 response drills per year. All administrators and direct care
 362 staff must participate in the drills, which shall include a
 363 review of procedures to address resident elopement. Facilities
 364 must document the implementation of the drills and ensure that
 365 the drills are conducted in a manner consistent with the
 366 facility's resident elopement policies and procedures.

367 (b) The preparation and annual update of a comprehensive
 368 emergency management plan. Such standards must be included in
 369 the rules adopted by the agency department after consultation
 370 with the Division of Emergency Management. At a minimum, the
 371 rules must provide for plan components that address emergency
 372 evacuation transportation; adequate sheltering arrangements;
 373 postdisaster activities, including provision of emergency power,
 374 food, and water; postdisaster transportation; supplies;
 375 staffing; emergency equipment; individual identification of
 376 residents and transfer of records; communication with families;
 377 and responses to family inquiries. The comprehensive emergency

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378 management plan is subject to review and approval by the local
 379 emergency management agency. During its review, the local
 380 emergency management agency shall ensure that the following
 381 agencies, at a minimum, are given the opportunity to review the
 382 plan: ~~the Department of Elderly Affairs,~~ the Department of
 383 Health, the Agency for Health Care Administration, and the
 384 Division of Emergency Management. Also, appropriate volunteer
 385 organizations must be given the opportunity to review the plan.
 386 The local emergency management agency shall complete its review
 387 within 60 days and either approve the plan or advise the
 388 facility of necessary revisions.

389 (c) The number, training, and qualifications of all
 390 personnel having responsibility for the care of residents. The
 391 rules must require adequate staff to provide for the safety of
 392 all residents. Facilities licensed for 17 or more residents are
 393 required to maintain an alert staff for 24 hours per day.

394 (d) All sanitary conditions within the facility and its
 395 surroundings which will ensure the health and comfort of
 396 residents. The rules must clearly delineate the responsibilities
 397 of the agency's licensure and survey staff, the county health
 398 departments, and the local authority having jurisdiction over
 399 firesafety and ensure that inspections are not duplicative. The
 400 agency may collect fees for food service inspections conducted
 401 by the county health departments and transfer such fees to the
 402 Department of Health.

403 (e) License application and license renewal, transfer of
 404 ownership, proper management of resident funds and personal
 405 property, surety bonds, resident contracts, refund policies,
 406 financial ability to operate, and facility and staff records.

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407 (f) Inspections, complaint investigations, moratoriums,
 408 classification of deficiencies, levying and enforcement of
 409 penalties, and use of income from fees and fines.

410 (g) The enforcement of the resident bill of rights
 411 specified in s. 429.28.

412 (h) The care and maintenance of residents, which must
 413 include, but is not limited to:

- 414 1. The supervision of residents;
- 415 2. The provision of personal services;
- 416 3. The provision of, or arrangement for, social and leisure
 417 activities;
- 418 4. The arrangement for appointments and transportation to
 419 appropriate medical, dental, nursing, or mental health services,
 420 as needed by residents;
- 421 5. The management of medication;
- 422 6. The nutritional needs of residents;
- 423 7. Resident records; and
- 424 8. Internal risk management and quality assurance.

425 (i) Facilities holding a limited nursing, extended
 426 congregate care, or limited mental health license.

427 (j) The establishment of specific criteria to define
 428 appropriateness of resident admission and continued residency in
 429 a facility holding a standard, limited nursing, extended
 430 congregate care, and limited mental health license.

431 (k) The use of physical or chemical restraints. The use of
 432 physical restraints is limited to half-bed rails as prescribed
 433 and documented by the resident's physician with the consent of
 434 the resident or, if applicable, the resident's representative or
 435 designee or the resident's surrogate, guardian, or attorney in

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436 fact. The use of chemical restraints is limited to prescribed
 437 dosages of medications authorized by the resident's physician
 438 and must be consistent with the resident's diagnosis. Residents
 439 who are receiving medications that can serve as chemical
 440 restraints must be evaluated by their physician at least
 441 annually to assess:

- 442 1. The continued need for the medication.
- 443 2. The level of the medication in the resident's blood.
- 444 3. The need for adjustments in the prescription.

445 (1) The establishment of specific policies and procedures
 446 on resident elopement. Facilities shall conduct a minimum of two
 447 resident elopement drills each year. All administrators and
 448 direct care staff shall participate in the drills. Facilities
 449 shall document the drills.

450 (2) In adopting any rules pursuant to this part, the
 451 ~~department, in conjunction with the agency,~~ shall make distinct
 452 standards for facilities based upon facility size; the types of
 453 care provided; the physical and mental capabilities and needs of
 454 residents; the type, frequency, and amount of services and care
 455 offered; and the staffing characteristics of the facility. Rules
 456 developed pursuant to this section may not restrict the use of
 457 shared staffing and shared programming in facilities that are
 458 part of retirement communities that provide multiple levels of
 459 care and otherwise meet the requirements of law and rule. If a
 460 continuing care facility licensed under chapter 651 or a
 461 retirement community offering multiple levels of care licenses a
 462 building or part of a building designated for independent living
 463 for assisted living, staffing requirements established in rule
 464 apply only to residents who receive personal, limited nursing,

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465 or extended congregate care services under this part. Such
 466 facilities shall retain a log listing the names and unit number
 467 for residents receiving these services. The log must be
 468 available to surveyors upon request. Except for uniform
 469 firesafety standards, the ~~agency department~~ shall adopt by rule
 470 separate and distinct standards for facilities with 16 or fewer
 471 beds and for facilities with 17 or more beds. The standards for
 472 facilities with 16 or fewer beds must be appropriate for a
 473 noninstitutional residential environment; however, the structure
 474 may not be more than two stories in height and all persons who
 475 cannot exit the facility unassisted in an emergency must reside
 476 on the first floor. The ~~department, in conjunction with the~~
 477 ~~agency,~~ may make other distinctions among types of facilities as
 478 necessary to enforce this part. Where appropriate, the agency
 479 shall offer alternate solutions for complying with established
 480 standards, based on distinctions made by the ~~department and the~~
 481 ~~agency~~ relative to the physical characteristics of facilities
 482 and the types of care offered.

483 (3) ~~The department shall submit a copy of proposed rules to~~
 484 ~~the Speaker of the House of Representatives, the President of~~
 485 ~~the Senate, and appropriate committees of substance for review~~
 486 ~~and comment prior to the promulgation thereof.~~ Rules adopted
 487 ~~promulgated~~ by the agency department shall encourage the
 488 development of homelike facilities ~~that which~~ promote the
 489 dignity, individuality, personal strengths, and decisionmaking
 490 ability of residents.

491 (4) The agency, ~~in consultation with the department,~~ may
 492 waive rules adopted under promulgated pursuant to this part in
 493 ~~order~~ to demonstrate and evaluate innovative or cost-effective

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494 congregate care alternatives that ~~which~~ enable individuals to
 495 age in place. Such waivers may be granted only in instances
 496 where there is reasonable assurance that the health, safety, or
 497 welfare of residents will not be endangered. To apply for a
 498 waiver, the licensee shall submit to the agency a written
 499 description of the concept to be demonstrated, including goals,
 500 objectives, and anticipated benefits; the number and types of
 501 residents who will be affected, if applicable; a brief
 502 description of how the demonstration will be evaluated; and any
 503 other information deemed appropriate by the agency. Any facility
 504 granted a waiver shall submit a report of findings to the agency
 505 ~~and the department~~ within 12 months. At such time, the agency
 506 may renew or revoke the waiver or pursue any regulatory or
 507 statutory changes necessary to allow other facilities to adopt
 508 the same practices. The agency department may by rule clarify
 509 terms and establish waiver application procedures, criteria for
 510 reviewing waiver proposals, and procedures for reporting
 511 findings, as necessary to implement this subsection.

512 (5) The agency may use an abbreviated biennial standard
 513 licensure inspection that consists of a review of key quality-
 514 of-care standards in lieu of a full inspection in a facility
 515 that has a good record of past performance. However, a full
 516 inspection must be conducted in a facility that has a history of
 517 class I or class II violations, uncorrected class III
 518 violations, confirmed ombudsman council complaints, or confirmed
 519 licensure complaints, ~~within the previous licensure period~~
 520 immediately preceding the inspection or if a potentially serious
 521 problem is identified during the abbreviated inspection. The
 522 agency, ~~in consultation with the department,~~ shall develop the

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523 key quality-of-care standards with input from the State Long-
 524 Term Care Ombudsman Council and representatives of provider
 525 groups for incorporation into its rules.

526 Section 19. Subsection (4) of section 429.42, Florida
 527 Statutes, is amended to read:

528 429.42 Pharmacy and dietary services.—

529 (4) The agency ~~department~~ may by rule establish procedures
 530 and specify documentation as necessary to implement this
 531 section.

532 Section 20. Subsections (2), (3), (4), and (6) through (12)
 533 of section 429.52, Florida Statutes, are amended to read:

534 429.52 Staff training and educational programs; core
 535 educational requirement.—

536 (2) Administrators and other assisted living facility staff
 537 must meet minimum training and education requirements
 538 established by the agency ~~Department of Elderly Affairs~~ by rule.
 539 This training and education is intended to assist facilities to
 540 appropriately respond to the needs of residents, to maintain
 541 resident care and facility standards, and to meet licensure
 542 requirements.

543 (3) The agency, in conjunction with providers, ~~department~~
 544 shall develop ~~establish~~ a competency test and a minimum required
 545 score to indicate successful completion of the training and
 546 educational requirements. ~~The competency test must be developed~~
 547 ~~by the department in conjunction with the agency and providers.~~
 548 The required training and education must cover at least the
 549 following topics:

550 (a) State law and rules relating to assisted living
 551 facilities.

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552 (b) Resident rights and identifying and reporting abuse,
 553 neglect, and exploitation.

554 (c) Special needs of elderly persons, persons with mental
 555 illness, and persons with developmental disabilities and how to
 556 meet those needs.

557 (d) Nutrition and food service, including acceptable
 558 sanitation practices for preparing, storing, and serving food.

559 (e) Medication management, recordkeeping, and proper
 560 techniques for assisting residents with self-administered
 561 medication.

562 (f) Firesafety requirements, including fire evacuation
 563 drill procedures and other emergency procedures.

564 (g) Care of persons with Alzheimer's disease and related
 565 disorders.

566 (4) A new facility administrator must complete the required
 567 training and education, including the competency test, within 90
 568 days after date of employment as an administrator. Failure to do
 569 so is a violation of this part and subjects the violator to an
 570 administrative fine as prescribed in s. 429.19. Administrators
 571 licensed in accordance with part II of chapter 468 are exempt
 572 from this requirement. Other licensed professionals may be
 573 exempted, as determined by the agency ~~department~~ by rule.

574 (6) Staff involved with the management of medications and
 575 assisting with the self-administration of medications under s.
 576 429.256 must complete a minimum of 6 additional hours of
 577 training provided by a registered nurse, a licensed pharmacist,
 578 or agency ~~department~~ staff. The agency ~~department~~ shall
 579 establish by rule the minimum requirements of this additional
 580 training.

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581 (7) Other facility staff shall participate in training
 582 relevant to their job duties as specified by rule of the agency
 583 ~~department~~.

584 (8) If the ~~department or the~~ agency determines that there
 585 are problems in a facility ~~which that~~ could be reduced through
 586 specific staff training or education beyond that already
 587 required under this section, the ~~department or the~~ agency may
 588 require, and provide, or cause to be provided, the training or
 589 education of any personal care staff in the facility.

590 (9) The agency department shall adopt rules related to
 591 these training requirements, the competency test, necessary
 592 procedures, and competency test fees and shall adopt or contract
 593 with another entity to develop a curriculum, which shall be used
 594 as the minimum core training requirements. The agency department
 595 shall consult with representatives of stakeholder associations
 596 and agencies in the development of the curriculum.

597 (10) The training required by this section other than the
 598 preservice orientation must be conducted by persons registered
 599 with the agency department as having the requisite experience
 600 and credentials to conduct the training. A person seeking to
 601 register as a trainer must provide the agency department with
 602 proof of completion of the minimum core training education
 603 requirements, successful passage of the competency test
 604 established under this section, and proof of compliance with the
 605 continuing education requirement in subsection (5).

606 (11) A person seeking to register as a trainer must also:

607 (a) Provide proof of completion of a 4-year degree from an
 608 accredited college or university and must have worked in a
 609 management position in an assisted living facility for 3 years

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610 after being core certified;

611 (b) Have worked in a management position in an assisted
 612 living facility for 5 years after being core certified and have
 613 1 year of teaching experience as an educator or staff trainer
 614 for persons who work in assisted living facilities or other
 615 long-term care settings;

616 (c) Have been previously employed as a core trainer for the
 617 agency or department; or

618 (d) Meet other qualification criteria as defined in rule,
 619 which the agency department is authorized to adopt.

620 (12) The agency department shall adopt rules to establish
 621 trainer registration requirements.

622 Section 21. Section 429.54, Florida Statutes, is amended to
 623 read:

624 429.54 Collection of information; local subsidy.—

625 (1) To enable the agency department to collect the
 626 information requested by the Legislature regarding the actual
 627 cost of providing room, board, and personal care in facilities,
 628 the agency department is authorized to conduct field visits and
 629 audits of facilities as ~~may be~~ necessary. The owners of randomly
 630 sampled facilities shall submit such reports, audits, and
 631 accountings of cost as the agency department may require by
 632 rule; provided that such reports, audits, and accountings shall
 633 be the minimum necessary to implement ~~the provisions of~~ this
 634 section. Any facility selected to participate in the study shall
 635 cooperate with the agency department by providing cost of
 636 operation information to interviewers.

637 (2) Local governments or organizations may contribute to
 638 the cost of care of local facility residents by further

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639 subsidizing the rate of state-authorized payment to such
640 facilities. Implementation of local subsidy requires agency
641 ~~shall require departmental approval and may shall~~ not result in
642 reductions in the state supplement.

643 Section 22. Subsections (4) and (5) of section 429.63,
644 Florida Statutes, are amended to read:

645 429.63 Legislative intent; purpose.—

646 (4) The Legislature further finds and declares that
647 licensure under this part is a public trust and a privilege, and
648 not an entitlement. This principle must guide the finder of fact
649 or trier of law at any administrative proceeding or circuit
650 court action initiated by the agency department to enforce this
651 part.

652 (5) Rules of the agency department relating to adult
653 family-care homes shall be as minimal and flexible as possible
654 to ensure the protection of residents while minimizing the
655 obstacles that could inhibit the establishment of adult family-
656 care homes.

657 Section 23. Subsections (9), (10), and (11) of section
658 429.67, Florida Statutes, are amended to read:

659 429.67 Licensure.—

660 (9) In addition to the license categories available in s.
661 408.808, the agency may issue a conditional license to a
662 provider for the purpose of bringing the adult family-care home
663 into compliance with licensure requirements. A conditional
664 license must be limited to a specific period, not exceeding 6
665 months. The agency department shall, by rule, establish criteria
666 for issuing conditional licenses.

667 (10) The agency department may adopt rules to establish

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668 procedures, identify forms, specify documentation, and clarify
669 terms, as necessary, to administer this section.

670 ~~(11) The agency may adopt rules to administer the~~
671 ~~requirements of part II of chapter 408.~~

672 Section 24. Subsection (6) of section 429.71, Florida
673 Statutes, is amended to read:

674 429.71 Classification of deficiencies; administrative
675 fines.—

676 (6) The agency shall establish ~~department shall set forth,~~
677 ~~by rule,~~ notice requirements and procedures for correction of
678 deficiencies.

679 Section 25. Section 429.73, Florida Statutes, is amended to
680 read:

681 429.73 Rules and standards relating to adult family-care
682 homes.—

683 (1) The agency, ~~in consultation with the department, may~~
684 ~~adopt rules to administer the requirements of part II of chapter~~
685 ~~408. The department,~~ in consultation with the Department of
686 Health ~~and,~~ the Department of Children and Families, ~~and the~~
687 ~~agency shall, by rule,~~ establish by rule minimum standards to
688 ensure the health, safety, and well-being of each resident in
689 the adult family-care home pursuant to this part. The rules must
690 address:

691 (a) Requirements for the physical site of the facility and
692 facility maintenance.

693 (b) Services that must be provided to all residents of an
694 adult family-care home and standards for such services, which
695 must include, but need not be limited to:

696 1. Room and board.

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697 2. Assistance necessary to perform the activities of daily
698 living.

699 3. Assistance necessary to administer medication.

700 4. Supervision of residents.

701 5. Health monitoring.

702 6. Social and leisure activities.

703 (c) Standards and procedures for license application and
704 annual license renewal, advertising, proper management of each
705 resident's funds and personal property and personal affairs,
706 financial ability to operate, medication management,
707 inspections, complaint investigations, and facility, staff, and
708 resident records.

709 (d) Qualifications, training, standards, and
710 responsibilities for providers and staff.

711 (e) Compliance with chapter 419, relating to community
712 residential homes.

713 (f) Criteria and procedures for determining the
714 appropriateness of a resident's placement and continued
715 residency in an adult family-care home. A resident who requires
716 24-hour nursing supervision may not be retained in an adult
717 family-care home unless such resident is an enrolled hospice
718 patient and the resident's continued residency is mutually
719 agreeable to the resident and the provider.

720 (g) Procedures for providing notice and assuring the least
721 possible disruption of residents' lives when residents are
722 relocated, an adult family-care home is closed, or the ownership
723 of an adult family-care home is transferred.

724 (h) Procedures to protect the residents' rights as provided
725 in s. 429.85.

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726 (i) Procedures to promote the growth of adult family-care
727 homes as a component of a long-term care system.

728 (j) Procedures to promote the goal of aging in place for
729 residents of adult family-care homes.

730 (2) The ~~agency department~~ shall ~~by rule~~ provide by rule
731 minimum standards and procedures for emergencies. Pursuant to s.
732 633.206, the State Fire Marshal, in consultation with the
733 ~~department and the agency~~, shall adopt uniform firesafety
734 standards for adult family-care homes.

735 (3) The ~~agency department~~ shall adopt rules providing for
736 the implementation of orders not to resuscitate. The provider
737 may withhold or withdraw cardiopulmonary resuscitation if
738 presented with an order not to resuscitate executed pursuant to
739 s. 401.45. The provider shall not be subject to criminal
740 prosecution or civil liability, nor be considered to have
741 engaged in negligent or unprofessional conduct, for withholding
742 or withdrawing cardiopulmonary resuscitation pursuant to such an
743 order and applicable rules.

744 Section 26. Subsections (3), (4), and (5) of section
745 429.75, Florida Statutes, are amended to read:

746 429.75 Training and education programs.—

747 (3) Providers must complete the training and education
748 program within a reasonable time determined by the agency
749 ~~department~~. Failure to complete the training and education
750 program within the time set by the agency department is a
751 violation of this part and subjects the provider to revocation
752 of the license.

753 (4) If the Department of Children and Families or the
754 ~~agency, or the department~~ determines that there are problems in

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755 an adult family-care home which could be reduced through
 756 specific training or education beyond that required under this
 757 section, the agency may require the provider or staff to
 758 complete such training or education.

759 (5) The ~~agency department~~ may adopt rules as necessary to
 760 administer this section.

761 Section 27. Subsection (2) of section 429.81, Florida
 762 Statutes, is amended to read:

763 429.81 Residency agreements.—

764 (2) Each residency agreement must specify the personal care
 765 and accommodations to be provided by the adult family-care home,
 766 the rates or charges, a requirement of at least 30 days' notice
 767 before a rate increase, and any other provisions required by
 768 rule of the agency department.

769 Section 28. Section 429.929, Florida Statutes, is amended
 770 to read:

771 429.929 Rules establishing standards.—

772 (1) The agency, ~~in consultation with the department, may~~
 773 ~~adopt rules to administer the requirements of part II of chapter~~
 774 ~~408. The Department of Elderly Affairs, in conjunction with the~~
 775 ~~agency,~~ shall adopt rules to implement ~~the provisions of this~~
 776 part. The rules must include reasonable and fair standards. Any
 777 conflict between these standards and those that may be set forth
 778 in local, county, or municipal ordinances shall be resolved in
 779 favor of those having statewide effect. Such standards must
 780 relate to:

781 (a) The maintenance of adult day care centers with respect
 782 to plumbing, heating, lighting, ventilation, and other building
 783 conditions, including adequate meeting space, to ensure the

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784 health, safety, and comfort of participants and protection from
 785 fire hazard. Such standards may not conflict with chapter 553
 786 and must be based upon the size of the structure and the number
 787 of participants.

788 (b) The number and qualifications of all personnel employed
 789 by adult day care centers who have responsibilities for the care
 790 of participants.

791 (c) All sanitary conditions within adult day care centers
 792 and their surroundings, including water supply, sewage disposal,
 793 food handling, and general hygiene, and maintenance of sanitary
 794 conditions, to ensure the health and comfort of participants.

795 (d) Basic services provided by adult day care centers.

796 (e) Supportive and optional services provided by adult day
 797 care centers.

798 (f) Data and information relative to participants and
 799 programs of adult day care centers, including, but not limited
 800 to, the physical and mental capabilities and needs of the
 801 participants, the availability, frequency, and intensity of
 802 basic services and of supportive and optional services provided,
 803 the frequency of participation, the distances traveled by
 804 participants, the hours of operation, the number of referrals to
 805 other centers or elsewhere, and the incidence of illness.

806 (g) Components of a comprehensive emergency management
 807 plan, developed in consultation with the Department of Health,
 808 ~~the Agency for Health Care Administration,~~ and the Division of
 809 Emergency Management.

810 (2) Pursuant to this part, s. 408.811, and applicable
 811 rules, the agency may conduct an abbreviated biennial inspection
 812 of key quality-of-care standards, in lieu of a full inspection,

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813 of a center that has a record of good performance. However, the
814 agency must conduct a full inspection of a center that has had
815 one or more confirmed complaints within the licensure period
816 immediately preceding the inspection or which has a serious
817 problem identified during the abbreviated inspection. The agency
818 shall develop the key quality-of-care standards, taking into
819 consideration the comments and recommendations of ~~the Department~~
820 ~~of Elderly Affairs and of~~ provider groups. These standards shall
821 be included in rules adopted by the agency ~~Department of Elderly~~
822 ~~Affairs.~~

823 Section 29. Subsection (4) of section 765.110, Florida
824 Statutes, is amended to read:

825 765.110 Health care facilities and providers; discipline.-

826 (4) ~~The Department of Elderly Affairs for hospices and, in~~
827 ~~consultation with the Department of Elderly Affairs, the~~
828 Department of Health, in consultation with the Department of
829 Elderly Affairs, for health care providers; the Agency for
830 Health Care Administration for hospitals, hospices, nursing
831 homes, home health agencies, and health maintenance
832 organizations; and the Department of Children and Families for
833 facilities subject to part I of chapter 394 shall adopt rules to
834 implement this ~~the provisions of the~~ section.

835 Section 30. This act shall take effect July 1, 2019.

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/20/2019
Meeting Date

184
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name BRIAN PITTS

Job Title Trustee

Address 1114 Newton Ave S.
Street

Phone 727/897-9291

St Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: For Against Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

The Florida Senate
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 Appropriations Subcommittee on Health and Human Services

BILL: PCS/CS/SB 188 (114864)

INTRODUCER: Appropriations Subcommittee on Health and Human Services; Health Policy Committee and Senator Harrell

SUBJECT: Department of Health

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

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Loe	Kidd	AHS	Recommend: Fav/CS
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

PCS/CS/SB 188 updates numerous provisions relating to health care practitioners and facilities regulated by the Department of Health (DOH), Division of Medical Quality Assurance (MQA). The bill:

- Grants rulemaking authority to the DOH for responsibilities relating to maximizing the use of existing programs and coordinating stakeholders and resources to develop a state strategic plan, including the process of selecting physicians under the Conrad 30 Waiver Program;
- Requires the applicant’s date of birth on health care professional licensure applications;
- Repeals the requirement that the Board of Medicine (BOM) conduct a review of organizations that board-certify physicians in dermatology;
- Defines a “contact classroom hour” for chiropractic continuing education (CE) and authorizes 10 hours of online general credit CE;
- Deregulates registered chiropractic assistants;
- Extends the requirement for the Florida Center for Nursing to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025;
- Grants rulemaking authority to the Board of Nursing (BON) to establish standards of practice, including discipline and standards of practice for certified nursing assistants (CNA);

- Recognizes CNA certification in a United States territory or the District of Columbia for certification in Florida and eliminates the element of intent for violations of the practice act for CNAs;
- Repeals the requirement for Florida dentists and dental hygienists to grade dental and dental hygienist licensure examinations;
- Requires dentists and dental hygienists to report adverse incidents to the Board of Dentistry (BOD);
- Requires an athletic trainer to work within his or her scope of practice as defined by the Board of Athletic Trainers (BOAT) and revises the educational and internship requirements for licensure;
- Requires the DOH to issue a single prosthetist-orthotist license to qualified applicants and establishes the educational requirements for dual registration;
- Limits massage therapy apprenticeships to those in colonic irrigations and authorizes the Board of Massage Therapy (BMT) to take action against a massage therapy establishment and individuals providing services therein, under certain circumstances;
- Updates the name of the accreditation body for psychology programs and revises the requirements for psychology licensure;
- Limits the Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counseling to the issuance of only one additional internship registration;
- Revises the licensure requirements for Marriage and Family Therapists and Licensed Mental Health Counselors; and
- Deletes obsolete language and makes technical and conforming changes.

The bill has no impact on state revenues or expenditures.

The bill is effective July 1, 2019.

II. Present Situation:

The Conrad 30 Program

The Conrad 30 Program, authorized by the U.S. Department of State and the U.S. Citizenship and Immigration Services, addresses the shortage of qualified doctors in medically underserved areas. The program allows a medical doctor holding a J-1 Visa to apply for a waiver of the two-year residence requirement upon completion of the J-1 Visa exchange visitor program under s. 214(1) of the Immigration and Nationality Act.

State public health agencies are authorized to sponsor up to 30 physicians annually to serve in a designated U.S. Department of Health and Human Services (HHS) Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP). The program requires a medical doctor holding a J-1 Visa who wishes to participate in a Conrad 30 Program to:

- Agree to be employed full-time in H-1B nonimmigrant status at a health care facility located in an area designated by the HHS as a HPSA, MUA, or MUP;
- Obtain a contract from the health care facility located in an area designated by HHS as an HPSA, MUA, or MUP;

- Obtain a “no objection” letter from his or her home country if the home government funded his or her exchange program; and
- Agree to begin employment at the health care facility within 90 days of receipt of the waiver, not the date his or her J-1 visa expires.

The DOH has administered Florida’s Conrad 30 Waiver Program since 1994. In recent years, the number of applicants has exceeded the maximum number of 30 slots allowed by the program. The DOH does not have explicit rulemaking authority to establish additional criteria for selecting Conrad 30 applicants for sponsorship, thereby limiting the DOH’s ability to place qualified foreign physicians in areas of highest need.¹

The Department of Health’s General Health Care Professional Licensing Authority

The DOH’s general licensing provisions, authorized under section 456.013, Florida Statutes, require every applicant for licensure to apply to the DOH before sitting for a licensure examination. This requirement was initially imposed when the DOH developed and administered its own examinations. A strict statutory interpretation of this section requires an applicant, even one who has already passed the licensure examination before applying for a license, to take the examination after applying to the DOH for licensure.

Section 456.017, F.S., was amended in 2005 to provide that neither a board nor the DOH could administer a state-developed written examination if a national examination was certified by the DOH. National examinations have been certified, and the requirement for applying to the DOH to take the state examination has become obsolete.²

Section 456.013, F.S., requires all applications for licensure to be submitted to DOH on a form that may be submitted electronically. The provision requires the applicant’s social security number (SSN). There is no statutory requirement that an applicant provide a date of birth, although a birth date is a requirement to fulfill other statutory licensure requirements under ss. 456.039 and 456.0135, F.S, for fingerprinting and fingerprint retention by the Agency for Health Care Administration (AHCA) and the Care Provider Background Screening Clearinghouse.

According to the DOH, the Joint Administrative Procedures Committee (JAPC) has objected to applications for licensure that contained a data field for the applicant’s date of birth. The JAPC indicates that the DOH has no statutory authority to ask for a date of birth. To ensure accurate matches through the Florida Department of Law Enforcement, the Federal Bureau of Investigation, and the Sex Offender Registry, the DOH must have available three identifiers: the name, social security number, and date of birth.³

¹ Florida Department of Health, *House Bill 1047 Analysis* (Dec. 19, 2017) (on file with the Senate Committee on Health Policy).

² *Id.*

³ *Id.*

Medical Specialists

A physician licensed under ch. 458, F.S., may not hold himself or herself out as a board-certified specialist unless the physician has received formal recognition as a specialist from a specialty board of the American Board of Medical Specialties or other recognizing agency that has been approved by the board. A physician may not hold himself or herself out as a board-certified specialist in dermatology unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the BOM.

Osteopathic Physicians

There are two types of physicians fully licensed to practice medicine in Florida. Those holding the M.D. degree – doctor of allopathic medicine – licensed under ch.458, F.S., and those holding the D.O. degree – doctor of osteopathic medicine – licensed under ch. 459, F.S. Both types of physicians are licensed in Florida to perform surgery and prescribe medicine in hospitals, clinics, and private practices, as well as throughout the U.S. Osteopathic physicians offer all the services as M.D.s.

Osteopathic physicians can specialize in every recognized area of medicine, from neonatology to neurosurgery, but more than half of all osteopathic physicians practice in primary care areas, such as pediatrics, general practice, obstetrics/gynecology, and internal medicine. Additionally, many osteopathic physicians fill a critical need for family doctors by practicing in small towns and rural areas.⁴

Osteopathic Residencies and Florida Licensure

After acquiring a four-year undergraduate college degree with requisite science classes, students are accepted into one of the nation's 21 osteopathic medical schools accredited by the Bureau of Professional Education of the American Osteopathic Association. Following graduation, Osteopathic physicians complete an approved 12-month internship. Interns rotate through hospital departments, including internal medicine, family practice, and surgery. They may then choose to complete a residency program in a specialty area, which requires two to six years of additional training.⁵

Any person desiring to be licensed, or certified, as an osteopathic physician in Florida must:

- Submit an application with a fee;
- Be at least 21 years of age;
- Be of good moral character;
- Have completed at least three years of pre-professional postsecondary education;
- Have not previously committed any act that would constitute a violation of ch. 459, F.S.;
- Not be under investigation anywhere for an act that would constitute a violation of ch. 459, F.S.;
- Have not been denied a license to practice osteopathic medicine, or had his or her osteopathic medicine license revoked, suspended, or otherwise acted against by any jurisdiction;

⁴ Florida Osteopathic Medical Association, *Osteopathic Medicine*, available at <http://www.foma.org/osteopathic-medicine.html> (last visited Feb. 1, 2019).

⁵ *Id.*

- Have met the criteria for:
 - A limited license under s. 459.0075, F.S.;
 - An osteopathic faculty certificate under s. 459.0077, F.S.; or,
 - A resident physician, intern, or fellow under s. 459.021, F.S.
- Demonstrate that he or she is a graduate of a medical college recognized and approved by the American Osteopathic Association;
- Demonstrate that he or she has successfully completed a resident internship of not less than 12 months in a hospital approved by the Board of Trustees of the American Osteopathic Association or any other internship program approved by the Board of Osteopathic Medicine (BOOM) upon a showing of good cause; and
- Demonstrate that he or she has achieved a passing score, established by rule of the board, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the BOOM no more than five years before making application.⁶

The Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is a non-profit corporation whose mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. In the academic year 2017-2018, there were approximately 830 ACGME-accredited institutions sponsoring approximately 11,200 residency and fellowship programs in 180 specialties and subspecialties. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards. ACGME accreditation provides assurance that a sponsoring institution or program meets the quality standards (institutional and program requirements) of the specialty or subspecialty practice(s) for which it prepares its graduates. ACGME accreditation is overseen by a review committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of sponsoring institutions and specialty and subspecialty residency and fellowship programs.⁷

The ACGME was established by five medical organizations in 1981⁸ and, in 2014, was joined by the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine. A primary responsibility of each of the organizations is to nominate individuals to be considered for membership on the ACGME Board of Directors. The ACGME board currently includes 24 members nominated by member organizations, two resident members, three public directors, four at-large directors, the chair of the Council of Review Committee Chairs, and two non-voting federal representatives.

The ACGME is an independent entity which sets standards for graduate medical education (GME), and renders accreditation decisions based on compliance with those standards. The

⁶ Section 459.0055, F.S.

⁷ American Council of Graduate Medical Education, *What We Do*, available at <https://www.acgme.org/What-We-Do/Overview> (last visited Feb. 4, 2019).

⁸ American Council of Graduate Medical Education, *Member Organizations*, The five organization are: The American Board of Medical Specialists, The American Hospital Association, The American Medical Association, The Association of American Medical Colleges, and Council of Medical Specialty Societies, available at <https://www.acgme.org/About-Us/Member-Organizations> (last visited Feb. 4, 2019).

member organizations are corporately separate from the ACGME and do not participate in accreditation, pay dues, or make any other monetary contribution to the ACGME.⁹

The National Resident Matching Program

The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to optimize the rank-ordered choices of applicants and program directors for residencies and fellowships. The NRMP is not an application processing service. Instead, it provides an impartial venue for matching applicants' and programs' preferences for each other using an internationally recognized mathematical algorithm.

The first Main Residency Match® (“Match”) was conducted in 1952 when 10,400 internship positions were available for 6,000 graduating U.S. medical school seniors. By 1973, there were 19,000 positions for just over 10,000 graduating U.S. seniors. Following the demise of internships in 1975, the number of first-year post-graduate (PGY-1) positions declined to 15,700. The number of PGY-1 positions gradually increased through 1994 and then began to decline slowly until 1998. In 2018, an all-time high of 30,232 PGY-1 positions were offered.¹⁰

Beginning in 2014, osteopathic medical school graduates could participate in the Match, which opened up additional residency programs available to osteopathic medical graduates. In 2018, 4,617 PGY-1 osteopathic graduates applied to the Match and 3,771 matched – an 81 percent match rate. By June 2020, osteopathic residency programs will need to be accredited by ACGME to participate in the Main Residency Match.¹¹

Chiropractic Continuing Education

The practice of chiropractic medicine is “a non-combative principle and practice consisting of the science, philosophy, and art of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other mal-positioned articulations and structures that are interfering with the normal generation, transmission, and expression of nerve impulse between the brain, organs, and tissue cells of the body [...] are adjusted, manipulated, or treated, thus restoring the normal flow of nerve impulse which produces normal function and consequent health [...] using specific chiropractic adjustment or manipulation techniques taught in chiropractic colleges accredited by the Council on Chiropractic Education.”¹²

Florida chiropractic licenses are renewable every two years. The Board of Chiropractic Medicine requires 40 in-person CE hours every biennial license renewal, and those hours must include: 27 general hours, six hours of documentation and coding, two hours for medical errors, two hours of ethics, two hours of Florida laws and rules, and one hour of risk management.

⁹ Id.

¹⁰ The Match, National Resident Matching Program, Results and Data 2018 Main Residency Match *About the NRMP*, pg. 7, available at <https://mk0nrmpcikgb8jxyd19h.kinstacdn.com/wp-content/uploads/2018/04/Main-Match-Result-and-Data-2018.pdf> (last visited Feb. 4, 2019).

¹¹ The National Residency Match Program, *Residency Program Eligibility*, available at <http://www.nrmp.org/residency-program-eligibility/> (last visited Feb. 4, 2019).

¹² Section 460.403(9), F.S.

Registered Chiropractic Assistants

Registered Chiropractic Assistants (RCAs) perform duties not directly related to chiropractic patient care under the direct supervision of a chiropractic physician or chiropractic physician's assistant. There are no regulatory provisions associated with the work of an RCA. The registration is voluntary and not required for an individual to assist with patient care management activities, execute administrative and clinical procedures, or perform managerial and supervisory functions in an office.¹³ According to the DOH, in Fiscal Year 2016-2017, there were 3,800 active in-state RCAs.¹⁴

Florida Center for Nursing

In 2001, the Florida Legislature created s. 464.0195, F.S., establishing the Florida Center for Nursing (FCN) “[t]o address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse workforce resources.”¹⁵ The primary statutory goals address collecting and analyzing nursing workforce data; developing and disseminating a strategic plan for nursing; developing and implementing reward and recognition activities for nurses; and promoting nursing excellence programs, image building, and recruiting into the profession. The FCN is further charged to convene various stakeholder groups to review and comment on nursing workforce data and to recommend systemic changes that will improve the recruitment and retention of nurses in Florida.

The FCN conducts an analysis of licensed practical nurses (LPN), registered nurses (RN), and advanced registered nurse practitioners (ARNP) annually to assess Florida's nurse supply, including the numbers of nurses, demographics, education, employment status, and specialization pursuant to s. 467.019, F.S. The FCN submits a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually through January 30, 2020.

The Fiscal Year 2016-2017 report presents summary findings from the completed licensure renewal cycle that indicate:

- The supply of RNs grew approximately 7.4 percent, ARNPs grew by 22 percent, and the number of LPNs decreased by 1.9 percent since Fiscal Year 2015-2016.
- Overall, the nurse workforce lost about 1,300 nurses to retirement.
- Approximately 46 percent of renewing RNs, 44 percent of renewing LPNs, and 39 percent of renewing ARNPs were over the age of 50.
- For each licensure type, racial and ethnic diversity was more common among younger incoming and renewing nurses.
- Approximately 44 percent of employed RN renewals had a bachelor's of science in nursing or higher degree. Education information was not available for newly licensed nurses.¹⁶

¹³ Section 460.4166, F.S.

¹⁴ *Supra* note 1.

¹⁵ The Florida Center for Nursing, *About Us*, available at: <https://www.flcenterfornursing.org/AboutUs/AbouttheFCN.aspx> (Last visited Feb. 21, 2019).

¹⁶ The Department of Health, *Florida Center for Nursing (FCN) Nursing Supply Findings Published*, available at: <https://www.flcenterfornursing.org/AboutUs/AbouttheFCN.aspx> (Last visited Feb. 21, 2019).

Board of Nursing Rulemaking Authority to Establish Standards of Practice

The Legislature has granted the Board of Nursing (BON) rulemaking authority to:

- Establish guidelines for remedial courses for those nurses who fail the nursing examination three times;¹⁷
- Administer the certification of clinical nurse specialists;¹⁸
- Administer the certification of advanced registered nurse practitioners, including the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners;¹⁹
- Establish a procedure for the biennial renewal of licenses and to prescribe continuing education requirements for renewal of licenses;²⁰
- Provide application procedures for inactive status, the biennial renewal of inactive licenses, and the reactivation of licenses, including applicable fees;²¹
- Establish the testing procedures for use in certifying nursing assistants, regulating the practice of certified nursing assistants, and specifying the scope of practice and the level of supervision required for the practice of certified nursing assistants;²² and,
- Establish disciplinary guidelines.²³

The Legislature did not expressly grant rulemaking authority to the BON to promulgate nursing standards of practice.²⁴ The authority to define the scope of practice for nurses is absent from ss. 464.018 and 456.003(6), F.S., which expressly limits the ability of the DOH boards to modify or contravene the lawful scope of practice of a regulated profession.

From 2003 through 2012, the BON proposed various rules on nursing standards of practice for conscious sedation and unprofessional conduct which were ultimately withdrawn after the JAPC asserted objections. In 2012, the BON proposed another rule establishing professional guidelines for the administration of conscious sedation and to update the instances of unprofessional conduct. The 2012 rule was met with rule challenges from various associations, and JAPC objected to the rule as lacking statutory rulemaking authority. The rule was ultimately challenged at DOAH in case number 121545RP. That decision found that the BON lacked the statutory authority to define nursing “scope of practice” in the Nurse Practice Act. The decision was affirmed by the First District Court of Appeal in case numbers 1D12-5656, 1D12-5671, and 1D12-5739 (all related to DOAH 12-1545RP).

¹⁷ Section 464.008, F.S.

¹⁸ Section 464.0115, F.S.

¹⁹ Section 464.012, F.S.

²⁰ Section 464.013, F.S.

²¹ Section 464.014, F.S.

²² Section 464.202, F.S.

²³ Section 464.018(5), F.S.

²⁴ See *Florida Medical Association, Inc., Florida Osteopathic Medical Association, and Florida Podiatric Medical Association vs. Department Of Health, Board Of Nursing*, DOAH Case No. 12-001545 RP, *Summary Final Order*, Nov. 2, 2012; *affirmed per curiam, Department of Health, Board of Nursing, Florida Association of Nurse Anesthetists and Florida Nurses Association, v. Florida Medical Association, Inc., Florida Osteopathic Medical Association, Inc., and Florida Podiatric Medical Association*, Case Nos. 1D12-5656, 1D12-5671, 1D12-5739 (Fla. 1st DCA, Feb. 12, 2014).

The Legislature has granted statutory authority to set standards of practice for professions that are authorized to practice independently, including: allopathic and osteopathic physicians,²⁵ podiatric physicians,²⁶ pharmacists,²⁷ psychotherapists,²⁸ clinical social workers,²⁹ dentists,³⁰ optometrists,³¹ and opticians.³²

Certified Nursing Assistants

Section 464.201(5), F.S., defines the practice of a certified nursing assistant (CAN) as providing care and assisting persons with tasks relating to the activities of daily living. Activities of daily living include tasks associated with: personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, patients' rights, documentation of nursing-assistant services, and other tasks that a CNA may perform after training.³³

The BON issues certificates to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write, successfully passes the required background screening, and demonstrates:

- Successfully completing an approved training program and achieving a minimum score;
- Achieving a minimum score on the nursing assistant competency examination, and:
 - Having a high school diploma, or its equivalent; or,
 - Being at least 18 years of age;
- Being currently certified in another state and having not been found to have committed abuse, neglect, or exploitation in that state; and,
- Having completed the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieving a minimum score.³⁴

Section 464.204, F.S., relating to the denial, suspension, or revocation of a CNA certification, sets forth the grounds for the BON to discipline a CNA. Two actions constitute grounds for which the BON may impose disciplinary sanctions:

- Obtaining or attempting to obtain certification or an exemption, or possessing or attempting to possess certification or a letter of exemption, by bribery, misrepresentation, deceit, or through an error of the BON; and
- Intentionally violating any provision of ch. 464, F.S., ch. 456, F.S., or the rules adopted by the BON.

²⁵ Sections 458.331(1)(v) and 459.015(1)(z), F.S.

²⁶ Section 461.003, F.S.

²⁷ Sections 465.003(13) and 465.0155, F.S.

²⁸ Section 490.003(4), F.S.

²⁹ Section 491.003, F.S.

³⁰ Section 466.003(3), F.S.

³¹ Section 463.005(1)(a), F.S.

³² Section 463.002(7), F.S.

³³ Section 464.201, F.S.

³⁴ Section 464.203, F.S.

When pursuing discipline against a CNA, the DOH must be prepared to prove that the CNA “intentionally” violated the law or rule, which is a difficult standard to meet.

The BON can only approve applications for licensure by endorsement from currently licensed CNAs in other states. If a CNA from the District of Columbia or a U.S. territory wishes to be licensed in Florida, he or she must apply for licensure by examination instead of endorsement.³⁵

Dentistry and Dental Hygiene

Licensure Examinations for Dentists and Dental Hygienists

Section 466.004, F.S., establishes the Board of Dentistry (BOD) within the DOH to regulate the practice of dentistry and dental hygiene. The requirements for dental licensure by examination are found in s. 466.006, F.S. The Legislature authorized the BOD to use the American Dental Licensing Examination (ADLEX), developed by the American Board of Dental Examiners, Inc., in lieu of an independent state-developed practical or clinical examination. Section 466.007, F.S., requires a dental hygiene applicant to pass the American Dental Hygiene Licensing Examination (ADHEX) developed by the American Board of Dental Examiners, Inc.

Sections 466.006(4)(b) and 466.007(4)(b), F.S., require that the ADLEX examination for dentists, and the ADHEX examination for hygienists, be graded by Florida licensed dentists, and dentists and hygienists, respectively. Such practitioners must be employed by the DOH for this purpose. This provision refers to requirements that were necessary when the ADLEX and ADHEX examinations were purchased and administered by the DOH. This requirement is now obsolete since the BOD has certified national examinations for both dentists and hygienists.

According to the DOH, by limiting the grading to Florida-only licensed dentists and hygienists, it created a shortage of dentists and hygienists available to grade the examinations, thus jeopardizing the administration of the ADLEX and the ADHEX.³⁶

Adverse Incident Reporting in the Practice of Dentistry

There is no statutory requirement for dentists or dental hygienists to report adverse incidents or occurrences in office practice settings. In contrast, the BOM and BOOM have specific statutory authority to require licensees to report adverse incidents in office practice settings.³⁷

The BOD, by rule, defines an “adverse occurrence” and specifies reporting requirements. The rule specifies that an adverse occurrence in a dental office must be reported to the BOD within 48 hours followed by a more specific written report within 30 days. These reports are forwarded to the chairman of the Probable Cause Panel to determine if further investigation is necessary. If further investigation is warranted, the report and recommendation are forwarded to the MQA Consumer Services Unit (CSU) for further investigation. All reported mortalities occurring in a dental office are forwarded to the CSU for investigation.

³⁵ *Id.*

³⁶ *Supra* note 1.

³⁷ Sections 458.351 and 459.026, F.S.

The rule does not provide a penalty for failure to report an adverse occurrence.³⁸ According to the DOH, this lack of penalty for failure to report an adverse occurrence may result in the under-reporting of incidents in the dental office practice setting.³⁹

Dental Laboratories

Section 466.032, F.S., sets forth the registration and biennial registration renewal for a dental laboratory. It directs the DOH to issue a certificate upon payment of a fee, which entitles the registrant to operate a dental laboratory for a period of two years. Section 466.032, F.S., sets forth the requirements for a periodic inspection of dental laboratories for required equipment and supplies, mandates 18 hours biennially of continuing education for the dental laboratory owner or at least one employee who must be in programs of learning that contribute directly to the education of the dental technician, and establishes disciplinary guidelines for violations.

According to the DOH, there were 954 dental laboratories as of June 30, 2017.⁴⁰ Since 2012, there have been six administrative complaints filed in Florida against dental laboratories, four of which resulted in disciplinary cases. In one case, the laboratory refused an inspection. The other three were either unsanitary conditions, failure to take continuing education for certificate renewal, or record keeping violations. In that same time period, four citations were issued for minor violations.⁴¹

Athletic Trainers

Section 468.073, F.S., establishes the Board of Athletic Trainers (BOAT) within the DOH to license and regulate the practice of athletic trainers in Florida. Applicants for licensure as an athletic trainer are required to:

- Submit to a background screening;
- Have a baccalaureate or higher degree from a college or university in professional athletic training accredited by the Commission on Accreditation of Athletic Training Education, and have passed the national examination to be certified by the Board of Certification (BOC)⁴² for athletic trainers;

³⁸ Rule 64B5-14.006, F.A.C.

³⁹ *Supra* note 1.

⁴⁰ The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴² The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴² The Board of Certification, Inc. (BOC) was incorporated in 1989 as a not-for-profit credentialing agency to provide a certification program for the entry level athletic training profession. The BOC establishes both the standards for the practice of athletic training and the continuing education requirements for BOC Certified Athletic Trainers (ATs). The BOC also

- Have a current certification from the BOC, if they graduated before 2004;⁴³ and
- Have current certifications in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED).

An athletic trainer must practice under the direction of a physician licensed under chs. 458, 459, or 460, F.S., or otherwise authorized by Florida law to practice medicine. The physician must communicate his or her direction through oral or written prescriptions or protocols for the provision of services and care by the athletic trainer, and the athletic trainer must provide service or care as dictated by the physician.⁴⁴

The BOAT is authorized to adopt rules to implement the provisions of part XIII, ch. 468, F.S. Such rules must include, but are not limited to:

- The allowable scope of practice regarding the use of equipment, procedures, and medication;
- Mandatory requirements and guidelines for communication between the athletic trainer and a physician, including the reporting to the physician of new or recurring injuries or conditions;
- Licensure requirements;
- Licensure examination;
- Continuing education requirements;
- Fees;
- Records and reports to be filed by licensees;
- Protocols; and,
- Any other requirements necessary to regulate the practice of athletic training.⁴⁵

At renewal, licensed athletic trainers must demonstrate a current BOC certification; however, there is no requirement for that certification to be held without lapse and in good standing.⁴⁶

works with state regulatory agencies to provide credential information, professional conduct guidelines and regulatory standards on certification issues. The BOC also has the only accredited certification program for ATs in the United States and has mutual recognition agreements with Canada and Ireland. *See* Board of Certification for the Athletic Trainer, *Who is the BOC? available at* <http://www.bocatc.org/about-us#what-is-the-boc> (last visited Jan. 25, 2019).

⁴³ Prior to 2004, and the inception of athletic training programs, athletic trainers obtained training through a Board of Certification (BOC) internship program to obtain licensure in Florida. Current law does not allow athletic trainers who obtained training through the BOC internship program to become licensed in Florida.

⁴⁴ Section 468.713, F.S.

⁴⁵ Section 468.705, F.S.

⁴⁶ Section 468.711, F.S.

Orthotics, Prosthetics, and Pedorthics

Section 468.801, F.S., establishes the Board of Orthotists and Prosthetists within the DOH to license and regulate the practice of Prosthetist-Orthotist, Prosthetist,⁴⁷ Orthotist,⁴⁸ Pedorthist,⁴⁹ Orthotic Fitter, and Orthotic Fitter Assistant in Florida. Applicants for licensure under part XIV, ch. 468, F.S., must:

- Submit an application and fee, not to exceed \$500;
- Submit fingerprints for background screening;
- Submit the cost of the state and national criminal background checks;
- Be of good moral character;
- Be 18 years of age or older; and
- Have completed the appropriate educational preparation requirements.⁵⁰

Licenses must be granted independently in orthotics, prosthetics, or pedorthics, but a person may be licensed in more than one discipline. A prosthetist-orthotist license may be granted to persons meeting the requirements for both a prosthetist and an orthotist license. Persons seeking to obtain the required orthotics or prosthetics experience in the state must be approved by the board and registered as a resident by the DOH. A registration may be held in both practice fields, but the board may not approve a second registration until at least one year after the issuance of the first registration.⁵¹ Currently, a dual registration is not authorized.

Massage Therapy and Massage Establishments

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

- They may attend an approved program at a massage therapy school and complete 500 hours of classroom training; or
- They can become an apprentice under a licensed massage therapist for a period of one year. During that year, the sponsor of the massage apprentice is required to file quarterly reports and the apprentice must complete the following courses of study: 300 hours of physiology, 300 hours of anatomy, 20 hours of theory and history of massage, 50 hours of theory and practice of hydro-therapy, five hours of hygiene, 25 hours of statutes and rules of massage practice, 50 hours of introduction to allied modalities, 700 hours of practical massage, and three hours of board-approved HIV/AIDS instruction.⁵²

⁴⁷ Section 468.80(15), F.S., defines “prosthetics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of a prosthesis.

⁴⁸ Section 468.80(9), F.S., defines “orthotics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of an orthosis or pedorthic device.

⁴⁹ Section 468.80(12), F.S., defines “pedorthics” as the practice of evaluating, treatment formulating, measuring, designing, fabricating, assembling, fitting, adjusting, servicing, or providing the initial training necessary to accomplish the fitting of a pedorthic device.

⁵⁰ Section 468.803, F.S.

⁵¹ *Id.*

⁵² Rule 64B7-29.003, F.A.C.

Any person may obtain a license to practice as a massage therapist if he or she:

- Submits an application and fee;
- Is at least 18 years of age;
- Has received a high school diploma or high school equivalency diploma;
- Submits to background screening;
- Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and,
- Has received a passing grade on an examination testing general areas of competency specified by the board⁵³ and administered by the DOH.⁵⁴

Rule 64B7-25.001(2), F.A.C., lists five national exams that are approved by the board. The exam currently taken by applicants is the National Examination for State Licensure administered by the National Certification Board for Therapeutic Massage and Bodywork. The DOH does not offer or administer a specific state licensure exam.⁵⁵ According to the DOH, there are 172 licensed massage schools in Florida, which trained 2,076 new licensees by examination, who were licensed in the 2016-2017 fiscal year. Of those, only 15 came through the Florida apprenticeship program.

The term massage is defined as the manipulation of the soft tissues of the human body with the hand, foot, arm, or elbow, whether or not the manipulation is aided by hydrotherapy, including colonic irrigation, or thermal therapy; any electrical or mechanical device; or the application to the human body of a chemical or herbal preparation.⁵⁶

The BMT also licenses apprentices in colonic hydrotherapy.⁵⁷ These individuals are either attending a massage therapy school that does not offer colonic training or are licensed massage therapists who are seeking to add colonic hydrotherapy to their practice. Since there are few schools in the state that offer a colonic hydrotherapy program, apprenticeships are the primary method of training for this service.⁵⁸ According to the DOH, there are currently 87 licensed massage apprentices apprenticing for a colonic hydrotherapy upgrade to their license.⁵⁹

The BMT also licenses massage establishments under s. 480.046(3), F.S. The board has the power to revoke or suspend the license of an establishment upon proof that the license was obtained through fraud or misrepresentation, or upon proof of fraud, deceit, gross negligence, incompetency, or misconduct in the operation of the establishment. The board may deny the subsequent licensure of such an establishment if the license holder reapplies using the same business name. However, the board is not authorized to deny the same owner a license under a new name or as a different business entity type, even if it is opened at the same location with the same employees. Additionally, the board has no specific authority to act against a massage

⁵³ Section 480.042, F.S.

⁵⁴ Section 480.041, F.S.

⁵⁵ *Id.*

⁵⁶ Section 480.033, F.S.

⁵⁷ *Colonic hydrotherapy* is a method of colon irrigation used to cleanse the colon with the aid of a mechanical device and water. See s. 480.033(6), F.S.

⁵⁸ Rule 64B7-29.007, F.A.C.

⁵⁹ *Supra* note 1.

establishment's license even if the owner and employees, while onsite, have been convicted of prostitution and related offenses.

Psychology

Section 490.004, F.S., creates the Board of Psychology (BOP) within the DOH to license and regulate the practice of psychologists in Florida. The practice of psychology is defined as the observation, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and enhancing interpersonal behavioral health and mental or psychological health.⁶⁰

Licensure as a psychologist under ch. 490, F.S., requires a doctoral degree in psychology from an educational institution which, at the time the applicant was enrolled and graduated, held institutional accreditation from an approved agency and programmatic accreditation from the American Psychological Association (APA).

Section 490.003(3)(a), F.S., refers to educational requirements in effect prior to July 1, 1999, and are no longer applicable. The outdated language could create confusion among applicants as to the current educational requirements which are correctly defined in s. 490.003(3)(b), F.S. Section 490.003(3)(b), F.S., generically refers to programs approved and recognized by the U.S. Department of Education. The only accrediting agency recognized by the U.S. Department of Education to provide programmatic accreditation for doctoral psychology programs is the APA.

Section 490.005, F.S., refers to educational requirements in effect prior to July 1, 1999, which are no longer applicable to augment a deficient education or show comparability to the current educational requirements. This section includes an outdated reference to the APA accrediting programs in Canada. Currently, the APA no longer accredits Canadian doctoral programs.⁶¹

Section 490.005(2)(b)1., F.S., refers to school psychology applicants graduating from a college or university accredited and approved by the Commission on Recognition of Postsecondary Accreditation; however, the correct reference is to the Council for Higher Education Accreditation.

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

- An application to the DOH and payment of a fee;
- Proof of a valid license or certificate in another jurisdiction provided that, when the applicant secured such license or certificate, the requirements were substantially equivalent to or more stringent than those set forth in ch. 490, F.S., but,
 - If no Florida law existed at that time the applicant received his or her license or certificate, then the requirements in the other state must have been substantially equivalent to or more stringent than those set forth in ch. 490, F.S., at the present time.
- Proof of good standing as a diplomat with the American Board of Psychology; or

⁶⁰ Section 490.003(4), F.S.

⁶¹ *Supra* note 1.

- Proof of a doctoral degree in psychology as described in s. 490.003, F.S., and at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within the 25 years preceding the date of application.

Obtaining licensure under the current endorsement standards may be difficult as it requires a law-to-law comparison and applicants who otherwise might qualify for licensure may be denied, or have licensure delayed until they select a different application method.

Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

Section 491.004, F.S., creates the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling within the DOH to ensure that every clinical social worker, marriage and family therapist, and mental health counselor practicing in this state meets minimum requirements for safe practice. The Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling is responsible for licensing, monitoring, disciplining, and educating clinical social workers, marriage and family therapists, and mental health counselors to assure competency and safety to practice in Florida.

Section 491.005, F.S., sets out the educational and examination requirements for a clinical social worker, marriage and family therapist, and mental health counselor to obtain a license by examination in Florida. An individual applying for licensure by examination who has satisfied the clinical experience requirements of s. 491.005, F.S., or an individual applying for licensure by endorsement pursuant to s. 491.006, F.S., intending to provide clinical social work, marriage and family therapy, or mental health counseling services in Florida, while satisfying coursework or examination requirements for licensure, must obtain a provisional license in the profession for which he or she is seeking licensure prior to beginning practice.⁶²

An individual who has not satisfied the postgraduate or post-master's level of experience requirements under s. 491.005, F.S., must register as an intern in the profession for which he or she is seeking licensure before commencing the post-master's experience requirement. An individual who intends to satisfy part of the required graduate-level practicum, internship, or field experience, outside the academic arena for any profession, must register as an intern in the profession for which he or she is seeking licensure before commencing the practicum, internship, or field experience.⁶³

Section 491.0045(6), F.S., specifies the length of time an intern registration for clinical social work, marriage and family therapy, and mental health counseling is valid. A footnote to this section points out that, through multiple amendatory acts to s. 491.0045(6), F.S., during the same legislative session, two irreconcilable versions of the section were created, and the editors were thus required to publish both versions of the amended provision.

Section 491.0045(6), F.S., states, “[a]n intern registration issued on or before March 31, 2017, expires March 31, 2022, and may not be renewed or reissued. A registration issued after March 31, 2017, expires 60 months after the date of issuance. No subsequent intern registration

⁶² Section 491.0046, F.S.

⁶³ Section 491.0045, F.S.

may be issued unless the candidate has passed the theory and practice examination described in s. 491.005(1)(d), (3)(d), and (4)(d).” The footnote refers to an April 1, 2017, date, rather than the March 31, 2017 in the statute.

Section 491.005(3)(b), F.S., relating to licensure by examination for marriage and family therapists requires:

- A master’s degree with major emphasis in marriage and family therapy or a closely related field;
- Specific coursework in 12 content areas; and
- A practicum, internship, or field experience of 180 hours providing direct client contact hours of marriage and family services under the supervision of a licensed marriage and family therapist with at least five years of experience.

According to the DOH, the specific course work requirement must be an exact match. Lack of an exact match may significantly delay an applicant’s licensure.⁶⁴

Section 491.005(3)(c), F.S., is inconsistent as it requires both two years, and three years, of clinical experience for a marriage and family therapy licensure applicant. According to the DOH, the three years of clinical experience was a technical error and is inconsistent with other statutory requirements. Only two years of clinical experience for a marriage and family therapy applicant is required.⁶⁵

Section 491.005(4), F.S., relating to licensure by examination for mental health counselors names the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors as the required examination for a mental health counselor. The correct name of the examination required for licensure as a mental health counselor is the National Clinical Mental Health Counseling Examination. The examination was developed by, and is administered by, the National Board for Certified Counselors.

Section 491.005(4), F.S., contains a 300-hour difference between the hours of practicum, internship, or field experience required for graduates from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) and non-CACREP graduates. A mental health counselor applicant who graduated from a program not accredited by CACREP is required to complete 1,000 hours of practicum, internship, or field experience. An MHC applicant who graduated from a CACREP accredited program is required to meet the CACREP standards to complete 700 hours of practicum or internship.⁶⁶

Section 491.006, F.S., relating to licensure or certification by endorsement requires an applicant for licensure by endorsement in the practice of clinical social work, marriage and family therapy, or mental health counseling to demonstrate to the board that he or she:

- Has knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling;

⁶⁴ *Supra* note 1.

⁶⁵ *Id.*

⁶⁶ Council for Accreditation of Counseling & Related Educational Programs, *2016 CACREP Standards*, available at <http://www.cacrep.org/wp-content/uploads/2018/05/2016-Standards-with-Glossary-5.3.2018.pdf> (last visited Feb. 1, 2019).

- Holds an active valid license to practice, and has actively practiced the profession in another state, for three of the last five years immediately preceding licensure;
- Meets the education requirements of ch. 491, F.S., in the profession for which the applicant seeks licensure;
- Has passed a substantially equivalent licensure examination in another state, or has passed the licensure examination in this state in the profession for which the applicant seeks licensure;
- Holds a license in good standing; and
- Is not under investigation for, or been found to have committed, an act that would constitute a violation of ch. 491, F.S.

To satisfy the education requirements of s. 491.005, F.S., specific particular course work, rather than a degree from an accredited school or college, or proof of licensure in another state, is required of an applicant for licensure by endorsement under ch. 491, F.S. The endorsement applicant must show proof that he or she completed certain statutorily-specified courses which may not have been available at the time he or she graduated. Current law places barriers on licensure by endorsement by requiring many applicants to complete additional courses often difficult to obtain when the applicant is not a full-time graduate student.

Section 491.007(3), F.S., provides for the renewal of a license, registration, or certificate for clinical social workers, marriage and family therapists, and mental health counselors, and gives the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling rulemaking authority to prescribe the requirements for renewal of an intern registration. Section 491.0045(6), F.S., now addresses renewal of an intern registration; therefore, rulemaking authority is no longer necessary.

Section 491.009, F.S., sets out what acts by a clinical social worker, marriage and family therapist, or mental health counselor constitute grounds for discipline, or denial of licensure. However, s. 491.009(2), F.S., incorrectly references psychologists, who are not licensed under ch. 491, F.S., and does not include the certified master social worker profession regulated by the DOH.

III. Effect of Proposed Changes:

Section 1: The Conrad 30 Waiver Program

The bill amends s. 381.4018, F.S., to authorize the DOH to adopt rules to implement that subsection, which includes the implementation of the federal Conrad 30 Waiver Program to encourage qualified physicians to relocate to Florida and practice in medically underserved and rural areas.

Section 2: The DOH General Health Care Professional Licensing Provisions

The bill amends s. 456.013, F.S., to eliminate obsolete language regarding applying to the DOH to take an examination. The bill adds the date of birth as a required element on the application which provides an increased likelihood of a confirmation of a criminal background check for the DOH.

Section 3: Medical Specialists

The bill amends section 458.3312, F.S., relating to holding oneself out as a medical specialist, to repeal the requirement that the BOM conduct a review of organizations that board-certify physicians in dermatology every three years in order for a physician to hold himself or herself out as board-certified in dermatology.

Section 4: Osteopathic Internships and Residencies

The bill recognizes the agreement between the American Osteopathic Association (AOA) and ACGME. Both organizations have committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to do so in clinical learning environments characterized by excellence in care, safety, and professionalism, thereby creating a single path for graduate medical education (GME). This single path for GME allows osteopathic and allopathic medical school graduates to seek residencies and fellowship programs accreditation by ACGME. This will enable osteopathic medical school graduates, residents, and fellows to apply to the National Resident Match Program and participate in the Main Residency Match for internships, residencies, and fellowships, thereby creating more residency opportunities for osteopathic residents.

However, if an osteopathic residency program does not achieve ACGME accreditation by June 2020, and a resident of the program still has training ahead, the resident will be able to complete the AOA-accredited training and advance to AOA board eligibility. This accommodation is due to an agreement between the AOA, the ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM) that gives the AOA restricted authority to extend the AOA accreditation date to allow any remaining residents to finish training in an accredited program. In some cases, residents whose programs do not achieve ACGME accreditation by June 2020 may be able to transfer to another accredited program.⁶⁷

All residents who have completed an AOA- or ACGME-accredited residency program are eligible for AOA board certification. AOA board certification is an important quality marker for patients that highlights the commitment to the uniquely osteopathic approach to patient care and allows engagement in continuous professional development throughout a career. Requirements are slightly different for osteopathic medical physicians pursuing certification through the American Board of Medical Specialties (ABMS). The ABMS requires candidates' residency programs to have been ACGME-accredited for a specified amount of time, such as three years. Requirements vary by specialty.⁶⁸

Section 5: Chiropractic Continuing Education

The bill amends section 460.408, F.S., to define a "contact classroom hour" as a presentation in which the persons presenting, and the persons attending, the course are present onsite. The bill authorizes chiropractic physicians to take up to 10 general hours of CE online, if the online

⁶⁷ American Osteopathic Association, *What does a single GME mean for DO residents?* available at <https://osteopathic.org/residents/resident-resources/residents-single-gme/> (last visited Feb. 4, 2019).

⁶⁸ Id.

courses are competency based, and use the Sharable Content Objective Reference Model standard, or more stringent standards, as determined by the board.

Section 6: Registered Chiropractic Assistants

Section 460.4166, F.S., is repealed, thus deregulating the profession of Registered Chiropractic Assistants, as the duties performed are not directly related to patient safety and the registration is voluntary.

Sections 7, 8, 9, and 10: The Florida Center for Nursing (FCN), Board of Nursing (BON) Rulemaking Authority, and Certified Nursing Assistants

The bill amends s. 464.019, F.S., to extend the requirement for the Florida Center for Nursing to provide an implementation study and annual report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025.

The bill amends ss. 464.202, 464.203, and 464.204, F.S., relating to rulemaking, duties, and powers of the BON, to authorize the BON to create rules detailing standards of practice for its licensees which include: ARNPs, clinical nurse specialists, RNs, LPNs, and CNAs.

The bill authorizes the BON to grant licenses by endorsement for CNA applicants with certifications in U.S. territories or Washington, D.C. This will expedite licensure as a CNA because the applicant would no longer have to apply for licensure by examination.

The bill amends s. 464.204, F.S., to eliminate the element of intent to violate the laws or rules relating to CNAs which will align CNA prosecution with the law for disciplining registered nurses and licensed practical nurses.

Sections 11, 12, 13, and 14: Dentistry, Dental Hygiene, and Dental Laboratories

The bill amends ss. 466.006 and 466.007, F.S., to eliminate obsolete requirements.

The bill amends s. 466.017, F.S., to require dentists and dental hygienists to report adverse incidents to the DOH which is currently only required by board rule. This new section requires the reporting of deaths, or any incident that results in the temporary or permanent physical or mental injury, that requires hospitalization or emergency room treatment of a dental patient that occurred during or as a result of the use of anesthesia or sedation, and creates grounds for discipline for the failure to report an adverse incident.

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

Sections 15, 16, 17, 18, and 19: Athletic Trainers

The bill amends s. 468.701, F.S., to include within the definition of athletic trainer that he or she must work within the scope of practice as established within rules adopted by the board. This requirement limits the potential that an athletic trainer will attend opportunities that are not

approved by the board for safe practice and will incorporate those practices into his or her practice.

The bill amends the licensure requirements for an athletic trainer to create a new licensure pathway for applicants who hold a bachelor's degree, have completed the BOC internship program, and hold a current certification from the BOC to become licensed in Florida.

The bill amends s. 468.711, F.S., relating to licensure renewal requirements to require an athletic trainer to maintain his or her BOC certification in good standing without lapse. Licensees will have to demonstrate continuous good standing of his or her BOC certification at the time of renewal.

The bill gives the BOAT rulemaking authority to further define the supervision between an athletic training student and a licensed athletic trainer, rather than relying on compliance with standards set by an external entity.

Section 20: Orthotics, Prosthetics, and Pedorthics

The bill amends s. 468.803, F.S., to authorize the DOH to issue a joint registration in orthotics and prosthetics as a dual registration rather than requiring separate registrations, and to recognize the dual residency program and educational requirements for dual registration.

Sections 21, 22, 23, and 24: Massage Therapy and Massage Establishments

The bill amends the definition of "apprentice" in s. 480.033(5), F.S., to eliminate the statutory authority for massage therapy apprenticeships, except for apprentices studying colonic hydrotherapy. The bill allows apprentices licensed before July 1, 2018, to maintain their apprentice license until its expiration date, but no later than July 1, 2021, and to qualify for licensure based on that apprenticeship.

The bill amends s. 480.041, F.S., to specify that the licensure examination is a national examination designated by the BMT, not an examination administered by the board. The bill repeals s. 480.042, F.S., relating to a massage therapy examination by the board, which is obsolete.

The bill amends s. 480.046(3), F.S., to strengthen the grounds for disciplinary action by the BMT against a licensed massage establishment to include actions by an owner or a repeat offender.

The bill adds:

- That an establishment license may also be suspended or revoked, or a subsequent license application denied, if the owner or therapists at the massage establishment have cumulatively committed three or more crimes in any jurisdiction related to prostitution, as defined in s. 796.07, F.S.;
- That an establishment disciplined under s. 480.046(3), F.S., cannot apply for re-licensure unless there is a change of ownership; and
- That the board may deny the license of an establishment if its owner has previously had a license revoked under s. 480.046(3), F.S.

The DOH may not issue a license to an establishment disciplined under this provision unless there is change of ownership.

Sections 25, 26, and 27: Psychology

The bill amends s. 490.003, F.S., to eliminate outdated language in s. 490.003(3)(a), F.S.

The bill amends, and renumbers, s. 490.003(3)(b), F.S., to delete the generic reference to programs accredited by an agency recognized and approved by the U.S. Department of Education, and inserts a specific reference to the American Psychological Association (APA), which is the only accrediting agency recognized by the U.S. Department of Education to provide programmatic accreditation for doctoral psychology programs. A specific reference to the APA clarifies current education requirements but does not impose any new requirements.

The bill amends s. 490.005, F.S., relating to licensure by examination for psychologists. The bill eliminates the specific reference to Canada, which will allow applicants who obtained their education outside the U.S. to demonstrate they have an education comparable to an APA program.

The bill removes outdated language referencing an augmented or comparable doctoral education pathway. The ability of applicants who obtained their degree in the United States, to augment an insufficient degree or show comparability to an APA accredited program, is no longer available.

The bill eliminates an outdated reference to the school psychology educational accrediting agency, the Commission on Recognition of Postsecondary Accreditation, and updates the reference with the successor agency, the Council for Higher Education Accreditation.

The bill amends s. 490.006, F.S., relating to a psychologist licensure by endorsement, to eliminate the requirement that the licensing provisions of the other state must have been substantially equivalent to, or more stringent than, those of either the law in Florida at the time the applicant obtained an out-of-state license, or the current Florida law. The bill reduces from 20 years of licensed psychology experience to 10 years of experience, within the 25 years preceding the date of application. Licensure of qualified applicants will be expedited by amending these provisions.

Sections 28, 29, 30, 31, 32, and 33: Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling

The bill amends s. 491.0045, F.S., to clarify conflicting language passed in the same legislative session to permit the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling to make a one-time exception for an additional intern registration. For an intern seeking a second registration after March 31, 2022, that board may grant an additional intern registration in emergency or hardship cases, as defined by rule, if the candidate has passed the theory and practice examination described in ss. 491.055(1)(d), (3)(d), and (4)(d), F.S.

The bill amends s 491.005(3), F.S., relating to licensure by examination for marriage and family therapists, to require:

- A master's degree with major emphasis in marriage and family therapy from a program accredited by the Commission of Accreditation for Marriage and Family Therapy Education; or,
- A master's degree with major emphasis in marriage and family therapy from a Florida university program accredited by the Counseling and Related Education Program.

The bill eliminates the requirement for marriage and family therapists to complete 12 specific content areas and 180 practicum hours. This change will simplify the education review process, eliminate the course requirement review, and expedite licensure.

The bill amends s. 491.005(3)(c), F.S., to correct a technical discrepancy in the number of years of clinical experience required for a marriage and family therapist applicant from three years to two years.

The bill amends s. 491.005(4), F.S., relating to mental health counseling applicants, to update the name of the examination to be taken by a mental health counselor applicant. The bill amends s. 491.005(4)(b)1.c., F.S., to reduce the number of practicum, internship, or field experience hours for those applicants who graduated from a non-CACREP accredited program, from 1,000 hours to 700 hours, bringing them in line with graduates from CACREP accredited programs. Amending this provision promotes regulatory efficiency and makes licensure requirements more balanced between the two programs.

The bill amends s. 491.006, F.S., relating to licensure, or certification by endorsement, for applicants for licensure in clinical social work, marriage and family therapy, or mental health counseling. The bill removes the requirement for endorsement applicants to meet the same educational requirements required of new applicants, provided the applicant for endorsement meets the requirement to have an active, valid license and has actively practiced the profession in another state for three of the last five years. Amending this provision will increase licensure portability for applicants applying by endorsement for licensure as marriage and family therapists in Florida.

The bill amends s. 491.007, F.S., relating to renewal of a license, registration, or certificate, to delete obsolete rulemaking authority regarding intern registration renewal.

The bill amends s. 491.009(2), F.S., to delete an inaccurate reference to psychologists who are licensed under ch. 490, F.S., and to add the profession of certified master social worker that is licensed under ch. 491, F.S. The bill corrects reference to whether it is the board or the DOH with authority to take disciplinary action for certain violations. By adding certified master social worker to this provision, it gives the DOH authority to enter an order denying licensure to a certified master social worker or imposing discipline against any certified master social worker who is found guilty of violating any provision in ch. 491, F.S.

The bill makes additional technical amendments to ss. 491.0046 and 945.42, F.S., to conform cross-references.

Section 34

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

Section 35 provides an effective date of July 1, 2019.

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:

The bill has no impact on state revenues or expenditures.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.4018, 456.013, 458.3312, 459.0055, 460.408, 464.202, 464.203, 464.204, 466.006, 466.007, 466.017, 466.031, 466.036, 468.701, 468.707, 468.711, 468.713, 468.723, 468.803, 480.033, 480.041, 480.046, 490.003, 490.005, 490.006, 491.0045, 491.005, 491.006, 491.007, 491.009, 491.0046, and 945.42.

This bill repeals the following sections of the Florida Statutes: 460.4166 and 480.042.

IX. Additional Information:

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

Recommended CS/CS by Appropriations Subcommittee on Health and Human Services on February 20, 2019:

The committee substitute:

- Deletes the revision to the definition of dental laboratory under s. 466.031, F.S., found in the underlying bill; and
- Extends the requirement of the Florida Center for Nursing to provide a report on the availability of nursing programs and production of quality nurses to the Governor, the President of the Senate, and the Speaker of the House of Representatives until January 30, 2025.

CS by Health Policy on February 11, 2019:

The CS removes from the underlying bill the creation of a new type of PA supervising physician for allopathic and osteopathic PAs. The CS also provides that a federally-designated shortage area of the Conrad 30 Waiver Program includes, but is not limited to, medically underserved areas and rural areas.

- B. **Amendments:**

None.



237660

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/20/2019	.	
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Appropriations Subcommittee on Health and Human Services
(Harrell) recommended the following:

Senate Amendment (with title amendment)

Between lines 261 and 262

insert:

Section 4. Present subsections (3) through (8) of section 458.345, Florida Statutes, are redesignated as subsections (4) through (9), and a new subsection (3) is added to that section, to read:

458.345 Registration of resident physicians, interns, and fellows; list of hospital employees; prescribing of medicinal



237660

11 drugs; penalty.-

12 (3) Notwithstanding 456.013(1)(b), a temporary certificate
13 issued to a person applying for registration under this section
14 to practice as a resident physician, an assistant resident, a
15 physician, an intern, or a fellow in fellowship training may be
16 valid for up to 60 days.

17 Section 5. Present subsections (2) through (9) of section
18 459.021, Florida Statutes, are redesignated as subsections (3)
19 through (10), respectively, and a new subsection (2) is added to
20 that section, and paragraph (a) of present subsection (4) and
21 present subsection (5) of that section are amended, to read:

22 459.021 Registration of resident physicians, interns, and
23 fellows; list of hospital employees; penalty.-

24 (2) Notwithstanding 456.013(1)(b), a temporary certificate
25 issued to a person applying for registration under this section
26 to practice as a resident physician, an assistant resident
27 physician, an intern, or a fellow in fellowship training may be
28 valid for up to 60 days.

29 (5)-(4) The registration may be revoked or the department
30 may refuse to issue any registration for any cause which would
31 be a ground for its revocation or refusal to issue a license to
32 practice osteopathic medicine, as well as on the following
33 grounds:

34 (a) Omission of the name of an intern, resident physician,
35 or fellow in fellowship training from the list of employees
36 required by subsection (4) ~~subsection (3)~~ to be furnished to the
37 department by the hospital or teaching hospital served by the
38 employee.

39 (6)-(5) It is a misdemeanor of the first degree, punishable



237660

40 as provided in s. 775.082 or s. 775.083, for any hospital or
41 teaching hospital, and also for the superintendent,
42 administrator, and other person or persons having administrative
43 authority in such hospital to willfully:

44 (a) Employ the services in such hospital of any person
45 listed in subsection (4) ~~subsection (3)~~, unless such person is
46 registered with the department under the law or the holder of a
47 license to practice osteopathic medicine under this chapter.

48 (b) Fail to furnish to the department the list and
49 information required by subsection (4) ~~subsection (3)~~.

50

51 ===== T I T L E A M E N D M E N T =====

52 And the title is amended as follows:

53 Delete line 15

54 and insert:

55 Medicine; amending ss. 458.345 and 459.021, F.S.;
56 establishing that a temporary certificate issued to a
57 person applying to practice as a resident physician,
58 an assistant resident physician, an intern, or a
59 fellow in fellowship training is valid for a specified
60 period; amending s. 459.0055, F.S.; revising



671644

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2019	.	
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Appropriations Subcommittee on Health and Human Services
(Harrell) recommended the following:

Senate Amendment (with title amendment)

Between lines 363 and 364

insert:

Section 7. Subsection (10) of section 464.019, Florida
Statutes, is amended to read:

464.019 Approval of nursing education programs.—

(10) IMPLEMENTATION STUDY.—The Florida Center for Nursing
shall study the administration of this section and submit
reports to the Governor, the President of the Senate, and the



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11 Speaker of the House of Representatives annually by January 30,
12 through January 30, 2025 ~~2020~~. The annual reports shall address
13 the previous academic year; provide data on the measures
14 specified in paragraphs (a) and (b), as such data becomes
15 available; and include an evaluation of such data for purposes
16 of determining whether this section is increasing the
17 availability of nursing education programs and the production of
18 quality nurses. The department and each approved program or
19 accredited program shall comply with requests for data from the
20 Florida Center for Nursing.

21 (a) The Florida Center for Nursing shall evaluate program-
22 specific data for each approved program and accredited program
23 conducted in the state, including, but not limited to:

24 1. The number of programs and student slots available.

25 2. The number of student applications submitted, the number
26 of qualified applicants, and the number of students accepted.

27 3. The number of program graduates.

28 4. Program retention rates of students tracked from program
29 entry to graduation.

30 5. Graduate passage rates on the National Council of State
31 Boards of Nursing Licensing Examination.

32 6. The number of graduates who become employed as practical
33 or professional nurses in the state.

34 (b) The Florida Center for Nursing shall evaluate the
35 board's implementation of the:

36 1. Program application approval process, including, but not
37 limited to, the number of program applications submitted under
38 subsection (1); the number of program applications approved and
39 denied by the board under subsection (2); the number of denials



671644

40 of program applications reviewed under chapter 120; and a
41 description of the outcomes of those reviews.

42 2. Accountability processes, including, but not limited to,
43 the number of programs on probationary status, the number of
44 approved programs for which the program director is required to
45 appear before the board under subsection (5), the number of
46 approved programs terminated by the board, the number of
47 terminations reviewed under chapter 120, and a description of
48 the outcomes of those reviews.

49 (c) The Florida Center for Nursing shall complete an annual
50 assessment of compliance by programs with the accreditation
51 requirements of subsection (11), include in the assessment a
52 determination of the accreditation process status for each
53 program, and submit the assessment as part of the reports
54 required by this subsection.

55
56

57 ===== T I T L E A M E N D M E N T =====

58 And the title is amended as follows:

59 Delete line 22

60 and insert:

61 assistants; amending s. 464.019, F.S.; extending
62 through 2025 the Florida Center for Nursing's
63 responsibility to study and issue an annual report on
64 the implementation of nursing education programs;
65 amending s. 464.202, F.S.; requiring the



593730

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2019	.	
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Appropriations Subcommittee on Health and Human Services
(Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete lines 666 - 683.

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

And the title is amended as follows:

Delete lines 38 - 41

and insert:

466.036, F.S.;

By the Committee on Health Policy; and Senator Harrell

588-02318-19

2019188c1

1 A bill to be entitled
 2 An act relating to the Department of Health; amending
 3 s. 381.4018, F.S.; requiring the Department of Health
 4 to develop strategies to maximize federal-state
 5 partnerships that provide incentives for physicians to
 6 practice in medically underserved or rural areas;
 7 authorizing the department to adopt certain rules;
 8 amending s. 456.013, F.S.; revising health care
 9 practitioner licensure application requirements;
 10 amending s. 458.3312, F.S.; removing a provision
 11 prohibiting a physician from representing himself or
 12 herself as a board-certified specialist in dermatology
 13 unless the recognizing agency is reviewed and
 14 reauthorized on a specified basis by the Board of
 15 Medicine; amending s. 459.0055, F.S.; revising
 16 licensure requirements for a person seeking licensure
 17 or certification as an osteopathic physician; amending
 18 s. 460.408, F.S.; defining the term "contact classroom
 19 hour"; revising provisions relating to continuing
 20 chiropractic education requirements; repealing s.
 21 460.4166, F.S., relating to registered chiropractic
 22 assistants; amending s. 464.202, F.S.; requiring the
 23 Board of Nursing to adopt rules that include
 24 disciplinary procedures and standards of practice for
 25 certified nursing assistants; amending s. 464.203,
 26 F.S.; revising certification requirements for nursing
 27 assistants; amending s. 464.204, F.S.; revising
 28 grounds for board-imposed disciplinary sanctions;
 29 amending s. 466.006, F.S.; revising certain

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

588-02318-19

2019188c1

30 requirements for examinations to be completed by
 31 applicants seeking dental licensure; amending s.
 32 466.007, F.S.; revising requirements for examinations
 33 of dental hygienists; amending s. 466.017, F.S.;
 34 providing adverse incident reporting requirements;
 35 providing for disciplinary action by the Board of
 36 Dentistry; defining the term "adverse incident";
 37 authorizing the board to adopt rules; amending s.
 38 466.031, F.S.; expanding the definition of the term
 39 "dental laboratory" to include any person, firm, or
 40 corporation that performs an onsite consultation
 41 during dental procedures; amending s. 466.036, F.S.;
 42 revising inspection frequency of dental laboratories
 43 during a specified period; amending s. 468.701, F.S.;
 44 revising the definition of the term "athletic trainer"
 45 for the purpose of relocating an existing requirement;
 46 amending s. 468.707, F.S.; revising athletic trainer
 47 licensure requirements; amending s. 468.711, F.S.;
 48 requiring certain licensees to maintain certification
 49 in good standing without lapse to renew their athletic
 50 trainer license; amending s. 468.713, F.S.; requiring
 51 that an athletic trainer work within a specified scope
 52 of practice; relocating an existing requirement;
 53 amending s. 468.723, F.S.; requiring the direct
 54 supervision of an athletic training student to be in
 55 accordance with rules adopted by the Board of Athletic
 56 Training; amending s. 468.803, F.S.; revising
 57 orthotic, prosthetic, and pedorthic licensure,
 58 registration, and examination requirements; amending

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588-02318-19

2019188c1

59 s. 480.033, F.S.; revising the definition of the term
 60 "apprentice"; amending s. 480.041, F.S.; revising
 61 qualifications for licensure as a massage therapist;
 62 specifying that a massage apprentice who was licensed
 63 before a specified date may continue to perform
 64 massage therapy as authorized under his or her
 65 license; authorizing a massage apprentice to apply for
 66 full licensure upon completion of the apprenticeship
 67 under certain conditions; repealing s. 480.042, F.S.,
 68 relating to examinations for licensure as a massage
 69 therapist; amending s. 480.046, F.S.; revising
 70 instances under which disciplinary action may be taken
 71 against massage establishments; prohibiting certain
 72 massage establishments from applying for relicensure;
 73 providing an exception; amending s. 490.003, F.S.;
 74 revising the definition of the terms "doctoral-level
 75 psychological education" and "doctoral degree in
 76 psychology"; amending s. 490.005, F.S.; revising
 77 requirements for licensure by examination of
 78 psychologists and school psychologists; amending s.
 79 490.006, F.S.; revising requirements for licensure by
 80 endorsement of psychologists and school psychologists;
 81 amending s. 491.0045, F.S.; providing an exemption for
 82 registration requirements for clinical social worker
 83 interns, marriage and family therapist interns, and
 84 mental health counselor interns under certain
 85 circumstances; amending s. 491.005, F.S.; revising
 86 requirements for the licensure by examination of
 87 marriage and family therapists; revising examination

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2019188c1

88 requirements for the licensure by examination of
 89 mental health counselors; amending s. 491.006, F.S.;
 90 revising requirements for licensure by endorsement or
 91 certification for specified professions; amending s.
 92 491.007, F.S.; removing a biennial intern registration
 93 fee; amending s. 491.009, F.S.; authorizing the Board
 94 of Clinical Social Work, Marriage and Family Therapy,
 95 and Mental Health Counseling or, under certain
 96 circumstances, the department to enter an order
 97 denying licensure or imposing penalties against an
 98 applicant for licensure under certain circumstances;
 99 amending ss. 491.0046 and 945.42, F.S.; conforming
 100 cross-references; providing an effective date.
 101

102 Be It Enacted by the Legislature of the State of Florida:
 103

104 Section 1. Subsection (3) of section 381.4018, Florida
 105 Statutes, is amended to read:

106 381.4018 Physician workforce assessment and development.—
 107 (3) GENERAL FUNCTIONS.—The department shall maximize the
 108 use of existing programs under the jurisdiction of the
 109 department and other state agencies and coordinate governmental
 110 and nongovernmental stakeholders and resources in order to
 111 develop a state strategic plan and assess the implementation of
 112 such strategic plan. In developing the state strategic plan, the
 113 department shall:

114 (a) Monitor, evaluate, and report on the supply and
 115 distribution of physicians licensed under chapter 458 or chapter
 116 459. The department shall maintain a database to serve as a

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

588-02318-19

2019188c1

117 statewide source of data concerning the physician workforce.

118 (b) Develop a model and quantify, on an ongoing basis, the
 119 adequacy of the state's current and future physician workforce
 120 as reliable data becomes available. Such model must take into
 121 account demographics, physician practice status, place of
 122 education and training, generational changes, population growth,
 123 economic indicators, and issues concerning the "pipeline" into
 124 medical education.

125 (c) Develop and recommend strategies to determine whether
 126 the number of qualified medical school applicants who might
 127 become competent, practicing physicians in this state will be
 128 sufficient to meet the capacity of the state's medical schools.
 129 If appropriate, the department shall, working with
 130 representatives of appropriate governmental and nongovernmental
 131 entities, develop strategies and recommendations and identify
 132 best practice programs that introduce health care as a
 133 profession and strengthen skills needed for medical school
 134 admission for elementary, middle, and high school students, and
 135 improve premedical education at the precollege and college level
 136 in order to increase this state's potential pool of medical
 137 students.

138 (d) Develop strategies to ensure that the number of
 139 graduates from the state's public and private allopathic and
 140 osteopathic medical schools is adequate to meet physician
 141 workforce needs, based on the analysis of the physician
 142 workforce data, so as to provide a high-quality medical
 143 education to students in a manner that recognizes the uniqueness
 144 of each new and existing medical school in this state.

145 (e) Pursue strategies and policies to create, expand, and

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146 maintain graduate medical education positions in the state based
 147 on the analysis of the physician workforce data. Such strategies
 148 and policies must take into account the effect of federal
 149 funding limitations on the expansion and creation of positions
 150 in graduate medical education. The department shall develop
 151 options to address such federal funding limitations. The
 152 department shall consider options to provide direct state
 153 funding for graduate medical education positions in a manner
 154 that addresses requirements and needs relative to accreditation
 155 of graduate medical education programs. The department shall
 156 consider funding residency positions as a means of addressing
 157 needed physician specialty areas, rural areas having a shortage
 158 of physicians, and areas of ongoing critical need, and as a
 159 means of addressing the state's physician workforce needs based
 160 on an ongoing analysis of physician workforce data.

161 (f) Develop strategies to maximize federal and state programs
 162 that provide for the use of incentives to attract physicians to
 163 this state or retain physicians within the state. Such
 164 strategies should explore and maximize federal-state
 165 partnerships that provide incentives for physicians to practice
 166 in federally designated shortage areas, in otherwise medically
 167 underserved areas, or in rural areas. Strategies shall also
 168 consider the use of state programs, such as the Medical
 169 Education Reimbursement and Loan Repayment Program pursuant to
 170 s. 1009.65, which provide for education loan repayment or loan
 171 forgiveness and provide monetary incentives for physicians to
 172 relocate to underserved areas of the state.

173 (g) Coordinate and enhance activities relative to physician
 174 workforce needs, undergraduate medical education, graduate

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175 medical education, and reentry of retired military and other
 176 physicians into the physician workforce provided by the Division
 177 of Medical Quality Assurance, area health education center
 178 networks established pursuant to s. 381.0402, and other offices
 179 and programs within the department as designated by the State
 180 Surgeon General.

181 (h) Work in conjunction with and act as a coordinating body
 182 for governmental and nongovernmental stakeholders to address
 183 matters relating to the state's physician workforce assessment
 184 and development for the purpose of ensuring an adequate supply
 185 of well-trained physicians to meet the state's future needs.
 186 Such governmental stakeholders shall include, but need not be
 187 limited to, the State Surgeon General or his or her designee,
 188 the Commissioner of Education or his or her designee, the
 189 Secretary of Health Care Administration or his or her designee,
 190 and the Chancellor of the State University System or his or her
 191 designee, and, at the discretion of the department, other
 192 representatives of state and local agencies that are involved in
 193 assessing, educating, or training the state's current or future
 194 physicians. Other stakeholders shall include, but need not be
 195 limited to, organizations representing the state's public and
 196 private allopathic and osteopathic medical schools;
 197 organizations representing hospitals and other institutions
 198 providing health care, particularly those that currently provide
 199 or have an interest in providing accredited medical education
 200 and graduate medical education to medical students and medical
 201 residents; organizations representing allopathic and osteopathic
 202 practicing physicians; and, at the discretion of the department,
 203 representatives of other organizations or entities involved in

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204 assessing, educating, or training the state's current or future
 205 physicians.

206 (i) Serve as a liaison with other states and federal
 207 agencies and programs in order to enhance resources available to
 208 the state's physician workforce and medical education continuum.

209 (j) Act as a clearinghouse for collecting and disseminating
 210 information concerning the physician workforce and medical
 211 education continuum in this state.

212
 213 The department may adopt rules to implement this subsection,
 214 including rules to establish guidelines to implement the federal
 215 Conrad 30 Waiver Program created under s. 214(1) of the
 216 Immigration and Nationality Act.

217 Section 2. Paragraph (a) of subsection (1) of section
 218 456.013, Florida Statutes, is amended to read:

219 456.013 Department; general licensing provisions.—

220 (1) (a) Any person desiring to be licensed in a profession
 221 within the jurisdiction of the department shall apply to the
 222 department in writing ~~to take the licensure examination~~. The
 223 application shall be made on a form prepared and furnished by
 224 the department. The application form must be available on the
 225 Internet, World Wide Web and the department may accept
 226 electronically submitted applications. The application shall
 227 require the social security number and date of birth of the
 228 applicant, except as provided in paragraphs (b) and (c). The
 229 form shall be supplemented as needed to reflect any material
 230 change in any circumstance or condition stated in the
 231 application which takes place between the initial filing of the
 232 application and the final grant or denial of the license and

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233 which might affect the decision of the department. If an
 234 application is submitted electronically, the department may
 235 require supplemental materials, including an original signature
 236 of the applicant and verification of credentials, to be
 237 submitted in a nonelectronic format. An incomplete application
 238 shall expire 1 year after initial filing. In order to further
 239 the economic development goals of the state, and notwithstanding
 240 any law to the contrary, the department may enter into an
 241 agreement with the county tax collector for the purpose of
 242 appointing the county tax collector as the department's agent to
 243 accept applications for licenses and applications for renewals
 244 of licenses. The agreement must specify the time within which
 245 the tax collector must forward any applications and accompanying
 246 application fees to the department.

247 Section 3. Section 458.3312, Florida Statutes, is amended
 248 to read:

249 458.3312 Specialties.—A physician licensed under this
 250 chapter may not hold himself or herself out as a board-certified
 251 specialist unless the physician has received formal recognition
 252 as a specialist from a specialty board of the American Board of
 253 Medical Specialties or other recognizing agency that has been
 254 approved by the board. However, a physician may indicate the
 255 services offered and may state that his or her practice is
 256 limited to one or more types of services when this accurately
 257 reflects the scope of practice of the physician. A physician may
 258 ~~not hold himself or herself out as a board-certified specialist~~
 259 ~~in dermatology unless the recognizing agency, whether authorized~~
 260 ~~in statute or by rule, is triennially reviewed and reauthorized~~
 261 ~~by the Board of Medicine.~~

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262 Section 4. Subsection (1) of section 459.0055, Florida
 263 Statutes, is amended to read:

264 459.0055 General licensure requirements.—

265 (1) Except as otherwise provided herein, any person
 266 desiring to be licensed or certified as an osteopathic physician
 267 pursuant to this chapter shall:

268 (a) Complete an application form and submit the appropriate
 269 fee to the department;

270 (b) Be at least 21 years of age;

271 (c) Be of good moral character;

272 (d) Have completed at least 3 years of preprofessional
 273 postsecondary education;

274 (e) Have not previously committed any act that would
 275 constitute a violation of this chapter, unless the board
 276 determines that such act does not adversely affect the
 277 applicant's present ability and fitness to practice osteopathic
 278 medicine;

279 (f) Not be under investigation in any jurisdiction for an
 280 act that would constitute a violation of this chapter. If, upon
 281 completion of such investigation, it is determined that the
 282 applicant has committed an act that would constitute a violation
 283 of this chapter, the applicant is ineligible for licensure
 284 unless the board determines that such act does not adversely
 285 affect the applicant's present ability and fitness to practice
 286 osteopathic medicine;

287 (g) Have not had an application for a license to practice
 288 osteopathic medicine denied or a license to practice osteopathic
 289 medicine revoked, suspended, or otherwise acted against by the
 290 licensing authority of any jurisdiction unless the board

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291 determines that the grounds on which such action was taken do
 292 not adversely affect the applicant's present ability and fitness
 293 to practice osteopathic medicine. A licensing authority's
 294 acceptance of a physician's relinquishment of license,
 295 stipulation, consent order, or other settlement, offered in
 296 response to or in anticipation of the filing of administrative
 297 charges against the osteopathic physician, shall be considered
 298 action against the osteopathic physician's license;

299 (h) Not have received less than a satisfactory evaluation
 300 from an internship, residency, or fellowship training program,
 301 unless the board determines that such act does not adversely
 302 affect the applicant's present ability and fitness to practice
 303 osteopathic medicine. Such evaluation shall be provided by the
 304 director of medical education from the medical training
 305 facility;

306 (i) Have met the criteria set forth in s. 459.0075, s.
 307 459.0077, or s. 459.021, whichever is applicable;

308 (j) Submit to the department a set of fingerprints on a
 309 form and under procedures specified by the department, along
 310 with a payment in an amount equal to the costs incurred by the
 311 Department of Health for the criminal background check of the
 312 applicant;

313 (k) Demonstrate that he or she is a graduate of a medical
 314 college recognized and approved by the American Osteopathic
 315 Association;

316 (l) Demonstrate that she or he has successfully completed
 317 an internship or residency ~~a resident internship~~ of not less
 318 than 12 months in a program accredited ~~hospital approved~~ for
 319 this purpose by ~~the Board of Trustees of the American~~

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320 Osteopathic Association or the Accreditation Council for
 321 Graduate Medical Education ~~any other internship program approved~~
 322 ~~by the board upon a showing of good cause by the applicant.~~ This
 323 requirement may be waived for an applicant who matriculated in a
 324 college of osteopathic medicine during or before 1948; and

325 (m) Demonstrate that she or he has obtained a passing
 326 score, as established by rule of the board, on all parts of the
 327 examination conducted by the National Board of Osteopathic
 328 Medical Examiners or other examination approved by the board no
 329 more than 5 years before making application in this state or, if
 330 holding a valid active license in another state, that the
 331 initial licensure in the other state occurred no more than 5
 332 years after the applicant obtained a passing score on the
 333 examination conducted by the National Board of Osteopathic
 334 Medical Examiners or other substantially similar examination
 335 approved by the board.

336 Section 5. Subsection (1) of section 460.408, Florida
 337 Statutes, is amended to read:

338 460.408 Continuing chiropractic education.—

339 (1) The board shall require licensees to periodically
 340 demonstrate their professional competence as a condition of
 341 renewal of a license by completing up to 40 contact classroom
 342 hours of continuing education. For purposes of this subsection,
 343 the term "contact classroom hour" means a presentation in which
 344 the persons presenting and the persons attending the course are
 345 present on site. Up to 10 general credit continuing education
 346 hours may be completed online in place of contact classroom
 347 hours, as determined by board rule. Online continuing education
 348 courses must be competency-based and must use the Shareable

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349 Content Objective Reference Model standard or more stringent
 350 standards, as determined by the board.

351 (a) Continuing education courses sponsored by chiropractic
 352 colleges whose graduates are eligible for examination under ~~any~~
 353 ~~provision of~~ this chapter may be approved upon review by the
 354 board if all other requirements of board rules setting forth
 355 criteria for course approval are met.

356 (b) The board shall approve those courses that build upon
 357 the basic courses required for the practice of chiropractic
 358 medicine, and ~~the board~~ may also approve courses in adjunctive
 359 modalities. Courses that consist of instruction in the use,
 360 application, prescription, recommendation, or administration of
 361 a specific company's brand of products or services are not
 362 eligible for approval.

363 Section 6. Section 460.4166, Florida Statutes, is repealed.

364 Section 7. Section 464.202, Florida Statutes, is amended to
 365 read:

366 464.202 Duties and powers of the board.—The board shall
 367 maintain, or contract with or approve another entity to
 368 maintain, a state registry of certified nursing assistants. The
 369 registry must consist of the name of each certified nursing
 370 assistant in this state; other identifying information defined
 371 by board rule; certification status; the effective date of
 372 certification; other information required by state or federal
 373 law; information regarding any crime or any abuse, neglect, or
 374 exploitation as provided under chapter 435; and any disciplinary
 375 action taken against the certified nursing assistant. The
 376 registry shall be accessible to the public, the
 377 certificateholder, employers, and other state agencies. The

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378 board shall adopt by rule testing procedures for use in
 379 certifying nursing assistants and shall adopt rules regulating
 380 the practice of certified nursing assistants, including
 381 disciplinary procedures and standards of practice, and
 382 specifying the scope of practice authorized and the level of
 383 supervision required for the practice of certified nursing
 384 assistants. The board may contract with or approve another
 385 entity or organization to provide the examination services,
 386 including the development and administration of examinations.
 387 The board shall require that the contract provider offer
 388 certified nursing assistant applications via the Internet, and
 389 may require the contract provider to accept certified nursing
 390 assistant applications for processing via the Internet. The
 391 board shall require the contract provider to provide the
 392 preliminary results of the certified nursing examination on the
 393 date the test is administered. The provider shall pay all
 394 reasonable costs and expenses incurred by the board in
 395 evaluating the provider's application and performance during the
 396 delivery of services, including examination services and
 397 procedures for maintaining the certified nursing assistant
 398 registry.

399 Section 8. Paragraph (c) of subsection (1) of section
 400 464.203, Florida Statutes, is amended to read:

401 464.203 Certified nursing assistants; certification
 402 requirement.—

403 (1) The board shall issue a certificate to practice as a
 404 certified nursing assistant to any person who demonstrates a
 405 minimum competency to read and write and successfully passes the
 406 required background screening pursuant to s. 400.215. If the

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407 person has successfully passed the required background screening
 408 pursuant to s. 400.215 or s. 408.809 within 90 days before
 409 applying for a certificate to practice and the person's
 410 background screening results are not retained in the
 411 clearinghouse created under s. 435.12, the board shall waive the
 412 requirement that the applicant successfully pass an additional
 413 background screening pursuant to s. 400.215. The person must
 414 also meet one of the following requirements:

415 (c) Is currently certified in another state or territory of
 416 the United States or in the District of Columbia; is listed on
 417 that jurisdiction's ~~state's~~ certified nursing assistant
 418 registry; and has not been found to have committed abuse,
 419 neglect, or exploitation in that jurisdiction state.

420 Section 9. Paragraph (b) of subsection (1) of section
 421 464.204, Florida Statutes, is amended to read:

422 464.204 Denial, suspension, or revocation of certification;
 423 disciplinary actions.-

424 (1) The following acts constitute grounds for which the
 425 board may impose disciplinary sanctions as specified in
 426 subsection (2):

427 (b) ~~Intentionally~~ Violating any provision of this chapter,
 428 chapter 456, or the rules adopted by the board.

429 Section 10. Paragraph (b) of subsection (3) and subsection
 430 (4) of section 466.006, Florida Statutes, are amended to read:

431 466.006 Examination of dentists.-

432 (3) If an applicant is a graduate of a dental college or
 433 school not accredited in accordance with paragraph (2)(b) or of
 434 a dental college or school not approved by the board, the
 435 applicant is not entitled to take the examinations required in

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436 this section to practice dentistry until she or he satisfies one
 437 of the following:

438 (b) Submits proof of having successfully completed at least
 439 2 consecutive academic years at a full-time supplemental general
 440 dentistry program accredited by the American Dental Association
 441 Commission on Dental Accreditation. This program must provide
 442 didactic and clinical education at the level of a D.D.S. or
 443 D.M.D. program accredited by the American Dental Association
 444 Commission on Dental Accreditation. For purposes of this
 445 paragraph, a supplemental general dentistry program does not
 446 include an advanced education program in a dental specialty.

447 (4) Notwithstanding any other provision of law in chapter
 448 456 pertaining to the clinical dental licensure examination or
 449 national examinations, to be licensed as a dentist in this
 450 state, an applicant must successfully complete both of the
 451 following:

452 (a) A written examination on the laws and rules of the
 453 state regulating the practice of dentistry.~~+~~

454 (b)~~+~~ A practical or clinical examination, which must ~~shall~~
 455 be the American Dental Licensing Examination produced by the
 456 American Board of Dental Examiners, Inc., or its successor
 457 entity, if any, that is administered in this state ~~and graded by~~
 458 ~~dentists licensed in this state and employed by the department~~
 459 ~~for just such purpose~~, provided that the board has attained, and
 460 continues to maintain thereafter, representation on the board of
 461 directors of the American Board of Dental Examiners, the
 462 examination development committee of the American Board of
 463 Dental Examiners, and such other committees of the American
 464 Board of Dental Examiners as the board deems appropriate by rule

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465 to assure that the standards established herein are maintained
 466 organizationally. A passing score on the American Dental
 467 Licensing Examination administered in this state ~~and graded by~~
 468 ~~dentists who are licensed in this state~~ is valid for 365 days
 469 after the date the official examination results are published.

470 1.2-a. As an alternative to such practical or clinical
 471 examination ~~the requirements of subparagraph 1.~~, an applicant
 472 may submit scores from an American Dental Licensing Examination
 473 previously administered in a jurisdiction other than this state
 474 after October 1, 2011, and such examination results shall be
 475 recognized as valid for the purpose of licensure in this state.
 476 A passing score on the American Dental Licensing Examination
 477 administered out-of-state shall be the same as the passing score
 478 for the American Dental Licensing Examination administered in
 479 this state ~~and graded by dentists who are licensed in this~~
 480 ~~state~~. The examination results are valid for 365 days after the
 481 date the official examination results are published. The
 482 applicant must have completed the examination after October 1,
 483 2011.

484 ~~b.~~ This subparagraph may not be given retroactive
 485 application.

486 2.3- If the date of an applicant's passing American Dental
 487 Licensing Examination scores from an examination previously
 488 administered in a jurisdiction other than this state under
 489 subparagraph 1. ~~subparagraph 2.~~ is older than 365 days, ~~then~~
 490 such scores are ~~shall~~ nevertheless ~~be recognized as~~ valid for
 491 the purpose of licensure in this state, but only if the
 492 applicant demonstrates that all of the following additional
 493 standards have been met:

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494 a.~~(I)~~ The applicant completed the American Dental Licensing
 495 Examination after October 1, 2011.

496 ~~(II)~~ This sub-subparagraph may not be given retroactive
 497 application;

498 b. The applicant graduated from a dental school accredited
 499 by the American Dental Association Commission on Dental
 500 Accreditation or its successor entity, if any, or any other
 501 dental accrediting organization recognized by the United States
 502 Department of Education. Provided, however, if the applicant did
 503 not graduate from such a dental school, the applicant may submit
 504 proof of having successfully completed a full-time supplemental
 505 general dentistry program accredited by the American Dental
 506 Association Commission on Dental Accreditation of at least 2
 507 consecutive academic years at such accredited sponsoring
 508 institution. Such program must provide didactic and clinical
 509 education at the level of a D.D.S. or D.M.D. program accredited
 510 by the American Dental Association Commission on Dental
 511 Accreditation. For purposes of this paragraph, a supplemental
 512 general dentistry program does not include an advanced education
 513 program in a dental specialty;

514 c. The applicant currently possesses a valid and active
 515 dental license in good standing, with no restriction, which has
 516 never been revoked, suspended, restricted, or otherwise
 517 disciplined, from another state or territory of the United
 518 States, the District of Columbia, or the Commonwealth of Puerto
 519 Rico;

520 d. The applicant submits proof that he or she has never
 521 been reported to the National Practitioner Data Bank, the
 522 Healthcare Integrity and Protection Data Bank, or the American

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523 Association of Dental Boards Clearinghouse. This sub-
 524 subparagraph does not apply if the applicant successfully
 525 appealed to have his or her name removed from the data banks of
 526 these agencies;

527 e. (I) ~~(A) In the 5 years immediately preceding the date of~~
 528 ~~application for licensure in this state,~~ The applicant submits
 529 ~~must submit~~ proof of having been consecutively engaged in the
 530 full-time practice of dentistry in another state or territory of
 531 the United States, the District of Columbia, or the Commonwealth
 532 of Puerto Rico in the 5 years immediately preceding the date of
 533 application for licensure in this state; ~~or~~

534 (B) If the applicant has been licensed in another state or
 535 territory of the United States, the District of Columbia, or the
 536 Commonwealth of Puerto Rico for less than 5 years, the applicant
 537 submits ~~must submit~~ proof of having been engaged in the full-
 538 time practice of dentistry since the date of his or her initial
 539 licensure.

540 (II) As used in this section, "full-time practice" is
 541 defined as a minimum of 1,200 hours per year for each and every
 542 year in the consecutive 5-year period or, where applicable, the
 543 period since initial licensure, and must include any combination
 544 of the following:

545 (A) Active clinical practice of dentistry providing direct
 546 patient care.

547 (B) Full-time practice as a faculty member employed by a
 548 dental or dental hygiene school approved by the board or
 549 accredited by the American Dental Association Commission on
 550 Dental Accreditation.

551 (C) Full-time practice as a student at a postgraduate

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552 dental education program approved by the board or accredited by
 553 the American Dental Association Commission on Dental
 554 Accreditation.

555 (III) The board shall develop rules to determine what type
 556 of proof of full-time practice is required and to recoup the
 557 cost to the board of verifying full-time practice under this
 558 section. Such proof must, at a minimum, be:

559 (A) Admissible as evidence in an administrative proceeding;

560 (B) Submitted in writing;

561 (C) Submitted by the applicant under oath with penalties of
 562 perjury attached;

563 (D) Further documented by an affidavit of someone unrelated
 564 to the applicant who is familiar with the applicant's practice
 565 and testifies with particularity that the applicant has been
 566 engaged in full-time practice; and

567 (E) Specifically found by the board to be both credible and
 568 admissible.

569 (IV) An affidavit of only the applicant is not acceptable
 570 proof of full-time practice unless it is further attested to by
 571 someone unrelated to the applicant who has personal knowledge of
 572 the applicant's practice. If the board deems it necessary to
 573 assess credibility or accuracy, the board may require the
 574 applicant or the applicant's witnesses to appear before the
 575 board and give oral testimony under oath;

576 f. The applicant submits ~~must submit~~ documentation that he
 577 or she has completed, or will complete, prior to licensure in
 578 this state, continuing education equivalent to this state's
 579 requirements for the last full reporting biennium;

580 g. The applicant proves ~~must prove~~ that he or she has never

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581 been convicted of, or pled nolo contendere to, regardless of
 582 adjudication, any felony or misdemeanor related to the practice
 583 of a health care profession in any jurisdiction;

584 h. The applicant ~~has must~~ successfully passed ~~pass~~ a
 585 written examination on the laws and rules of this state
 586 regulating the practice of dentistry and ~~must successfully pass~~
 587 the computer-based diagnostic skills examination; and

588 i. The applicant submits ~~must submit~~ documentation that he
 589 or she has successfully completed the applicable examination
 590 administered by the Joint Commission on National Dental
 591 Examinations or its successor organization National Board of
 592 Dental Examiners dental examination.

593 Section 11. Paragraph (b) of subsection (4) and paragraph
 594 (a) of subsection (6) of section 466.007, Florida Statutes, are
 595 amended to read:

596 466.007 Examination of dental hygienists.—

597 (4) Effective July 1, 2012, to be licensed as a dental
 598 hygienist in this state, an applicant must successfully complete
 599 the following:

600 (b) A practical or clinical examination approved by the
 601 board. The examination shall be the Dental Hygiene Examination
 602 produced by the American Board of Dental Examiners, Inc. (ADEX)
 603 or its successor entity, if any, if the board finds that the
 604 successor entity's clinical examination meets or exceeds the
 605 provisions of this section. The board shall approve the ADEX
 606 Dental Hygiene Examination if the board has attained and
 607 continues to maintain representation on the ADEX House of
 608 Representatives, the ADEX Dental Hygiene Examination Development
 609 Committee, and such other ADEX Dental Hygiene committees as the

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610 board deems appropriate through rulemaking to ensure that the
 611 standards established in this section are maintained
 612 organizationally. The ADEX Dental Hygiene Examination or the
 613 examination produced by its successor entity is a comprehensive
 614 examination in which an applicant must demonstrate skills within
 615 the dental hygiene scope of practice on a live patient and any
 616 other components that the board deems necessary for the
 617 applicant to successfully demonstrate competency for the purpose
 618 of licensure. ~~The ADEX Dental Hygiene Examination or the~~
 619 ~~examination by the successor entity administered in this state~~
 620 ~~shall be graded by dentists and dental hygienists licensed in~~
 621 ~~this state who are employed by the department for this purpose.~~

622 (6) (a) A passing score on the ADEX Dental Hygiene
 623 Examination administered out of state must ~~shall~~ be considered
 624 the same as a passing score for the ADEX Dental Hygiene
 625 Examination administered in this state ~~and graded by licensed~~
 626 ~~dentists and dental hygienists.~~

627 Section 12. Subsections (9) through (15) are added to
 628 section 466.017, Florida Statutes, to read:

629 466.017 Prescription of drugs; anesthesia.—

630 (9) Any adverse incident that occurs in an office
 631 maintained by a dentist must be reported to the department. The
 632 required notification to the department must be submitted in
 633 writing by certified mail and postmarked within 48 hours after
 634 the incident occurs.

635 (10) A dentist practicing in this state must notify the
 636 board in writing by certified mail within 48 hours after any
 637 adverse incident that occurs in the dentist's outpatient
 638 facility. A complete written report must be filed with the board

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639 within 30 days after the incident occurs.

640 (11) Any certified registered dental hygienist
 641 administering local anesthesia must notify the board in writing
 642 by registered mail within 48 hours of any adverse incident that
 643 was related to or the result of the administration of local
 644 anesthesia. A complete written report must be filed with the
 645 board within 30 days after the mortality or other adverse
 646 incident.

647 (12) A failure by the dentist or dental hygienist to timely
 648 and completely comply with all the reporting requirements in
 649 this section is the basis for disciplinary action by the board
 650 pursuant to s. 466.028(1).

651 (13) The department shall review each adverse incident and
 652 determine whether it involved conduct by a health care
 653 professional subject to disciplinary action, in which case s.
 654 456.073 applies. Disciplinary action, if any, shall be taken by
 655 the board under which the health care professional is licensed.

656 (14) As used in subsections (9)-(13), the term "adverse
 657 incident" means any mortality that occurs during or as the
 658 result of a dental procedure, or an incident that results in a
 659 temporary or permanent physical or mental injury that requires
 660 hospitalization or emergency room treatment of a dental patient
 661 which occurs during or as a direct result of the use of general
 662 anesthesia, deep sedation, moderate sedation, pediatric moderate
 663 sedation, oral sedation, minimal sedation (anxiolysis), nitrous
 664 oxide, or local anesthesia.

665 (15) The board may adopt rules to administer this section.

666 Section 13. Section 466.031, Florida Statutes, is amended
 667 to read:

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668 466.031 "Dental laboratory" defined.—As used in this
 669 chapter, the term "dental laboratory" as used in this chapter.

670 ~~(1)~~ includes any person, firm, or corporation that ~~who~~
 671 performs for a fee of any kind, gratuitously, or otherwise,
 672 directly or through an agent or an employee, by any means or
 673 method, or ~~who in any way~~ supplies or manufactures artificial
 674 substitutes for the natural teeth; ~~or who~~ furnishes, supplies,
 675 constructs, or reproduces or repairs any prosthetic denture,
 676 bridge, or appliance to be worn in the human mouth; provides
 677 onsite consultation during dental procedures; ~~or who~~ in any way
 678 represents ~~holds~~ itself ~~out~~ as a dental laboratory.

679 ~~(2)~~ The term does not include a ~~Excludes any~~ dental
 680 laboratory technician who constructs or repairs dental
 681 prosthetic appliances in the office of a licensed dentist
 682 exclusively for that ~~such~~ dentist ~~only~~ and under her or his
 683 supervision and work order.

684 Section 14. Section 466.036, Florida Statutes, is amended
 685 to read:

686 466.036 Information; periodic inspections; equipment and
 687 supplies.—The department may require from the applicant for a
 688 registration certificate to operate a dental laboratory any
 689 information necessary to carry out the purpose of this chapter,
 690 including proof that the applicant has the equipment and
 691 supplies necessary to operate as determined by rule of the
 692 department, and shall require periodic inspection of all dental
 693 laboratories operating in this state at least once each biennial
 694 registration period. Such inspections must ~~shall~~ include, but
 695 need not be limited to, inspection of sanitary conditions,
 696 equipment, supplies, and facilities on the premises. The

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697 department shall specify dental equipment and supplies that are
698 not ~~allowed permitted~~ in a registered dental laboratory.

699 Section 15. Subsection (1) of section 468.701, Florida
700 Statutes, is amended to read:

701 468.701 Definitions.—As used in this part, the term:

702 (1) "Athletic trainer" means a person licensed under this
703 part who has met the requirements of under this part, including
704 the education requirements established as set forth by the
705 Commission on Accreditation of Athletic Training Education or
706 its successor organization and necessary credentials from the
707 Board of Certification. ~~An individual who is licensed as an~~
708 ~~athletic trainer may not provide, offer to provide, or represent~~
709 ~~that he or she is qualified to provide any care or services that~~
710 ~~he or she lacks the education, training, or experience to~~
711 ~~provide, or that he or she is otherwise prohibited by law from~~
712 ~~providing.~~

713 Section 16. Section 468.707, Florida Statutes, is amended
714 to read:

715 468.707 Licensure requirements.—Any person desiring to be
716 licensed as an athletic trainer shall apply to the department on
717 a form approved by the department. An applicant shall also
718 provide records or other evidence, as determined by the board,
719 to prove he or she has met the requirements of this section. The
720 department shall license each applicant who:

721 (1) Has completed the application form and remitted the
722 required fees.

723 (2) ~~For a person who applies on or after July 1, 2016,~~ Has
724 submitted to background screening pursuant to s. 456.0135. The
725 board may require a background screening for an applicant whose

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726 license has expired or who is undergoing disciplinary action.

727 (3) (a) Has obtained, at a minimum, a baccalaureate ~~or~~
728 ~~higher~~ degree from a college or university professional athletic
729 training degree program accredited by the Commission on
730 Accreditation of Athletic Training Education or its successor
731 organization recognized and approved by the United States
732 Department of Education or the Commission on Recognition of
733 Postsecondary Accreditation, approved by the board, or
734 recognized by the Board of Certification, and has passed the
735 national examination to be certified by the Board of
736 Certification; ~~or-~~

737 (b)(4) Has obtained, at a minimum, a bachelor's degree, has
738 completed the Board of Certification internship requirements,
739 and if graduated before 2004, has a current certification from
740 the Board of Certification.

741 (4)(5) Has current certification in both cardiopulmonary
742 resuscitation and the use of an automated external defibrillator
743 set forth in the continuing education requirements as determined
744 by the board pursuant to s. 468.711.

745 (5)(6) Has completed any other requirements as determined
746 by the department and approved by the board.

747 Section 17. Subsection (3) of section 468.711, Florida
748 Statutes, is amended to read:

749 468.711 Renewal of license; continuing education.—

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

754 Section 18. Section 468.713, Florida Statutes, is amended

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755 to read:

756 468.713 Responsibilities of athletic trainers.—

757 (1) An athletic trainer shall practice under the direction
 758 of a physician licensed under chapter 458, chapter 459, chapter
 759 460, or otherwise authorized by Florida law to practice
 760 medicine. The physician shall communicate his or her direction
 761 through oral or written prescriptions or protocols as deemed
 762 appropriate by the physician for the provision of services and
 763 care by the athletic trainer. An athletic trainer shall provide
 764 service or care in the manner dictated by the physician.

765 (2) An athletic trainer shall work within his or her
 766 allowable scope of practice as specified in board rule under s.
 767 468.705. An athletic trainer may not provide, offer to provide,
 768 or represent that he or she is qualified to provide any care or
 769 services that he or she lacks the education, training, or
 770 experience to provide, or that he or she is otherwise prohibited
 771 by law from providing.

772 Section 19. Subsection (2) of section 468.723, Florida
 773 Statutes, is amended to read:

774 468.723 Exemptions.—This part does not prohibit prevent or
 775 restrict:

776 (2) An athletic training student acting under the direct
 777 supervision of a licensed athletic trainer. For purposes of this
 778 subsection, "direct supervision" means the physical presence of
 779 an athletic trainer so that the athletic trainer is immediately
 780 available to the athletic training student and able to intervene
 781 on behalf of the athletic training student. The supervision must
 782 comply with board rule in accordance with the standards set
 783 forth by the Commission on Accreditation of Athletic Training

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784 ~~Education or its successor.~~

785 Section 20. Subsections (1), (3), and (4) of section
 786 468.803, Florida Statutes, are amended to read:

787 468.803 License, registration, and examination
 788 requirements.—

789 (1) The department shall issue a license to practice
 790 orthotics, prosthetics, or pedorthics, or a registration for a
 791 resident to practice orthotics or prosthetics, to qualified
 792 applicants. Licenses to practice shall be granted independently
 793 in orthotics, prosthetics, or pedorthics shall be granted
 794 independently, but a person may be licensed in more than one
 795 such discipline, and a prosthetist-orthotist license may be
 796 granted to persons meeting the requirements for licensure both
 797 as a prosthetist and as an orthotist license. Registrations to
 798 practice shall be granted independently in orthotics or
 799 prosthetics shall be granted independently, and a person may be
 800 registered in both disciplines fields at the same time or
 801 jointly in orthotics and prosthetics as a dual registration.

802 (3) A person seeking to attain the ~~required~~ orthotics or
 803 prosthetics experience required for licensure in this state must
 804 be approved by the board and registered as a resident by the
 805 department. Although a registration may be held in both
 806 disciplines practice fields, for independent registrations the
 807 board ~~may shall~~ not approve a second registration ~~for until~~ at
 808 least 1 year after the issuance of the first registration.
 809 Notwithstanding subsection (2), a person an applicant who has
 810 been approved by the board and registered by the department in
 811 one discipline practice field may apply for registration in the
 812 second discipline practice field without an additional state or

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813 national criminal history check during the period in which the
 814 first registration is valid. Each independent registration or
 815 dual registration is valid for 2 years after ~~from~~ the date of
 816 issuance unless otherwise revoked by the department upon
 817 recommendation of the board. The board shall set a registration
 818 fee not to exceed \$500 to be paid by the applicant. A
 819 registration may be renewed once by the department upon
 820 recommendation of the board for a period no longer than 1 year,
 821 as such renewal is defined by the board by rule. The
 822 ~~registration~~ renewal fee may ~~shall~~ not exceed one-half the
 823 current registration fee. To be considered by the board for
 824 approval of registration as a resident, the applicant must have
 825 one of the following:

826 (a) A Bachelor of Science or higher-level postgraduate
 827 degree in Orthotics and Prosthetics from a regionally accredited
 828 college or university recognized by the Commission on
 829 Accreditation of Allied Health Education Programs. ~~or, at~~

830 (b) A ~~minimum~~ of a bachelor's degree from a regionally
 831 accredited college or university and a certificate in orthotics
 832 or prosthetics from a program recognized by the Commission on
 833 Accreditation of Allied Health Education Programs, or its
 834 equivalent, as determined by the board. ~~or~~

835 (c) A minimum of a bachelor's degree from a regionally
 836 accredited college or university and a dual certificate in both
 837 orthotics and prosthetics from programs recognized by the
 838 Commission on Accreditation of Allied Health Education Programs,
 839 or its equivalent, as determined by the board.

840 ~~(b) A Bachelor of Science or higher level postgraduate~~
 841 ~~degree in Orthotics and Prosthetics from a regionally accredited~~

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842 ~~college or university recognized by the Commission on~~
 843 ~~Accreditation of Allied Health Education Programs or, at a~~
 844 ~~minimum, a bachelor's degree from a regionally accredited~~
 845 ~~college or university and a certificate in prosthetics from a~~
 846 ~~program recognized by the Commission on Accreditation of Allied~~
 847 ~~Health Education Programs, or its equivalent, as determined by~~
 848 ~~the board.~~

849 (4) The department may develop and administer a state
 850 examination for an orthotist or a prosthetist license, or the
 851 board may approve the existing examination of a national
 852 standards organization. The examination must be predicated on a
 853 minimum of a baccalaureate-level education and formalized
 854 specialized training in the appropriate field. Each examination
 855 must demonstrate a minimum level of competence in basic
 856 scientific knowledge, written problem solving, and practical
 857 clinical patient management. The board shall require an
 858 examination fee not to exceed the actual cost to the board in
 859 developing, administering, and approving the examination, which
 860 fee must be paid by the applicant. To be considered by the board
 861 for examination, the applicant must have:

862 (a) For an examination in orthotics:

863 1. A Bachelor of Science or higher-level postgraduate
 864 degree in Orthotics and Prosthetics from a regionally accredited
 865 college or university recognized by the Commission on
 866 Accreditation of Allied Health Education Programs or, at a
 867 minimum, a bachelor's degree from a regionally accredited
 868 college or university and a certificate in orthotics from a
 869 program recognized by the Commission on Accreditation of Allied
 870 Health Education Programs, or its equivalent, as determined by

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871 the board; and

872 2. An approved orthotics internship of 1 year of qualified
873 experience, as determined by the board, or an orthotic residency
874 or dual residency program recognized by the board.

875 (b) For an examination in prosthetics:

876 1. A Bachelor of Science or higher-level postgraduate
877 degree in Orthotics and Prosthetics from a regionally accredited
878 college or university recognized by the Commission on
879 Accreditation of Allied Health Education Programs or, at a
880 minimum, a bachelor's degree from a regionally accredited
881 college or university and a certificate in prosthetics from a
882 program recognized by the Commission on Accreditation of Allied
883 Health Education Programs, or its equivalent, as determined by
884 the board; and

885 2. An approved prosthetics internship of 1 year of
886 qualified experience, as determined by the board, or a
887 prosthetic residency or dual residency program recognized by the
888 board.

889 Section 21. Subsection (5) of section 480.033, Florida
890 Statutes, is amended to read:

891 480.033 Definitions.—As used in this act:

892 (5) "Apprentice" means a person approved by the board to
893 study colonic irrigation ~~massage~~ under the instruction of a
894 licensed massage therapist practicing colonic irrigation.

895 Section 22. Subsections (1) and (2) of section 480.041,
896 Florida Statutes, are amended, and subsection (8) is added to
897 that section, to read:

898 480.041 Massage therapists; qualifications; licensure;
899 endorsement.—

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900 (1) Any person is qualified for licensure as a massage
901 therapist under this act who:

902 (a) Is at least 18 years of age or has received a high
903 school diploma or high school equivalency diploma;

904 (b) Has completed a course of study at a board-approved
905 massage school ~~or has completed an apprenticeship program~~ that
906 meets standards adopted by the board; and

907 (c) Has received a passing grade on a national ~~an~~
908 examination designated ~~administered~~ by the board ~~department~~.

909 (2) Every person desiring to be examined for licensure as a
910 massage therapist shall apply to the department in writing upon
911 forms prepared and furnished by the department. Such applicants
912 are shall be subject to the provisions of s. 480.046(1).

913 ~~Applicants may take an examination administered by the~~
914 ~~department only upon meeting the requirements of this section as~~
915 ~~determined by the board.~~

916 (8) A person issued a license as a massage apprentice
917 before July 1, 2019, may continue that apprenticeship and
918 perform massage therapy as permitted under that license until it
919 expires. Upon completion of the apprenticeship, which must occur
920 before July 1, 2022, a massage apprentice may apply to the board
921 for full licensure and be granted a license if all other
922 applicable licensure requirements are met.

923 Section 23. Section 480.042, Florida Statutes, is repealed.

924 Section 24. Subsection (3) of section 480.046, Florida
925 Statutes, is amended, and subsection (5) is added to that
926 section, to read:

927 480.046 Grounds for disciplinary action by the board.—

928 (3) The board may shall have the power to revoke or suspend

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929 the license of a massage establishment licensed under this act,
 930 or to deny subsequent licensure of such an establishment, if the
 931 establishment is owned by an individual or entity that owned
 932 another establishment whose license was revoked, upon a showing
 933 of proof that, in either of the following cases:

934 (a) ~~The current~~ Upon proof that a license has been obtained
 935 by fraud or misrepresentation.

936 (b) ~~Upon proof that~~ The holder of the a license is guilty
 937 of fraud or deceit or of gross negligence, incompetency, or
 938 misconduct in the operation of the currently licensed
 939 establishment ~~so licensed~~.

940 (c) The owner of the massage establishment or any
 941 individual or individuals providing massage therapy services
 942 within the establishment, in the aggregate or individually, have
 943 had three convictions of, or pleas of guilty or nolo contendere
 944 to, or dismissals of a criminal action after a successful
 945 completion of a pretrial intervention, diversion, or substance
 946 abuse program for any misdemeanor or felony, regardless of
 947 adjudication, a crime in any jurisdiction related to
 948 prostitution and related acts as defined in s. 796.07, which
 949 occurred at or within the currently licensed establishment.

950 (5) An establishment that has been the subject of
 951 disciplinary action under this section may not apply for
 952 relicensure unless there is a change in ownership.

953 Section 25. Subsection (3) of section 490.003, Florida
 954 Statutes, is amended to read:

955 490.003 Definitions.—As used in this chapter:

956 (3)(a) ~~Prior to July 1, 1999, "doctoral level psychological~~
 957 ~~education" and "doctoral degree in psychology" mean a Psy.D., an~~

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958 Ed.D. in psychology, or a Ph.D. in psychology from:

959 1. ~~An educational institution which, at the time the~~
 960 ~~applicant was enrolled and graduated, had institutional~~
 961 ~~accreditation from an agency recognized and approved by the~~
 962 ~~United States Department of Education or was recognized as a~~
 963 ~~member in good standing with the Association of Universities and~~
 964 ~~Colleges of Canada; and~~

965 2. ~~A psychology program within that educational institution~~
 966 ~~which, at the time the applicant was enrolled and graduated, had~~
 967 ~~programmatic accreditation from an accrediting agency recognized~~
 968 ~~and approved by the United States Department of Education or was~~
 969 ~~comparable to such programs.~~

970 ~~(b)~~ Effective July 1, 1999, "doctoral-level psychological
 971 education" and "doctoral degree in psychology" mean a Psy.D., an
 972 Ed.D. in psychology, or a Ph.D. in psychology from:

973 1. a psychology program within an educational institution
 974 that which, at the time the applicant was enrolled and
 975 graduated, had institutional accreditation from an agency
 976 recognized and approved by the United States Department of
 977 Education or was recognized as a member in good standing with
 978 the Association of Universities and Colleges of Canada. The
 979 psychology program must have had; and

980 2. ~~A psychology program within that educational institution~~
 981 ~~which, at the time the applicant was enrolled and graduated, had~~
 982 ~~programmatic accreditation from the American Psychological~~
 983 ~~Association an agency recognized and approved by the United~~
 984 ~~States Department of Education.~~

985 Section 26. Paragraph (b) of subsection (1) and paragraph
 986 (b) of subsection (2) of section 490.005, Florida Statutes, are

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987 amended to read:

988 490.005 Licensure by examination.—

989 (1) Any person desiring to be licensed as a psychologist
 990 shall apply to the department to take the licensure examination.
 991 The department shall license each applicant who the board
 992 certifies has:

993 (b) Submitted proof satisfactory to the board that the
 994 applicant has:

995 1. Received doctoral-level psychological education, ~~as~~
 996 ~~defined in s. 490.003(3); or~~

997 2. Received the equivalent of a doctoral-level
 998 psychological education, as defined in s. 490.003(3), from a
 999 program at a school or university located outside the United
 1000 States of America ~~and Canada~~, which was officially recognized by
 1001 the government of the country in which it is located as an
 1002 institution or program to train students to practice
 1003 professional psychology. The applicant has the burden of
 1004 establishing that this requirement has the requirements of this
 1005 provision have been met shall be upon the applicant,

1006 ~~3. Received and submitted to the board, prior to July 1,~~
 1007 ~~1999, certification of an augmented doctoral-level psychological~~
 1008 ~~education from the program director of a doctoral-level~~
 1009 ~~psychology program accredited by a programmatic agency~~
 1010 ~~recognized and approved by the United States Department of~~
 1011 ~~Education; or~~

1012 ~~4. Received and submitted to the board, prior to August 31,~~
 1013 ~~2001, certification of a doctoral level program that at the time~~
 1014 ~~the applicant was enrolled and graduated maintained a standard~~
 1015 ~~of education and training comparable to the standard of training~~

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1016 ~~of programs accredited by a programmatic agency recognized and~~
 1017 ~~approved by the United States Department of Education. Such~~
 1018 ~~certification of comparability shall be provided by the program~~
 1019 ~~director of a doctoral-level psychology program accredited by a~~
 1020 ~~programmatic agency recognized and approved by the United States~~
 1021 ~~Department of Education.~~

1022 (2) Any person desiring to be licensed as a school
 1023 psychologist shall apply to the department to take the licensure
 1024 examination. The department shall license each applicant who the
 1025 department certifies has:

1026 (b) Submitted satisfactory proof to the department that the
 1027 applicant:

1028 1. Has received a doctorate, specialist, or equivalent
 1029 degree from a program primarily psychological in nature and has
 1030 completed 60 semester hours or 90 quarter hours of graduate
 1031 study, in areas related to school psychology as defined by rule
 1032 of the department, from a college or university which at the
 1033 time the applicant was enrolled and graduated was accredited by
 1034 an accrediting agency recognized and approved by the Council for
 1035 Higher Education Accreditation or its successor organization
 1036 Commission on Recognition of Postsecondary Accreditation or from
 1037 an institution that which is publicly recognized as a member in
 1038 good standing with the Association of Universities and Colleges
 1039 of Canada.

1040 2. Has had a minimum of 3 years of experience in school
 1041 psychology, 2 years of which must be supervised by an individual
 1042 who is a licensed school psychologist or who has otherwise
 1043 qualified as a school psychologist supervisor, by education and
 1044 experience, as set forth by rule of the department. A doctoral

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1045 internship may be applied toward the supervision requirement.

1046 3. Has passed an examination provided by the department.

1047 Section 27. Subsection (1) of section 490.006, Florida
1048 Statutes, is amended to read:

1049 490.006 Licensure by endorsement.—

1050 (1) The department shall license a person as a psychologist
1051 or school psychologist who, upon applying to the department and
1052 remitting the appropriate fee, demonstrates to the department
1053 or, in the case of psychologists, to the board that the
1054 applicant:

1055 ~~(a) Holds a valid license or certificate in another state~~
1056 ~~to practice psychology or school psychology, as applicable,~~
1057 ~~provided that, when the applicant secured such license or~~
1058 ~~certificate, the requirements were substantially equivalent to~~
1059 ~~or more stringent than those set forth in this chapter at that~~
1060 ~~time; and, if no Florida law existed at that time, then the~~
1061 ~~requirements in the other state must have been substantially~~
1062 ~~equivalent to or more stringent than those set forth in this~~
1063 ~~chapter at the present time;~~

1064 (a) ~~(b)~~ Is a diplomate in good standing with the American
1065 Board of Professional Psychology, Inc.; or

1066 (b) ~~(c)~~ Possesses a doctoral degree in psychology ~~as~~
1067 ~~described in s. 490.003~~ and has at least 10 ~~20~~ years of
1068 experience as a licensed psychologist in any jurisdiction or
1069 territory of the United States within the 25 years preceding the
1070 date of application.

1071 Section 28. Subsection (6) of section 491.0045, Florida
1072 Statutes, as amended by chapter 2016-80 and chapter 2016-241,
1073 Laws of Florida, is amended to read:

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1074 491.0045 Intern registration; requirements.—

1075 (6) A registration issued on or before March 31, 2017,
1076 expires March 31, 2022, and may not be renewed or reissued. Any
1077 registration issued after March 31, 2017, expires 60 months
1078 after the date it is issued. The board may make a one-time
1079 exception from the requirements of this subsection in emergency
1080 or hardship cases, as defined by board rule, if ~~A subsequent~~
1081 ~~intern registration may not be issued unless~~ the candidate has
1082 passed the theory and practice examination described in s.
1083 491.005(1)(d), (3)(d), and (4)(d).

1084 Section 29. Subsections (3) and (4) of section 491.005,
1085 Florida Statutes, are amended to read:

1086 491.005 Licensure by examination.—

1087 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
1088 documentation and payment of a fee not to exceed \$200, as set by
1089 board rule, plus the actual cost of ~~to the department for~~ the
1090 purchase of the examination from the Association of Marital and
1091 Family Therapy Regulatory Board, or similar national
1092 organization, the department shall issue a license as a marriage
1093 and family therapist to an applicant who the board certifies:

1094 (a) Has submitted an application and paid the appropriate
1095 fee.

1096 (b)1. Has a minimum of a master's degree with major
1097 emphasis in marriage and family therapy, ~~or a closely related~~
1098 field from a program accredited by the Commission on
1099 Accreditation for Marriage and Family Therapy Education or from
1100 a Florida university program accredited by the Council for
1101 Accreditation of Counseling and Related Educational Programs,
1102 and graduate courses approved by the Board of Clinical Social

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1103 Work, Marriage and Family Therapy, and Mental Health Counseling
 1104 has completed all of the following requirements:
 1105 a. Thirty-six semester hours or 48 quarter hours of
 1106 graduate coursework, which must include a minimum of 3 semester
 1107 hours or 4 quarter hours of graduate level course credits in
 1108 each of the following nine areas: dynamics of marriage and
 1109 family systems; marriage therapy and counseling theory and
 1110 techniques; family therapy and counseling theory and techniques;
 1111 individual human development theories throughout the life cycle;
 1112 personality theory or general counseling theory and techniques;
 1113 psychopathology; human sexuality theory and counseling
 1114 techniques; psychosocial theory; and substance abuse theory and
 1115 counseling techniques. Courses in research, evaluation,
 1116 appraisal, assessment, or testing theories and procedures;
 1117 thesis or dissertation work; or practicums, internships, or
 1118 fieldwork may not be applied toward this requirement.
 1119 b. A minimum of one graduate-level course of 3 semester
 1120 hours or 4 quarter hours in legal, ethical, and professional
 1121 standards issues in the practice of marriage and family therapy
 1122 or a course determined by the board to be equivalent.
 1123 c. A minimum of one graduate-level course of 3 semester
 1124 hours or 4 quarter hours in diagnosis, appraisal, assessment,
 1125 and testing for individual or interpersonal disorder or
 1126 dysfunction; and a minimum of one 3-semester-hour or 4-quarter-
 1127 hour graduate-level course in behavioral research which focuses
 1128 on the interpretation and application of research data as it
 1129 applies to clinical practice. Credit for thesis or dissertation
 1130 work, practicums, internships, or fieldwork may not be applied
 1131 toward this requirement.

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1132 d. A minimum of one supervised clinical practicum,
 1133 internship, or field experience in a marriage and family
 1134 counseling setting, during which the student provided 180 direct
 1135 client contact hours of marriage and family therapy services
 1136 under the supervision of an individual who met the requirements
 1137 for supervision under paragraph (c). This requirement may be met
 1138 by a supervised practice experience which took place outside the
 1139 academic arena, but which is certified as equivalent to a
 1140 graduate-level practicum or internship program which required a
 1141 minimum of 180 direct client contact hours of marriage and
 1142 family therapy services currently offered within an academic
 1143 program of a college or university accredited by an accrediting
 1144 agency approved by the United States Department of Education, or
 1145 an institution which is publicly recognized as a member in good
 1146 standing with the Association of Universities and Colleges of
 1147 Canada or a training institution accredited by the Commission on
 1148 Accreditation for Marriage and Family Therapy Education
 1149 recognized by the United States Department of Education.
 1150 Certification shall be required from an official of such
 1151 college, university, or training institution.
 1152 2. If the course title that which appears on the
 1153 applicant's transcript does not clearly identify the content of
 1154 the coursework, the applicant shall be required to provide
 1155 additional documentation, including, but not limited to, a
 1156 syllabus or catalog description published for the course.
 1157
 1158 The required master's degree must have been received in an
 1159 institution of higher education which, at the time the applicant
 1160 graduated, was fully accredited by a regional accrediting body

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1161 recognized by the Commission on Recognition of Postsecondary
 1162 Accreditation ~~or~~ publicly recognized as a member in good
 1163 standing with the Association of Universities and Colleges of
 1164 Canada~~, or~~ or an institution of higher education located outside
 1165 the United States and Canada~~, which,~~ which, at the time the applicant
 1166 was enrolled and at the time the applicant graduated, maintained
 1167 a standard of training substantially equivalent to the standards
 1168 of training of those institutions in the United States which are
 1169 accredited by a regional accrediting body recognized by the
 1170 Commission on Recognition of Postsecondary Accreditation. Such
 1171 foreign education and training must have been received in an
 1172 institution or program of higher education officially recognized
 1173 by the government of the country in which it is located as an
 1174 institution or program to train students to practice as
 1175 professional marriage and family therapists or psychotherapists.
 1176 The applicant has the burden of establishing that the
 1177 requirements of this provision have been met ~~shall be upon the~~
 1178 ~~applicant,~~ and the board shall require documentation, such as~~,~~
 1179 ~~but not limited to,~~ an evaluation by a foreign equivalency
 1180 determination service, as evidence that the applicant's graduate
 1181 degree program and education were equivalent to an accredited
 1182 program in this country. An applicant with a master's degree
 1183 from a program ~~that which~~ did not emphasize marriage and family
 1184 therapy may complete the coursework requirement in a training
 1185 institution fully accredited by the Commission on Accreditation
 1186 for Marriage and Family Therapy Education recognized by the
 1187 United States Department of Education.

1188 (c) Has had at least 2 years of clinical experience during
 1189 which 50 percent of the applicant's clients were receiving

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1190 marriage and family therapy services, which must be at the post-
 1191 master's level under the supervision of a licensed marriage and
 1192 family therapist with at least 5 years of experience, or the
 1193 equivalent, who is a qualified supervisor as determined by the
 1194 board. An individual who intends to practice in Florida to
 1195 satisfy the clinical experience requirements must register
 1196 pursuant to s. 491.0045 before commencing practice. If a
 1197 graduate has a master's degree with a major emphasis in marriage
 1198 and family therapy or a closely related field which ~~that~~ did not
 1199 include all of the coursework required by subparagraph (b)1.
 1200 ~~under sub-subparagraphs (b)1.a.-e.,~~ credit for the post-master's
 1201 level clinical experience may ~~shall~~ not commence until the
 1202 applicant has completed a minimum of 10 of the courses required
 1203 by subparagraph (b)1. ~~under sub-subparagraphs (b)1.a.-e.,~~ as
 1204 determined by the board, and at least 6 semester hours or 9
 1205 quarter hours of the course credits must have been completed in
 1206 the area of marriage and family systems, theories, or
 1207 techniques. Within the 2 ~~3~~ years of required experience, the
 1208 applicant shall provide direct individual, group, or family
 1209 therapy and counseling~~, to include the following categories of~~
 1210 cases including those involving ~~unmarried dyads, married~~
 1211 couples, separating and divorcing couples, and family groups
 1212 that include ~~including~~ children. A doctoral internship may be
 1213 applied toward the clinical experience requirement. A licensed
 1214 mental health professional must be on the premises when clinical
 1215 services are provided by a registered intern in a private
 1216 practice setting.

1217 (d) Has passed a theory and practice examination provided
 1218 by the department ~~for this purpose.~~

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1219 (e) Has demonstrated, in a manner designated by board rule
 1220 ~~of the board~~, knowledge of the laws and rules governing the
 1221 practice of clinical social work, marriage and family therapy,
 1222 and mental health counseling.

1223 ~~(f)~~

1224
 1225 For the purposes of dual licensure, the department shall license
 1226 as a marriage and family therapist any person who meets the
 1227 requirements of s. 491.0057. Fees for dual licensure may ~~shall~~
 1228 not exceed those stated in this subsection.

1229 (4) MENTAL HEALTH COUNSELING.—Upon verification of
 1230 documentation and payment of a fee not to exceed \$200, as set by
 1231 board rule, plus the actual per applicant cost of to the
 1232 ~~department for~~ purchase of the examination from the National
 1233 Board for Certified Counselors or its successor Professional
 1234 Examination Service for the National Academy of Certified
 1235 Clinical Mental Health Counselors or a similar national
 1236 organization, the department shall issue a license as a mental
 1237 health counselor to an applicant who the board certifies:

1238 (a) Has submitted an application and paid the appropriate
 1239 fee.

1240 (b)1. Has a minimum of an earned master's degree from a
 1241 mental health counseling program accredited by the Council for
 1242 the Accreditation of Counseling and Related Educational Programs
 1243 that consists of at least 60 semester hours or 80 quarter hours
 1244 of clinical and didactic instruction, including a course in
 1245 human sexuality and a course in substance abuse. If the master's
 1246 degree is earned from a program related to the practice of
 1247 mental health counseling that is not accredited by the Council

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1248 for the Accreditation of Counseling and Related Educational
 1249 Programs, then the coursework and practicum, internship, or
 1250 fieldwork must consist of at least 60 semester hours or 80
 1251 quarter hours and meet all of the following requirements:

1252 a. Thirty-three semester hours or 44 quarter hours of
 1253 graduate coursework, which must include a minimum of 3 semester
 1254 hours or 4 quarter hours of graduate-level coursework in each of
 1255 the following 11 content areas: counseling theories and
 1256 practice; human growth and development; diagnosis and treatment
 1257 of psychopathology; human sexuality; group theories and
 1258 practice; individual evaluation and assessment; career and
 1259 lifestyle assessment; research and program evaluation; social
 1260 and cultural foundations; substance abuse; and legal, ethical,
 1261 and professional standards issues in the practice of mental
 1262 health counseling in community settings; and substance abuse.
 1263 Courses in research, thesis or dissertation work, practicums,
 1264 internships, or fieldwork may not be applied toward this
 1265 requirement.

1266 b. A minimum of 3 semester hours or 4 quarter hours of
 1267 graduate-level coursework addressing diagnostic processes,
 1268 including differential diagnosis and the use of the current
 1269 diagnostic tools, such as the current edition of the American
 1270 Psychiatric Association's Diagnostic and Statistical Manual of
 1271 Mental Disorders. The graduate program must have emphasized the
 1272 common core curricular experience in legal, ethical, and
 1273 professional standards issues in the practice of mental health
 1274 counseling, which includes goals, objectives, and practices of
 1275 professional counseling organizations, codes of ethics, legal
 1276 considerations, standards of preparation, certifications and

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1277 ~~licensing, and the role identity and professional obligations of~~
 1278 ~~mental health counselors. Courses in research, thesis or~~
 1279 ~~dissertation work, practicums, internships, or fieldwork may not~~
 1280 ~~be applied toward this requirement.~~

1281 c. The equivalent, as determined by the board, of at least
 1282 700 ~~1,000~~ hours of university-sponsored supervised clinical
 1283 practicum, internship, or field experience that includes at
 1284 least 280 hours of direct client services, as required in the
 1285 accrediting standards of the Council for Accreditation of
 1286 Counseling and Related Educational Programs for mental health
 1287 counseling programs. This experience may not be used to satisfy
 1288 the post-master's clinical experience requirement.

1289 2. Has provided additional documentation if a ~~the~~ course
 1290 title that ~~which~~ appears on the applicant's transcript does not
 1291 clearly identify the content of the coursework. ~~The applicant~~
 1292 ~~shall be required to provide additional documentation must~~
 1293 include, including, but is not limited to, a syllabus or catalog
 1294 description published for the course.

1295
 1296 Education and training in mental health counseling must have
 1297 been received in an institution of higher education that, which
 1298 at the time the applicant graduated, ~~was~~ fully accredited by a
 1299 regional accrediting body recognized by the Council for Higher
 1300 Education Accreditation or its successor organization or
 1301 ~~Commission on Recognition of Postsecondary Accreditation,~~
 1302 publicly recognized as a member in good standing with the
 1303 Association of Universities and Colleges of Canada, ~~or~~ an
 1304 institution of higher education located outside the United
 1305 States and Canada, ~~which,~~ at the time the applicant was enrolled

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1306 and at the time the applicant graduated, maintained a standard
 1307 of training substantially equivalent to the standards of
 1308 training of those institutions in the United States which are
 1309 accredited by a regional accrediting body recognized by the
 1310 Council for Higher Education Accreditation or its successor
 1311 organization ~~Commission on Recognition of Postsecondary~~
 1312 ~~Accreditation~~. Such foreign education and training must have
 1313 been received in an institution or program of higher education
 1314 officially recognized by the government of the country in which
 1315 it is located as an institution or program to train students to
 1316 practice as mental health counselors. The applicant has the
 1317 burden of establishing that the requirements of this provision
 1318 have been met ~~shall be upon the applicant,~~ and the board shall
 1319 require documentation, such as, ~~but not limited to,~~ an
 1320 evaluation by a foreign equivalency determination service, as
 1321 evidence that the applicant's graduate degree program and
 1322 education were equivalent to an accredited program in this
 1323 country. Beginning July 1, 2024, an applicant must have a
 1324 master's degree from a program that is accredited by the Council
 1325 for Accreditation of Counseling and Related Educational Programs
 1326 which consists of at least 60 semester hours or 80 quarter hours
 1327 to apply for licensure under this paragraph.

1328 (c) Has had at least 2 years of clinical experience in
 1329 mental health counseling, which must be at the post-master's
 1330 level under the supervision of a licensed mental health
 1331 counselor or the equivalent who is a qualified supervisor as
 1332 determined by the board. An individual who intends to practice
 1333 in Florida to satisfy the clinical experience requirements must
 1334 register pursuant to s. 491.0045 before commencing practice. If

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1335 a graduate has a master's degree with a major related to the
 1336 practice of mental health counseling which that did not include
 1337 all the coursework required under sub-subparagraphs (b)1.a. and
 1338 b. (b)1.a.-b., credit for the post-master's level clinical
 1339 experience ~~may shall~~ not commence until the applicant has
 1340 completed a minimum of seven of the courses required under sub-
 1341 subparagraphs (b)1.a. and b. (b)1.a.-b., as determined by the
 1342 board, one of which must be a course in psychopathology or
 1343 abnormal psychology. A doctoral internship may be applied toward
 1344 the clinical experience requirement. A licensed mental health
 1345 professional must be on the premises when clinical services are
 1346 provided by a registered intern in a private practice setting.

1347 (d) Has passed a theory and practice examination provided
 1348 by the department for this purpose.

1349 (e) Has demonstrated, in a manner designated by board rule
 1350 ~~of the board~~, knowledge of the laws and rules governing the
 1351 practice of clinical social work, marriage and family therapy,
 1352 and mental health counseling.

1353 Section 30. Paragraph (b) of subsection (1) of section
 1354 491.006, Florida Statutes, is amended to read:

1355 491.006 Licensure or certification by endorsement.—

1356 (1) The department shall license or grant a certificate to
 1357 a person in a profession regulated by this chapter who, upon
 1358 applying to the department and remitting the appropriate fee,
 1359 demonstrates to the board that he or she:

1360 (b)1. Holds an active valid license to practice and has
 1361 actively practiced the licensed profession ~~for which licensure~~
 1362 ~~is applied~~ in another state for 3 of the last 5 years
 1363 immediately preceding licensure;—

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1364 ~~2. Meets the education requirements of this chapter for the~~
 1365 ~~profession for which licensure is applied.~~

1366 ~~2.3-~~ Has passed a substantially equivalent licensing
 1367 examination in another state or has passed the licensure
 1368 examination in this state in the profession for which the
 1369 applicant seeks licensure; ~~and-~~

1370 ~~3.4-~~ Holds a license in good standing, is not under
 1371 investigation for an act that would constitute a violation of
 1372 this chapter, and has not been found to have committed any act
 1373 that would constitute a violation of this chapter.

1374

1375 The fees paid by any applicant for certification as a master
 1376 social worker under this section are nonrefundable.

1377 Section 31. Subsection (3) of section 491.007, Florida
 1378 Statutes, is amended to read:

1379 491.007 Renewal of license, registration, or certificate.—

1380 ~~(3) The board or department shall prescribe by rule a~~
 1381 ~~method for the biennial renewal of an intern registration at a~~
 1382 ~~fee set by rule, not to exceed \$100.~~

1383 Section 32. Subsection (2) of section 491.009, Florida
 1384 Statutes, is amended to read:

1385 491.009 Discipline.—

1386 (2) The ~~board department,~~ or, in the case of certified
 1387 master social workers psychologists, the department board, may
 1388 enter an order denying licensure or imposing any of the
 1389 penalties authorized in s. 456.072(2) against any applicant for
 1390 licensure or licensee who is found guilty of violating any
 1391 provision of subsection (1) of this section or who is found
 1392 guilty of violating any provision of s. 456.072(1).

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1393 Section 33. Paragraph (c) of subsection (2) of section
 1394 491.0046, Florida Statutes, is amended to read:
 1395 491.0046 Provisional license; requirements.-
 1396 (2) The department shall issue a provisional clinical
 1397 social worker license, provisional marriage and family therapist
 1398 license, or provisional mental health counselor license to each
 1399 applicant who the board certifies has:
 1400 (c) ~~Has~~ Met the following minimum coursework requirements:
 1401 1. For clinical social work, a minimum of 15 semester hours
 1402 or 22 quarter hours of the coursework required by s.
 1403 491.005(1)(b)2.b.
 1404 2. For marriage and family therapy, 10 of the courses
 1405 required by s. 491.005(3)(b)1. ~~s. 491.005(3)(b)1.a. e.~~, as
 1406 determined by the board, and at least 6 semester hours or 9
 1407 quarter hours of the course credits must have been completed in
 1408 the area of marriage and family systems, theories, or
 1409 techniques.
 1410 3. For mental health counseling, a minimum of seven of the
 1411 courses required under s. 491.005(4)(b)1.a.-c.
 1412 Section 34. Subsection (11) of section 945.42, Florida
 1413 Statutes, is amended to read:
 1414 945.42 Definitions; ss. 945.40-945.49.-As used in ss.
 1415 945.40-945.49, the following terms shall have the meanings
 1416 ascribed to them, unless the context shall clearly indicate
 1417 otherwise:
 1418 (11) "Psychological professional" means a behavioral
 1419 practitioner who has an approved doctoral degree in psychology
 1420 as defined in s. 490.003(3) ~~s. 490.003(3)(b)~~ and is employed by
 1421 the department or who is licensed as a psychologist pursuant to

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1422 chapter 490.
 1423 Section 35. This act shall take effect July 1, 2019.

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THE FLORIDA SENATE
APPEARANCE RECORD

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

2/20/19
Meeting Date

SB 188
Bill Number (if applicable)

593730
Amendment Barcode (if applicable)

Topic Amendment 593730

Name Eric Thorn

Job Title Staff Counsel

Address 325 John Knox Rd

Phone 850

July FL 32302
City State Zip

Email ethorn@executive
OFFICE

Speaking: For Against Information
amendment

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

Representing Florida Dental Laboratory Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Waived) #12 K-1:30pm

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

2/20/19
Meeting Date

188
Bill Number (if applicable)

Topic Dept. of Health

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr

Phone 878-3056

Tallahassee FL 32301
City State Zip

Email winnsr@earthlink.net

Speaking: For Against Information

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

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

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

2/20/2019
Meeting Date

188
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name BRIAN PITS

Job Title Trustee

Address 1119 Newton Ave S.
Street

Phone 727/897-9291

St Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: For Against Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Waived)

2/20/19
Meeting Date

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

CS/SB 188
Bill Number (if applicable)

Topic Department of Health

Amendment Barcode (if applicable)

Name Alexandra Abboud

Job Title Governmental Affairs Liaison

Address 118 E. Jefferson St
Street

Phone 850-224-6889

Tallahassee FL 32301
City State Zip

Email aabboud@floridadental.org

Speaking: For Against Information

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

Representing The Florida Dental Association

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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agency for persons with disabilities
State of Florida

Agency for Persons with Disabilities Agency Overview

**Senate Appropriations Subcommittee
on Health and Human Services
February 20, 2019**

Ron DeSantis
Governor

Barbara Palmer
Director



Individuals served by the Agency

To be eligible for agency services, a person must have one or more of the following diagnoses:

	Waiver	Waiting List
Intellectual Disability	25,836	12,453
Severe Forms of Autism	4,298	5,325
Cerebral Palsy	3,436	2,837
Spina Bifida	610	359
Down Syndrome	252	841
Prader-Willi Syndrome	84	61
Phelan-McDermid Syndrome	23	2
High Risk		43
Total Clients as of 2/1/2019	34,539	21,921



Home and Community Based Services Waiver

In 1982, Florida entered into a Home and Community Based Services (HCBS) Waiver with the Federal Centers for Medicare and Medicaid Services (CMS). The iBudget Waiver is Florida's HCBS Waiver for developmental disabilities and provides 26 services to eligible Florida recipients.

The waiver with CMS requires the State to provide medically necessary services to all waiver enrollees. Per federal law, states are prohibited from denying coverage of "medically necessary" services that fall under a category covered in their waiver.

The federal case *Moore ex rel. Moore v. Reese* (11th Circuit 2011) ruled that "However pressing budgetary burdens may be, we have previously commented that cost considerations alone do not grant participating states a license to shirk their statutory duties under the Medicaid Act".



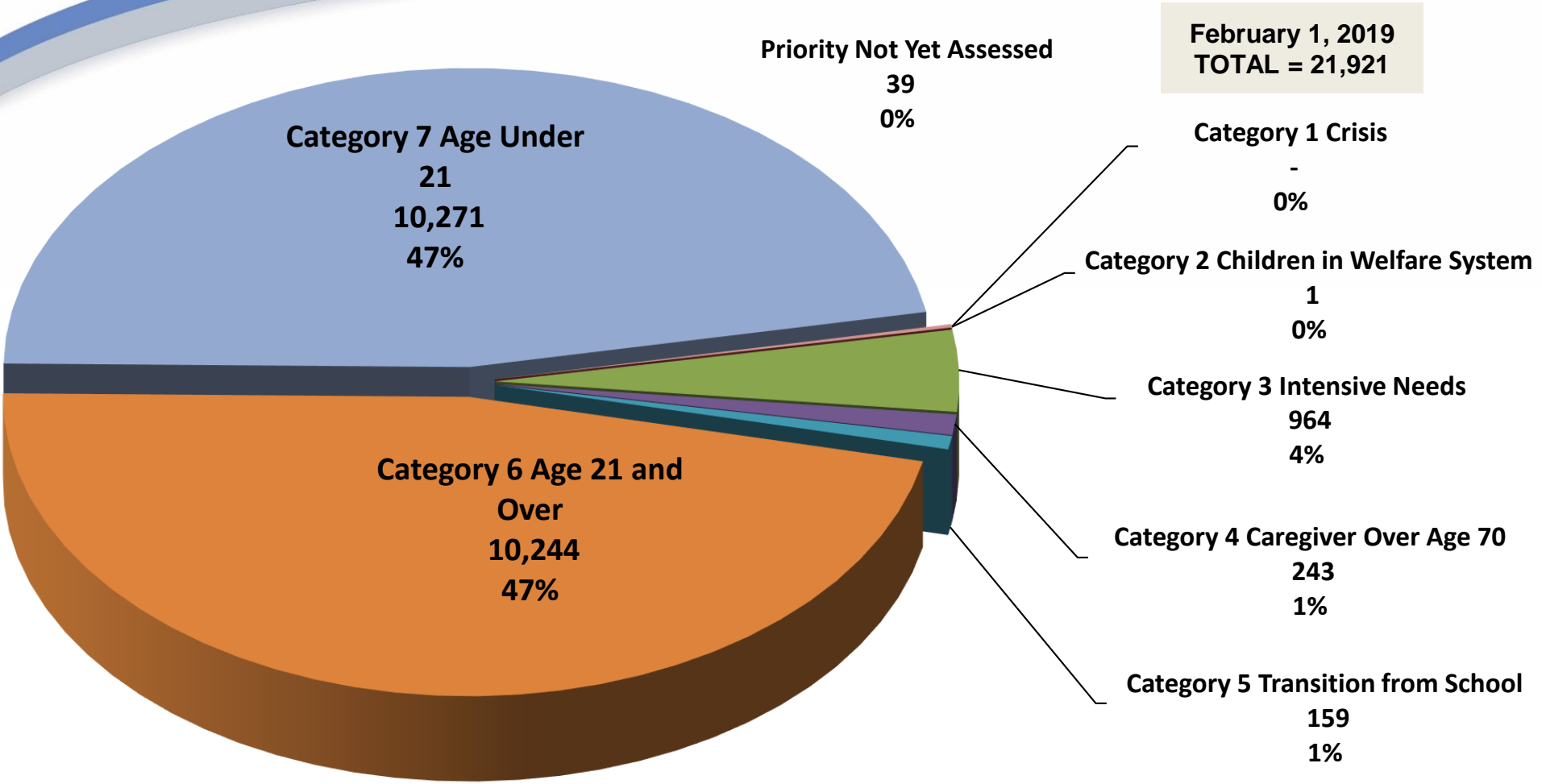
iBudget Waiver Services

APD offers a wide range of social, medical, residential, and behavioral services. Services provided are based on need and coverage criteria, so not all individuals receive all services.

Behavior Analysis Services	Physical Therapy
Behavior Assistant Services	Private Duty Nursing
Consumable Medical Supplies	Residential Habilitation
Dental Services	Residential Nursing Services
Dietitian Services	Respiratory Therapy
Durable Medical Equipment and Supplies	Respite Care
Environmental Accessibility Adaptations	Skilled Nursing
Life Skills Development Level 1 – Companion	Special Medical Home Care
Life Skills Development Level 2 – Supported Employment	Specialized Mental Health Counseling
Life Skills Development Level 3 – Adult Day Training	Speech Therapy
Occupational Therapy	Supported Coordination
Personal Emergency Response Systems	Supported Living Coaching
Personal Supports	Transportation Services



Individuals on Waiting List by Priority Category and Percent

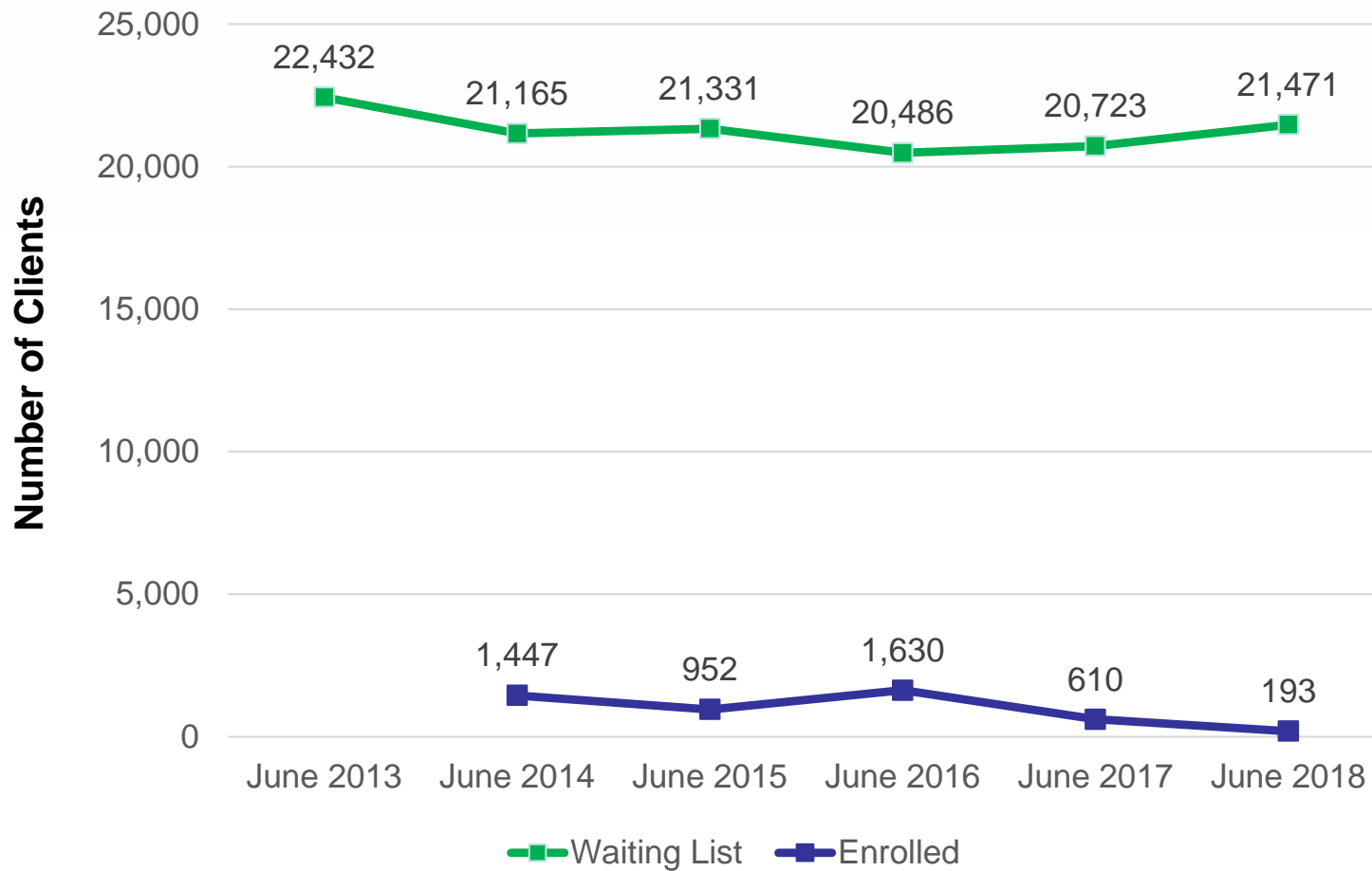


February 1, 2019
TOTAL = 21,921

A total of 10,298 Waiting List individuals were receiving some level of services through the Medicaid State Plan as of January 1, 2019

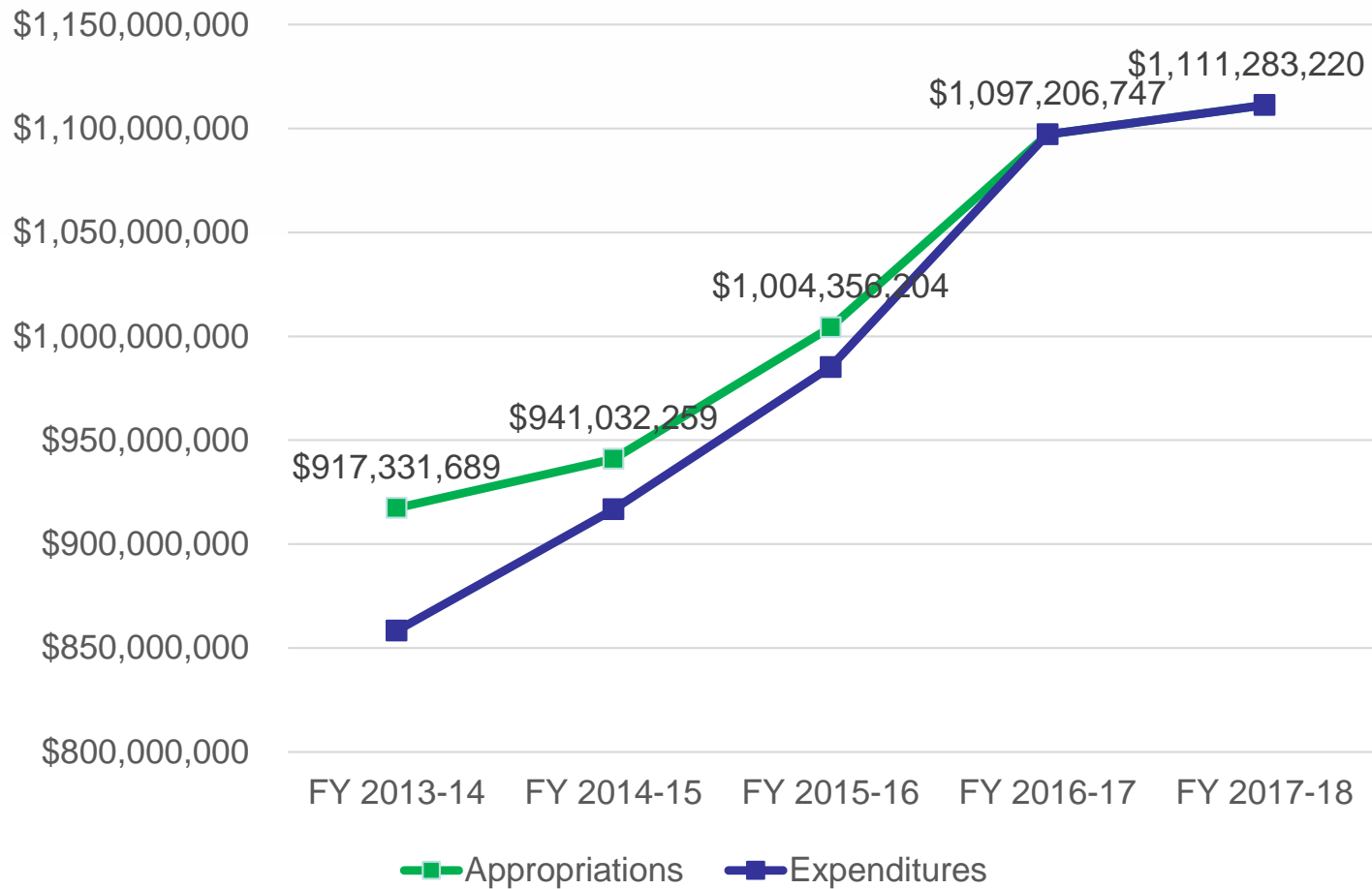


Waiting List And Waiver Enrollments through Additional Funding





Waiver Appropriations and Expenditures





Cost Drivers

- ❖ Behavioral Issues
- ❖ Complex Medical / Medical Issues
- ❖ Total Physical Assistance
- ❖ Permanent Loss of Caregiver Support
- ❖ Aging Out of School and/or Medicaid State Plan



Thank You!

For more information about APD,

- ▶ **Call 1-866-APD-CARES or
(1-866-273-2273)**
- ▶ **Visit APDCares.org**

THE FLORIDA SENATE
APPEARANCE RECORD

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

2/20/2019

Meeting Date

Bill Number (if applicable)

Topic Agency for Persons with Disabilities

Amendment Barcode (if applicable)

Name David Daddas

Job Title Deputy Director for Budget and Planning

Address 4030 Esplanade Way

Phone 850-414-6058

Street

Tallahassee

FL

32399

Email david.daddas@APDCares.org

City

State

Zip

Speaking: For Against Information

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

Representing Agency for Persons with Disabilities

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE APPEARANCE RECORD

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

2/20

Meeting Date

Bill Number (if applicable)

Topic Presentation on the Agency for Persons with Disabilities

Amendment Barcode (if applicable)

Name Lorena Fulcher

Job Title Bureau Chief of Consumer Supports

Address 4030 Esplanade Way

Phone (850) 488-5998

Street

Tallahassee

FL

32399

Email lorena.fulcher@apdcares.org

City

State

Zip

Speaking: For Against Information

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

Representing Agency for Persons with Disabilities

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

No material available

THE FLORIDA SENATE
APPEARANCE RECORD

(waived)

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

2-20-19

Meeting Date

LFIR 1575

Bill Number (if applicable)

Doctors Memorial Hospital - Medical Stabilization - Gainer

Topic Local Funding Initiative # 1575

Amendment Barcode (if applicable)

Name Bryan Cherry

Job Title Lobbyist

Address 150 S. Monroe St., STE 303

Phone (850) 544-5673

Street

Tallahassee FL 32301

City

State

Zip

Email bryan@pinpointresults.com

Speaking: For Against Information

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

Representing _____

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

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

2-20-19

Meeting Date

Doctors Memorial Hospital - Rural Health Clinic - Gainer

LFIR 1659

Bill Number (if applicable)

Topic

LOCAL FUNDING INITIATIVE #1659

Amendment Barcode (if applicable)

Name

Bryan Cherry

Job Title

Lobbyist

Address

150 S. Monroe St, STE 303

Phone

(850) 544-5673

Street

Tallahassee

FL

32301

Email

bryan@pinpointresults.com

City

State

Zip

Speaking:

For

Against

Information

Waive Speaking:

In Support

Against

(The Chair will read this information into the record.)

Representing

DOCTOR'S MEMORIAL HOSPITAL, Bonifay

Appearing at request of Chair:

Yes

No

Lobbyist registered with Legislature:

Yes

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

2/22/2019

Meeting Date

LFT# 1321

Bill Number (if applicable)

Topic Veterans Alternative Accelerated Wellness Program

Amendment Barcode (if applicable)

Name Brian Anderson

Leader Simpson

Job Title Retired Green Beret / CEO Veterans Alternative

Address 5041 Circus Lane

Phone 910.364.5966

Street

New Port Richey

FL

34653

Email brian@veteransalternative.org

City

State

Zip

Speaking: For Against Information

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

Representing Veterans Alternative

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

2/20/19

Meeting Date

Bill Number (if applicable)

Topic Health Care

Amendment Barcode (if applicable)

Name Greg Pound

Job Title

Address 9166 Sunrise Dr.

Phone

Street

Largo

Fl.

33773

Email

City

State

Zip

Speaking: For Against Information

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

Representing

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

CourtSmart Tag Report

Room: KN 412

Case No.:

Type:

Caption: Senate Appropriations Subcommittee on Health and Human Services

Judge:

Started: 2/20/2019 1:32:08 PM

Ends: 2/20/2019 3:05:58 PM Length: 01:33:51

1:32:10 PM Sen. Bean (Chair)

1:32:08 PM TAB 5 - Senators Presentations of Health and Human Services

1:32:10 PM Sen. Bean (Chair)

1:33:51 PM Sen. Benacquisto

1:34:11 PM Sen. Bean

1:35:15 PM Sen. Gainer

1:36:20 PM Sen. Thurston

1:38:23 PM Sen. Powell

1:41:12 PM Sen. Bean

1:42:15 PM S188

1:42:16 PM Sen. Harrell

1:43:56 PM Am. 671644

1:44:45 PM Sen. Bean

1:44:59 PM Am. 593730

1:45:20 PM Sen. Harrell

1:45:25 PM Eric Thorn, Staff Counsel, Florida Dental Laboratory

Association

1:48:33 PM Sen. Bean

1:49:33 PM Sen. Harrell

1:50:27 PM Sen. Bean

S 188 (continued)

Stephen Winn, Executive Director, Florida Osteopathic Medical

Association (Waives in support)

1:50:41 PM Brian Pitts, Trustee, Justice-2-Jesus

Alexandra Abboud, Governmental Affairs Liaison, Florida Dental

Association (Waives in support)

1:53:09 PM Sen. Bean

1:54:11 PM Sen. Harrell

1:54:18 PM Sen. Bean

1:54:34 PM S104

1:54:58 PM Sen. Book

1:54:59 PM Sen. Bean

Dawn Steward (Waives in support)

Carlos Cruz, Polaris Pharmacy Services (Waives in support)

Devon West, Policy Advisor, Broward County (Waives in support)

1:55:09 PM B. Pitts

1:55:54 PM Sen. Bean

1:56:37 PM Tab 5 (continued)

2:00:08 PM Sen. Simpson

2:00:57 PM Sen. Bean

2:01:50 PM Sen. Mayfield

2:02:09 PM Sen. Gibson

2:04:21 PM Sen. Stargel

2:05:25 PM S 184

2:09:43 PM Sen. Bean

2:10:43 PM B. Pitts

2:11:23 PM Sen. Bean

2:12:22 PM Tab 4 – Presentation on the Agency for Persons with Disabilities

2:13:03 PM David Dobbs, Deputy Director for Budget and Planning

2:16:57 PM Sen. Bean

2:16:57 PM D. Dobbs
2:17:09 PM Sen. Bean
2:17:42 PM D. Dobbs

2:32:44 PM Sen. Bean
2:33:38 PM D. Dobbs
2:34:02 PM Sen. Bean
2:35:17 PM D. Dobbs
Sen. Harrell
2:36:56 PM Lorena Fulcher, Bureau Chief of Consumer Supports
2:38:42 PM Sen. Harrell
2:38:54 PM D. Dobbs
2:39:31 PM Sen. Harrell
2:40:13 PM D. Dobbs
2:40:22 PM Sen. Harrell
2:40:35 PM D. Dobbs
2:40:47 PM Sen. Harrell
D. Dobbs
Sen. Harrell
D. Dobbs
2:42:00 PM Sen. Bean
2:43:00 PM Sen. Rader
2:43:52 PM D. Dobbs
2:43:58 PM Sen. Harrell
2:44:47 PM D. Dobbs
2:45:32 PM Sen. Bean
Tab 5 (Continued)
2:46:31 PM Sen. Hooper
2:47:41 PM Sen. Diaz
2:49:20 PM Sen. Flores
2:53:22 PM Sen. Bean
2:53:55 PM Sen. Book
2:54:07 PM Sen. Bean
2:54:21 PM Sen. Rader
2:54:51 PM Sen. Farmer
2:55:42 PM Sen. Bean
2:56:44 PM Sen. Rouson
2:58:49 PM Sen. Bean
2:59:51 PM Sen. Rader
3:00:25 PM Sen. Bean
3:01:29 PM Bryan Cherry, Lobbyist, Doctor's Memorial Hospital, Bonifay (Waives in support)
Brian Anderson, CEO Veterans Alternative
3:03:05 PM Sen. Bean
3:03:26 PM Sen. Rouson
3:03:30 PM Sen. Farmer
3:03:53 PM Greg Pound
3:05:36 PM Sen. Bean