

Tab 1	CS/SB 466 by HP, Torres (CO-INTRODUCERS) Wright, Book, Taddeo, Stewart, Jones, Cruz, Rouson, Gibson, Powell, Ausley, Bracy, Burgess, Harrell, Perry, Pizzo, Diaz, Rodrigues, Hooper, Farmer; (Compare to H 00131) Military Medics and Corpsmen of Florida Program				
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Tab 2	SB 1670 by Hutson; (Compare to H 07055) Cybersecurity				
397432	D	S	RCS	MS, Hutson	Delete everything after 02/09 08:02 AM

Tab 3	SB 1694 by Hutson; (Compare to H 07057) Public Records/Criminal Intelligence Information or Criminal Investigative Information				
369310	D	S	RCS	MS, Hutson	Delete everything after 02/09 09:24 AM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
MILITARY AND VETERANS AFFAIRS, SPACE, AND
DOMESTIC SECURITY
Senator Wright, Chair
Senator Harrell, Vice Chair

MEETING DATE: Tuesday, February 8, 2022
TIME: 12:30—2:30 p.m.
PLACE: *Mallory Horne Committee Room, 37 Senate Building*

MEMBERS: Senator Wright, Chair; Senator Harrell, Vice Chair; Senators Burgess, Cruz, Gibson, Rodriguez, and Torres

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	CS/SB 466 Health Policy / Torres (Compare H 131)	Military Medics and Corpsmen of Florida Program; Authorizing the Department of Health to establish the Military Medics and Corpsmen of Florida (MMACOF) program in collaboration with Florida Is For Veterans, Inc.; requiring Florida Is For Veterans, Inc., to recruit and review the eligibility of certain veterans for the program; requiring Florida Is For Veterans, Inc., to recruit, establish, and maintain a statewide list of participating health care providers; requiring Florida Is For Veterans, Inc., to assist such veterans with identifying and applying to a participating health care providers for employment, etc. HP 01/13/2022 Fav/CS MS 02/08/2022 Favorable AP	Favorable Yeas 7 Nays 0
2	SB 1670 Hutson (Compare H 7055, Linked S 1694)	Cybersecurity; Requiring specified entities to report certain computer attacks to the State Watch Office within the Division of Emergency Management; requiring local governments to adopt certain cybersecurity standards by a specified date; requiring the Florida Digital Service and the Florida Cybersecurity Advisory Council to develop training requirements and conduct training at certain intervals; prohibiting specified offenses concerning ransomware; providing criminal penalties; providing for disposition of fines for such offenses, etc. MS 02/08/2022 Fav/CS AEG AP	Fav/CS Yeas 6 Nays 1

COMMITTEE MEETING EXPANDED AGENDA

Military and Veterans Affairs, Space, and Domestic Security
Tuesday, February 8, 2022, 12:30—2:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	SB 1694 Hutson (Compare H 7057, Linked S 1670)	Public Records/Criminal Intelligence Information or Criminal Investigative Information; Providing an exemption from public records requirements for criminal intelligence information or criminal investigative information that reveals means or methods that could allow unauthorized access to any electronic device, software, or network; providing for future legislative review and repeal of the exemption; providing a statement of public necessity, etc. MS 02/08/2022 Fav/CS AEG AP	Fav/CS Yeas 7 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Military and Veterans Affairs, Space, and Domestic Security

BILL: CS/SB 466

INTRODUCER: Health Policy Committee and Senator Torres and others

SUBJECT: Military Medics and Corpsmen of Florida Program

DATE: February 7, 2022 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Brown	Caldwell	MS	Favorable
3.			AP	

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

I. Summary:

CS/SB 466 authorizes the Department of Health (DOH) to establish the Military Medics and Corpsmen of Florida program (program), in collaboration with Florida Is For Veterans, Inc. (FIFV). The program will match a qualifying veteran with a job provided by a participating health care provider in a health care or health care-related field, while the veteran works towards full practice requirements.

The program requires the FIFV to recruit and review eligibility of military-trained health care veterans in applying for the program and receiving a certificate to practice. Certification is based on a background in military health care and at least half-time enrollment in a qualified health care education program.

If an applicant qualifies for certification, the DOH will issue a certificate that authorizes practice without a license under the direct supervision of an appropriately licensed or certified health care practitioner.

The bill authorizes the DOH and the board to pursue a disciplinary action against a certificateholder based on specified grounds.

The program also assists veterans and their spouses who have served in health care-related fields with resumé writing, mentorship, and employment with participating health care providers. For

veterans and their spouses who have gained management experience, or completed an advanced degree, the program will help them find civilian health care leadership and management employment in a variety of health care disciplines.

The DOH expects to incur a significant fiscal impact from new responsibilities assigned in this bill.

II. Present Situation:

Florida Department of Veterans' Affairs (FDVA)

The FDVA provides assistance to former and present members of the U.S. Armed Forces and their dependents in preparing claims for and securing compensation, hospitalization, career training, and other benefits or privileges to which they are entitled to under federal or state law. Services rendered are without charge.¹ More than 1.5 million veterans currently live in Florida, making the state's veteran population the third largest nationally.²

Florida Is For Veterans, Inc. (FIFV)

Section 295.21, F.S., created "Florida Is For Veterans, Inc.," within the FDVA as a nonprofit corporation that is registered, incorporated, organized, and operated under ch. 617, F.S.; and is not part of state government. FIFV is a separate budget entity and is not subject to the control of the FDVA.

The purpose of FIFV is to promote Florida as a veteran-friendly state that seeks to provide veterans with employment opportunities and promote hiring of veterans by the business community. FIFV encourages retired and recently separated military personnel to remain in the state. FIFV's mission is to promote the value of military skill sets to businesses, assist in training veterans to match marketplace needs, and enhance entrepreneurial skills of veterans.

All agencies of the state are authorized and directed to provide technical assistance to FIFV and identify agency programs to provide assistance or benefits to veterans who are located in or considering relocation to the state. The FDVA may authorize the FIFV to use of FDVA property, facilities, and personnel services, as prescribed by contract.³

United States Armed Forces

The U.S. Armed Forces (U.S.A.F.) is made up of six military branches: Air Force, Army, Coast Guard, Marine Corps, Navy and, most recently, Space Force. The secretary of the U.S. Department of Defense (DoD) has control over the military and each branch, except the Coast Guard, which is under the Department of Homeland Security (DHS). With more than two million civilian and military employees, the U.S. DoD is the world's largest employer.⁴

¹ Section 292.05(1), F.S.

² Florida Department of Veterans' Affairs, *Our Veterans*, available at <http://floridavets.org/our-veterans/> (last visited Feb. 3, 2022).

³ Section 295.21(1), F.S.

⁴ Military.com, *What Are the Branches of the US Military?* available at <https://www.military.com/join-armed-forces/us-military-branches-overview.html> (last visited Feb. 3, 2022).

Enlisted Members vs. Officers

Joining the U.S. Armed Forces as an enlisted member or an officer has a significant impact on the type of experience and training a new recruit receives. All enlisted jobs require a high school diploma, although, with certain exceptions, a passing General Education Development (GED) test score is acceptable. While enlisted careers do include infantry roles, most jobs involve hands-on training for mechanical, transportation, human service, or office fields that transfer to the civilian world.

Almost all officer positions require a four-year college degree or equivalent. Officers are the managers of the military, acting in leadership roles that require planning, directing operations, and making critical decisions. Officer positions also include careers that require advanced degrees, such as law and medicine.⁵

Florida's Department of Health (DOH)

The Legislature created the DOH to protect and promote the health, safety, and welfare of all residents and visitors in the state.⁶ The DOH is charged with the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. The Division of Medical Quality Assurance (MQA) is responsible for the boards⁷ and professions within the DOH.⁸

Health Care Practitioner Regulation

The DOH, Division of MQA, provides health care practitioner regulation and support to health care licensure boards and councils. Boards are responsible for approving or denying an applicant's license based upon:

- Reviewing applicant qualifications specified in statute;
- Reviewing continuing education courses and practitioners;
- Promulgating administrative rules authorized by statute;
- Determining probable cause in cases resulting from complaints; and
- Disciplining practitioners found to be in violation of applicable laws.

The Division of MQA licenses and regulates seven types of health care facilities and more than 200 license types in over 40 professions, while partnering with 22 boards and four councils.⁹

Health Care Practitioner Scope of Practice

The scope of practice for a regulated health care profession includes activities and procedures that a person with a specified level of education, training, and competency is authorized to

⁵ Today's Military, *Enlisted and Officer Paths*, available at <https://www.todaysmilitary.com/ways-to-serve/enlisted-officer-paths> (last visited Feb. 3, 2022).

⁶ Sections 20.43(1) and 456.003, F.S.

⁷ Under s. 456.001(1), F.S., "board" is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the DOH or, in some cases, within the MQA.

⁸ Section 20.43(3), F.S.

⁹ Department of Health, *2022 Agency Legislative Bill Analysis of CS/SB 466*, pg. 2 (Feb. 3, 2022) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

perform under laws and rules of the state in which the person practices. Scope of practice can also incorporate conditions that may limit the exercise of authorized activities and procedures.¹⁰ Licensed health care practitioners in Florida may only perform that which is authorized by the scope of practice for their profession. Individuals who perform functions outside of their scope of practice are subject to discipline. Individuals who perform tasks that are specific to a scope of practice identified in statute without required licensure may be considered to be performing unlicensed activities in violation of law.¹¹

The Board of Medicine

The Florida Board of Medicine (BOM) functions within the DOH/MQA, and is composed of 15 members appointed by the Governor and confirmed by the Senate. Twelve members of the BOM must be licensed physicians in good standing who are state residents and have been actively engaged in the practice or teaching of medicine for at least four years immediately preceding their appointment. Of the members, one must be a full-time faculty member of a Florida medical school; one must be in private practice; one must be a full-time staff member of a statutory teaching hospital; and at least one must be a graduate of a foreign medical school. The remaining three members are consumer members who are residents of the state and have never been licensed health care practitioners. One member must be a health care risk manager and at least one member must be 60 years of age or older.

Practice of Medicine

A physician is a person who is licensed to practice medicine in Florida. Practice of medicine includes the diagnosis, treatment, operation, or prescription for disease, pain, injury, deformity, or other physical or mental condition.¹²

Allopathic standards of practice and standards of care for particular practice settings include, but are not limited to, education and training, equipment and supplies, medications including anesthetics, assistance of and delegation to other personnel, transfer agreements, sterilization, records, performance of complex or multiple procedures, informed consent, and policy and procedure manuals.¹³

The Practice of Nursing

The scope of practice of nursing varies based on the type of education, training, and nursing licensure held by the health care practitioner.

¹⁰ Federation of State Medical Boards, *Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety* (April 2005) available at <https://www.fsmb.org/siteassets/advocacy/policies/assessing-scope-of-practice-in-health-care-delivery.pdf> The Federation of State Medical Boards is an association whose members include all medical licensing and disciplinary boards in the U.S. and U.S. territories. The Federation acts as a collective voice for 70 member medical boards in promoting high standards for medical licensure and practice. The Guidelines recommend that State regulators and legislators review various factors when considering scope of practice initiatives in the interest of public health and patient safety.

¹¹ Section 456.072, F.S.

¹² Section 458.305(3), F.S.

¹³ Section 458.331(1)(v), F.S.

Licensed Practical Nurse (LPN)

An LPN may perform selected acts, including:

- The administration of treatments and medications;
- The promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and
- The teaching of general principles of health and wellness to the public and students other than nursing students.¹⁴

Qualifications and training for licensure for an LPN, in accordance with s. 464.003, F.S., includes the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from a Florida approved, or accredited LPN nursing education program as defined in s. 464.003, F.S.;
- Graduation from an Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accredited LPN nursing program that has been issued a National Council Licensure Examination (NCLEX) code by the National Council of State Boards of Nursing (NCSBN);
- Graduation from an LPN nursing education program that is approved or recognized by the jurisdiction in which it is based and that has been issued an NCLEX code by the NCBSN;
- Graduation from a military nursing education program that has been issued an NCLEX code by NCSBN;
- Graduation from a non-NCSBN jurisdiction (e.g. Puerto Rico), or international nursing education program that the Board of Nursing (BON) determines to be equivalent to an approved program; or
- Successful completion of courses in a registered nursing education program that are equivalent to a practical nursing education program – Practical Nurse Examination based on practical nursing Equivalency (PNEQ).

An LPN may also qualify for licensure in Florida by meeting endorsement qualifications (holding a valid license in another state and meeting other minimum qualifications) or by Nurse Licensure Compact.

All nursing programs requesting Board of Nursing approval must conform to the state Department of Education curriculum framework. Required content of a practical nursing program must cover medical, surgical, obstetrical, pediatric, geriatric, acute care in long term care and community settings; personal, family, and community health concepts; nutrition; human growth and development; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and medication administration; and legal aspects of nursing. Additionally, the curriculum must include at least 50% clinical training.¹⁵

¹⁴ Section 464.003(18), F.S.

¹⁵ Fla. Admin. Code. R. 64B9-2.021 (2021).

Certified Nursing Assistant (CNA)

A CNA may provide care and assistance to persons with tasks related to activities of daily living. These tasks include 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, residents' or patients' rights, and documentation of nursing-assistant services. Other tasks may be performed upon completion of training beyond the minimum qualifications for initial certification and upon validation of competence in that skill by an RN.¹⁶

Qualifications and training for licensure for a CNA, in accordance with s. 464.203, F.S., include the following education qualifications and exam requirements, with noted alternative methods to meet requirements.

- Successfully complete an approved training program and a minimum score on the nursing assistant competency examination;
- Achieve a minimum score, established by rule of the board, on the nursing assistant competency examination, and have a high school diploma, or its equivalent; or is at least 18 years of age;
- Complete curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and a minimum score on the nursing assistant competency examination; or
- Qualify for licensure by endorsement if currently certified in another state or territory of the U.S. or District of Columbia and successfully complete criminal history and discipline history requirements.

The CNA Examination must consist of a written exam and a clinical skills test. Both must be passed within a two-year period in order to achieve certification. General areas of competency of the written exam include: the role of the nursing assistant; promotion of safety; promotion of function and health of patients; and basic and specific nursing care for patients with changes in health. For the written exam, the BON accepts a minimum passing score of 76 percent.¹⁷

The CNA clinical skills exam includes four test areas: personal care, promotion of function, health and safety; reporting and recording; and hand washing. If an applicant fails to pass the CNA competency examination three times, the applicant is not eligible for reexamination unless the applicant completes an approved training program.¹⁸

Emergency Medical Services (EMS)

The Legislature created ch. 401, F.S., in 1973 to establish a statewide organized and regulated system of regional EMS providers with two major objectives:

- To develop a statewide system of emergency medical telecommunications to maximize the use of existing radio channels to provide faster and more effective EMS to the general population;¹⁹ and

¹⁶ Section 464.201(5), F.S.

¹⁷ Fla. Admin. Code R. 64B9-15.008 (2021).

¹⁸ *Id.*

¹⁹ Section 401.013, F.S.

- To protect and enhance public health, safety, and welfare with the establishment of a statewide EMS plan to:
 - Monitor the quality of patient care delivered by each licensed service;
 - Certify EMS personnel;
 - Create an EMS advisory council;
 - Develop a comprehensive statewide injury-prevention program; and
 - Develop minimum standards for EMS providers, personnel, vehicles, services, medical direction, and inspections.²⁰

The Legislature further created the Florida Emergency Medical Services Grant Act.²¹ This law authorizes the DOH to make grants to local agencies, EMS organizations, and youth athletic organizations to provide EMS, including emergency medical dispatch, and work with local EMS organizations to expand the use of automated external defibrillator (AED) devices.²²

Emergency Medical Service Providers

Entities that provide prehospital or interfacility advanced life support (ALS) services or basic life support (BLS) transportation services must be licensed as a BLS service or an ALS service, or both.²³

Emergency Medical Technician (EMT)

An EMT is certified by the DOH to perform BLS techniques.²⁴ BLS techniques include treatment of medical emergencies by a certified EMT qualified in the use of techniques of patient assessment, CPR, splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical anti-shock trousers, administration of a subcutaneous injection using an auto-injector of epinephrine for an anaphylactic reaction, and other techniques described in the U.S. DOT, EMT Basic Training Course Curriculum (EMT-BTCC).²⁵

Qualifications and training for an EMT, in accordance with s. 401.27, F.S., include the following minimum requirements:

- Out of state or military applicants trained in accordance with either the 1994 U.S. DOT EMT-Basic National Standard Curriculum or the January 2009 U.S. DOT National EMS Education Standards and who currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians (NR-EMT);
- Completion of an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the U.S. DOT, within one year after course completion have passed an examination for an emergency medical technician, and hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent.

To be eligible for an EMT certification in Florida, an applicant must:

²⁰ Section 401.211, F.S.

²¹ See ss. 401.101 and 401.104, F.S.

²² Section 401.111, F.S.

²³ Section 401.25(1), F.S.

²⁴ Section 401.23(11), F.S.

²⁵ Section 401.23(7), F.S.

- Submit a completed application;
- Submit proof to the Certification Unit of meeting required professional education in one of the following ways:
 - *Florida Trained* – Successful completion of EMT course from a DOH approved program within two years of passing the examination;
 - *Out-of-State Trained* – Submit proof of current NR-EMT certification;
 - *Florida Paramedic Certification*. A Florida certified paramedic may use his or her paramedic certificate, provided it is current and in good standing, to satisfy professional education requirements for certification as an EMT; or
 - If the applicant was initially trained in Florida, received a Florida EMT certification, but did not maintain certification, the applicant may apply by *Out of State Certification* and submit a copy of either:
 - An American Red Cross CPR for Professional Rescuer card; or
 - An American Heart Association BLS for the Healthcare Provider.

Paramedic

A certified paramedic may perform both BLS and ALS.²⁶ ALS includes the assessment or treatment by a certified paramedic qualified in the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards, pursuant to DOH administrative rules.²⁷

A member of the U.S. Armed Forces, on active duty, who at the time he or she became a member, was in good standing with the DOH, and certified to practice as an EMT or paramedic in Florida remains in good standing without registering, paying dues or fees, or performing any other act, as long as he or she is an active duty member of the U.S. Armed Forces, and for a period of six months after discharge from active duty.²⁸

Protection of the public is incumbent upon the accurate determination that a health care professional is qualified to practice the health care profession for which they are seeking licensure. Florida statutes delineate minimum qualifications for each license based on the profession and the associated scope of practice. However, all professions have the same general categories of requirements for licensure, including:

- Minimum educational requirements, which may also encompass an internship program or residency training.
- Successful examination completion. Most health care professions require successful completion of a national examination to demonstrate competency.
- Criminal history evaluation. All applicants are required to disclose prior criminal history, and professions identified in s. 456.0135, F.S., require electronic fingerprint submission. Certain criminal activity reflected in the history may preclude licensure.
- Disciplinary history evaluation. Disciplinary history evaluation includes all prior licensure in any profession in any jurisdiction. Certain types of discipline may preclude licensure.

²⁶ Section 401.23(17), F.S.

²⁷ Section 401.23(1), F.S.

²⁸ Section 401.271, F.S.

- Health history evaluation. Applicants are required to disclose health history, including evidence of impairment. Boards evaluate the disclosure to determine if the applicant is safe to practice prior to making a final licensure determination.

To be eligible for a paramedic certification in Florida, an applicant must:

- Submit a completed application;
- Possess a high school diploma or GED;
- Submit proof to the Certification Unit of meeting the required professional education in one of the following ways:
 - *Florida Trained* - Successful completion of a paramedic course from an approved program within two years of passing the examination.;
 - *Out of State Certification* – Proof of current NR-EMT certification; or
 - *Health Professional Licensure* – A Florida licensed physician, physician assistant, dentist, or registered nurse may apply for certification as a paramedic and subsequently challenge the paramedic exam, provided he or she holds a Florida EMT certificate which is current, in good standing, and has successfully completed an advance cardiac life support course.²⁹

III. Effect of Proposed Changes:

CS/SB 466 authorizes the Department of Health (DOH), in collaboration with Florida is for Veterans (FIFV), to establish and administer the Military Medics and Corpsmen of Florida program. The program is designed to help veterans and their spouses pursue clinical, leadership, and nonclinical careers in health care or health care-related fields in the state. Participants in the program, presently unlicensed as health care practitioners, may work in the field continent upon meeting certain requirements, including receiving a Military Medic and Corpsmen of Florida Health Care Certification (certification).

Definitions

A military-trained veteran is a person who:

- Has served within the preceding consecutive 12 months as an Army medic, Air Force medical technician, Navy hospital corpsman, or Coast Guard health services technician;
- Was discharged or separated from military service under conditions other than dishonorable;
- Has received a Health Care Program Qualified Status from the DOH;
- Is enrolled, at least half-time, in an approved and accredited Florida health care education and training program specific to the health care field for which the DOH has issued the Health Care Program Qualified Status; and
- Has applied for and been approved by the DOH for the Health Care Certification program.

A participating health care provider is:

- A physician licensed under chs. 458, or 459, F.S.;

²⁹ Section 401.25, F.S.; Fla. Admin. C. Rule 64J-1.009, (2021); Florida Department of Health, Licensing and Regulation, EMT and Paramedics, Licensing, *Paramedic*, available at <https://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html> (last visited Feb. 3, 2022).

- A professional corporation or partnership of a licensed physicians licensed under ch. 458 or ch. 459, F.S.;
- A hospital or ambulatory surgical center licensed under ch. 395, F.S.;
- An office registered under s. 458.328 or s. 459.0138, F.S.;
- A company with a medical facility for its employees which is supervised by at least one licensed physician; or
- A facility licensed under ch. 395, F.S., which offers medical services to the public and is supervised by at least one licensed physician.

A veteran as referenced in the bill means a former member of the Florida National Guard, or as the term “veteran” is defined in s. 1.01(14), F.S., which means a person who served in the active military, naval, or air service and who was honorably discharged or released or who later received an upgraded discharge.

Health Care Certification

Determination of Certification

FIFV will recruit and review eligibility of veterans for the certification program. A veteran who wishes to participate must complete an application form, developed by the DOH and each board, or solely the department if there is no board. The veteran will be assisted by the FIFV in completing the form. The department will waive any application, certificate, and unlicensed activity fee for this program.

An application for certification must include:

- Information on the applicant’s background, such as civilian and military education, health care education and training; practice skills routinely performed in the military as a medic (Army), medical technician (Air Force), hospital corpsman (Navy), or a health services technician (Coast Guard) along with other health care-related education or experience; and
- A disclosure stating whether the applicant is currently enrolled, and the status of the enrollment, at least half-time in an approved and accredited Florida health care education and training program for an included practice area; or if not enrolled, preference for the practice area in which the applicant seeks future education and training, including the program he or she plans to enter if known.

The bill authorizes the FIFV to recruit, establish, and maintain a statewide list of participating health care providers. A participating health care provider must agree to employ an unlicensed veteran who holds a Health Care Certificate in an appropriate health care field and who meets requirements relevant to the practice area. The bill also requires the FIFV to assist a certificateholder in identifying participating health care providers for employment, including providing assistance with résumé writing, application completion, and interviewing skills.

The Board of Medicine (Board) will review applications and identify within 30 days if and which of the following areas the applicant is eligible to practice under the direct supervision of a health care practitioner:

- Certified nursing assistant;

- Dental assistant;
- Dental hygienist;
- Emergency medical technologist;
- Licensed practical nurse;
- Laboratory technologist;
- Medical assistant;
- Optician;
- Physician assistant;
- Occupational therapy assistant;
- Radiologic technologist;
- Registered nurse;
- Respiratory care or therapy technician;
- Paramedic;
- Pharmacy technician;
- Physical therapist assistant; or
- Physical therapist.

The board will delineate practice skills that the veteran is permitted to perform under the direct supervision of a licensed health care practitioner in the field in which the veteran is to practice. Once the board has determined that an applicant has sufficient civilian or military health care education and training in one or more health care practice areas, the board must classify an application as having “Health Care Program Qualified” status, and provide written notification of the status to the applicant within 14 days, including instructions on how the veteran can obtain the certificate. The board’s initial determination of the veteran’s “Program Health Care Qualified” status expires 18 months after first issuance, unless the veteran applies for a program Health Care Certificate before the expiration date.

After an applicant has received the “Health Care Program Qualified” status, he or she must provide to the DOH documented enrollment of at least half-time, signed by the registrar or a similar representative of the approved and accredited program, for an approved health care field on a form or as prescribed in department rule. Upon receipt of required proof, the DOH may issue a Military Medic and Corpsman Health Care Certificate that qualifies the unlicensed veteran for employment with a participating health care provider in a position matching the health care field listed on the certificate.

Employment as a Certificateholder

The DOH must provide the veteran with the board’s approved list of practice skills after the veteran has obtained his or her Health Care Certificate.

Within 10 days of the start of civilian employment, the certificateholder must provide the DOH and FIFV with the following information:

- The name, address, and telephone number of the participating health care provider that employs the certificateholder; and

- The name and phone number of a contact health care provider designated to supervise the veteran and who has the list of approved practice skills of the certificateholder.

The certificate remains valid for the length of time the veteran is actively enrolled on at least a half-time basis in the approved program, and he or she may continue to practice the skills approved by the board in a participating civilian health care provider setting.

A certificateholder must in writing notify the DOH and the FIFV within 10 days of:

- Termination of employment; or
- Failure to maintain active enrollment on at least a half-time basis in the education and training program.

Likewise, a participating health care provider who employs the certificateholder must in writing notify the DOH and FIFV within 10 days after terminating the certificateholder, including reasons for termination.

Additionally, an approved and accredited Florida health care education and training program that has enrolled an employed certificateholder must in writing notify the DOH and FIFV within 10 days after:

- Termination of enrollment from the education and training program for any reason, and the reason for termination;
- Enrollment drops below a half-time basis; or
- Absences of a sufficient number to cause the veteran to drop or fail classes, dropping enrollment below a half-time basis.

Disciplinary Actions

Certain acts constitute grounds for denial of a certificate or a disciplinary action, including:

- Obtaining or attempting to through bribery, fraud, or knowing misrepresentation obtain a certificate;
- Having a certificate revoked, suspended, or otherwise acted against, including denial, in another jurisdiction;
- Being convicted, found guilty of, or entering a plea of nolo contendere regardless of adjudication, a crime in any jurisdiction which relates to practice as a certificateholder;
- Committing certain bad acts, including fraud regarding the filing of a report relating to practice as a certificateholder;
- Circulating false, misleading, or deceptive advertising;
- Engaging in illegal activity involving a controlled substance or being unable to practice due to substance use impairment;
- Willfully failing to report violations of designated laws;
- Engaging in practice without an active certificate;
- Being judicially determined mentally incompetent; and
- Unlawfully disclosing a patient's identity.

Upon probable cause, the DOH may compel a certificateholder to undergo a mental or physical examination. The cost to be borne by the certificateholder. Failing to submit to a requested exam

constitutes an admission of allegations and a basis for consequences unless the failure was due to circumstances beyond the control of the certificateholder. The DOH or the board may enter a final order denying certification or imposing a penalty for a person who is found guilty of any of the designated prohibitions. The DOH or board may not issue or reinstate a certificate to a person it deemed unqualified until it determines that the person has satisfied terms and conditions of the final order and that the person can safely practice.

The Board may adopt rules establishing guidelines for the disposition of disciplinary cases.

A certificateholder who is disciplined may be afforded a review to determine if he or she can safely and skillfully resume practice. The record or order entered in any such proceeding may not be used against a certificateholder in another proceeding.

Assistance to Non-Certificate Seeking Veterans and Spouses

Veterans who have served in health care related fields but who do not qualify for certification are still eligible for assistance in mentorship and gaining employment through the program. The program will also provide assistance to veterans and their spouses with management backgrounds in finding leadership and management employment in the health care field.

The bill grants rulemaking authority to the DOH and the board.

The bill takes effect July 1, 2022.

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 identified.

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

None.

B. Private Sector Impact:

The bill, in part, is designed to address the shortage of health care professionals in this state, but impact is indeterminate at this time.

C. Government Sector Impact:

The DOH expects a significant fiscal impact from the bill.³⁰ The department will incur costs from new responsibilities associated with the bill in the following areas:

- Processing applicants, requiring an additional 4 FTE;
- Handling additional complaints and prosecutions, requiring an additional 2 FTE;
- Processing annual renewals, requiring an additional 2 FTE;
- Notifying applicants of renewals, requiring contract services, at a recurring indeterminate cost;
- Updating various websites and databases; and
- Holding meetings, at a rate of six, one day meetings a year.

The DOH estimates a total fiscal impact of \$682,051, of which \$553,127 is recurring and \$128,924 is non-recurring.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Sponsor of the bill may wish to consider the following issues:

- The bill defines eligible veterans to be “medically-trained” as a medic in the U.S. Army, a medical technician in the U. S. Air Force, or a hospital corpsman in the U.S. Navy or the U.S. Coast Guard. Actual military titles are the Army Combat Medic Specialist (CMS), Navy Hospital Corpsman (HM), Air Force Aerospace Medical Service Technician (AMST), and Coast Guard Health Service Technician (HS).
- The bill excludes from the program the U.S. Marine Corp, which uses Navy trained HMs who are Marines, and Space Force, which currently uses Aerospace Medical Service Technicians (AMST) trained by the Air Force, even though they are in the Space Force.
- The bill does not address adverse incident reporting or professional liability insurance.

³⁰ Florida Dep’t of Health, *2022 Legislative Bill Analysis of CS/SB 466* (Feb. 3, 2022) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

- Reference to a military-trained health care veteran as a person who was discharged or separated from service under conditions other than dishonorable is in conflict with the bill's cross-reference to the definition of a veteran provided in s. 1.01(14), which includes as an acceptable discharge an upgrade to an honorable discharge.

VIII. Statutes Affected:

This bill creates section 295.126 of the Florida Statutes.

The bill substantially amends section 295.21 of the Florida Statutes.

IX. Additional Information:

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

CS by Health Policy on January 13, 2022:

The CS:

- Authorizes the DOH to establish and administer the program, in collaboration with the FIFV, instead of the FDVA establishing and administering the program;
- Applies to military veterans and their spouses, not just military veterans;
- Requires the DOH to waive certain fees for program applicants;
- Provides application requirements;
- Requires disclosure of specific information by an applicant;
- Requires the participating health care providers to agree to specified terms;
- Requires a specific application process;
- Requires the board, and any other boards it deems appropriate, to determine areas of practice and specify what skills the veterans may perform under direct supervision;
- Requires the certificate holder, DOH, FIFV, participating health care providers, and certain education and training programs to provide specific information to each other within specified time periods regarding employment status and the status of the veteran's enrollment on at least a half-time basis in an approved program;
- Authorizes grounds for denial of a certificate or disciplinary action against a certificateholder;
- Authorizes both the DOH or the board to issue disciplinary orders;
- Authorizes the DOH to make rules for certificate renewal; the board to make rules to establish guidelines for the disposition of disciplinary cases; and the DOH and the board to make rules to implement s. 295.126, F.S.; and
- Amends s. 295.21, F.S. to authorize the creation of a subprogram dedicated to health care services employment,

- B. **Amendments:**

None.

By the Committee on Health Policy; and Senators Torres, Wright, Book, Taddeo, Stewart, Jones, Cruz, Rouson, Gibson, Powell, Ausley, Bracy, Burgess, and Harrell

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1 A bill to be entitled
 2 An act relating to the Military Medics and Corpsmen of
 3 Florida program; creating s. 295.126, F.S.; defining
 4 terms; authorizing the Department of Health to
 5 establish the Military Medics and Corpsmen of Florida
 6 (MMACOF) program in collaboration with Florida Is For
 7 Veterans, Inc.; providing the purpose of MMACOF;
 8 providing the components of the program; requiring
 9 Florida Is For Veterans, Inc., to recruit and review
 10 the eligibility of certain veterans for the program;
 11 requiring Florida Is For Veterans, Inc., to assist
 12 certain veterans with certain applications; requiring
 13 the department to waive certain fees for such
 14 applicants; providing application requirements;
 15 requiring certain disclosures by an applicant;
 16 requiring Florida Is For Veterans, Inc., to recruit,
 17 establish, and maintain a statewide list of
 18 participating health care providers; requiring the
 19 participating health care providers to agree to
 20 specified terms; requiring Florida Is For Veterans,
 21 Inc., to assist such veterans with identifying and
 22 applying to a participating health care providers for
 23 employment; requiring the Board of Medicine to
 24 determine the areas in which such veterans are
 25 eligible to practice; requiring the board to specify
 26 which skills such veterans may practice under direct
 27 supervision; requiring the board to place such
 28 veterans in a specified status if certain conditions
 29 are met; requiring the department to provide such

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30 veterans with specified information; providing that a
 31 certain status expires within a certain timeframe if
 32 not renewed before a specified date; requiring certain
 33 veterans to provide specified information to the
 34 department; authorizing the department to issue a
 35 certain certificate to such veterans under specified
 36 conditions; providing that such certificate is valid
 37 for a certain timeframe subject to specified
 38 conditions; requiring the department to provide by
 39 rule a method to renew such certificate; requiring
 40 such veterans to provide the department specified
 41 information within a certain timeframe after
 42 employment; requiring a certificateholder to provide
 43 Florida Is For Veterans, Inc., with specified
 44 information within a certain timeframe; requiring
 45 participating health care providers to provide certain
 46 information to the department and to Florida Is For
 47 Veterans, Inc., within a certain timeframe; requiring
 48 certain education and training programs to provide the
 49 department and Florida Is For Veterans, Inc., with
 50 specified information within a specified timeframe;
 51 providing acts that are grounds for denial of a
 52 certificate or disciplinary action; authorizing the
 53 department or the board to enter certain orders;
 54 prohibiting the department or the board from issuing
 55 or reinstating a certificate until certain conditions
 56 are met by the veteran; requiring the board to adopt
 57 rules relating to disciplinary action; providing that
 58 veterans who do not meet program requirements may

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59 receive certain assistance from the program; requiring
 60 the program to assist veterans and their spouses with
 61 obtaining certain employment; authorizing the
 62 department and the board to adopt rules; amending s.
 63 295.21, F.S.; providing the purpose for a health care
 64 service program for veterans through Florida Is For
 65 Veterans, Inc.; providing an effective date.

66
 67 Be It Enacted by the Legislature of the State of Florida:

68 Section 1. Section 295.126, Florida Statutes, is created to
 69 read:

70 295.126 Military Medics and Corpsmen of Florida (MMACOF)
 71 program.—

72 (1) DEFINITIONS.—As used in this section, the term:

73 (a) “Department” means the Department of Health.

74 (b) “Military-trained health care veteran” means a person
 75 who:

76 1. Has served within the preceding consecutive 12 months as
 77 a medic in the United States Army, a medical technician in the
 78 United States Air Force, a hospital corpsman in the United
 79 States Navy, or a health services technician in the United
 80 States Coast Guard;

81 2. Was discharged or separated from military service under
 82 conditions other than dishonorable;

83 3. Has received “MMACOF Health Care Program Qualified”
 84 status from the department under paragraph (3)(a);

85 4. Is enrolled, on at least a half-time basis, in an
 86 approved and accredited Florida health care education and
 87

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88 training program specific to the health care field for which the
 89 department has issued the veteran his or her “MMACOF Health Care
 90 Program Qualified” status; and

91 5. Has applied for and received approval from the
 92 department for the MMACOF Health Care Certification program.

93 (c) “Participating health care provider” means:

94 1. A physician licensed under chapter 458 or an osteopathic
 95 physician licensed under chapter 459;

96 2. A professional corporation or partnership of physicians
 97 licensed under chapter 458 or osteopathic physicians licensed
 98 under chapter 459;

99 3. A hospital or ambulatory surgical center licensed under
 100 chapter 395;

101 4. An office registered under s. 458.328 or s. 459.0138;

102 5. A commercial enterprise having medical facilities for
 103 its employees, which are supervised by one or more physicians
 104 licensed under chapter 458 or osteopathic physicians licensed
 105 under chapter 459; or

106 6. A facility licensed under chapter 395 which offers
 107 medical services to the public and is supervised by one or more
 108 physicians licensed under chapter 458 or osteopathic physicians
 109 licensed under chapter 459.

110 (d) “Veteran” has the same meaning as in s. 1.01(14) or
 111 means a former member of the Florida National Guard.

112 (2) PROGRAM ESTABLISHMENT AND PURPOSES.—The department, in
 113 collaboration with Florida Is For Veterans, Inc., may establish
 114 and administer the Military Medics and Corpsmen of Florida
 115 (MMACOF) program. The purpose of the program is to offer
 116 clinical, leadership, and nonclinical career pathways to

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117 veterans and their spouses seeking careers in health care or
 118 health care-related fields within this state.
 119 (3) PROGRAM COMPONENTS.—The MMACOF program shall consist of
 120 the following components:
 121 (a) MMACOF Health Care Certification program.—
 122 1. Florida Is For Veterans, Inc., shall recruit and review
 123 the military eligibility of veterans according to the military
 124 requirements for acceptance into the MMACOF Health Care
 125 Certification program.
 126 2. Florida Is For Veterans, Inc., shall assist each
 127 individual veteran in completing a department MMACOF Health Care
 128 Certification program application form, which must be developed
 129 by the department and each board, or the department if there is
 130 no board. The department shall waive the application fee,
 131 certificate fee, and unlicensed activity fee for such
 132 applicants.
 133 3. The MMACOF Health Care Certification program application
 134 must include, but is not limited to, the following information:
 135 a. The individual’s civilian and military education; health
 136 care education and training; a list of practice skills regularly
 137 performed in the military during service as a medic in the
 138 United States Army, a medical technician in the United States
 139 Air Force, a hospital corpsman in the United States Navy, or a
 140 health services technician in the United States Coast Guard; and
 141 any other health care-related education or experience the
 142 individual has received as a civilian or as an active duty
 143 servicemember; and
 144 b. (I) A disclosure by the MMACOF Health Care Certification
 145 program applicant stating whether he or she is currently

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146 enrolled, on at least a half-time basis, in an approved and
 147 accredited Florida health care education and training program
 148 for a specified health care practice area listed in subparagraph
 149 6., and the status of that enrollment; or
 150 (II) If the MMACOF Health Care Certification program
 151 applicant is not currently enrolled in an approved and
 152 accredited Florida health care education and training program,
 153 the applicant’s preference for the health care practice area in
 154 which he or she seeks to pursue future education and training
 155 and, if known, which approved and accredited Florida health care
 156 education and training program he or she plans to enter under
 157 the MMACOF Health Care Certification program.
 158 4. Florida Is For Veterans, Inc., shall recruit, establish,
 159 and maintain a statewide list of MMACOF Health Care
 160 Certification program participating health care providers.
 161 Participating health care providers must agree to employ
 162 unlicensed but military-trained health care veterans who hold an
 163 MMACOF Health Care Certificate in specific health care fields;
 164 are qualified to perform specific health care skills under the
 165 direct supervision of a licensed health care provider in the
 166 specific field, and are enrolled on at least a half-time basis
 167 in an approved and accredited Florida health care education and
 168 training program for the health care field specified on the
 169 veteran’s MMACOF Health Care Certificate.
 170 5. Florida Is For Veterans, Inc., shall assist veterans who
 171 hold an MMACOF Health Care Certificate in identifying
 172 participating health care providers for potential employment,
 173 including providing assistance with resume writing, application
 174 completion, and interviewing skills.

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175 6. The Board of Medicine shall review, in consultation with
 176 any other professional board it deems appropriate, each
 177 veteran's individual MMACOF Health Care Certification program
 178 application and, based on criteria set forth in board rule,
 179 shall determine within 30 days in which of the following health
 180 care practice areas the individual veteran is eligible to
 181 practice under the direct supervision of a health care
 182 practitioner, as defined by the specific profession's practice
 183 act, while the veteran is enrolled on at least a half-time basis
 184 in an approved and accredited Florida health care education and
 185 training program for one of the following practice areas:

- 186 a. Certified nursing assistant;
- 187 b. Dental assistant;
- 188 c. Dental hygienist;
- 189 d. Emergency medical technologist;
- 190 e. Licensed practical nurse;
- 191 f. Laboratory technologist;
- 192 g. Medical assistant;
- 193 h. Optician;
- 194 i. Physician assistant;
- 195 j. Occupational therapy assistant;
- 196 k. Radiologic technologist;
- 197 l. Registered nurse;
- 198 m. Respiratory care or therapy technician;
- 199 n. Paramedic;
- 200 o. Pharmacy technician;
- 201 p. Physical therapist assistant; or
- 202 q. Physical therapist.

203 7. The Board of Medicine shall delineate the practice

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204 skills that the military-trained health care veteran is
 205 permitted to perform under the direct supervision of a licensed
 206 health care practitioner in the field in which the veteran is to
 207 practice.

208 8. Once the Board of Medicine has determined from the
 209 information submitted by the MMACOF Health Care Certification
 210 program applicant that he or she has sufficient civilian or
 211 military health care education and training in one or more
 212 health care practice areas set out in subparagraph 6., the
 213 veteran's application shall be given "MMACOF Health Care Program
 214 Qualified" status, and the veteran shall be notified of this
 215 status in writing within 14 days. The department must also
 216 provide the veteran with a list of practice skills the Board of
 217 Medicine has determined he or she has experience to perform
 218 under direct supervision when employed by a participating health
 219 care provider after obtaining his or her MMACOF Health Care
 220 Certificate. The notification to the veteran of "MMACOF Health
 221 Care Program Qualified" status must include instructions on how
 222 the veteran may obtain an MMACOF Health Care Certificate.

223 9. The Board of Medicine's initial determination of the
 224 veteran's "MMACOF Program Health Care Qualified" status expires
 225 18 months after its first issuance, unless the veteran applies
 226 for an MMACOF Health Care Certificate before the expiration
 227 date.

228 10. To obtain an MMACOF Health Care Certificate, a veteran
 229 whose MMACOF Health Care Certification application is in "MMACOF
 230 Program Health Care Qualified" status must provide to the
 231 department documentation of his or her enrollment on at least a
 232 half-time basis, signed by the registrar or similar

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233 representative of the approved and accredited Florida health
 234 care education and training program, for his or her approved
 235 health care field on a form or in the manner prescribed by
 236 department rule.

237 11. Upon receipt by the department of the veteran's proof
 238 of at least half-time enrollment in an approved and accredited
 239 Florida health care education and training program for the
 240 health care field for which the veteran is "MMACOF Program
 241 Health Care Qualified," the department may issue to the veteran
 242 an MMACOF Health Care Certificate that qualifies the unlicensed
 243 veteran for employment with a participating health care provider
 244 in a position matching the health care field listed on the
 245 veteran's MMACOF Health Care Certificate.

246 12. The veteran's MMACOF Health Care Certificate is valid
 247 for the length of time the veteran remains actively enrolled on
 248 at least a half-time basis in an approved and accredited Florida
 249 health care education and training program, and he or she may
 250 continue to practice the skills approved by the Board of
 251 Medicine in a participating civilian health care provider
 252 setting while enrolled on at least a one-half time basis in an
 253 accredited and approved Florida health care educational and
 254 training program or accredited nursing program, as provided by
 255 s. 464.019(4)(a).

256 13. The department shall provide by rule a method for
 257 annual renewal of military-trained health care veterans' MMACOF
 258 Program Health Care Certifications.

259 14. A MMACOF Health Care Certificateholder must provide the
 260 department and Florida Is For Veterans, Inc., with the following
 261 information within 10 days after civilian employment under his

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262 or her MMACOF Health Care Certificate with a participating
 263 health care provider:

264 a. The name, address, and telephone number of the
 265 participating health care provider that employs the military-
 266 trained health care veteran; and

267 b. The name and phone number of a contact health care
 268 provider who is responsible for supervising the military-trained
 269 health care veteran and who shall be in possession of a copy of
 270 the list of practice skills for which the board has determined
 271 the military-trained health care veteran has sufficient
 272 experience to perform under supervision with his or her MMACOF
 273 Health Care Certificate.

274 15. An MMACOF Health Care Certificateholder must notify the
 275 department and Florida Is For Veterans, Inc., in writing within
 276 10 days after:

277 a. The military-trained health care veteran's termination
 278 of his or her employment with a participating health care
 279 provider; or

280 b. The military-trained health care veteran's failure to
 281 remain in or maintain active enrollment on at least a half-time
 282 basis in an approved and accredited Florida health care
 283 education and training program.

284 16. A participating health care provider that employs a
 285 military-trained health care veteran in any capacity must notify
 286 the department and Florida Is For Veterans, Inc., in writing
 287 within 10 days after the employment termination of a military-
 288 trained health care veteran, including the reasons for the
 289 termination.

290 17. An approved and accredited Florida health care

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291 education and training program that has enrolled a military-
 292 trained health care veteran who holds a MMACOF Health Care
 293 Certificate and who is employed by a participating health care
 294 provider must notify the department and Florida Is For Veterans,
 295 Inc., in writing within 10 days after the:

296 a. Termination of the military-trained health care
 297 veteran's enrollment from the approved and accredited Florida
 298 health care education and training program for any reason,
 299 specifying the reasons for termination;

300 b. Military-trained health care veteran's enrollment
 301 dropping below a half-time basis; or

302 c. Military-trained health care veteran's class absences
 303 being of sufficient number to cause the military-trained health
 304 care veteran to drop or fail classes, dropping his or her
 305 enrollment to less than a half-time basis.

306 18. The following acts constitute grounds for denial of an
 307 MMACOF Health Care Certificate or disciplinary action, as
 308 specified in s. 456.072(2):

309 a. Obtaining or attempting to obtain an MMACOF Health Care
 310 Certificate by bribery, fraud, or knowing misrepresentation.

311 b. Having an MMACOF Health Care Certificate revoked,
 312 suspended, or otherwise acted against, including denial, in
 313 another jurisdiction.

314 c. Being convicted or found guilty of, or entering a plea
 315 of nolo contendere to, regardless of adjudication, a crime in
 316 any jurisdiction which relates to practicing as a military-
 317 trained health care veteran under an MMACOF Health Care
 318 Certificate.

319 d. Willfully making or filing a false report or record,

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320 willfully failing to file a report or record that directly
 321 relates to practicing as a military-trained health care veteran
 322 under an MMACOF Health Care Certificate, or willfully impeding
 323 or obstructing the filing of a report or record required by
 324 another person.

325 e. Circulating false, misleading, or deceptive advertising.

326 f. Engaging in unprofessional conduct, including any
 327 departure from or failure to conform to acceptable standards
 328 related to practicing as a military-trained health care veteran
 329 under an MMACOF Health Care Certificate.

330 g. Engaging or attempting to engage in the illegal
 331 possession, sale, or distribution of any illegal or controlled
 332 substance.

333 h. Willfully failing to report any known violation of
 334 chapter 457; chapter 458; chapter 459; chapter 460; chapter 461;
 335 chapter 462; chapter 463; chapter 464; chapter 465; chapter 466;
 336 chapter 467; part I, part II, part III, part V, part X, part
 337 XIII, or part XIV of chapter 468; chapter 478; chapter 480; part
 338 I, part II, or part III of chapter 483; chapter 484; chapter
 339 486; chapter 490; or chapter 491.

340 i. Engaging in the delivery of military-trained health care
 341 skills without an active MMACOF Health Care Certificate.

342 j. Failing to perform any statutory or legal obligation
 343 placed upon a military-trained health care veteran.

344 k. Accepting and performing professional responsibilities
 345 that the certificateholder knows, or has reason to know, he or
 346 she is not competent to perform.

347 l. Delegating military-trained health care skills to a
 348 person the certificateholder knows, or has reason to know, is

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349 unqualified by training, experience, or licensure to perform.

350 m. Being judicially determined mentally incompetent.

351 n. Being unable to practice as a military-trained health

352 care veteran with reasonable skill and safety because of a

353 mental or physical condition or illness or the use of alcohol,

354 controlled substances, or any other substance that impairs one's

355 ability to practice.

356 o. Disclosing the identity of or information about a

357 patient without written permission, except for information that

358 does not identify a patient and is used for training purposes in

359 an approved training program.

360 p. Violating any provision of this section or chapter 456,

361 or any rules adopted pursuant thereto.

362 g. The department may, upon probable cause, compel a

363 certificateholder to submit to a mental or physical examination

364 by physicians designated by the department. The cost of an

365 examination shall be borne by the certificateholder, and his or

366 her failure to submit to such an examination shall constitute an

367 admission of the allegations against him or her, consequent upon

368 which a default and a final order may be entered without the

369 taking of testimony or presentation of evidence, unless the

370 failure was due to circumstances beyond his or her control.

371 r. A certificateholder disciplined under this paragraph

372 shall, at reasonable intervals, be afforded an opportunity to

373 demonstrate that he or she can resume the practice as a

374 military-trained health care veteran with reasonable skill and

375 safety.

376 s. In any proceeding under this subparagraph, the record of

377 proceedings or the orders entered by the board may not be used

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378 against a certificateholder in any other proceeding.

379 19. The department or Board of Medicine may enter an order

380 denying certification or imposing any of the penalties in s.

381 456.072(2) against any applicant for certification who is found

382 guilty of any of the violations specified in s. 456.072(1).

383 20. The department or Board of Medicine may not issue or

384 reinstate a military-trained health care veteran's MMACOF Health

385 Care Certificate to a person it deemed unqualified until it is

386 satisfied that such person has complied with the terms and

387 conditions of the final order and that the certificateholder can

388 safely practice as a military-trained health care veteran.

389 21. The Board of Medicine may, by rule, establish

390 guidelines for the disposition of disciplinary cases involving

391 specific violations. The guidelines may include minimum and

392 maximum fines, periods of supervision during probation, or

393 conditions upon probation or reissuance of a military-trained

394 health care veteran's MMACOF Health Care Certificate.

395 (b) No Veteran Left Behind.—Veterans who do not meet the

396 definition of the term "military-trained health care veteran"

397 but who have served in health care-related fields shall receive

398 assistance from the MMACOF program in resume writing,

399 mentorship, and obtaining employment with participating health

400 care providers.

401 (c) Health Care Leadership.—The MMACOF program shall assist

402 veterans and their spouses, in the course of the veterans'

403 military service, who have gained management experience or have

404 completed any advanced degree in finding civilian health care

405 leadership and management employment in a variety of health care

406 disciplines.

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407 (4) RULEMAKING AUTHORITY.—The department and the Board of
408 Medicine may adopt rules pursuant to ss. 120.536(1) and 120.54
409 to implement this section.

410 Section 2. Subsection (2) of section 295.21, Florida
411 Statutes, is amended to read:

412 295.21 Florida Is For Veterans, Inc.—

413 (2) PURPOSE.—

414 (a) The purpose of the corporation is to promote Florida as
415 a veteran-friendly state that seeks to provide veterans with
416 employment opportunities and that promotes the hiring of
417 veterans by the business community. The corporation shall
418 encourage retired and recently separated military personnel to
419 remain in the state or to make the state their permanent
420 residence. The corporation shall promote the value of military
421 skill sets to businesses in the state, assist in tailoring the
422 training of veterans to match the needs of the employment
423 marketplace, and enhance the entrepreneurial skills of veterans.

424 (b) A subprogram dedicated to health care services
425 employment may be created under the Veterans Employment and
426 Training Services Program. The purpose of the health care
427 service program is to link veterans who have armed service
428 health care training and who are seeking employment in health
429 care fields to health care organizations seeking to hire
430 dedicated, well-trained workers. The program is to meet the
431 health care workforce demands of this state by facilitating
432 access to training and education in health fields for veterans
433 and to promote the health care licensing programs provided by
434 the state.

435 Section 3. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Tom Wright, Chair
Committee on Military and Veterans Affairs, Space, and Domestic Security

Subject: Committee Agenda Request

Date: February 2, 2022

I respectfully request that **Senate Bill #466**, relating to Military Medics and Corpsmen of Florida Program, be placed on the:

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

A handwritten signature in black ink, appearing to read "Victor M. Torres, Jr." with a stylized flourish at the end.

Senator Victor M. Torres, Jr.
Florida Senate, District 15



2022 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Florida Department of Health

<u>BILL INFORMATION</u>	
BILL NUMBER:	CS SB 466
BILL TITLE:	Military Medics and Corpsmen of Florida Program
BILL SPONSOR:	Torres
EFFECTIVE DATE:	July 1, 2022

<u>COMMITTEES OF REFERENCE</u>
1) Health Policy
2) Military and Veterans Affairs, Space & Dom. Sec
3) Appropriations
4) Click or tap here to enter text.
5) Click or tap here to enter text.

<u>CURRENT COMMITTEE</u>
Click or tap here to enter text.

<u>SIMILAR BILLS</u>	
BILL NUMBER:	131
SPONSOR:	Woodson

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.
YEAR:	Click or tap here to enter text.
LAST ACTION:	Click or tap here to enter text.

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.

Is this bill part of an agency package?
No

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	February 3, 2022
LEAD AGENCY ANALYST:	Janet Hartman
ADDITIONAL ANALYST(S):	Click or tap here to enter text.
LEGAL ANALYST:	Louise St. Laurent
FISCAL ANALYST:	Madison Adkins

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill creates the Military Medics and Corpsman of Florida (MMACOF) program within the Department of Health in collaboration with Florida Is For Veterans, Inc., to offer clinical, nonclinical, and leadership career pathways to veterans seeking health care careers in Florida.

The bill requires Florida is For Veterans, Inc. to recruit and review the military eligibility of veterans for acceptance into the MMACOF program established by the Department of Health. The bill requires the Department of Health and the Board of Medicine to establish a certification program for military veterans with civilian and military education, training, and practice skills in specified health care professions.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Florida Is For Veterans, Inc.

The legislature created *Florida Is For Veterans, Inc.*, to promote Florida as a veteran-friendly state that seeks to provide veterans with employment opportunities and promotes the hiring of veterans by the business community. The corporation was established to encourage retired and recently separated military personnel to remain in the state or to make the state their permanent residence.

Florida Department of Health (DOH)

The Legislature created the DOH to protect and promote the health, safety and welfare of all residents and visitors in the state. The DOH is charged with the regulation of health practitioners for the preservation of the health, safety, and welfare of the public.

Health Care Practitioner Regulation

The DOH, Division of Medical Quality Assurance (MQA) provides health care practitioner regulation and support to health care licensure boards and councils. Boards are responsible for approving or denying an applicant's licensed based upon:

- The applicants' qualifications specified in statute;
- Reviewing and approving continuing education courses and practitioners;
- Promulgating administrative rules authorized by statute;
- Determining probable cause in cases resulting from complaints; and
- Disciplining practitioners found to be in violation of applicable laws.

The Division of MQA licenses and regulates seven types of health care facilities and more than 200 license types in over 40 professions, while partnering with 22 boards and four councils.

Board of Medicine

The Florida Board of Medicine was established to ensure that every physician practicing in this state meets minimum requirements for safe practice. The Board of Medicine is composed of 15 members appointed by the Governor and confirmed by the Senate. Twelve members of the board must be licensed physicians in good standing in this state who are residents of the state and who have been engaged in the active practice or teaching of medicine for at least 4 years immediately preceding their appointment.

One of the physicians must be on the full-time faculty of a medical school in this state, and one of the physicians must be in private practice and on the full-time staff of a statutory teaching hospital in this state as defined in section 408.07, Florida Statutes. At least one of the physicians must be a graduate of a foreign medical school. The remaining three members must be residents of the state who are not, and never have been, licensed health care practitioners. One member must be a health care risk manager. At least one member of the board must be 60 years of age or older. The Board of Medicine renders license application determinations and holds disciplinary hearings at regularly scheduled meetings six times per year.

Health Care Practitioner Scope of Practice

The scope of practice for a regulated health care profession includes those activities and procedures that a person with a specified level of education, training, and competency is authorized to perform under the laws and rules of the state in which the person practices. Scope of practice can also incorporate conditions that may limit the exercise of authorized activities and procedures. Licensed health care practitioners in Florida may only perform that which is authorized by the scope of practice for their profession. Individuals who perform functions outside of their scope of practice are subject to discipline.

Qualifications for Licensure

Protection of the public is incumbent upon the accurate determination that a health care professional is qualified to practice the health care profession for which they are seeking licensure. Florida Statutes delineate the minimum qualifications for each license based on the profession and the associated scope of practice. However, all professions have the same general categories of requirements for licensure, including:

- Minimum educational requirements. This requirement may also encompass an internship program or residency training.
- Successful examination completion. Most health care professions require the successful completion of a national examination to demonstrate competency.
- Criminal history evaluation. All applicants are required to disclose prior criminal history, professions identified in section 456.0135, Florida Statutes, require electronic fingerprint submission. Certain criminal activity reflected in the history may preclude licensure.
- Disciplinary history evaluation. Disciplinary history evaluation includes all prior licensure in any profession in any jurisdiction. Certain types of discipline may preclude licensure.
- Health history evaluation. Applicants are required to disclose health history, including evidence of impairment. Boards evaluate the disclosure to determine if the applicant is safe to practice prior to making a final licensure determination.

Administrative Procedures Act – Licensing

Section 120.60, Florida Statutes, provides specific timelines and requirements for reviewing and rendering decisions on licensure regulated by the State of Florida. Upon receipt of a license application, the department is responsible for examining the application and, within 30 days after receipt, notifying the applicant of any apparent errors or omissions and request any additional information the department is authorized by law to require. An application is considered complete upon receipt of all requested information and correction of any error or omission for which the applicant was timely notified or when the time for such notification has expired. An application for a license must be approved or denied within 90 days after receipt of a completed application unless a shorter period of time for agency action is provided by law.

Certified Nursing Assistant

Certified nursing assistants are certified and regulated by the Board of Nursing. In accordance with section 464.201(5), Florida Statutes, a Certified Nursing Assistant may provide care and assistance to persons with tasks related to the activities of daily living. This includes 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, residents' or patients' rights, documentation of nursing-assistant services. Other tasks may be performed upon completion of training beyond the minimum qualifications for initial certification and upon validation of competence in that skill by a registered nurse.

Licensure for Certified Nursing Assistant, in accordance with section 464.203, Florida Statutes, includes the following minimum qualifications, education, and exam requirements:

- Completion of a high school diploma or its equivalent and achieve a minimum score, established by rule of the board, on the nursing assistant competency examination. The examination consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the department; or
- Successful completion of an approved training program and achieve a minimum score on the nursing assistant competency examination; or
- Completion of the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieved a minimum score on the nursing assistant competency examination.

General supervision of certified nursing assistants requires a registered nurse or a licensed practical nurse currently licensed under Chapter 464, Florida Statutes, to authorize procedures being carried out by a certified nursing assistant with no requirement to be present when such procedures are performed. The certified nursing assistant must be able to contact the registered nurse or licensed practical nurse when needed for consultation and advice either in person or by communication devices. Direct supervision refers to the physical presence within the patient care unit of a healthcare facility or physical presence within a healthcare agency of a program instructor who assumes responsibility for the practice of the certified nursing assistant.

Dental Assistant

Dental assistants are not issued health care practitioner licenses. In accordance with section 466.024, Florida Statutes, a dental assistant may be delegated tasks which pose no risk to the patient. Rule 64B5-16.005, Florida Administrative Code, outlines the tasks a dental assistant is authorized by the Board of Dentistry to perform based on completion of specific training and supervision requirements.

A dental assistant who has received on-the-job training can perform the following tasks under supervision of a dentist: retraction of lips, cheeks and tongue; irrigation and evacuation of debris not to include endodontic irrigation; placement and removal of cotton rolls; taking and recording a patient's blood pressure, pulse rate, respiration rate, case history and oral temperature; removing excess cement from orthodontic appliances with non-mechanical hand instruments only; instructing patients in oral hygiene care and supervising oral hygiene care; provide educational programs, faculty or staff programs, and other educational services which do not involve diagnosis or treatment of dental conditions; and fabricating temporary crowns or bridges in a laboratory.

Dental assistants who meet the following educational requirements, may perform all of tasks for which they have been trained:

- Completion of a dental assisting program that is either approved by the board or accredited by the Commission on Accreditation of the American Dental Association; or
- Dental Assisting programs approved by the Florida Board of Dentistry

Dental Assistants may also perform delegable restorative functions if they have completed a mandatory training course from an accredited dental or dental hygiene program that is accredited by a dental accrediting entity recognized by the United States Department of Education.

Section 466.003(8), Florida Statutes, defines direct supervision of a dental assistant whereby a dentist diagnoses the condition to be treated, a dentist authorizes the procedure to be performed, a dentist remains on the premises while the procedures are performed, and a dentist approves the work performed before dismissal of the patient.

Dental Hygienist

Dental hygienists are licensed and regulated by the Board of Dentistry. In accordance with section 466.023, Florida Statutes, a dental hygienist may be delegated the task of removing calculus deposits, accretions, and stains from exposed surfaces of the teeth and from the gingival sulcus as well as performing root planing and curettage. In addition, dental hygienists may expose dental X-ray films; apply topical preventive or prophylactic agents; and perform all tasks

delegable by the dentist in accordance with section 466.024, Florida Statutes. Dental Hygienists may also perform delegable restorative functions if they have completed a mandatory training course from an accredited dental or dental hygiene program that is accredited by a dental accrediting entity recognized by the United States Department of Education.

Licensure for a dental hygienist is in accordance with section 466.007, Florida Statutes, and includes the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from an accredited dental hygiene college or school approved by the board or accredited by the Commission on Accreditation of the American Dental Association or its successor entity, if any, or any other dental hygiene program accrediting entity recognized by the United States Department of Education; or
- Graduation from a dental college or school accredited in accordance with section 466.006(2)(b), Florida Statutes, or a graduate of an unaccredited dental college or school, with submission of their credentials, which include, transcripts totaling 4 academic years of post-secondary education and a dental school diploma comparable to a DDS or DMD to the board for review; and
- Passed the ADEX Dental Hygiene Licensing Examination administered in Florida or in another jurisdiction other than Florida. ADEX scores are valid if taken on or after June 1, 2010; and
- Passed the Florida Laws and Rules Examination.

Dental hygienists may be certified by the Board of Dentistry to administer local anesthesia under direct supervision of a dentist so long as they have completed an approved 60 hour training course.

Section 466.003(8), Florida Statutes, defines direct supervision of dental hygienists whereby a dentist diagnoses the condition to be treated, a dentist authorizes the procedure to be performed, a dentist remains on the premises while the procedures are performed, and a dentist approves the work performed before dismissal of the patient.

Emergency Medical Technician

Emergency medical technicians are certified and regulated by the Department of Health. In accordance with section 401.23, Florida Statutes, an Emergency Medical Technician may perform basic life support techniques. Basic life support includes the treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation.

Qualifications for Emergency Medical Technician are in accordance with section 401.27, Florida Statutes, and include the following minimum requirements:

- Out of state or military applicants trained in accordance with either the 1994 U.S. DOT EMT-Basic National Standard Curriculum or the January 2009 U.S. DOT National EMS Education Standards and currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians (NREMT); or
- Completion of an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the United States Department of Transportation and within 1 year after course completion have passed the examination; and
- Maintain either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent.

Paramedic

Paramedics are certified and regulated by the Department of Health. Section 401.23(1), Florida Statutes, authorizes a certified paramedic to perform both Basic Life Support and Advanced Life Support. ALS includes the assessment or treatment by a certified paramedic qualified in the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques

described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards, pursuant to DOH administrative rules.

To be eligible for a paramedic certification in Florida, an applicant must:

- Possess a high school diploma or GED;
- Meet the required professional education by one of the following methods: successful completion of a Florida paramedic course from an approved program; submission of current NR-EMT certification; or a Florida licensed physician, physician assistant, dentist, or registered nurse who holds a current Florida emergency medical technician may challenge the paramedic exam.
- Maintain either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent.

Direct supervision for emergency medical technicians and paramedics is accomplished through a designated medical director. Each basic life support transportation service or advanced life support service must employ or contract with a medical director. The medical director must be a licensed physician; a corporation, association, or partnership composed of physicians; or physicians employed by any hospital that delivers in-hospital emergency medical services and employs or contracts with physicians specifically for that purpose. Such a hospital, physician, corporation, association, or partnership must designate one physician from that organization to be medical director at any given time. The medical director must supervise and assume direct responsibility for the medical performance of the emergency medical technicians and paramedics operating for that emergency medical services system. The medical director must perform duties including advising, consulting, training, counseling, and overseeing of services, including appropriate quality assurance but not including administrative and managerial functions.

Licensed Practical Nurse

Licensed practical nurses are licensed and regulated by the Board of Nursing. In accordance with section 464.003(18), Florida Statutes, a Licensed Practical Nurse may perform selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students.

Licensure for Licensed Practical Nurse (LPN) and Registered Nurse (RN) are in accordance with section 464.003, Florida Statutes, and include the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from a Florida approved, or accredited LPN or RN nursing education program as defined in section 464.003, Florida Statutes, or
- Graduation from an Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accredited LPN or RN nursing program that has been issued a National Council Licensure Examination (NCLEX) code by the National Council or State Boards of Nursing (NCSBN); or
- Graduation from a LPN or RN nursing education program that is approved or recognized by the jurisdiction in which it is based and that has been issued an NCLEX code by the NCSBN; or
- Graduation from a military nursing education program that has been issued an NCLEX code by NCSBN; or
- Graduation from a generic Master of Science in Nursing (MSN) or higher program that has been issued an NCLEX code by NCSBN; or
- Graduation from a non-NCSBN jurisdiction (e.g. Puerto Rico), or international nursing education program that the board determines to be equivalent to an approved program; or
- There are specific qualifications related to Canadian Registered Nurses who took the Canadian Nurses Association Testing Service (CNATS) Examination; or
- Successful completion of courses in a registered nursing education program that are equivalent to a practical nursing education program – Practical Nurse Examination based on practical nursing Equivalency (PNEQ).

Registered Nurse

Registered nurses are licensed and regulated by the Board of Nursing. In accordance with section 464.003(19), Florida Statutes, a Registered Nurse may perform acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

- The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
- The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
- The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection.

Licensed Practical Nurses and Registered Nurses may also qualify for licensure in Florida by meeting endorsement qualifications (holding a valid license in another state and meeting other minimum qualifications) or by Nurse Licensure Compact.

Supervision of licensed practical nurses and registered nurses during clinical training specifies one faculty member directly supervising every 12 students unless a written agreement permits additional students up to 18. Within a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor, a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility. In community-based clinical experience settings that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility.

Laboratory Technologist

Clinical laboratory technologists are licensed and regulated by the Board of Clinical Laboratory Personnel. In accordance with Chapter 483, Part 1, Florida Statutes, the scope of practice for licensed clinical laboratory personnel includes specimen collecting, processing, storing, shipping and performing manual pretesting procedures. The scope of practice for licensed clinical laboratory technologists, supervisors and directors includes interpretation of clinical laboratory test results. Additional scope of practice conditions exist for each of the seven specialty areas (blood banking, cytology, cytogenetics, molecular pathology, andrology/embryology, histology, and histocompatibility).

Licensure for clinical laboratory technologist is in accordance with section 483.809, Florida Statutes, and include the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Florida licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine; or
- Earned a doctoral, master's, or bachelor's degree in a chemical, physical, biological or clinical laboratory science, or medical technology from an accredited institution; or
- Earned an associate degree in a laboratory science or medical laboratory technology from an accredited institution, or education and training that is equivalent; and
- Applicants must also meet additional requirements for their specialty area(s). A detailed matrix is provided in Rule 64B3-5.003, F.A.C.

As it relates to supervision requirements for licensed clinical laboratory technologist, clinical laboratory directors must be a physician licensed under chapter 458 or 459, Florida Statutes; Hold an earned doctoral degree in a chemical, physical, or biological science from a regionally accredited institution and maintain national certification requirements equal to those required by the federal Health Care Financing Administration; or for the subspecialty of oral pathology, be a physician or a dentist licensed under chapter 466, Florida Statutes.

Medical Assistant

Medical assistants are not issued health care practitioner licenses. However, pursuant to section 458.3485, Florida Statutes, a Medical Assistant may be certified by a certification program accredited by the National Commission for Certifying Agencies, a national or state medical association, or an entity approved by the Board of Medicine.

Medical assistants aid with patient care management, execute administrative and clinical procedures, and often perform managerial and supervisory functions. Under the direct supervision and responsibility of a licensed physician, a medical assistant may perform clinical procedures, to include: performing aseptic procedures, taking vital signs; preparing patients for the physician's care; performing venipunctures and nonintravenous injections; observing and reporting patients' signs or symptoms. Medical assistants may also administer basic first aid; assist with patient examinations or treatments; operating office medical equipment; collecting routine laboratory specimens as directed by the physician; administering medication as directed by the physician; performing basic laboratory procedures; performing office procedures including all general administrative duties required by the physician; and performing dialysis procedures, including home dialysis.

Optician

Opticians are licensed and regulated by the Board of Opticianry. In accordance with section 484.002(3), Florida Statutes, an optician may prepare and dispense lenses, spectacles, eyeglasses, contact lenses, and other optical devices upon the written prescription of a physician, osteopathic physician, or optometrist. The practice of opticianry also includes the duplication of lenses without a prescription. Opticians who have been board-certified pursuant to Rules 64B12-14.002 and 64B12-14.004, Florida Administrative Code, may also fill, adapt, or dispense contact lenses.

In order to become licensed as an Optician in the State of Florida, a person must meet the following basic requirements:

- Possess a high school diploma or GED; and
- Complete one of the following:

A total of 6,240 hours of training under the supervision of an approved sponsor is required. An apprentice optician may perform opticianry tasks only under the direct supervision and physical presence of a licensed optician, ophthalmologist, or optometrist licensed under the laws of this state.

Physician Assistant

Physician assistants are licensed and regulated by the Board of Medicine. In accordance with sections 458.347 and 459.022, Florida Statutes, a physician assistant is an individual who is licensed to perform medical services delegated by a supervising physician. A physician assistant may only practice under the direct or indirect supervision of a physician or osteopathic physician with whom he or she has a clinical relationship. A supervising physician may only delegate tasks and procedures to a Physician Assistant that are within the supervising physician's scope of practice. Pursuant to sections 458.347 and 459.022, Florida Statutes, a supervising physician may delegate to a fully licensed Physician Assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on a formulary created by the Council on Physician Assistants.

Pursuant to Rules 64B8-30.001 and 64B15-6.001, Florida Administrative Code, "direct supervision" refers to the physical presence of the supervising physician so that the physician is immediately available to the Physician Assistant when needed, and "indirect supervision" refers to the easy availability of the supervising physician to the Physician Assistant, which includes the ability to communicate by telecommunications. The supervising physician must be within reasonable physical proximity to the Physician Assistant.

Licensure for physician assistants is in accordance with sections 458.347 and 459.022, Florida Statutes, and includes the following minimum requirements:

- Graduation from an approved physician assistant program in the United States or territories accredited by the Accreditation Review Commission on Education for the physician assistant.

- Applicants who graduated after December 31, 2020, a master’s degree in accordance with the Accreditation Review Commission on Education for the Physician Assistant or its equivalent or predecessor organization. Prior year graduates must meet the requirements for the timeframe in which they graduated.
- The Board of Medicine or the Board of Osteopathic Medicine may grant a license to an applicant who does not meet the educational requirement specified in statute but who has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants before 1986.
- Achieve a passing score as established by the National Commission on Certification of Physician Assistants or its equivalent or successor organization and has been nationally certified.

Pursuant to Rules 64B8-30.012 and 64B15-6.010, Florida Administrative Code, a supervising physician decides whether to permit a Physician Assistant to perform a task or procedure under direct or indirect supervision based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. Pursuant to Rules 64B8-30.001 and 64B15-6.001, Florida Administrative Code, “direct supervision” refers to the physical presence of the supervising physician so that the physician is immediately available to the Physician Assistant when needed, and “indirect supervision” refers to the easy availability of the supervising physician to the Physician Assistant, which includes the ability to communicate by telecommunications. The supervising physician must be within reasonable physical proximity to the Physician Assistant.

Occupational Therapy Assistant

Occupational therapy assistants are licensed and regulated by the Board of Occupational Therapy. In accordance with section 468.203(3) Florida Statutes, an occupational therapist is licensed to conduct assessments to identify purposeful activities or interventions to maximize independence and maintain the health of any individual limited by physical injury or illness, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or a learning disability, or an adverse environmental condition. Occupational therapists may conduct an assessment, provide treatment, and education of or consultation with the individual, family, or other persons; facilitate interventions directed toward developing daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills; and devise exercises for the development of: sensory-motor, perceptual, or neuromuscular functioning; range of motion; or emotional, motivational, cognitive, or psychosocial components of performance.

Licensure for occupational therapy assistants are in accordance with section 468.209 Florida Statutes, and include the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from an accredited occupational therapy assistant program accredited by the [American Occupational Therapy Association \(AOTA\)](#).
- Completion of 2 months of supervised fieldwork experience at a recognized educational institution or a training program approved by the education institution where you met the academic requirements; and
- Pass an examination approved by the National Board for Certification in Occupational Therapy (NBCOT) for occupational therapy assistants.

The Florida occupational therapy practice act does not address “supervision” specifically, only the definition of “supervision” is defined by statute. The statute allows and requires the supervising licensed occupational therapist the authority to determine what level of supervision is needed for each individual they agree to supervise, based on the individual’s skills, education, and training. Therefore, any services provided by an occupational therapy assistant must be under the supervision of a licensed occupational therapist that provides initial direction and follow-up on the implementation of a plan of treatment to provide occupational therapy services.

Radiologic Technologist

Radiologic technologists are certified and regulated by the Department of Health. Podiatric x-ray assistants are licensed and regulated by the Board of Podiatric Medicine. In accordance with section 468.302, Florida Statutes, a person holding

a certificate as a basic X-ray machine operator may perform general diagnostic radiographic and general fluoroscopic procedures, specifically excluding nuclear medicine and radiation therapy procedures. A person holding a certificate as a basic X-ray machine operator-podiatric medicine may perform only podiatric radiographic procedures. A person who is a general radiographer who receives additional training and skills in radiation therapy technology procedures may assist with managing patients undergoing radiation therapy treatments. Technologists must complete a training program in the following areas before assisting with radiation therapy technology duties: principles of radiation therapy treatment; biological effects of radiation; radiation exposure and monitoring; radiation safety and protection; evaluation and handling of radiographic treatment equipment and accessories; and patient positioning for radiation therapy treatment.

A person holding a certificate as a limited computed tomography technologist may perform only diagnostic computed tomography examinations. A person holding a certificate as a radiation therapy technologist may administer only X radiation and ionizing radiation emitted from particle accelerators and external beam teletherapy from sealed sources of radioactive material to human beings for therapeutic or simulation purposes. A person holding a certificate as a nuclear medicine technologist may only: conduct in vivo and in vitro measurements of radioactivity and administer radiopharmaceuticals to human beings for diagnostic and therapeutic purposes; administer X radiation from a combination nuclear medicine-computed tomography device if that radiation is administered as an integral part of a nuclear medicine procedure that uses an automated computed tomography protocol for the purposes of attenuation correction and anatomical localization and the person has received device-specific training on the combination device.

A person holding a certificate as a radiologist assistant may perform specific duties allowed for a radiologist assistant as defined by the department by rule consistent with guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists. However, radiologist assistants may not perform nuclear medicine or radiation therapy procedures unless currently certified and trained to perform those duties under the person's nuclear medicine technologist or radiation therapy technologist certificate; not interpret images; not make diagnoses; and not prescribe medications or therapies.

The minimum qualification for radiologic technologist includes demonstrating to the department a completion certificate or registration as a radiologist assistant granted by the American Registry of Radiologic Technologists.

Radiologic technologists work under the direct supervision and control of a licensed practitioner in that practitioner's office or in a hospital. General radiographers and radiation therapy technologists must perform radiation therapy services under the general supervision of a physician licensed under chapter 458 or chapter 459 who is trained and skilled in performing radiation therapy treatments. Certified podiatric x-ray technicians work under the direct supervision and control of a licensed podiatric physician. Podiatric physicians are licensed under chapter 461, Florida Statutes.

Respiratory Care or Therapy Technician

Respiratory therapists are registered or supervised and regulated by the Board of Respiratory Care. In accordance with section 468.352(10), Florida Statutes, respiratory care services includes patient evaluation and disease management; diagnostic and therapeutic use of respiratory equipment, devices, or medical gas; administration of drugs, as duly ordered or prescribed by a physician licensed under chapter 458 or chapter 459 and in accordance with protocols, policies, and procedures established by a hospital or other health care provider or the board; initiation, management, and maintenance of equipment to assist and support ventilation and respiration; diagnostic procedures, research, and therapeutic treatment and procedures, including measurement of ventilatory volumes, pressures, and flows; specimen collection and analysis of blood for gas transport and acid/base determinations; pulmonary-function testing; and other related physiological monitoring of cardiopulmonary systems; cardiopulmonary rehabilitation; cardiopulmonary resuscitation, advanced cardiac life support, neonatal resuscitation, and pediatric advanced life support, or equivalent functions; insertion and maintenance of artificial airways and intravascular catheters; education of patients, families, the public, or other health care providers, including disease process and management programs and smoking prevention and cessation programs; and initiation and management of hyperbaric oxygen.

Licensure for certified respiratory therapist or registered respiratory therapist is in accordance with section 468.355, Florida Statutes, and includes the following minimum education qualifications and exam requirements:

- The applicant holds the Certified Respiratory Therapist or the Registered Respiratory Therapist credential issued by the National Board for Respiratory Care (NBRC), or an equivalent credential acceptable to the Board; or
- The applicant holds certification, or the equivalent, to deliver respiratory care in another state and such certification was granted pursuant to requirements determined to be equivalent to, or more stringent than, the requirements in Florida.

Certified respiratory therapists and registered respiratory therapists perform health care services under the order of a physician licensed pursuant to chapter 458 or chapter 459, in accordance with protocols established by a hospital or other health care provider or the board; and who functions in situations of unsupervised patient contact requiring individual judgment.

Pharmacy Technician

Pharmacy technicians are registered and regulated by the Board of Pharmacy. Section 465.014, Florida Statutes, authorizes a licensed pharmacist to delegate to pharmacy technicians who are registered pursuant to this section those duties, tasks, and functions that do not fall within the purview of section 465.003(13), Florida Statutes. A registered pharmacy technician, under the supervision of a pharmacist, may initiate or receive communications with a practitioner, on behalf of a patient, regarding refill authorization requests.

Licensure for Registered Pharmacy Technicians is in accordance with section 464.014, Florida Statutes, and must meet one of the following minimum education qualification requirements:

- Pharmacy technician training program accredited by a regional or national accrediting agency; a regional or national institutional accrediting agency; or a specialized accrediting agency recognized by the Secretary of the United States Department of Education; or
- Pharmacy technician training program accredited by an accrediting agency whose accreditation establishes eligibility to participate in the Title IV student financial assistance program administered by United States Department of Education; or
- Pharmacy technician training programs within the public-school system of the State of Florida that comply with the Florida Department of Education Curriculum Framework for Pharmacy Technician (2018-2019), program number H170500; which is incorporated herein by reference and which can be obtained at <https://www.flrules.org/Gateway/reference.asp?No=Ref-10356> or <http://www.fldoe.org/core/fileparse.php/18567/urlt/H170500-1819.rtf>.
- Pharmacy technician training program provided by a branch of the federal armed services shall be whether the curriculum of such course was developed on or before June 1, 2018.
- Pharmacy technician training programs accredited by the American Society of Health-System Pharmacists.
- Pharmacy technician training programs at institutions accredited by the Southern Association of Colleges and Schools.
- Pharmacy technician training programs at institutions accredited by the Council on Occupational Education.
- Pharmacy technician training programs approved by the Florida Commission for Independent Education (CIE).
- Employer based Register Pharmacy Technicians verified by visiting www.flhealthsource.gov.

All delegated acts by pharmacy technicians must be performed under the direct supervision of a licensed pharmacist who is responsible for all acts performed. Rule 64B16-27.4001, F.A.C., defines direct supervision as supervision by a pharmacist who is readily and immediately available at all times the delegated tasks are being performed; who is aware of delegated tasks being performed; and who provides personal assistance, direction, and approval throughout the time the delegated tasks are being performed. Readily and immediately available means the pharmacist and technician(s) are on the same physical premises, or if not, technology is used to enable real time, two-way communications between the pharmacist and technician. A licensed pharmacist may not supervise more than one registered pharmacy technician unless otherwise permitted by the guidelines adopted by the board. The board shall establish guidelines to be followed by licensees or permittees in determining the circumstances under which a licensed pharmacist may supervise more than one pharmacy technician.

Physical Therapist Assistant

Physical therapy assistants are licensed and regulated by the Board of Physical Therapy. In accordance with section 486.021(6) Florida Statutes, a physical therapist assistant is a person who is licensed to perform patient-related activities, including the use of physical agents, under the direction of a physical therapist.

Licensure for physical therapist assistant is in accordance with section 486.031 Florida Statutes, and includes the following minimum education qualifications and exam requirements:

- Degree as a physical therapist assistant from an institution that has been approved for the training of physical therapy assistants by the Commission on Accreditation for Physical Therapy Education (CAPTE).
- Passing Score on the National Physical Therapy Examination (NPTE).
- Passing Score in Florida Laws and Rules course.

Patient-related activities performed by a physical therapist assistant for a board-certified orthopedic physician or psychiatrist licensed pursuant to chapter 458 or chapter 459 or a practitioner licensed under chapter 460 shall be under the general supervision of a physical therapist but shall not require onsite supervision by a physical therapist. Patient-related activities performed for all other health care practitioners licensed under chapter 458 or chapter 459 and those patient-related activities performed for practitioners licensed under chapter 461 or chapter 466 shall be performed under the onsite supervision of a physical therapist.

Physical Therapist

Physical therapists are licensed and regulated by the Board of Physical Therapy. In accordance with section 486.021(11) Florida Statutes, the practice of physical therapy includes the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other health condition, and the rehabilitation of such disability, injury, disease, or other health condition by alleviating impairments, functional movement limitations, and disabilities by designing, implementing, and modifying treatment interventions through therapeutic exercise; functional movement training in self-management and in-home, community, or work integration or reintegration; manual therapy; massage; airway clearance techniques; maintaining and restoring the integumentary system and wound care; physical agent or modality; mechanical or electrotherapeutic modality; patient-related instruction; the use of apparatus and equipment in the application of such treatment, prevention, or rehabilitation; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition in compliance with the criteria set forth by the Board of Medicine.

Licensure for physical therapy is in accordance with section 486.031, Florida Statutes, and includes the following minimum education qualifications and exam requirements:

- Graduation from a school of physical therapy approved for the educational preparation of physical therapists by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation or the United States Department of Education; or
- Diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapists in the United States, and have passed to the satisfaction of the Board of Physical Therapy, an examination to determine qualification for practice; or
- Passing score on National Physical Therapy Examination (NPTE); and
- Passing Score in Florida Laws and Rules course.

A physical therapist who is practicing under a temporary permit must do so under the direct supervision of a licensed physical therapist. A supervising physical therapist shall supervise only one permittee at any given time.

Florida's Impaired Practitioners Program

In accordance with section 456.076, Florida Statutes, the impaired practitioner program is established by the Department by contract with one or more consultants to serve impaired and potentially impaired practitioners for the protection of the health, safety, and welfare of the public. The DOH contracts with the Professionals Resource Network (PRN) and the Intervention Project for Nurses (IPN) to perform the statutorily required functions of the impaired practitioner program in Florida. Total current costs for these contracts are \$38,864,212.72.

Special Provisions for Active Military, Veterans, And Spouses

The Department has implemented numerous programs and provisions to assist military personnel, veterans, and military spouses in becoming licensed health care practitioners and to assist them after licensure. These programs include:

- Expedited Licensure
- Temporary Certificate to Practice in an Area of Critical Need
- Temporary Certificate for Active Duty Military
- Fee Waivers
- Renewal Exemptions
- Veteran and Military Family Opportunity Act
- Spouses of Military Personnel

In accordance with section 456.024(3), Florida Statutes, Florida offers expedited license processing to military personnel who are pursuing licensure in a health care profession. To qualify, the applicant must apply for a license six months before or six months after an honorable discharge and must hold an active, unencumbered license in a jurisdiction of the United States or serve as a military health care practitioner in a profession for which licensure in a state or jurisdiction is not required to practice in the United States Armed Forces. There is no application fee, license fee, or unlicensed activity fee assessed for veterans who qualify.

As provided in section 458.3151, Florida Statutes, active duty personnel or veterans who have served at least ten years in the United States Armed Forces may be eligible to receive a temporary certificate to practice in an area of critical need. This certificate limits a physician's practice to designated areas of critical need and is only available to physicians who have a license in another jurisdiction of the United States. There is no application fee or license fee assessed for physicians seeking this certificate. This certificate is limited to physicians who will be employed in a county health department, correctional facility, DVA clinic, community health center, or other agency or institution approved by the State Surgeon General to provide health care services to meet the needs of underserved populations in the state.

As provided in section 456.0241, Florida Statutes, Florida offers a temporary certificate to military health care practitioners who serve on active duty in the military or a person who serves on active duty in the United States Armed Forces and serves in the United States Public Health Service. To qualify, the applicant must practice pursuant to a military platform and hold an active, unencumbered license in a jurisdiction of the United States or serve as a military health care practitioner in a profession for which licensure in a state or jurisdiction is not required to practice in the United States Armed Forces. A "military platform" is a military training agreement with a nonmilitary health care provider that is designed to develop and support medical, surgical, or other health care treatment opportunities in a non-military health care provider setting to authorize a military health care practitioner to develop and maintain the technical proficiency necessary to meet the present and future health care needs of the military.

Fee waivers for military veterans are authorized for all health care professions in accordance with section 456.013, Florida Statutes. Applications must be submitted within 60 months after an honorable discharge from any branch of the military. The initial license fee, initial application fee, and initial unlicensed activity fee will be waived for veterans returning from service, provided that the veteran applies for licensure within 60 months of being honorably discharged. This waiver does not include examination fees.

Active duty members of the United States Armed Forces who hold a Florida license as a health care practitioner that is in good standing and who were entitled to practice or engage in a licensed profession prior to joining the service, may be eligible for exemption from certain license renewal requirements in accordance with section 456.024, Florida Statutes. If exempt, the active duty member would not be required to renew his or her license, pay license renewal fees, update his or her address, or perform any other act necessary to maintain licensure, such as the requirement to complete continuing education, provided the licensee does not practice the profession in the private sector for profit. The exemption extends for the duration of active duty service and for a period of six months after discharge.

The Veteran and Military Family Opportunity Act provides assistance to members of the Florida National Guard or the United States Armed Forces Reserves who is seeking licensure or qualification for a trade, occupation, or profession who is ordered to active duty that interrupts or prevents the start of the member's training, study, apprenticeship, or practical experience is entitled to licensure or qualification under the laws in effect at the time of his or her entrance into active duty. Training and practical experience received while in the Florida National Guard or the United States Armed Forces Reserves will be accepted in place of the interrupted or delayed periods of training, study, apprenticeship, or practical experience if the board finds the standard and type of work or training performed to be substantially the same as the standard and type required under the laws of this state. The member must request licensure within six months after release from active duty with the Florida National Guard or the United States Armed Forces Reserves (See section 250.483, Florida Statutes).

Spouses of active duty military personnel may be required to relocate frequently due to deployment assignments. Florida law provides authority to assist the spouses of active military and veterans, including expedited licensure, temporary licensure, fee waiver, and renewal exemptions.

2. EFFECT OF THE BILL:

The bill creates the Military Medics and Corpsman of Florida (MMACOF) program to offer clinical, nonclinical, and leadership career pathways to veterans seeking health care careers in Florida. The MMACOG is designated to be established and administered by the Department of Health in collaboration with Florida Is For Veterans, Inc. The program is designed to consist of three components: MMACOF qualified, No Veteran Left Behind, and Health Care Leadership.

The bill requires Florida Is For Veterans, Inc., to recruit and review the eligibility of veterans to participate in the MMACOF program pursuant to general requirements for acceptance into the program. The bill requires Florida Is For Veterans, Inc., to assist veterans in completing MMACOF Health Care Certification program application forms. Florida Is For Veterans, Inc., is also required to recruit, establish, and maintain a statewide list of MMACOF Health Care Certification program participating health care providers.

Participating health care provider is defined in the bill as any of the following:

A physician or osteopathic physician licensed in Florida;

- A professional corporation or partnership of physicians or osteopathic physicians;
- A hospital or ambulatory surgical center;
- An office registered under section 458.325 or 459.03198, Florida Statutes;
- A commercial enterprise having medical facilities for its employees which are supervised by one or more physicians or osteopathic physicians; or
- A facility that is licensed under chapter 395, Florida Statutes, which offers medical services to the public and that is supervised by one or more licensed physicians or osteopathic physicians.

Physicians, osteopathic physicians, and office surgery centers are regulated by the Florida Department of Health. However, hospitals, ambulatory surgical centers, and other medical facilities are regulated by the Agency for Health Care Administration.

MMACOF Qualified

The bill delineates eligibility requirements to participate in the MMACOF and specifies the individual must be a medically trained veteran. A medically trained veteran is defined in the bill as a person who has served within the preceding 12 months as one of the following: a medic in the United States Army, a medical technician in the United States Air Force, a hospital corpsman in the United States Navy, or a health services technician in the United States Coast Guard who was discharged or separated from service under conditions other than dishonorable. The bill excludes from the program the U.S. Marine Corp, which uses Navy trained hospital corpsman who are Marines, and the Space Force, which currently uses aerospace medical service technicians (AMST) trained by the Air Force. This additional clarification may be required to ensure all veterans from all branches of the military are included in the benefits of the program.

In order to become MMACOF certified, the bill requires the medically trained veteran to apply for MMACOF Health Care Program Qualified Status, enroll in an approved and accredited Florida health care education and training program specific to the health care field for which the applicant has received qualified status, and apply for MMACOF Health Care Program Status.

The bill establishes a MMACOF Health Care Certification form to be developed by the department and each board, or the department if there is no board. Lines 175-207 of the bill specifies 17 individual health care professions which are regulated by 7 separate regulatory boards, and the department. As drafted, it is unclear if the legislative intent is for the development of 8 separate applications based on the scope of the regulatory board of each profession and the department; if one standard application is permissible; or if only the Board of Medicine and the department are required to create forms. The department performs administrative functions on behalf of the regulatory boards. If the bill is adopted, the department would be required to create a paper application as well as an electronic application within the licensing system maintained by the department. The licensing system will require an update to accommodate a new qualification and certification process to ensure expedited consideration and a streamlined process for each received application.

Impact to Information Technology Infrastructure

The Department will experience a non-recurring increase in workload and costs, in both expense and contracted services, associated with updating the Licensing and Enforcement Information Database System (LEIDS), Online Service and Data Download Portals, Cognitive Virtual Agent, Continuing Education Tracking System, Licensure Verification and other search sites, MQA Business Intelligence Portal, and the Department and board websites to create and support registration of persons completing military training for licensure in Florida. The Department will experience some recurring costs associated with establishing and maintaining additional transactions in LEIDS and Versa Online. Updates to fully integrate this bill are estimated to take six months. This reflects a minimum of 852 hours of initial staff time at a cost of \$91,732 and annual recurring system maintenance costs of \$5,100.

MMACOF Minimum Qualifications and Forms Implementation

The bill specifies that the MMACOF Health Care Certification form is required to include the individual's civilian and military education; health care education and training; a list of practice skills regularly performed in the military; and other health care-related education or experience as a civilian or active duty service member. The language does not specify relevant documentation requirements necessary to validate the information provided to the department and for the Board of Medicine to make an eligibility determination.

Additionally, the MMACOF Health Care Certification form is specified to include a disclosure by the applicant on the status of application or participation in an approved and accredited Florida health care education and training program. If the applicant has not yet enrolled in an educational program, the bill states that the applicant may simply request consideration for a program of study in which the applicant seeks to pursue. Coupled with the lack of specificity on the qualifications and documentation requirements necessary to make an eligibility determination, it is unclear how the Board of Medicine can make approval or denial determinations of the program status. There is no specification that the

health care practice that is of interest to the applicant must be correlated to the applicant's past experience in health care.

The bill explicitly waives the application fee, certificate fee, and unlicensed activity fee for applicants. The bill does not waive the \$5 nursing loan forgiveness fee specified by section 1009.66(6), Florida Statutes, to be collected upon initial licensure or renewal of nursing licensure. If it is the intent of the legislature to waive all fees, it may be necessary to clarify this section to specifically state no fees of any type are authorized for collection.

Review of Applications for MMACOF Health Care Certification

The bill establishes the Board of Medicine as the regulatory body to review, in consultation with other boards, the program application and render a determination within 30 days. As drafted, the bill does not specify when the 30 day period is initiated, it must be assumed that the time frame begins upon receipt of a completed application. The Board of Medicine is comprised of 12 practicing physicians and three consumer members. The Board meets six times a year, every 60 days on average, to render licensure determinations, conduct disciplinary hearings, and to conduct other Board business. Based on the timeline established in this bill, the Board would be required to hold meetings every 29 days, at a minimum, to review applications and provide a determination for which health care practice area the applicant is authorized to practice while enrolled in a health care education program.

This timeline will significantly increase costs associated with an additional 6 meetings per year. The additional meetings will create an additional workload for the 12 practicing Board of Medicine members who would be required to take additional time away from their respective practices to review application materials and to attend meetings to render determinations. If other boards and the department are required to also be consulted on individual applications, this will also increase the requirement for board meetings by the 7 other affected boards to provide recommendations. An increase in applications for consideration, an increase in preparation of application materials for board member review, and noticing requirements to conduct public meetings of the individual boards will significantly impact the staffing requirements of the board offices.

Section 120.60, Florida Statutes, requires that applicants receive a notification of deficiencies in an application within 30 days, and that a licensing decision be finalized by the department or board within 90 days. It is recommended that the bill language comport with this statute to provide consistency in the licensing requirements provided by law.

As previously detailed, the 17 health care professions identified in the bill are regulated by 7 separate regulatory boards and the department, which have a specified scope of practice delineated in law and rule. The bill requires that the Board of Medicine delineate the practice skills that the individual military-trained health care veteran is permitted to perform under the direct supervision of a "health care practitioner" in the field in which the veteran is to practice. This section is in conflict with lines 158-169 of the bill which specifies that the participant perform health care skills under the direct supervision of a licensed "health care provider."

"Health care provider" is defined by the bill as a physician, osteopathic physician, a hospital or ambulatory surgical center, an office surgery center, a commercial enterprise having medical facilities supervised by physicians or osteopathic physicians, and a facility licensed under chapter 395, Florida Statutes under the direction of a physician or osteopathic physician. The term "health care practitioner" as defined in section 456.001, Florida Statutes, includes any person licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part I, part II, or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491, Florida Statutes. It is unclear if the legislative intent is for the applicant to be approved to work under the direct supervision of a "health care provider" or a "health care practitioner."

Direct Supervision Requirements and Limitations

Section 459.015(hh), Florida Statutes, provides a penalty for osteopathic physicians who fail to supervise adequately the activities of physician assistants, paramedics, emergency medical technicians, advanced practice registered nurses,

anesthesiologist assistants, or other persons acting under the supervision of the osteopathic physician. Section 458.331(dd), Florida Statutes, also provides a penalty for physicians who fail to supervise adequately the activities of physician assistants, paramedics, emergency medical technicians, advanced practice registered nurses, or anesthesiologist assistants acting under the supervision of the physician.

Section 458.347(3), Florida Statutes further regulates physician supervision to include that each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than 10 currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

Many licensed health care professions have specific direct supervision requirements. The direct supervision by a health care provider specified in the bill may be in conflict with the scope of practice for certain licensed professions.

As it relates to pharmacy, section 465.014(1), Florida Statutes, specifies that a person other than a licensed pharmacist or pharmacy intern may not engage in the practice of the profession of pharmacy, except that a licensed pharmacist may delegate to pharmacy technicians who are registered pursuant to this section those duties, tasks, and functions that do not fall within the purview of section 465.003(13), Florida Statutes. The law further specifies that all such delegated acts must be performed under the direct supervision of a licensed pharmacist who is responsible for all such acts performed by persons under supervision. A registered pharmacy technician, under the supervision of a pharmacist, may initiate or receive communications with a practitioner, on behalf of a patient, regarding refill authorization requests. Additionally, there are specific supervision limitations, including that a licensed pharmacist may not supervise more than one registered pharmacy technician unless otherwise permitted by the guidelines adopted by the board. The certification identified by this bill is not equivalent to that of a registered pharmacy technician, and as such, pharmacists are not authorized to delegate tasks to the certificate holder participating in the MMACOF program.

As it relates to dentistry, section 466.023(4), Florida Statutes, provides that the board by rule may limit the number of dental hygienists or dental assistants to be supervised by a dentist if they perform expanded duties requiring direct or indirect supervision pursuant to the provisions of this chapter. The purpose of the limitation shall be to protect the health and safety of patients and to ensure that procedures which require more than general supervision be adequately supervised.

As it relates to physical therapy, section 486.0715(3), Florida Statutes, provides that an applicant for a temporary permit may not work as a physical therapist until a temporary permit is issued by the board. The law does not contemplate certificates issued as a component of the MMACOF program. If a temporary permit was issued to a certificate holder, a physical therapist who is practicing under a temporary permit must do so under the direct supervision of a licensed physical therapist. The law limits the number of temporary permit holders a supervising physical therapist shall supervise to only one permittee at any given time. The law also specifies that the supervising physical therapist must be licensed for a minimum of 6 months before the supervision period begins and must cosign all patient records produced by the physical therapist who is practicing under a temporary permit. The law does not contemplate nor authorize the direct supervision of a certificate holder in the MMACOF program under direct supervision by a physician or osteopathic physician.

Licensure Considerations

It is important to note that not all of the professions identified by the bill require licensure to be employed in the health care field. Medical assistant and dental assistant are not regulated health care professions. As such, the bill may be misconstrued as establishing a regulatory process specifically for veterans where one does not presently exist for any other person in the state. Additionally, most veterans who were formally health care trained in the military already meet the minimum requirements to be fully licensed as an emergency medical technician or licensed practical nurse and many have already passed the national examination required for these professions. Any person in the state, with a high school diploma, regardless of experience, may challenge the certified nursing assistant examination to obtain licensure. Due to these particular considerations, the MMACOF program may unintentionally establish a delay in employment for

professions that are not regulated, and a barrier to licensure for those in which the veteran already qualifies and can be fully licensed without delay.

While it may remain imperative for Florida Is For Veterans, Inc., to establish employment pathways for discharged veterans in these fields, including them in the list of professions for the Board of Medicine to render a skills assessment determination may result in unnecessary confusion and an unnecessary licensure burden for veterans who are ready to work in the health care field without additional training, but may believe they are required to obtain some form of authorization to do so that is not also required of the general public. As an alternative, it is recommended that the department work collaboratively with Florida Is For Veterans, Inc. to develop communication tools to identify health care professions that do not require licensure or for which they are already qualified to encourage veterans to enter those professions.

Regulatory Board Jurisdiction

While the bill provides legislative authority for the Board of Medicine to render a determination of the specific skills that are authorized to be performed by a qualified applicant, the Board of Medicine regulates only one of the 17 professions identified, and will be required to make certification determinations for other fields of practice for which they do not presently have jurisdiction. Requiring the Board of Medicine to make determinations regarding scope of practice for other professions may cause confusion between the regulatory boards. If experts or members from other regulatory boards would be required to assist with the determinations, that may increase costs as well.

Notification of Status, Certification, and Renewal Considerations

Lines 208-222 of the bill requires the notification of the application status, a list of practice skills the Board of Medicine has determined the applicant is qualified to perform under direct supervision, and instructions on how the applicant may obtain a MMACOF Health Care Certification within 14 days.

The bill provides an 18 month period for which the MMACOF Health Care Program Qualified status is active and does not provide a provision to extend or renew the qualified status. There are no specific definitions or explanations that clearly differentiate MMACOF “qualified” and “certified.” Due to the lack of clarification, there is inherent confusion on how an individual is deemed “qualified” rather than “certified” and if there are differences in the manner in which the veteran is authorized to practice under this authorization. It is recommended that there be a clear delineation between the designations to ensure clarity in the scope of skills that are authorized. While the participating veteran and the participating health care provider are required to be provided a documented list of skills authorized to be performed, patients receiving care may not clearly understand the licensure status. This is particularly important when a member of the public seeks to verify the health care provider’s licensure status in the public health practitioner portal.

Based on the authorization to practice under supervision issued, it is assumed that the department would include the approved certification in the health care provider portal. Due to the general nature of the status and certification, it is unclear if all of the skills would be required to be listed individually since the certification issued is limited in scope. The department will be required to amend an existing contract with the license printing contractor to accommodate an officially issued certificate to practice.

The bill requires that the applicant reengage with the department when enrolled in an approved and accredited Florida health care education and training program. This will require the department to establish another form to validate the education documentation submission. It is assumed that if the “qualified” veteran does not provide program enrollment verification that the issued “qualification” will expire, and the prior approval is null and void.

Within the same section, the bill specifies that the department “may” issue a MMACOF Health Care Certificate that qualifies the “unlicensed” veteran for employment. Section 456.001, Florida Statutes, defines the term “license” to mean “any permit, registration, certificate, or license, including a provisional license, issued by the department”. The bill is unclear if the status change from “qualified” to “certified” is intended as a designation of a form of licensure.

The bill provides authorization for rulemaking to establish an annual renewal of military-trained health care veterans' MMACOF Program Health Care Certifications. An annual renewal provision would be overly burdensome and costly to the department to implement. In accordance with section 456.038, Florida Statutes, the department is required to forward a licensure renewal notification to an active or inactive status licensee at the last known address of record with the department. Section 456.004, Florida Statutes, provides the department with the authority to renew licenses on a biennial basis or every 4-years notwithstanding any other provisions of law to the contrary.

The bill requires that the certificate holder provide follow-up information to the department within ten days regarding the practice location as well as the health care provider responsible for supervision. This will require another administrative process to receive documentation to update the certificate holder's file. The bill also requires notification of the termination of employment or failure to maintain active enrollment in a health care program. The specification of a time frame establishes a potential violation if the certificate holder does not contact the department timely. The bill also requires that the health care provider notify the department of employment. This appears to duplicate the intent of providing the practice location information and establishes an unenforceable penalty. The bill also requires the health care provider to provide a reason for termination, but doesn't specify the purpose of providing the information, nor if the department is obligated to take specific action dependent upon the termination reason.

The bill requires reporting by the health care education and training program to the department within a specified period of time. This provision establishes a potential violation of the educational program does not timely notify the department; however, educational programs are not regulated by the Department.

The number of veterans who will apply for the program is presently indeterminate. However, it is anticipated that a significant number of retiring veterans will choose Florida as their home. Based on an anticipated significant increase in applications; the number of times the bill requires that a participant, the employer, and the training school to communicate with the department; and the increase in the number of board meetings conducted to manage the process within the timeframes prescribed, a processing team is necessary to implement and maintain this program. At a minimum, staffing requirements would include a program supervisor and four regulatory specialists to process the applications and maintain the licensure file requirements prescribed.

Grounds for Denial or Disciplinary Action

The bill establishes grounds for denial of a certificate or disciplinary action and provides the Board of Medicine the authority to establish penalty guidelines. The violation related to "engaging in unprofessional conduct" does not provide specificity of what type of conduct is considered "unprofessional." The ambiguous language may result in an inconsistency in application of the penalty or an inability to prosecute based on this allegation. The standard established for a standard of care violation, that of a "military-trained healthcare veteran under an MMACOF Health Care Certificate" is very narrowly defined and, in practice, would be nearly impossible to prove. A more suitable standard may be that of a practitioner of the profession which the veteran is engaging. Additionally, the violation related to engaging or attempting to engage in the illegal possession, sale, or distribution of any illegal or controlled substance would be more concise and consistent with other health care profession penalties if it also included a reference to chapter 893, Florida Statutes.

Subparagraph b of lines 306-378, related to "Having an MMACOF Health Care Certificate" disciplined in another jurisdiction, is unenforceable as worded, as the MMACOF certificate is unique to Florida and would not be issued in any other jurisdiction. Practice acts for many other Department-licensed professions simply provide for discipline for having any healthcare license disciplined by another jurisdiction. Subparagraph h establishes that willfully failing to report violations of various practice acts; however, it does not include chapter 456, which is applicable to all healthcare practitioners and contains critical requirements whose violation is required to be reported. This subparagraph also does not specify that these violations should be reported to the Department. Additionally, subparagraph h does not include part IV of chapter 468, relating to radiologic technologists, and as this is one of the professions covered by this bill, should be included. Subparagraph l provides for discipline for delegating "military-trained healthcare skills" to an unqualified person. This subparagraph would be clearer if it were re-worded to mirror the language in most of the healthcare professions' practice acts, which provide that delegating tasks to any unqualified person constitutes a violation.

The grounds for denial of a certificate and disciplinary action also appears to establish a framework for evaluation of skill and safety to practice without impairment. The department has established contracts to evaluate impairment with the Professionals Resource Network and Intervention Project for Nurses. This provision would require the department to expand the contract to also include certificate holders. It appears that subsections n., q., and r. are related to impaired practice, but the provisions in subsections o. and p. appear unrelated. Organization of the provisions collectively would facilitate a greater understanding of the violations. It is unclear if the provisions of subsection s. related to the prohibition of use of the orders issued by the board for any other proceeding includes the use of the information to render future determinations for health care practitioner licensure. Furthermore, subsections q, r, and s are structured as grounds for discipline; however, these subsections do not actually describe disciplinable conduct by a licensee but are rather descriptions of associated procedures, and as such, should be restructured in a different section.

While the impact of the program is yet undetermined, it is assumed that additional resources in enforcement of the provisions of the bill are necessary. A need for at least one position in complaint intake and one attorney position to prosecute cases specific to these provisions is anticipated.

No Veteran Left Behind

The bill includes the establishment of the “No Veteran Left Behind” MMACOF program, specifying that any veteran who does not meet the definition of "medially trained veteran" but “who, in the course of their military service, gained management experience or completed advanced degrees has served in health care-related specialties shall receive assistance in resume writing, mentorship, and obtaining employment with participating health care providers. The bill directs the responsibility for implementing this provision to the MMACOF program. The MMACOF program is specified as being implemented by the Department of Health in cooperation with Florida Is For Veterans, Inc. The department does not have existing resources to provide guidance on resume writing, mentorship, or providing employment assistance to any health care practitioner. The original bill directed this responsibility to the Department of Veterans Affairs in the established program. Clarity that this function is retained by Florida Is For Veterans, Inc., rather than to the MMACOF program would remedy this conflict.

Healthcare Leadership

The bill includes the establishment of the “Healthcare Leadership” MMACOF program requiring the MMACOF program to provide assistance in finding employment in civilian health care leadership and management to any veteran who gained management experience or completed an advanced degree during the course of military service. The department does not have existing resources to establish a health care leadership program and would defer to the expertise of Florida Is For Veterans, Inc.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

If yes, explain:	The bill authorizes the Board of Medicine to establish rules for implementation.
Is the change consistent with the agency’s core mission?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
Rule(s) impacted (provide references to F.A.C., etc.):	N/A

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y N

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? Y N

Board:	N/A
Board Purpose:	N/A
Who Appoints:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	None
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Expenditures:	<p>8 full-time equivalent (FTE) positions will be needed to implement the provisions of this bill. Salary is computed at base of the position plus 43% for benefits.</p> <p>DOH/MQA will experience a recurring increase in workload associated with processing applicants to the Military Medics and Corpsman of Florida (MMACOF) program. It is anticipated that 1,100 military medical personnel will transition to Florida per year. The workload increase will be substantial and cannot be absorbed within existing resources. It is anticipated that a minimum of 4 FTE positions will be required to implement the provisions of this legislation. 1 Regulatory Supervisor Consultant (PG 420) and 3 Regulatory Specialist IIIs (PG 19), no travel, is requested. Based on the LBR standards, the total FTE cost is \$230,007 (\$179,698/Salary \$49,088/Expense \$1,221/HR).</p> <p>DOH/MQA will experience a recurring increase in workload associated with the additional complaints and prosecutions due to the MMACOF Program. The workload increase will be substantial and cannot be absorbed within existing resources. It is anticipated that a minimum of 2 FTE positions will be required to implement the provisions of this legislation. 1 Government Analyst II (PG 26) and 1 Senior Attorney (PG 230), no travel, is requested. Based on the LBR standards, the total FTE cost is \$165,307 (\$140,152/Salary \$24,544/Expense \$611/HR).</p> <p>DOH/MQA will experience a recurring increase in workload associated with processing annual renewals due to the MMACOF Program. The workload increase will be substantial and cannot be absorbed within existing resources. It is anticipated that a minimum of 2 FTE positions will be required to implement the provisions of this legislation. 1 Systems Project Consultant (PG 25) and 1 Government Operations Consultant II (PG 23), no travel, is requested. Based on the LBR standards, the total FTE cost is \$142,655 (\$117,500/Salary \$24,544/Expense \$611/HR).</p> <p>MQA anticipates holding six, one day meetings per year with twelve Board of Medicine members. The average travel cost for professions licensed under chapter 491, F.S. is \$450 per day for a total cost of \$32,400. The average cost for meeting rooms and equipment is \$1,875 per day for a total cost of \$11,250. The cost for board member compensation at \$50 per day for each board member totals \$3,600. Total estimated meeting cost is \$47,250 (\$43,650/Expense \$3,600/OPS).</p> <p>DOH/MQA will experience a recurring increase in costs associated with notifying each applicant of renewals on an annual basis. An annual renewal provision would be costly to the department to implement. The annual renewal provision would require additional contracted services authority. However, the impact is indeterminate; therefore, the fiscal impact cannot be calculated at this time.</p> <p>The Department will experience a non-recurring increase in workload and costs, in both expense and contracted services, associated with updating the Licensing and Enforcement Information Database System (LEIDS), Online Service and Data Download Portals, Cognitive Virtual Agent, Continuing Education Tracking System, Licensure Verification and other search sites,</p>
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	<p>MQA Business Intelligence Portal, and the Department and board websites to create and support registration of persons completing military training for licensure in Florida. The Department will experience some recurring costs associated with establishing and maintaining additional transactions in LEIDS and Versa Online. Updates to fully integrate this bill are estimated to take six months. This reflects a minimum of 852 of initial contracted hours at a cost of \$91,732 and annual recurring system maintenance costs of \$5,100. Total estimated increase in workload and cost is \$96,832 in Contracted Services.</p> <p>DOH/MQA will incur non-recurring costs for rulemaking, which current budget authority is adequate to absorb.</p> <p>The total estimated cost for the first year is \$682,051 in the following categories:</p> <p>Annual Estimated Cost Salary - \$437,350/Recurring Expense - \$104,634/Recurring \$37,192/Non-Recurring</p> <p>OPS - \$3,600 Contracted Services - \$5,100/Recurring \$91,732/Non-Recurring Human Resources - \$2,443/Recurring</p>
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y N

Revenues:	N/A
Expenditures:	N/A
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y N

If yes, explain impact.	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. **DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)?** Y N

<p>If yes, describe the anticipated impact to the agency including any fiscal impact.</p>	<p>The Department will experience a non-recurring increase in workload and costs, in both expense and contracted services, associated with updating the Licensing and Enforcement Information Database System (LEIDS), Online Service and Data Download Portals, Cognitive Virtual Agent, Continuing Education Tracking System, Licensure Verification and other search sites, MQA Business Intelligence Portal, and the Department and board websites to create and support registration of persons completing military training for licensure in Florida.</p> <p>The Department will experience some recurring costs associated with establishing and maintaining additional transactions in LEIDS and Versa Online. Updates to fully integrate this bill are estimated to take six months. This reflects a minimum of 852 hours of initial staff time at an estimated cost of \$91,732 and minimum annual recurring system maintenance estimated costs of \$5,100.</p>
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FEDERAL IMPACT

1. **DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)?** Y N

<p>If yes, describe the anticipated impact including any fiscal impact.</p>	<p>N/A</p>
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ADDITIONAL COMMENTS

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:

No legal issues, concerns or comments identified at this time.

THE FLORIDA SENATE
APPEARANCE RECORD

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

8 FEB 2022

Meeting Date

SB 466

Bill Number (if applicable)

Topic Military Medics and Corpsmen of Florida Program

Amendment Barcode (if applicable)

Name "Hammer" Hartsell, Major General, USMC (Ret),

Job Title Executive Director

Address 400 S. Monroe Street Ste 2105

Phone 850-487-1533

Street

Tallahassee

FL

32399

Email HartsellJ@FDVA.State.FL.US

City

State

Zip

Speaking: For Against Information

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

Representing Florida Department of Veterans' Affairs

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)

2/8/2022

Meeting Date

Military Veterans Affairs, Space, and Domestic Security

Committee

The Florida Senate

APPEARANCE RECORD

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

SB466

Bill Number or Topic

521082

Amendment Barcode (if applicable)

Name Stuart Scott, American Legion Phone 850.443.8769

Address 1912 Lee Rd Email legislative@floridalegion.org

Street

Orlando

City

FL

State

32854

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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

2/8/22 Meeting Date

466

Bill Number or Topic

Military Veterans & Space and Domestic Security Committee

Amendment Barcode (if applicable)

Name Jimm. E. T. Smith

Phone 352 322 3341

Address

Email JSmithe@cv4a.org

Street

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

[] I am appearing without compensation or sponsorship.

[x] I am a registered lobbyist, representing:

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

Concerned Veteran for America

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

The Florida Senate

APPEARANCE RECORD

2/18/22

Meeting Date

466

Bill Number or Topic

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

Military & Vet. Affairs, State and

Committee

Domestic Security

Amendment Barcode (if applicable)

Name Phillip Swberman

Phone

Address

Email

Street

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Americans for Prosperity

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

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

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

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Military and Veterans Affairs, Space, and Domestic Security

BILL: CS/SB 1670

INTRODUCER: Committee on Military and Veterans Affairs, Space, and Domestic Security, and Senator Hutson

SUBJECT: Cybersecurity

DATE: February 8, 2022 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Caldwell	MS	CS/Fav
2.			AEG	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1670 modifies cybersecurity training standards for state agencies and local governments by:

- Establishing training requirements for new state and local government employees relating to cybersecurity based on the employee's access level to a computer network
- Requiring that such training be conducted within the first 30 days of employment and then annually thereafter; and
- Directing the Florida Digital Service (FDS) to create a basic cybersecurity curriculum for local governments.

The Legislature finds that this act fulfills an important state interest.

The bill's effective date is July 1, 2022.

II. Present Situation:

General Background

Ransomware is a form of malware¹ which is used by malicious actors to encrypt files on devices, networks, or computer systems, rendering the files on those system unusable. The malicious actors then demand ransom in exchange for decryption or the return of an individual's or an organization's files. Ransomware actors will also often threaten to sell or leak the data or information if the demanded ransom is not paid.

The number of ransomware incidents continues to rise, with 2,474 incidents reported with adjusted losses of over \$29.1 million,² a figure which is likely under-inclusive, as technology experts believe that many ransomware attacks go unreported out of embarrassment by victims who decline to report. In its reporting, the Federal Bureau of Investigation (FBI) formally describes ransomware as:

“Malicious software, or malware, that encrypts data on a computer making it unusable. A malicious cybercriminal holds the data hostage until the ransom is paid. If the ransom is not paid, the victim's data remains unavailable. Cyber criminals may also pressure victims to pay the ransom by threatening to destroy the victim's data or to release it to the public.”³

The Internet Crime Complaint Center (IC3), housed within the FBI received a record number of complaints from the American public in 2020: 791,790, with the reported losses attached to those complaints exceeding \$4.1 billion.⁴ This represents a 69 percent increase in total complaints from 2019.

Recent ransomware attacks that impacted the American economy include:

- The Colonial Pipeline shutdown in May 2021 disrupted the flow of refined gasoline and jet fuel through 5,500 miles of pipeline from Texas to New York.⁵
 - Colonial supplied 45 percent of the East Coast's fuel supply.
 - As a private company, Colonial had no duty to report; however, the FBI and federal investigative agencies at the time did confirm involvement in the investigation.⁶

¹ “Malware” means hardware, firmware, or software that is intentionally included or inserted in a system for a harmful purpose. See <https://csrc.nist.gov/glossary/term/malware> (last visited February 4, 2022).

² Federal Bureau of Investigation, Internet Crime Complaint Center, 2020 Internet Crime Report, Business Email Compromise (BCE), p.10, available at https://www.ic3.gov/Media/PDF/AnnualReport/2020_IC3Report.pdf (last visited February 2, 2022).

³ The Federal Bureau of Investigation (FBI) defines ransomware as malicious software, or malware that encrypts files on a victim's computer which prevents an individual from accessing his or her computer files, systems, or networks and demands that an individual pay a ransom for the return of the information or data or to provide a key to decrypt the files. See FBI Public Service Announcement, “High Impact Ransomware Attacks Threaten U.S. Businesses and Organizations,” Alert Number I-100219-PSA (October 2, 2019), available at <https://www.ic3.gov/Media/Y2019/PSA191002> (last visited February 4, 2022).

⁴ *Supra*, note 2.

⁵ David E. Sanger, et al, *Cyberattack forces a shutdown of a top U.S. Pipeline*, THE NEW YORK TIMES (May 13, 2021) available at <https://www.nytimes.com/2021/05/08/us/politics/cyberattack-colonial-pipeline.html> (last visited February 2, 2022).

⁶ *Id.*

- A ransom of 75 Bitcoin was paid a day after Colonial’s network system was breached, and a total ransom which was the equivalent of nearly \$5 million in cryptocurrency was eventually paid for the software decryption key to unlock its networks.⁷
- JBS, the world’s largest meat processing plant, was hit by a ransomware attack in June 2021:⁸
 - The plant is responsible for supplying one quarter of America’s beef.⁹
 - The likely Russian-based hackers threatened disruption or deletion of network files unless a ransom was paid.
 - Ultimately, JBS paid a ransom in Bitcoin of \$11 million to end the cyber-attack.¹⁰

Specifically, in Florida, recent cybersecurity and ransomware incidents included:

- A February 2021 intrusion into the City of Oldsmar’s water system. The remote hacker briefly increased the amount of sodium hydroxide (lye) from 100 parts per million to 11,100 parts per million, more than 100 times the normal level. The increased amount was caught before the public was harmed.
- The St. Lucie County’s Sheriff’s Department was hit by a cyber-attack in December 2020 when public records were taken and held for \$1 million ransom and sheriff employees briefly resorted to filing reports using pen and paper instead.
- In Wakulla County in 2019, the school district’s insurer paid a Bitcoin ransom to hackers to bring its computers back online during the first few weeks of the 2019-2020 school year.

Colonial Pipeline and JBS are just two examples from the thousands of other reports investigated by the IC3 in 2021. The United States is the number one target for cyberattacks with expected increases in both cyberattacks and particularly, ransomware attacks, according to statistics from the University of West Florida’s Center for Cybersecurity.¹¹

Florida Information Protection Act of 2014

The *Florida Information Protection Act of 2014*¹² requires notice be given to affected customers and the Department of Legal Affairs (DLA) when a breach of personal information occurs. The notice must be provided within 30 days of the discovery of the breach or the belief that a breach has occurred, unless law enforcement has requested a delay for investigative purposes or for other good cause. State law requires Florida’s Attorney General to file every February 1st with

^{7, 8, 9} Associated Press, *Colonial Pipeline confirms it paid \$4.4m to hacker gang after attack* (May 19, 2021), THE GUARDIAN, available at <https://www.theguardian.com/technology/2021/may/19/colonial-pipeline-cyber-attack-ransom> (last visited January 23, 2022).

⁸ *JBS: Cyber-Attack hits world’s largest meat supplier*, BBC.COM, available at <https://www.bbc.com/news/world-us-canada-57318965> (last visited January 22, 2022).

⁹ *Id.*

¹⁰ *Meat Giant JBS pays \$11m in ransom to resolve cyberattack*, BBC.COM, available at <https://www.bbc.com/news/business-57423008> (last visited January 23, 2022).

¹¹ Eman El Sheikh, Ph.D., Center for Cybersecurity, University of West Florida, *Cybersecurity Education and Workforce Development Highlights (January 17, 2020 Presentation to Florida Cybersecurity Task Force Meeting, January 17, 2020)*, available at [CSTF_01.17.20_Meeting_Materials.pdf \(myflorida.com\)](https://www.myflorida.com/CSTF_01.17.20_Meeting_Materials.pdf) (last visited January 23, 2022).

¹² Ch. 2014-189, Laws of Fla. (creating s. 501.171, F.S., effective July 1, 2014; Florida Information Protection Act).

the Legislature a report identifying any governmental entities which have reported any breaches of security of themselves or by any of its third-party agents in the preceding calendar year. Additionally, the Attorney General must report on any breaches by any governmental entities affecting more than 500 individuals in this state as expeditiously as possible, but not later than 30 days after the determination of the breach or reason to believe the breach has occurred. An extension of up to 15 days may be granted if good cause is provided in writing to the DLA.

Enforcement authority is provided to the DLA under the Florida Deceptive and Unfair Trade Practices Act to civilly prosecute violations. Violators may be subject to civil penalties if a breach notification is not provided on a timely basis, but there are not civil penalties for the timely report of a security breach. There are exceptions for those entities that are also required to report breaches to federal regulators.

Data Breach Reporting Within Florida Law

Florida is within the FBI's top ten states for total number of victims reporting a data breach for 2020, falling behind only California with 53,793 victims¹³ and is fourth in the total amount of victim loss reported at \$295,032,829 for 2020.¹⁴

The Attorney General's office website posts notices and news releases relating to several multi-state settlements because of data breaches which are listed through litigation settlements and press releases on the site.¹⁵

Florida Digital Service

The Florida Digital Service (FDS) was created as a division under s. 20.22, F.S., within the Department of Management Service (DMS), during the 2020 Legislative Session and its powers and duties were established under s. 282.0051, F.S, specifically. The FDS is charged with proposing innovative solutions that securely modernize state government, including technology and information services which achieve value through digital transformation and interoperability, and which fully support the cloud-first policy.¹⁶

The FDS is also responsible for the training of all state agency technology professionals. The training may be conducted in coordination with the FDLE, a private sector entity, or an institution of the state university system.¹⁷ Operation and maintenance of a Cybersecurity Operations Center (Center) by the FDS was included in the 2020 legislation. The Center must be led by the state chief information security officer and must serve as a clearinghouse for threat information, which must be primarily virtually and be coordinated with FDLE.

Each state agency head is required to designate an information security manager to administer the cybersecurity program of his or her respective state agency and to establish a cybersecurity

¹³ *Supra*, note 2.

¹⁴ *Id.* at 24.

¹⁵ Office of Attorney General Ashley Moody, *In the News – News Search* (search conducted January 24, 2022), available at <http://www.myfloridalegal.com/newsrel.nsf/newsreleases> (last visited January 24, 2022).

¹⁶ Section 282.0051(1), F.S.

¹⁷ Section 282.318(3)(h), F.S.

response team.¹⁸ Each state agency develops and maintains a three-year security plan which is updated and assessed every three years.¹⁹ Except for sharing within the DMS, the cybercrimes unit of FDLE, and certain agencies under the jurisdiction of the Governor and the Chief Inspector, these security plans are confidential and exempt from public review under s. 119.019(1), F.S.²⁰

Unfunded Local Government Mandates

An unfunded mandate on local government is defined in Florida's Constitution as a general law which require counties or municipalities to spend its funds, limits their ability to raise revenue, or limits their ability to receive sales tax revenue. Adopted by Florida voters in 1990, Article VII, Section 18(a) of the Florida Constitution states that no county or municipality shall be bound by any general law requiring such county or municipality to spend its funds or to take an action requiring the expenditure of funds except under certain conditions. The review process is only applied to general laws applicable to cities and counties and not to special districts or school districts.

Article VII, Section 18 of the state constitution requires also that such laws fulfill an important state interest and meet one of the following conditions for constitutionality:

- The Legislature has provided or will provide the estimated amount of funds necessary to fund the mandated activity or program;
- The Legislature has provided or will provide the county or municipality the authorization to enact a funding source not available to them before February 1, 1989, that can be used to generate the amount of funds sufficient to meet the mandate by a simple majority vote for the governing body;
- The law passes by a 2/3 membership vote of each house of the Legislature;
- The expenditure is required to comply with a law that applies to all persons similarly situated, including the state and local governments; or
- The law is required to comply with a federal requirement or is required to comply with a federal entitlement.

If none of the constitutional exceptions or exemptions apply, and if the bill becomes law, cities and counties are not bound by the law²¹ unless the Legislature has determined that the bill fulfills an important state interest and approves the bill by a two-thirds vote of the membership of each house. A legislature can meet the condition "meets an important state interest" through a legislative declaration and a declaratory statement that the legislation does meet an important state interest.

A mandate can still be prohibited if the effect of its enactment results in a reduction in the county or municipality's authority to raise total aggregate revenues or is a reduction in the total percentage share of revenue as it existed on February 1, 1989.

¹⁸ Section 282.318(4)(a) and (b), F.S.

¹⁹ Section 282.318(4)(c), F.S.

²⁰ Section 282.318(4)(d), F.S.

²¹ Although the constitution says "[n]o county or municipality shall be bound by any general law" that is a mandate, the circuit court's ruling was much broader in that it ordered SB 360 expunged completely from the official records of the state.

Mandates can be exempted in certain circumstances such as if they if the law is being enacted during a declared fiscal emergency, when offsetting revenues are provided for, or when the fiscal impact is considered insignificant. The Legislature interprets insignificant fiscal impact to mean an amount not greater than the average statewide population for the applicable fiscal year times 10 cents (currently \$2.3 million); the average fiscal impact, including any offsetting effects over the long term, is also considered.²²

III. Effect of Proposed Changes:

Sections 1 and 2 – Amending sections 282.318, F.S. (Cybersecurity) and creating section 282.3185, F.S., (Local government cybersecurity).

CS/SB 1670 requires state and local government agencies to conduct cybersecurity trainings within the first 30 days of employment and then annually thereafter as follows:

Florida Digital Service (FDS) will:

- Develop a basic cybersecurity practices training curriculum; and
- Develop an advanced cybersecurity training as required under s. 282.318(3)(g).

Local government agencies, defined as counties and municipalities, shall:

- Train state agency technology professionals; and
- Employees with access to highly sensitive information access.

A local government may provide the required cybersecurity training in collaboration with the Cybersecurity Crimes Office of the Department of Law Enforcement, a private sector entity, or an institution of the state university system.

Section 3 provides a statement that the Legislature finds that the act fulfills an important state interest.

Section 4 provides an effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The bill requires the training of the local government employees who have access to a local government network or access to highly sensitive information within the first 30 days of employment and then at annual intervals, thereafter. The fiscal impact to the local governments is unclear as the number of impacted individuals is unknown.

²² Guidelines issued in 1991 by then-Senate President Gwen Margolis and Speaker of the House Wetherell (1991); Comm. On Comprehensive Planning, Local and Military Affairs, The Florida Senate, *Review of Legislative Staff Guidelines for Screening Bills for Mandates on Florida Counties and Municipalities* (Interim Report 2000-24)(Sept. 1999), available at http://www.leg.state.fl.us/data/Publications/2000/Senate/reports/interim_reports/pdf/00-24ca.pdf (last visited January 26, 2022).

The bill does not clearly define which entities within local government are covered by the requirements. For Fiscal Year 2020-2021, the total FTEs employed in Florida's 67 counties was reported as 6,101.29²³ and for municipal governments, the total FTEs reported was 101,776.75.²⁴

Expenditure of the funds would be required of all counties and local governments similarly situated in that all counties and local governments would be required to comply in the same manner which may remove the local mandate issue. Additionally, the fiscal impact to the local government may be insignificant depending on the format and type of training developed. Whether this requirement would meet the threshold to be considered a mandate is indeterminate.

CS/SB 1670 includes a statement that the act fulfills an important state interest.

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.

²³ Office of Economic and Demographic Research, *Local Government Financial Reports, County Government Reports, 2020 Reporting Cycle Results*, pg. 12, available at <http://edr.state.fl.us/Content/local-government/local-govt-reporting/2020CountyReport-DataSetwithMetrics.pdf> (last visited February 8, 2022).

²⁴ Office of Economic and Demographic Research, *Local Government Financial Reports, Municipal Government Reports, 2020 Reporting Cycle Results*, pg. 12, available at <http://edr.state.fl.us/Content/local-government/local-govt-reporting/2020MunicipalReport-DataSetwithMetrics.pdf> (last visited February 8, 2022).

C. **Government Sector Impact:**

There may be an indeterminate fiscal impact to local and county governments for the cost of the cybersecurity training. It is unknown what format the training may be or how many individuals out of the total county or local government workforce would be required to participate in either the new employee component or the annual training. There may be long-term indeterminate savings in funds and resources to the state, local, or county governments if the cybersecurity trainings result in fewer cybersecurity attacks, reductions in the loss of data, or mitigation of third party computer breaches.

VI. **Technical Deficiencies:**

In describing the types of training to be delivered to local government employees, Section 2 of the bill does not define “persons with access to highly sensitive information” who would undergo additional training.

VII. **Related Issues:**

The bill requires that training be created and provided for certain employees of state and local government. The definition of local government is not provided. State statutes provide several provisions or definitions of “local government” depending on the context or legislative intent which include or exclude other public institutions, such as schools, higher education entities, special districts, or councils.

VIII. **Statutes Affected:**

This bill substantially amends section 252.318 of the Florida Statutes.

This bill creates section 282.3185 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.)

Recommended CS by Committee on Military and Veterans Affairs, Space, and Domestic Security on February 8, 2022:

The Committee adopted a CS which:

- Modifies s. 282.318, F.S., to direct the Florida Digital Service (FDS) to provide cybersecurity training for all state agency technology employees and employees with access to highly sensitive information within the first 30 days of employment and then annually thereafter;
- Defines “local government” to mean any county or municipality”;
- Creates s. 282.3185, F.S., and directs FDS to develop a basic and advanced cybersecurity training curriculum for local government employees with access to the local network or have access to highly sensitive information for completion within 30 days of employment and then annually thereafter; and

- Allows training to be provided by the Cybercrime Office of the FDLE, a private sector entity, or an institution of the state university system.

The CS includes a statement that the Legislature finds that the act fulfills an important state interest.

The effective date of the act is July 1, 2022.

B. Amendments:

None.



397432

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/09/2022	.	
	.	
	.	
	.	

The Committee on Military and Veterans Affairs, Space, and Domestic Security (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (g) of subsection (3) and paragraph (i) of subsection (4) of section 282.318, Florida Statutes, are amended to read:

282.318 Cybersecurity.—

(3) The department, acting through the Florida Digital Service, is the lead entity responsible for establishing



397432

11 standards and processes for assessing state agency cybersecurity
12 risks and determining appropriate security measures. Such
13 standards and processes must be consistent with generally
14 accepted technology best practices, including the National
15 Institute for Standards and Technology Cybersecurity Framework,
16 for cybersecurity. The department, acting through the Florida
17 Digital Service, shall adopt rules that mitigate risks;
18 safeguard state agency digital assets, data, information, and
19 information technology resources to ensure availability,
20 confidentiality, and integrity; and support a security
21 governance framework. The department, acting through the Florida
22 Digital Service, shall also:

23 (g) Annually provide cybersecurity training to all state
24 agency technology professionals and employees with access to
25 highly sensitive information which ~~that~~ develops, assesses, and
26 documents competencies by role and skill level. The training may
27 be provided in collaboration with the Cybercrime Office of the
28 Department of Law Enforcement, a private sector entity, or an
29 institution of the State University System.

30 (4) Each state agency head shall, at a minimum:

31 (i) Provide cybersecurity awareness training to all state
32 agency employees within ~~in the first~~ 30 days after commencing
33 employment, and annually thereafter, concerning cybersecurity
34 risks and the responsibility of employees to comply with
35 policies, standards, guidelines, and operating procedures
36 adopted by the state agency to reduce those risks. The training
37 may be provided in collaboration with the Cybercrime Office of
38 the Department of Law Enforcement, a private sector entity, or
39 an institution of the State University System.



397432

40 Section 2. Section 282.3185, Florida Statutes, is created
41 to read:

42 282.3185 Local government cybersecurity.—

43 (1) As used in this section, the term "local government"
44 means any county or municipality.

45 (2) The Florida Digital Service:

46 (a) Shall develop a basic cybersecurity practices training
47 curriculum for local government employees. All local government
48 employees with access to the local government's network must
49 complete the basic cybersecurity training within 30 days after
50 commencing employment and annually thereafter.

51 (b) Shall develop an advanced cybersecurity training
52 curriculum for local governments which is consistent with the
53 cybersecurity training required under s. 282.318(3)(g). All
54 local government technology professionals and employees with
55 access to highly sensitive information must complete the
56 advanced cybersecurity training within 30 days after commencing
57 employment and annually thereafter.

58 (c) May provide the cybersecurity training required by this
59 subsection in collaboration with the Cybercrime Office of the
60 Department of Law Enforcement, a private sector entity, or an
61 institution of the State University System.

62 Section 3. The Legislature finds and declares that this act
63 fulfills an important state interest.

64 Section 4. This act shall take effect July 1, 2022.

65
66 ===== T I T L E A M E N D M E N T =====

67 And the title is amended as follows:

68 Delete everything before the enacting clause



397432

69 and insert:

70 A bill to be entitled
71 An act relating to cybersecurity; amending s. 282.318,
72 F.S.; requiring the Department of Management Services,
73 acting through the Florida Digital Service, to provide
74 annual cybersecurity training to certain persons;
75 requiring state agency heads to annually provide
76 cybersecurity awareness training to certain persons;
77 creating s. 282.3185, F.S.; defining the term "local
78 government"; requiring the Florida Digital Service to
79 develop certain cybersecurity training curricula;
80 requiring certain persons to complete certain training
81 within a specified period and annually thereafter;
82 authorizing the Florida Digital Service to provide
83 certain training in collaboration with certain
84 entities; providing a declaration of important state
85 interest; providing an effective date.

By Senator Hutson

7-01444A-22

20221670__

A bill to be entitled

An act relating to cybersecurity; amending s. 252.351, F.S.; requiring specified entities to report certain computer attacks to the State Watch Office within the Division of Emergency Management; creating s. 282.3185, F.S.; defining terms; requiring local governments to adopt certain cybersecurity standards by a specified date; requiring local governments to report certain information to the Florida Digital Service; requiring local governments to conduct vulnerability testing at certain intervals; requiring certain local government employees and persons to undergo specified training; requiring the Florida Digital Service and the Florida Cybersecurity Advisory Council to develop training requirements and conduct training at certain intervals; requiring state agencies and local governments to report certain incidents to specified entities within specified time periods; requiring a report on certain incidents to be submitted to the Florida Cybersecurity Advisory Council; prohibiting local governments from paying a ransom before communicating with specified entities; requiring the Florida Digital Service to create a specified checklist; amending s. 815.06, F.S.; defining the term "ransomware"; prohibiting specified offenses concerning ransomware; providing criminal penalties; providing for disposition of fines for such offenses; providing an appropriation; providing an effective date.

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

7-01444A-22

20221670__

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

Section 1. Subsection (2) of section 252.351, Florida Statutes, is amended, to read:

252.351 Mandatory reporting of certain incidents ~~by~~
~~political subdivisions.~~

(2) The division shall create and maintain a list of reportable incidents. The list shall include, but is not limited to, the following events:

(a) Major fires, including wildfires, commercial or multiunit residential fires, or industrial fires.

(b) Search and rescue operations, including structure collapses or urban search and rescue responses.

(c) Bomb threats or threats to inflict harm on a large number of people or significant infrastructure, suspicious devices, or device detonations.

(d) Natural hazards and severe weather, including earthquakes, landslides, or ground subsidence or sinkholes.

(e) Public health and population protective actions, including public health hazards, evacuation orders, or emergency shelter openings.

(f) Animal or agricultural events, including suspected or confirmed animal diseases, suspected or confirmed agricultural diseases, crop failures, or food supply contamination.

(g) Environmental concerns, including an incident of reportable pollution release as required in s. 403.077(2).

(h) Nuclear power plant events, including events in process or that have occurred which indicate a potential degradation of

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

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59 the level of safety of the plant or which indicate a security
60 threat to facility protection.

61 (i) Major transportation events, including aircraft or
62 airport incidents, passenger or commercial railroad incidents,
63 major road or bridge closures, or marine incidents involving a
64 blocked navigable channel of a major waterway.

65 (j) Major utility or infrastructure events, including dam
66 failures or overtopping, drinking water facility breaches, or
67 major utility outages or disruptions involving transmission
68 lines or substations.

69 (k) Military events, when information regarding such
70 activities is provided to a political subdivision.

71 (l) Attacks on a computer or network of a local government,
72 as defined in s. 215.89(2)(c), or a hospital, as defined in s.
73 395.002(13), including ransomware attacks and data breaches.

74 Section 2. Section 282.3185, Florida Statutes, is created
75 to read:

76 282.3185 Local governments; cybersecurity.-

77 (1) As used in this section, the term:

78 (a) "Local government" has the same meaning as provided in
79 s. 215.89(2)(c).

80 (b) "Ransomware" has the same meaning as provided in s.
81 815.06(1).

82 (2)(a) By January 1, 2024, each local government must adopt
83 cybersecurity standards for all information technology and
84 operational technology which comply with the National Institute
85 of Standards and Technology cybersecurity framework that is
86 appropriate for the size of the organization. Redundancies such
87 as routine backups of critical information and multifactor

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88 authentication must be required as part of these standards. A
89 local government shall report its standards to the Florida
90 Digital Service.

91 (b) Each local government must conduct vulnerability
92 testing of its information technology and operational technology
93 not less than every 2 years.

94 (3)(a) Each local government employee with access to a
95 local government network must receive training when he or she
96 begins employment and at intervals thereafter, as specified by
97 the Florida Digital Service which, at a minimum, addresses
98 phishing and digital hygiene.

99 (b) All local government technology professionals and
100 persons with access to highly sensitive information shall be
101 required to undergo intensive cybersecurity training.

102 (c) The Florida Digital Service and the Florida
103 Cybersecurity Advisory Council shall develop the training
104 requirements and conduct each training virtually at certain
105 times of the year.

106 (4) All state agencies, as defined in s. 282.602(6), and
107 local governments shall report all cybersecurity and ransomware
108 incidents to the State Watch Office, the Florida Digital
109 Service, the Executive Office of the Governor, the Department of
110 Law Enforcement, and local law enforcement agencies within 12
111 hours of discovery. The state chief information officer and the
112 Florida Cybersecurity Advisory Council will directly advise the
113 Governor on the event. Once a cybersecurity or ransomware
114 incident has concluded, a report must be submitted to the
115 Florida Cybersecurity Advisory Council which summarizes the
116 incident, how the incident was resolved, and lessons learned.

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117 (5) (a) If a ransomware incident or cyber extortion incident
 118 has occurred, a local government may not pay ransom before
 119 communicating with the Florida Digital Service and the local law
 120 enforcement agencies.

121 (b) The Florida Digital Service shall create a ransomware
 122 checklist for local governments which lists the factors a local
 123 government must consider before paying a ransom.

124 Section 3. Present subsections (5) through (9) of section
 125 815.06, Florida Statutes, are redesignated as subsections (6)
 126 through (10), respectively, subsection (1) is amended, a new
 127 subsection (5) is added to that section, and subsection (2) is
 128 republished, to read:

129 815.06 Offenses against users of computers, computer
 130 systems, computer networks, and electronic devices.—

131 (1) As used in this section, the term:

132 (a)1. "Ransomware" means a computer contaminant or lock
 133 placed or introduced without authorization into a computer,
 134 computer system, computer network, or electronic device which
 135 does any of the following:

136 a. Restricts access by an authorized person to the
 137 computer, computer system, computer network, or electronic
 138 device or to any data held by the computer, computer system,
 139 computer network, or electronic device under circumstances in
 140 which the person responsible for the placement or introduction
 141 of the computer contaminant or lock demands payment of money or
 142 other consideration to:

143 (I) Remove the computer contaminant or lock;

144 (II) Restore access to the computer, computer system,
 145 computer network, electronic device, or data; or

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146 (III) Otherwise remediate the impact of the computer
 147 contaminant or lock; or

148 b. Transforms data held by the computer, computer system,
 149 or computer network, or electronic device into a form in which
 150 the data is rendered unreadable or unusable without the use of a
 151 confidential process or key.

152 2. The term does not include authentication required to
 153 upgrade or access purchased content or the blocking of access to
 154 subscription content in the case of nonpayment for the access.

155 (b) "User" means a person with the authority to operate or
 156 maintain a computer, computer system, computer network, or
 157 electronic device.

158 (2) A person commits an offense against users of computers,
 159 computer systems, computer networks, or electronic devices if he
 160 or she willfully, knowingly, and without authorization or
 161 exceeding authorization:

162 (a) Accesses or causes to be accessed any computer,
 163 computer system, computer network, or electronic device with
 164 knowledge that such access is unauthorized or the manner of use
 165 exceeds authorization;

166 (b) Disrupts or denies or causes the denial of the ability
 167 to transmit data to or from an authorized user of a computer,
 168 computer system, computer network, or electronic device, which,
 169 in whole or in part, is owned by, under contract to, or operated
 170 for, on behalf of, or in conjunction with another;

171 (c) Destroys, takes, injures, or damages equipment or
 172 supplies used or intended to be used in a computer, computer
 173 system, computer network, or electronic device;

174 (d) Destroys, injures, or damages any computer, computer

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175 system, computer network, or electronic device;

176 (e) Introduces any computer contaminant into any computer,
177 computer system, computer network, or electronic device; or

178 (f) Engages in audio or video surveillance of an individual
179 by accessing any inherent feature or component of a computer,
180 computer system, computer network, or electronic device,
181 including accessing the data or information of a computer,
182 computer system, computer network, or electronic device that is
183 stored by a third party.

184 (5)(a)1. A person who places ransomware in a computer,
185 computer system, computer network, or electronic device commits
186 a felony of the first degree, punishable as provided in s.
187 775.082 or s. 775.084, and shall be assessed a fine equal to or
188 twice the amount of ransom demanded in the attack or the maximum
189 fine provided under s. 775.083, whichever is greater.

190 2. Notwithstanding any other law, fines collected under
191 this subsection must be distributed as follows:

192 a. Half of the fine must be provided to the Florida Digital
193 Service to be used for cybersecurity operations.

194 b. Half of the fine must be divided equally among law
195 enforcement agencies and private entities or individuals who
196 aided in the apprehension and conviction of the defendant.

197 (b) An employee or a contractor of the government of this
198 state or a local government, as defined in s. 215.89(2)(c), who
199 knowingly and intentionally provides access to a person who
200 commits a violation of:

201 1. Subsection (2); or

202 2. This subsection,

203

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204 commits a felony of the third degree, punishable as provided in
205 s. 775.082, s. 775.083, or s. 775.084.

206 Section 4. For the 2022-2023 fiscal year, the sum of \$1
207 million in nonrecurring funds is appropriated to the Florida
208 Digital Service, which shall disburse the funds to local
209 governments for the training required under s. 282.3185(3),
210 Florida Statutes.

211 Section 5. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Tom Wright, Chair
Committee on Military and Veterans Affairs, Space, and Domestic Security

Subject: Committee Agenda Request

Date: February 7, 2022

I respectfully request that **Senate Bill #1670**, relating to Cybersecurity, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Travis Hutson".

Senator Travis Hutson
Florida Senate, District 7

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Military and Veterans Affairs, Space, and Domestic Security

BILL: CS\SB 1694

INTRODUCER: Committee on Military and Veterans Affairs, Space, and Domestic Security, and Senator Hutson

SUBJECT: Public Records/Criminal Intelligence Information or Criminal Investigative Information

DATE: February 8, 2022 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Caldwell	MS	CS\Fav
2.			AEG	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1694 creates a public records and meetings exemption for information relating to a cybersecurity incident or ransomware incident held by a political subdivision or state agency to the extent that a disclosure of such information would facilitate unauthorized access to or the unauthorized modification, disclosure, or destruction of physical or virtual data or information technology resources as defined in the exemption. The bill:

- Allows for information which has been made confidential and exempt under s. 119.07(1), F.S., and Art. I, of the State Constitution to be disclosed in limited circumstances by a political subdivision or state agency in the furtherance of it's or the other agency's official or statutory duties or responsibilities;
- Prohibits any portion of an exempt public meeting from being off the record; and
- Requires any portion of an exempted public meeting to be recorded and transcribed.

The exemption provided under CS/SB 1694 shall stand repealed effective October 2, 2027, unless reviewed and saved from repeal through reenactment by the Legislature.

CS/SB 1694 provides a statement of public necessity that the public records exemption is necessary as disclosure of information relating to cybersecurity and ransomware incidents held by a political subdivision or the state could include information that could facilitate unauthorized access to, or modification, disclosure or destruction of information, information technology, or

information resources. CS/SB 1694 includes a statement of public necessity for the closure of public meetings where any portion of a meeting discloses confidential and exempt information making the meeting exempt from s. 286.011, F.S.

The effective date of this act is the same date on which CS/SB 1670 or similar legislation takes effect, if such legislation takes effect in the same legislative session or an extension thereof and becomes a law.

II. Present Situation:

Access to Public Records - Generally

The Florida Constitution provides that the public has the right to inspect or copy records made or received in connection with official governmental business.¹ The right to inspect or copy applies to the official business of any public body, officer, or employee of the state, including all three branches of state government, local governmental entities, and any person acting on behalf of the government.²

Additional requirements and exemptions related to public records are found in various statutes and rules, depending on the branch of government involved. For instance, s. 11.0431, F.S., provides public access requirements for legislative records. Relevant exemptions are codified in s. 11.0431(2)-(3), F.S., and adopted in the rules of each house of the legislature.³ Florida Rule of Judicial Administration 2.420 governs public access to judicial branch records.⁴ Lastly, chapter 119, F.S., known as the Public Records Act, provides requirements for public records held by executive agencies.

Executive Agency Records – The Public Records Act

The Public Records Act provides that all state, county, and municipal records are open for personal inspection and copying by any person, and that providing access to public records is a duty of each agency.⁵

Section 119.011(12), F.S., defines “public records” to include:

All documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or

¹ FLA. CONST. art. I, s. 24(a).

² *Id.*

³ See Rule 1.48, *Rules and Manual of the Florida Senate*, (2018-2020) and Rule 14.1, *Rules of the Florida House of Representatives*, Edition 2, (2018-2020)

⁴ *State v. Wooten*, 260 So. 3d 1060 (Fla. 4th DCA 2018).

⁵ Section 119.01(1), F.S. Section 119.011(2), F.S., defines “agency” as “any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency.”

received pursuant to law or ordinance or in connections with the transaction of official business by any agency.

The Florida Supreme Court has interpreted this definition to encompass all materials made or received by an agency in connection with official business that are used to “perpetuate, communicate, or formalize knowledge of some type.”⁶

The Florida Statutes specify conditions under which public access to public records must be provided. The Public Records Act guarantees every person’s right to inspect and copy any public record at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record.⁷ A violation of the Public Records Act may result in civil or criminal liability.⁸

The Legislature may exempt public records from public access requirements by passing a general law by a two-thirds vote of both the House and the Senate.⁹ The exemption must state with specificity the public necessity justifying the exemption and must be no broader than necessary to accomplish the stated purpose of the exemption.¹⁰

General exemptions from the public records requirements are contained in the Public Records Act.¹¹ Specific exemptions often are placed in the substantive statutes relating to a particular agency or program.¹²

When creating a public records exemption, the Legislature may provide that a record is “exempt” or “confidential and exempt.” There is a difference between records the Legislature has determined to be exempt from the Public Records Act and those which the Legislature has determined to be exempt from the Public Records Act *and confidential*.¹³ Records designated as “confidential and exempt” are not subject to inspection by the public and may only be released under the circumstances defined by statute.¹⁴ Records designated as “exempt” may be released at the discretion of the records custodian under certain circumstances.¹⁵

⁶ *Shevin v. Byron, Harless, Schaffer, Reid and Assoc., Inc.*, 379 So. 2d 633, 640 (Fla. 1980).

⁷ Section 119.07(1)(a), F.S.

⁸ Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws.

⁹ FLA. CONST. art. I, s. 24(c).

¹⁰ *Id. See, e.g., Halifax Hosp. Medical Center v. News-Journal Corp.*, 724 So. 2d 567 (Fla. 1999) (holding that a public meetings exemption was unconstitutional because the statement of public necessity did not define important terms and did not justify the breadth of the exemption); *Baker County Press, Inc. v. Baker County Medical Services, Inc.*, 870 So. 2d 189 (Fla. 1st DCA 2004) (holding that a statutory provision written to bring another party within an existing public records exemption is unconstitutional without a public necessity statement).

¹¹ *See, e.g., s. 119.071(1)(a), F.S.* (exempting from public disclosure examination questions and answer sheets of examinations administered by a governmental agency for the purpose of licensure).

¹² *See, e.g., s. 213.053(2)(a), F.S.* (exempting from public disclosure information contained in tax returns received by the Department of Revenue).

¹³ *WFTV, Inc. v. The Sch. Bd. of Seminole County*, 874 So. 2d 48, 53 (Fla. 5th DCA 2004).

¹⁴ *Id.*

¹⁵ *Williams v. City of Minneola*, 575 So. 2d 683 (Fla. 5th DCA 1991).

Open Meetings Laws

The Florida Constitution provides that the public has a right to access governmental meetings.¹⁶ Each collegial body must provide notice of its meetings to the public and permit the public to attend any meeting at which official acts are taken or at which public business is transacted or discussed.¹⁷ This applies to the meetings of any collegial body of the executive branch of state government, counties, municipalities, school districts, or special districts.¹⁸

Public policy regarding access to government meetings also is addressed in the Florida Statutes. Section 286.011, F.S., known as the “Government in the Sunshine Law,”¹⁹ or the “Sunshine Law,”²⁰ requires all meetings of any board or commission of any state or local agency or authority at which official acts are to be taken be open to the public.²¹ The board or commission must provide the public reasonable notice of such meetings.²² Public meetings may not be held at any location that discriminates on the basis of sex, age, race, creed, color, origin, or economic status or which operates in a manner that unreasonably restricts the public’s access to the facility.²³ Minutes of a public meeting must be promptly recorded and open to public inspection.²⁴ Failure to abide by open meetings requirements will invalidate any resolution, rule, or formal action adopted at a meeting.²⁵ A public officer or member of a governmental entity who violates the Sunshine Law is subject to civil and criminal penalties.²⁶

The Legislature may create an exemption to open meetings requirements by passing a general law by at least a two-thirds vote of each house of the Legislature.²⁷ The exemption must explicitly lay out the public necessity justifying the exemption and must be no broader than necessary to accomplish the stated purpose of the exemption.²⁸ A statutory exemption which does not meet these two criteria may be unconstitutional and may not be judicially saved.²⁹

¹⁶ Art. I, s. 24(b), Fla. Const.

¹⁷ *Id.*

¹⁸ *Id.* Meetings of the Legislature are governed by Article III, section 4(e) of the Florida Constitution, which states: “The rules of procedure of each house shall further provide that all prearranged gatherings, between more than two members of the legislature, or between the governor, the president of the senate, or the speaker of the house of representatives, the purpose of which is to agree upon formal legislative action that will be taken at a subsequent time, or at which formal legislative action is taken, regarding pending legislation or amendments, shall be reasonably open to the public.”

¹⁹ *Times Pub. Co. v. Williams*, 222 So. 2d 470, 472 (Fla. 2d DCA 1969).

²⁰ *Board of Public Instruction of Broward County v. Doran*, 224 So. 2d 693, 695 (Fla. 1969).

²¹ Section 286.011(1)-(2), F.S.

²² *Id.*

²³ Section 286.011(6), F.S.

²⁴ Section 286.011(2), F.S.

²⁵ Section 286.011(1), F.S.

²⁶ Section 286.011(3), F.S.

²⁷ Art. I, s. 24(c), Fla. Const.

²⁸ *Id.*

²⁹ *Halifax Hosp. Medical Center v. New-Journal Corp.*, 724 So. 2d 567 (Fla. 1999). In *Halifax Hospital*, the Florida Supreme Court found that a public meetings exemption was unconstitutional because the statement of public necessity did not define important terms and did not justify the breadth of the exemption. *Id.* at 570. The Florida Supreme Court also declined to narrow the exemption in order to save it. *Id.* In *Baker County Press, Inc. v. Baker County Medical Services, Inc.*, 870 So. 2d 189 (Fla. 1st DCA 2004), the court found that the intent of a public records statute was to create a public records exemption. The *Baker County Press* court found that since the law did not contain a public necessity statement, it was unconstitutional. *Id.* at 196.

The Open Government Sunset Review Act (Act) prescribes a legislative review process for newly created or substantially amended public records exemptions,³⁰ with specified exceptions.³¹ It requires the automatic repeal of such exemption on October 2nd of the fifth year after creation or substantial amendment, unless the Legislature reenacts the exemption.³² The Act provides that a public records exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary to meet such public purpose.³³

Open Government Sunset Review Act

The provisions of s. 119.15, F.S., known as the Open Government Sunset Review Act³⁴ (the Act), prescribe a legislative review process for newly created or substantially amended³⁵ public records or open meetings exemptions, with specified exceptions.³⁶ The Act requires the repeal of such exemption on October 2nd of the fifth year after creation or substantial amendment, unless the Legislature reenacts the exemption.³⁷

The Act provides that a public records or open meetings exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary.³⁸ An exemption serves an identifiable purpose if it meets one of the following purposes *and* the Legislature finds that the purpose of the exemption outweighs open government policy and cannot be accomplished without the exemption:

- It allows the state or its political subdivisions to effectively and efficiently administer a governmental program, and administration would be significantly impaired without the exemption;³⁹
- It protects sensitive, personal information, the release of which would be defamatory, cause unwarranted damage to the good name or reputation of the individual, or would jeopardize the individual's safety. If this public purpose is cited as the basis of an exemption, however, only personal identifying information is exempt;⁴⁰ or
- It protects information of a confidential nature concerning entities, such as trade or business secrets.⁴¹

³⁰ Section 119.15, F.S. An exemption is substantially amended if the amendment expands the scope of the exemption to include more records or information or to include meetings as well as records (s. 119.15(4)(b), F.S.). The requirements of the Act do not apply to an exemption that is required by federal law or that applies solely to the Legislature or the State Court System (s. 119.15(2), F.S.).

³¹ Section 119.15(2)(a) and (b), F.S., provide that exemptions that are required by federal law or are applicable solely to the Legislature or the State Court System are not subject to the Open Government Sunset Review Act.

³² Section 119.15(3), F.S.

³³ Section 119.15(6)(b), F.S.

³⁴ Section 119.15, F.S.

³⁵ An exemption is considered to be substantially amended if it is expanded to include more records or information or to include meetings as well as records. Section 119.15(4)(b), F.S.

³⁶ Section 119.15(2)(a) and (b), F.S., provides that exemptions required by federal law or applicable solely to the Legislature or the State Court System are not subject to the Open Government Sunset Review Act.

³⁷ Section 119.15(3), F.S.

³⁸ Section 119.15(6)(b), F.S.

³⁹ Section 119.15(6)(b)1., F.S.

⁴⁰ Section 119.15(6)(b)2., F.S.

⁴¹ Section 119.15(6)(b)3., F.S.

The Act also requires specified questions to be considered during the review process.⁴² In examining an exemption, the Act directs the Legislature to question the purpose and necessity of reenacting the exemption.

If the exemption is continued and expanded, then a public necessity statement and a two-thirds vote for passage are required.⁴³ If the exemption is continued without substantive changes or if the exemption is continued and narrowed, then a public necessity statement and a two-thirds vote for passage are *not* required. If the Legislature allows an exemption to expire, the previously exempt records will remain exempt unless otherwise provided by law.⁴⁴

III. Effect of Proposed Changes:

A public records and meeting exemption is added to s. 282.3185, F.S., as newly created in the linked substantive bill, CS/SB1670, as subsection (3).

Public Records Exemption

The public records exemption under CS/SB 1694 makes confidential and exempt from public records inspection and copying those records held by a state agency or political subdivision relating to cybersecurity or ransomware incidents to the extent that disclosure of such information would facilitate unauthorized access to the unauthorized modification, disclosure, or destruction of:

- Data or information, whether physical or virtual; or
- Information technology resources, including but not limited to:
 - Security of local government resources, processes, and practices designed to protect networks, computers, data processing software, and data from attack, damage, or unauthorized access; and
 - Information relating to a local government's existing or proposed information technology systems.

Information that is made confidential and exempt may be disclosed by another a state agency or political subdivision or to another state agency or political subdivision in furtherance of its official duties and responsibilities.

⁴² Section 119.15(6)(a), F.S. The specified questions are:

- What specific records or meetings are affected by the exemption?
- Whom does the exemption uniquely affect, as opposed to the general public?
- What is the identifiable public purpose or goal of the exemption?
- Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?
- Is the record or meeting protected by another exemption?
- Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

⁴³ See generally s. 119.15, F.S.

⁴⁴ Section 119.15(7), F.S.

Public Meetings Exemption

The bill also creates a meetings exemption establishing that any portion of a meeting that would reveal information which has been made confidential and exempt under this bill is exempt from s. 286.011, F.S. and s. 24(b), Art. I of the State Constitution. The bill prohibits any portion of an exempted meeting from being off the record and requires a recording and transcript of any closed meeting. The recording and the transcript are also confidential and exempt under s. 119.07(1), F.S. and s. 24(a), Art. I of the State Constitution.

Review Date

The exemptions created under CS/SB 1694 are subject to the *Open Government Sunshine Review Act* and shall stand repealed as of October 2, 2027, unless reviewed and saved from repeal through reenactment by the Legislature.

Statement of Important Public Necessity and Importance

The Legislature finds that this public records and meetings exemption serves an important public necessity as the information held by a political subdivision or a state agency as relating to cybersecurity or ransomware incidents, if released, could allow others to identify vulnerabilities in the computer network systems of state agencies and political subdivisions. Identification of these vulnerabilities could facilitate the unauthorized access, modification, disclosure, or destruction of data, information, or information technology in government network systems and could impair the administration of vital programs.

The Legislature also finds that the public meetings exemption in CS/SB 1694 is a public necessity and that any portion of a meeting in which confidential and exempt information is discussed should be exempt from s. 286.011, F.S., and art. 2(b), of the State Constitution. The failure to close that portion of the meeting would defeat the underlying purpose of the exemption and could result in the release of highly sensitive information relating to cybersecurity incidents and ransomware incidents in state or political subdivision computer network systems.

The Legislature states the public records and meetings exemptions are of the utmost importance and are a public necessity.

The public records exemption shall take effect upon the same date as the effective date of CS/SB 1670 or similar legislation, if such legislation is adopted in the same legislative session or an extension thereof and becomes law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Vote Requirement

Article I, s. 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a bill creating or expanding an exemption to the public records and meetings requirements. This bill enacts new public records and meeting exemptions covering cybersecurity and ransomware incidents where information such as computer network systems, local government technology, data, and transcripts or recordings of any portions of meetings in which the covered subjects or data and its impact on state agencies and local governments is discussed.

Public Necessity Statement

Article I, s. 24(c) of the State Constitution requires a bill creating or expanding an exemption to the public records requirements to state with specificity the public necessity justifying the exemption. Section 2 of the bill contains statements of public necessity for the exemption by the Legislature, including a finding this exemption serves an important public necessity as information held by a political subdivision or a state agency as relating to cybersecurity or ransomware incidents, if released, could allow others to identify vulnerabilities in these computer network systems and facilitate further unauthorized breaches into the state's or political subdivision's data, information, information technology resources. Identification of additional vulnerabilities of political subdivisions and state agencies are identified specifically in CS/SB 1670 should the data and resources from a cybersecurity or ransomware incident not be protected as are the potentially consequences should such information be publicly available.

CS/SB 1694 also provided a statement of public necessity for closed public meetings when confidential and exempt information relating to the cybersecurity and ransomware incidents are discussed. Any recordings and transcripts from these meetings in which exempt information is discussed is also made confidential and exempt. The meetings exemption is drawn to close only that portion of any meeting in which the confidential information is discussed and requires that closed meetings be transcribed and recorded.

The Legislature states that public records and meetings exemptions in CS/SB 1694 are of the utmost importance and are a public necessity.

Breadth of Exemption

Article I, s. 24(c) of the State Constitution requires an exemption to the public records requirements to be no broader than necessary to accomplish the stated purpose of the law. The purpose of the proposed exemption is to protect data that may have been involved in data breaches, mitigate future data breaches that may involve the same entity, and ensure the security of the existing computer systems, computer network, or electronic devices. This bill draws a narrow exemption for specific types of data and information technology tools held by state agencies and local governments. Furthermore, CS/SB 1694 requires the transcription of any closed meeting as a records of events should there any questions later and for certain meetings, a recording is also required.

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:

If information is protected from public release, more individuals or entities that are the subject of cybersecurity attacks or ransomware incidents may come forward to law enforcement or state agencies for assistance.

C. Government Sector Impact:

Disclosure of cybersecurity and ransomware incidents can expose state agencies and political subdivisions to future attacks as such information and data can make these entities vulnerable helping to facilitate the unauthorized access to or modification of state and local governmental entity computer networks and systems. Release of data and information can result in further data breaches as these vulnerabilities become public.

If information is protected from public release, more individuals or entities that are the subject of cybersecurity attacks or ransomware incidents may come forward to law enforcement or state agencies for assistance.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 282.3185 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 Committee on Military and Veterans Affairs, Space, and Domestic Security on February 8, 2022:**

CS/SB 1694 narrows the public records and meetings exemption for information relating to a cybersecurity incident or ransomware incident held by a political subdivision or state agency to the extent that a disclosure of such information would facilitate unauthorized access to or the unauthorized modification, disclosure, or destruction of physical or virtual data or information technology resources as defined in the exemption.

CS/SB 1694:

- Allows for information which has been made confidential and exempt under s. 119.07(1), F.S., and Art. I, of the State Constitution to be disclosed in limited circumstances by a political subdivision or state agency in the furtherance of it's or the other agency's official duties;
- Prohibits any portion of an exempt public meeting from being off the record;
- Requires any portion of an exempted public meeting to be recorded and transcribed;
- Maintains the repeal effective date of October 2, 2027, unless reviewed and saved from repeal through reenactment by the Legislature;
- Provides a revised statement of public necessity that the public records exemption is necessary as disclosure of information relating to cybersecurity and ransomware incidents held by a political subdivision or the state could include information that could facilitate unauthorized access to, or modification, disclosure or destruction of information, information technology, or information resources;
- Includes a statement of public necessity relating to the closure of public meetings where any portion of a meeting in which this confidential and exempt information is discussed be made exempt from s. 286.011, F.S., including any recordings or transcripts; and
- Adds the linked substantive bill number, CS/SB 1670.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/09/2022	.	
	.	
	.	
	.	

The Committee on Military and Veterans Affairs, Space, and Domestic Security (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (3) is added to section 282.3185,
Florida Statutes, as created by SB 1670, 2022 Regular Session,
to read:

282.3185 Local government cybersecurity.—

(3) (a) Information related to a cybersecurity incident or
ransomware incident held by a political subdivision or state



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11 agency is confidential and exempt from s. 119.07(1) and s.
12 24(a), Art. I of the State Constitution to the extent that
13 disclosure of such information would facilitate unauthorized
14 access to or the unauthorized modification, disclosure, or
15 destruction of:

- 16 1. Data or information, whether physical or virtual; or
17 2. Information technology resources, including, but not
18 limited to, the following:

19 a. Information relating to the security of the local
20 government's technologies, processes, and practices designed to
21 protect networks, computers, data processing software, and data
22 from attack, damage, or unauthorized access.

23 b. Security information, whether physical or virtual, which
24 relates to the local government's existing or proposed
25 information technology systems.

26 (b) Information made confidential and exempt under
27 paragraph (a) may be disclosed by a political subdivision or
28 state agency:

29 1. In the furtherance of its official duties and
30 responsibilities.

31 2. To another governmental entity in the furtherance of its
32 statutory duties and responsibilities.

33 (c) Any portion of a meeting that would reveal information
34 made confidential and exempt under paragraph (a) is exempt from
35 s. 286.011 and s. 24(b), Art. I of the State Constitution. An
36 exempt portion of a meeting may not be off the record and must
37 be recorded and transcribed. The recording and transcript are
38 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
39 of the State Constitution.



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40 (d) This subsection is subject to the Open Government
41 Sunset Review Act in accordance with s. 119.15 and shall stand
42 repealed on October 2, 2027, unless reviewed and saved from
43 repeal through reenactment by the Legislature.

44 Section 2. The Legislature finds that it is a public
45 necessity that information related to a cybersecurity incident
46 or ransomware incident held by a political subdivision or state
47 agency be made confidential and exempt from s. 119.07(1),
48 Florida Statutes, and s. 24(a), Article I of the State
49 Constitution to the extent that disclosure of such information
50 would facilitate unauthorized access to or the unauthorized
51 modification, disclosure, or destruction of data or information,
52 whether physical or virtual, or information technology
53 resources. Such information includes proprietary information
54 about the security of a government system, and disclosure of
55 that information could result in the identification of
56 vulnerabilities and further breaches of the government system.
57 In addition, the disclosure of such information could compromise
58 the integrity of a government's data, information, or
59 information technology resources, which would significantly
60 impair the administration of vital programs. Therefore, this
61 information should be made confidential and exempt in order to
62 protect the government's data, information, and information
63 technology resources. The Legislature also finds that it is a
64 public necessity that any portion of a meeting in which the
65 confidential and exempt information is discussed be made exempt
66 from s. 286.011, Florida Statutes, and s. 24(b), Article I of
67 the State Constitution, and that any recordings and transcripts
68 of those portions of a meeting in which the confidential and



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69 exempt information is discussed be made confidential and exempt
70 from s. 119.07(1), Florida Statutes, and s. 24(a), Article I of
71 the State Constitution. The failure to close that portion of a
72 meeting at which confidential and exempt information is
73 discussed, and prevent the disclosure of the recordings and
74 transcripts of those portions of a meeting, would defeat the
75 purpose of the underlying public records exemption and could
76 result in the release of highly sensitive information related to
77 the cybersecurity of a government system. For these reasons, the
78 Legislature finds that these public records and public meetings
79 exemptions are of the utmost importance and are a public
80 necessity.

81 Section 3. This act shall take effect on the same date that
82 SB 1670 or similar legislation takes effect, if such legislation
83 is adopted in the same legislative session or an extension
84 thereof and becomes a law.

85
86 ===== T I T L E A M E N D M E N T =====

87 And the title is amended as follows:

88 Delete everything before the enacting clause
89 and insert:

90 A bill to be entitled
91 An act relating to public records and public meetings;
92 amending s. 282.3185, F.S.; providing an exemption
93 from public records requirements for certain
94 information related to a cybersecurity incident or
95 ransomware incident held by a political subdivision or
96 state agency; authorizing the disclosure of the
97 confidential and exempt information under certain



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98 circumstances; providing an exemption from public
99 meetings requirements for portions of a meeting that
100 would reveal certain information related to a
101 cybersecurity incident or ransomware incident held by
102 a political subdivision or state agency; requiring the
103 recording and transcribing of exempt portions of such
104 meetings; providing an exemption from public records
105 requirements for such recordings and transcripts;
106 providing for future legislative review and repeal of
107 the exemptions; providing a statement of public
108 necessity; providing a contingent effective date.

By Senator Hutson

7-01455-22

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A bill to be entitled

An act relating to public records; amending s.

119.071, F.S.; providing an exemption from public

records requirements for criminal intelligence

information or criminal investigative information that

reveals means or methods that could allow unauthorized

access to any electronic device, software, or network;

providing for future legislative review and repeal of

the exemption; providing a statement of public

necessity; providing a contingent effective date.

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

Section 1. Paragraph (r) is added to subsection (2) of section 119.071, Florida Statutes, to read:

119.071 General exemptions from inspection or copying of public records.—

(2) AGENCY INVESTIGATIONS.—

(r) Any criminal intelligence information or criminal investigative information that reveals means or methods that could allow unauthorized access to any electronic device,

software, or network is confidential and exempt from s.

119.07(1) and s. 24(a), Art. I of the State Constitution. This

paragraph is subject to the Open Government Sunset Review Act in

accordance with s. 119.15 and shall stand repealed on October 2,

2027, unless reviewed and saved from repeal through reenactment

by the Legislature.

Section 2. The Legislature finds that it is a public necessity that any criminal intelligence information or criminal

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

7-01455-22

20221694__

investigative information that reveals means or methods that

could allow unauthorized access to any electronic device,

software, or network be made confidential and exempt from s.

119.07(1), Florida Statutes, and s. 24(a), Article I of the

State Constitution. Disclosure of such information that would

reveal weaknesses in data security of any electronic device,

software, or network could compromise the future security of the

owner of the electronic device, software, or network if such

information was available upon conclusion of an investigation or

once an investigation ceased to be active. The disclosure of

information could compromise the security of the owner of the

electronic device, software, or network by making the electronic

device, software, or network susceptible to future data

incidents or breaches. In addition, such records are likely to

contain proprietary information about the security of the

electronic device, software, or network at issue. The disclosure

of such information could result in the identification of

vulnerabilities and further breaches of the electronic device,

software, or network. In addition, the release of such

information could give business competitors an unfair advantage

and weaken the position of the entity supplying such proprietary

information in the marketplace.

Section 3. This act shall take effect on the same date that

SB ___ or similar legislation takes effect, if such legislation

is adopted in the same legislative session or an extension

thereof and becomes a law.

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



The Florida Senate

Committee Agenda Request

To: Senator Tom Wright, Chair
Committee on Military and Veterans Affairs, Space, and Domestic Security

Subject: Committee Agenda Request

Date: February 7, 2022

I respectfully request that **Senate Bill #1694**, relating to Public Records/Criminal Intelligence Information or Criminal Investigative Information, be placed on the:

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

A handwritten signature in blue ink, appearing to read "Travis Hutson".

Senator Travis Hutson
Florida Senate, District 7

The Florida Senate

APPEARANCE RECORD

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

SB 1694 Bill Number or Topic

Amendment Barcode (if applicable)

2/8/22 Meeting Date

Military Veterans Affairs, Committee

Name Tara Taggart

Phone 941-266-6391

Address PO Box 1757 Street

Email taggart@flciviles.com

Tallahassee FL 32301 City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

- [] I am appearing without compensation or sponsorship. [x] I am a registered lobbyist, representing: [] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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

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

S-001 (08/10/2021)

CourtSmart Tag Report

Room: SB 37

Case No.:

Type:

Caption: Senate Military and Veterans Affairs, Space, and Domestic Security Committee

Judge:

Started: 2/8/2022 12:31:12 PM

Ends: 2/8/2022 1:02:58 PM **Length:** 00:31:47

12:31:11 PM Recording Paused
12:31:17 PM Recording Resumed
12:31:21 PM Meeting called to order by Chair Wright
12:32:22 PM Roll Call by CAA Lois Graham
12:32:31 PM Quorum announced
12:32:40 PM Pledge of Allegiance led by Senator Harrell
12:33:06 PM Chair Wright with opening comments
12:33:29 PM Tab 1 CS/SB 466 Military Medics and Corpsmen of Florida Program
12:33:41 PM Senator Torres explains the bill
12:34:57 PM Senator Harrell with question
12:35:37 PM Senator Torres responds
12:37:16 PM Senator Harrell with question
12:37:22 PM Senator Torres responds
12:38:22 PM Senator Harrell with question
12:38:25 PM Senator Torres responds
12:39:07 PM Appearance Forms
12:39:13 PM Major General "Hammer" Hartsell, Executive Director, FDVA, waives in support
12:39:26 PM Stuart Scott, American Legion, waives in support
12:39:32 PM Jimmie Smith, Concerned Veterans For America, waives in support
12:39:38 PM Phillip Suderman, Americans for Prosperity, waives in support
12:39:48 PM Senator Cruz in debate
12:40:41 PM Senator Harrell in debate
12:41:28 PM Chair Wright in debate
12:41:45 PM Senator Torres closes on bill
12:42:11 PM Roll Call on CS/SB 466
12:43:10 PM CS/SB 466 is reported favorably
12:43:27 PM Tab 2 SB 1670 Cybersecurity
12:43:43 PM Senator Burgess explains the bill
12:44:43 PM Amendment Barcode 397432
12:44:46 PM Senator Burgess explains the amendment
12:45:47 PM Senator Harrell with question
12:46:21 PM Senator Burgess responds
12:47:00 PM Senator Harrell with comments
12:47:21 PM Senator Gibson with question
12:47:29 PM Senator Burgess responds
12:48:24 PM Senator Gibson with follow-up
12:48:30 PM Senator Burgess responds
12:49:29 PM Senator Gibson with question
12:49:42 PM Senator Burgess responds
12:50:53 PM Senator Torres with question
12:51:16 PM Senator Burgess responds

12:51:33 PM Senator Harrell responds
12:51:48 PM Senator Burgess with comments
12:52:47 PM Senator Harrell in debate on amendment
12:53:45 PM Senator Burgess waives close on amendment
12:54:38 PM Amendment is adopted
12:54:54 PM Senator Gibson in debate
12:56:06 PM Senator Harrell in debate
12:57:23 PM Chair Wright in debate
12:57:33 PM Senator Burgess closes on the bill
12:58:11 PM Roll call on CS/SB 1670
12:59:11 PM CS/SB 1670 is reported favorably
12:59:26 PM Tab 3 SB 1694 Public Records/
12:59:52 PM Senator Hutson explains the bill
1:00:23 PM Amendment Barcode
1:00:29 PM Senator Hutson explains the amendment
1:00:50 PM Senator Hutson waives close
1:01:05 PM Amendment is adopted
1:01:18 PM Senator Burgess with question
1:01:29 PM Appearance Form
1:01:36 PM Tara Taggart waives in support
1:01:48 PM Senator Hutson waives close
1:01:53 PM Roll call on CS/SB 1694
1:02:02 PM CS/SB 1694 is reported favorably
1:02:19 PM Chair Wright with comments
1:02:38 PM Senator Gibson moves to give staff license to make technical and conforming changes to the Committee Substitutes
1:02:41 PM Motion adopted
1:02:45 PM Senator Rodriguez moves to adjourn
1:02:48 PM Meeting adjourned