

STORAGE NAME: h2173.hcl

DATE: April 13, 1999

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH CARE LICENSING & REGULATION
ANALYSIS**

BILL #: HB 2173

RELATING TO: Dietetics and Nutrition Practice

SPONSOR(S): Representative Greenstein

COMPANION BILL(S): SB 1822(s)

ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:

- (1) HEALTH CARE LICENSING & REGULATION
- (2) GOVERNMENTAL RULES & REGULATION
- (3) HEALTH & HUMAN SERVICE APPROPRIATIONS
- (4)
- (5)

I. SUMMARY:

HB 2173 renames the Dietetics and Nutrition Practice Council as the Dietetics/Nutrition Practice Council and creates the Clinical Nutrition Practice Council with both councils under the jurisdiction of the Board of Medicine. Establishes the licensure requirements for dietetics/nutrition practice or clinical nutrition practice. Nutrition counselors received licensure through the "grandfathered clause" and have received no formal education or training to practice as a clinical nutritionist. Provides exemptions from the practice act, including any nutrition counselor or clinical nutritionist from another state practicing clinical nutrition incidental to a course of study when taking or giving a postgraduate course in this state, provided such nutrition counselor is licensed in another jurisdiction. Exempts from the practice act other professionals doing work of a clinical nutrition nature consistent with the accepted standards of their respective professions, provided they do not use the protected title unless they are licensed as such. Allows the Board of Medicine to determine fees.

Provides requirements for licensure as a clinical nutritionist and for relicensure of "nutrition counselors" as "clinical nutritionists." Requires applicants to apply to the department to take the examination if the applicants pays the required fee and:

- ◆ possesses a baccalaureate or postbaccalaureate degree with semester hours in science and human nutrition; *and*
- ◆ has completed any of the following experience requirements:
 - ◆ a preprofessional experience component of not less than 900 hours;
 - ◆ at least 2 years of postbaccalaureate paid professional experience;
 - ◆ at least 1 year of post-master's degree or postdoctoral degree; or
 - ◆ comparable experience to the satisfaction of the board; *or*
- ◆ has an academic degree from another state or foreign country;
 - ◆ has completed a course of study substantially equivalent to the course of study required for a degree; and
 - ◆ has completed a preprofessional experience component of not less than 900 hours with a licensed clinical nutritionist; or
 - ◆ has education or experience determined by the board to be equivalent.

Authorizes any person previously certified as a nutrition counselor to renew his license as a clinical nutritionist or apply for a license as a clinical nutritionist.

Provides that health insurance policies may require that nutrition counseling required in conjunction with other diabetes treatment services be provided by a licensed dietitian/nutritionist or licensed clinical nutritionist.

The Department of Health estimates that for FY 1999-2000, \$76,500 in revenues will be generated from fees collected from approximately 360 licenses. During that same period, it is estimated that \$161,413 will be expended for one FTE, administrative start-up costs, examination development, and to maintain a separate council. From the estimates provided, fees are insufficient to provide for separate regulation of clinical nutritionists.

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

In 1988, the Florida Legislature enacted the Dietetics and Nutrition Practice Act (s. 468.501, F.S.) for the purpose of "protecting the public from unskilled and incompetent practitioners by setting forth minimum competency standards to assure that every person who practices dietetics and nutrition in this state meets minimum requirements for safe practice." The act included minimum competency standards for dietitians and nutritionists, and provided a grandfather clause for those persons not meeting the minimum competency requirements, classifying them as "nutrition counselors". In 1996, legislation was adopted which went into effect April 1, 1997, repealing the grandfather clause, and in its place another clause was included providing for license renewal for individuals who were licensed between April 1, 1988 and April 1, 1997. As a result, there is now no licensure avenue available for nutrition counselors. Currently in Florida, there are approximately 2,700 licensed dietitians/nutritionists compared to approximately 300 licensed nutrition counselors.

Dietitians/nutritionists and nutrition counselors are regulated by the Dietetics and Nutrition Practice Council under the Board of Medicine. The Council consists of five members which include four licensed members and one consumer age 60 or over (currently, three of those members are dietitians).

Dietitians/nutritionists believe that there is little difference between dietitians and nutritionists. They claim that dietitians work in a clinical or hospital setting and nutritionists work in a community setting. Academic training for both dietitians and nutritionists is the same in Florida and throughout the nation.

Both nutritionists and dietitians, however, differ greatly in philosophy, education, and practice from nutrition counselors. Since the Dietetics and Nutrition Practice Act was created, controversy has reigned between the dietitians/nutritionists and the nutrition counselors. First, and foremost, nutrition counselors believe that there is a significant difference between dietitians and nutritionists, and they argue that individuals currently considered dietitians and nutritionists under Florida law actually should only be considered dietitians. Nutrition counselors argue that up until the Dietetics and Nutrition Practice Act was created in 1988, they were considered nutritionists. Nutrition counselors believe that current dietitians/nutritionists practice dietetics, which is significantly different from the practice of nutrition counselors whose goals are to maintain, preserve, and restore nutritional health through wholesome nutrition, herbs, vitamins, and minerals where appropriate and the avoidance of some foods believed to be harmful.

Education requirements differ greatly between dietitian/nutritionists and nutrition counselors. Under Florida law, a licensed dietitian or nutritionist must possess a bachelor's of science degree in nutrition or in an approved related field, have 900 hours of supervised experience, and pass a state licensing exam. In addition to state licensing, many dietitians/nutritionists are also registered through the National Commission of Dietetic Registration, which requires taking an exam and education courses that have been approved by the American Dietetic Association. Florida law has no education requirement provisions for nutrition counselors, and because existing nutrition counselors were licensed through the repealed grandfather clause, the counselors did not have to take an exam or meet educational requirements. As a result, dietitians/nutritionists are often perceived to have superior educational backgrounds and more experience than nutrition counselors. Nutrition counselors believe that this perception is unfair and argue that most counselors hold advanced degrees and are better trained than many registered dietitians. Nutrition counselors believe specific education requirements need to be specified in statute, separate from those required for dietitians/nutritionists, so that nutrition counselors will not be limited to taking classes that may be designed for dietitians/nutritionists and that may conflict with the philosophy of nutrition counseling. Dietitians/nutritionists, however, feel that separate education course requirements are not necessary because education requirements and appropriate provisions for licensure are already specified in statute.

Dietitians/nutritionists and nutrition counselors differ in methodology as well. Dietitians/nutritionists use conservative and well-established scientific methods and believe that the nutrients humans need can be gotten from a balanced diet. They conduct nutrition screenings by assessment of dietary intake, anthropometric measurements, reviewing medical history and medications to assess for drug nutrient interactions, and reviewing demographic factors that would affect nutritional status.

Traditionally, dietitians/nutritionists sanction supplements only if one's diet is unbalanced and if the supplements contain no more than 100% of the recommended daily allowance.

Nutrition counselors, on the other hand, practice alternative methods of treatment and often use experimental therapies, which include the recommendation of supplements and megavitamin therapies. Representatives of the Nutrition Counselors Association indicate their profession has three categories of members: 1) Professional -- Consisting of those licensed to practice in Florida as nutrition counselors and whose primary practice is in that field; 2) Associate -- Other practitioners, such as medical, chiropractic and osteopathic physicians, licensed massage therapists, and licensed acupuncturists who use nutrition counseling as an adjunct to their primary practice; and 3) Supporting -- Health food store owners and others involved in nutrition science, products, and information, as well as members of the public. Nutrition counseling places emphasis on "the three S's": "sampling", testing of blood, hair, urine, and saliva; "sensitivity", determining from sampling certain foods to which an individual might be sensitive; and "supplements", using vitamins, minerals, and herbs to maintain, preserve, and restore nutritional health.

Critics of nutrition counseling claim that nutrition counselors face a conflict of interest when they benefit financially from vitamins they recommend/prescribe. Counselors who practice controversial methods such as iridology and cytotoxic testing have also received criticism. Iridology is a belief that diseases of the body can be reflected by the colors in the eyeball. Cytotoxic testing claims that food allergies can be diagnosed by the extent to which a sample of a suspect food kills a person's white blood cells. Such methods are seen to the more conservative dietitians/nutritionists as lacking scientific substance and bordering on "quackery".

Nutrition counselors, on the other hand, feel that mainstream dietitians/nutritionists are the ones who face a conflict of interest. Nutrition counselors feel that dietitians/nutritionists are too closely tied to the food industry and are manipulated by corporate benefactors. Counselors are critical of the American Dietetic Association's endorsement of the safety of artificial sweeteners and its passive attitude toward fast food and refined foods. Nutrition counselors also feel that claims that their methods are "quackery" are unfounded. They argue that the mainstream medical industry is now beginning to promote methods that nutrition counselors have believed in for years and that methods such as iridology and cytotoxic testing are refined specialties and are only done by individuals who know how to do them.

Since the Dietetics and Nutrition Practice Act was enacted in 1988, the Nutrition Counselors Association has felt that the Act has not properly represented the interests of nutrition counselors. During the 1993 and 1994 legislative sessions, members of the Nutrition Counselors Association attempted to have nutrition counselors removed from the auspices of the Dietetics and Nutrition Practice Council and proposed the creation of a Nutrition Counselors Practice Council under the jurisdiction of the Board of Medicine. These proposals were defeated.

Thirty-seven states, including Florida, have some form of regulation of the profession of dietetics/nutrition. Florida's legislation has been seen as a model for other states and was used as the prototype for Illinois and North Carolina.

In 1996, legislation was passed transferring the functions of the Division of Medical Quality Assurance from the Agency for Health Care Administration to the Department of Health. The Board of Medicine is one of the boards under the Division of Medical Quality Assurance and the Dietetics and Nutrition Practice Council is one of five councils under the Board of Medicine.

B. EFFECT OF PROPOSED CHANGES:

HB 2173 renames the Dietetics and Nutrition Practice Council as the Dietetics/Nutrition Practice Council and creates the Clinical Nutrition Practice Council with both councils under the jurisdiction of the Board of Medicine. Establishes the licensure requirements for dietetics/nutrition practice or clinical nutrition practice. Nutrition counselors received licensure through the "grandfathered clause" and have received no formal education or training to practice as a clinical nutritionist. Provides exemptions from the practice act, including any nutrition counselor or clinical nutritionist from another state practicing clinical nutrition incidental to a course of study when taking or giving a postgraduate course in this state, provided such nutrition counselor is licensed in another jurisdiction. Exempts from the practice act other professionals doing work of a clinical nutrition nature consistent with the

accepted standards of their respective professions, provided they do not use the protected title unless they are licensed as such. Allows the Board of Medicine to determine fees.

Provides requirements for licensure as a clinical nutritionist and for relicensure of "nutrition counselors" as "clinical nutritionists." Requires applicants to apply to the department to take the examination if the applicants pays the required fee and:

- ◆ possesses a baccalaureate or postbaccalaureate degree with semester hours in science and human nutrition; *and*
- ◆ has completed any of the following experience requirements:
 - ◆ a preprofessional experience component of not less than 900 hours;
 - ◆ at least 2 years of postbaccalaureate paid professional experience;
 - ◆ at least 1 year of post-master's degree or postdoctoral degree; or
 - ◆ comparable experience to the satisfaction of the board; *or*
- ◆ has an academic degree from another state or foreign country;
 - ◆ has completed a course of study substantially equivalent to the course of study required for a degree; and
 - ◆ has completed a preprofessional experience component of not less than 900 hours with a licensed clinical nutritionist; or
 - ◆ has education or experience determined by the board to be equivalent.

Authorizes any person previously certified as a nutrition counselor to renew his license as a clinical nutritionist or apply for a license as a clinical nutritionist.

Provides that health insurance policies may require that nutrition counseling required in conjunction with other diabetes treatment services be provided by a licensed dietitian/nutritionist or licensed clinical nutritionist.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

Yes. The Board of Medicine is authorized to promulgate rules to implement the provisions of this bill.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

Yes. A separate council of Clinical Nutrition Practice is created to advise the Board of Medicine only on matters relating to clinical nutrition practice. The Board of Medicine is also authorized to develop an examination for clinical nutritionists.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

None.

(2) what is the cost of such responsibility at the new level/agency?

None.

(3) how is the new agency accountable to the people governed?

N/A

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No. The fees for clinical nutritionists are the same as for dietitians/nutritionists which they are presently required to pay.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

No.

b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

Yes. Clinical nutritionists are required to pay the cost of implementation; however, the estimates provided by the Department of Health indicate that the fees are not sufficient to cover the cost of implementation.

4. Individual Freedom:

a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

Yes. The Clinical Nutrition Practice Council will be given the responsibility to advise the Board of Medicine on matters related to the regulation of those professionals.

b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

a. If the bill purports to provide services to families or children:

(1) Who evaluates the family's needs?

N/A

(2) Who makes the decisions?

N/A

(3) Are private alternatives permitted?

N/A

(4) Are families required to participate in a program?

N/A

(5) Are families penalized for not participating in a program?

N/A

b. Does the bill directly affect the legal rights and obligations between family members?

N/A

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A

(2) service providers?

N/A

(3) government employees/agencies?

N/A

D. STATUTE(S) AFFECTED:

Part X of chapter 468, and ss. 20.43, 501.0573, 501.0575, 627.6408, and 627.65745, F.S.

E. SECTION-BY-SECTION ANALYSIS:

Section 1. Amends s. 468.501, F.S., to revise the title of the practice act from Dietetics and Nutrition Practice to "Dietetics/Nutrition and Clinical Nutrition Practices Act."

Section 2. Amends s. 468.502, F.S., to revise the purpose and intent of the practice.

Section 3. Amends s. 468.503, F.S., to revise terminology and define terms including, "certified clinical nutritionist," "certified specialist in human nutrition," clinical nutrition practice,"

Section 4. Amends s. 468.504, F.S., to establish the licensure requirement for dietetics/nutrition practice or clinical nutrition practice.

Section 5. Amends s. 468.505, F.S., to provide exemptions from the practice act, including any nutrition counselor or clinical nutritionist from another state practicing clinical nutrition incidental to a course of study when taking or giving a postgraduate course in this state, provided such nutrition counselor is licensed in another jurisdiction. Exempts from the practice act other professionals doing work of a clinical nutrition nature consistent with the accepted standards of their respective professions, provided they do not use the protected title unless they are licensed as such. This would allow anyone who calls themselves one of these titles to practice clinical nutrition, regardless of background or training.

Section 6. Amends s. 468. 506, F.S., renames the Dietetics and Nutrition Practice Council as the Dietetics/Nutrition Practice Council and creates the Clinical Nutrition Practice Council with both councils under the jurisdiction of the Board of Medicine. Provides for four member councils appointed by the Board of Medicine from the respective professional associations. Effective October 1, 2003, provides for licensure at least 3 years immediately prior to appointment in order to be eligible for appointment. Repeals this provision October 1, 2004.

Section 7. Reenacts s. 468.507, F.S., to provide the Board of Medicine rulemaking authority for such regulation.

Section 8. Amends s. 468.508, F.S., to allow the Board of Medicine to determine fees.

Section 9. Amends s. 468.509, F.S., to conform terminology.

Section 10. Amends. s. 468.51, F.S., to provide requirements for licensure as a clinical nutritionist and for relicensure of nutrition counselors as clinical nutritionist. Requires applicants to apply to the department to take the examination if the applicants pays the required fee and:

- ◆ possesses a baccalaureate or postbaccalaureate degree with semester hours in science and human nutrition; *and*
- ◆ has completed any of the following experience requirements:
 - ◆ a preprofessional experience component of not less than 900 hours;
 - ◆ at least 2 years of postbaccalaureate paid professional experience;
 - ◆ at least 1 year of post-master's degree or postdoctoral degree; or
 - ◆ comparable experience to the satisfaction of the board; *or*
- ◆ has an academic degree from another state or foreign country;
 - ◆ has completed a course of study substantially equivalent to the course of study required for a degree; and
 - ◆ has completed a preprofessional experience component of not less than 900 hours with a licensed clinical nutritionist; or
 - ◆ has education or experience determined by the board to be equivalent.

Authorizes any person previously certified as a nutrition counselor to renew his license as a clinical nutritionist or apply for a license as a clinical nutritionist.

The bill requires an examination to be licensed as a clinical nutritionist; however, there is currently no specific nationally recognized clinical nutritionist examination. The bill allows a person to become licensed as a clinical nutritionist with an experience component under a currently licensed nutrition counselor who may have only self-taught education and experience or have no supervisory experience.

Section 11. Amends s. 468.511, F.S., to provide for a temporary permit to practice dietetics/nutrition.

Section 12. Creates s. 468.5115, F.S., to provide for a temporary permit to practice as a clinical nutritionist.

Section 13. Amends s. 468.512, F.S., to authorize the use of specified titles relating to dietetics/nutrition practice and clinical nutrition practice.

Section 14. Amends s. 468.513, F.S., to provide for licensure by endorsement to practice dietetics/nutrition.

Section 15. Creates s. 468.5135, F.S., to provide for licensure by endorsement to practice clinical nutrition. There is no nationally recognized examination that would qualify someone to be a nutrition counselor or clinical nutritionist. It would not be possible to determine equivalency from state to state unless a specific examining body is specified. Nutrition counselors were given licensure based on paid professional practice during a specific time frame. This licensure was not based on education, training, or the passage of an examination.

Section 16. Amends s. 468.514, F.S., to conform terminology from agency to department.

Section 17. Amends s. 468.515, F.S., to grant the Board of Medicine rulemaking authority relating to inactive licenses and the requirements to reactivate those licenses.

Section 18. Amends s. 468.517, F.S., to provide prohibitions and penalties for certain acts.

Section 19. Amends s. 468.518, F.S., to provide grounds for disciplinary action against a dietetics/nutritionist and clinical nutritionist and penalties for violation. The bill deletes "nutrition counselor" in the disciplinary section. However, nutrition counselors have until 2004 to become licensed as a "clinical nutritionist" and until the nutrition counselor accomplishes that provision, the Board of Medicine would not have the authority to discipline nutrition counselors. The bill requires concurrence of 4 council members for revocation or suspension of a license which conflicts with the current provision that the Board of Medicine has jurisdiction of any disciplinary action.

Section 20. Amends s. 20.43, F.S., to conform terminology under the Department of Health, Division of Medical Quality Assurance.

Section 21. Amends s. 501.0573, F.S., to correct a cross reference.

Section 22. Amends s. 501.0575, F.S., to correct a cross reference under the Weight-Loss Consumer Bill of Rights.

Sections 23-24. Amend ss. 627.6408 and 627.65745, F.S., to provide that health insurance policies may require that nutrition counseling required in conjunction with other diabetes treatment services be provided by a licensed dietitian/nutritionist or licensed clinical nutritionist.

Section 25. Provides an effective date of October 1, 1999.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring Effects:

<u>Expenditures:</u>	1999-00
Department of Health	
Expenses	\$ 2,387
OCO	\$ 4,177
Administration, rule development, workshops, travel, publication, printing & mailing	\$32,166
Examination development	<u>\$46,000</u>
Total	\$83,732

2. Recurring Effects:

<u>Revenues:</u>	1999-00	2000-01
Department of Health		
Based on 360 licenses with fees	\$76,500	
Based on 180 applicants @ \$425		\$90,000
<u>Expenditures:</u>		
Department of Health		
Board office (1 FTE)	\$24,357	\$32,476

Expenses	\$ 4,988	\$ 4,988
Examination Administration	\$12,000	\$12,000
Council Operation (5 members)	<u>\$36,336</u>	<u>\$33,202</u>
Total	\$77,681	\$82,666

3. Long Run Effects Other Than Normal Growth:

None.

4. Total Revenues and Expenditures:

Expenditures:

Department of Health \$161,413 \$82,666

Revenues:

Department of Health \$ 76,500 \$90,000

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

None.

2. Recurring Effects:

None.

3. Long Run Effects Other Than Normal Growth:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

Publicly owned facilities that hire clinical nutritionists or dietitians may incur additional costs to hire licensed professionals.

2. Direct Private Sector Benefits:

The profession of clinical nutritionists will be regulated by the state, which may protect individuals from being victims of unskilled or incompetent practitioners.

3. Effects on Competition, Private Enterprise and Employment Markets:

Dietitians/nutritionists may experience more competition from clinical nutritionists as a result of their new licensure status.

D. FISCAL COMMENTS:

It is unknown if there is a valid and reliable examination already existing for clinical nutritionists. There would be a cost to develop a new examination and costs to review any existing examination approved by the council/board.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. **APPLICABILITY OF THE MANDATES PROVISION:**

The bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds.

B. **REDUCTION OF REVENUE RAISING AUTHORITY:**

The bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

C. **REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:**

The bill does not reduce the percentage of a state tax shared with counties or municipalities.

V. **COMMENTS:**

According to the Department of Health, the "proposed clinical nutrition practice requirements may not contain adequate standards regarding education and training in order to ensure that the individuals using the title of 'clinical nutritionist' do not endanger the public health and safety. The '15' hours in science which is an unspecific requirement provides no assurance that the individual will receive an adequate background to evaluate nutrition related needs or problems of a client."

The department further states, "The definition section is controversial in that it allows various certification groups to qualify certain individuals to practice as licensed clinical nutritionists. The clinical nutritionist should be assessing the nutritional status and the impact that it may have on health, as does a dietitian/nutritionist. To make these individuals 'clinical nutritionists,' could imply to the public a higher level of knowledge and training. The bill eliminates the need for examination and basically allows a license to be issued to anyone who has been in paid professional practice in clinical nutrition for 3 of the last 5 years immediately preceding the effective date of the act, with no requirement to meet minimum competency standards for safe practice of nutrition."

The Department of Health provided additional concerns in that the agency employs approximately 350 licensed public health dietitians/nutritionists who may be required to have two licenses according to the language in the bill.

WIC & Nutrition, Division of Family Health, Department of Health, recommends that a clinical nutritionist must obtain a postgraduate degree in a health field and either the postgraduate or bachelor's degree must be in nutrition. A bachelor's degree in nutrition or a closely related degree that includes the required nutrition courses must be a minimum requirement for any nutrition professional.

It is recommended by the Department of Health that an interim study be conducted prior to the passage of this bill in order to seek information regarding the profession of clinical nutritionists.

The bill exempts social workers, homeopathic, macrobiotic, ayurvedic, or herbal practitioners from the licensure requirements, provided they do not hold themselves out to be a dietitian/nutritionists or clinical nutritionists. This would allow anyone who calls themselves one of these titles to practice clinical nutrition, regardless of background or training.

VI. **AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:**

None.

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VII. SIGNATURES:

COMMITTEE ON HEALTH CARE LICENSING & REGULATION:

Prepared by:

Staff Director:

Lucretia Shaw Collins

Lucretia Shaw Collins