

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 1066

INTRODUCER: Senator Grimsley

SUBJECT: Department of Health

DATE: March 25, 2014

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Peterson	Stovall	HP	Pre-meeting
2.			TR	
3.			AP	

I. Summary:

SB 1066 makes a series of changes to the statutes governing the licensure of health care practitioners and the related operations of the Department of Health (DOH). Specifically, the bill:

- Authorizes fees to be waived for up to one biennial licensing period when the funds of a licensed profession exceed the amount required to administer its licensing program.
- Gives the DOH flexibility in determining the format of the license.
- Authorizes the DOH to access digital images from drivers' licenses for use in licensing and related investigations.
- Revises the method by which the Board of Medicine (BOM) determines continuing education requirements.
- Corrects obsolete provisions related to the responsibility of the DOH for health care practitioner complaint investigation and enforcement.
- Eliminates obsolete or underutilized licensing options related to dental laboratories, nursing home administrators, and massage therapists.
- Eliminates the Council on Certified Nursing Assistants and revises the schedule for in-service hours required for certified nursing assistants.
- Revises the composition of the Board of Nursing Home Administrators.

II. Present Situation:

Regulation of Health Care Professions

The DOH is responsible for licensing and regulating health care practitioners in order to preserve the health, safety, and welfare of the public.¹ General licensing provisions applicable to health

¹ Section 20.43(1)(g), F.S.

care practitioners are contained in ch. 456, F.S., which also sets out in more detail the policy framework for regulation. Specifically, regulation is to occur when:²

- Unregulated practice can harm or endanger the health, safety, and welfare of the public, and the potential for harm outweighs the potentially anticompetitive effect of regulation.
- The public is not adequately protected by other means, including other statutes, federal law, or local ordinances.
- Less restrictive means of regulation are not available.

The Division of Medical Quality Assurance (MQA) within the DOH has responsibility for licensing health care practitioners, certain facilities, and businesses; enforcing health care practitioner standards; and providing licensure and disciplinary information to enable health care consumers to make more informed health care decisions.³

Practitioners regulated by the MQA include the following professions:

- Emergency Medical Technicians and Paramedics (part III of ch. 401, F.S.)
- Acupuncture (ch. 457, F.S.)
- Allopathic Medicine (ch. 458, F.S.)
- Osteopathic Medicine (ch. 459, F.S.)
- Chiropractic Medicine (ch. 460, F.S.)
- Podiatric Medicine (ch. 461, F.S.)
- Naturopathy (ch. 462, F.S.)
- Optometry (ch. 463, F.S.)
- Nursing, including Certified Nursing Assistants (ch. 464, F.S.)
- Pharmacy (ch. 465, F.S.)
- Dentistry (ch. 466, F.S.)
- Midwifery (ch. 467, F.S.)
- Speech-Language Pathology and Audiology (part I of ch. 468, F.S.)
- Nursing Home Administration (part II of ch. 468, F.S.)
- Occupational Therapy (part III of ch. 468, F.S.)
- Radiology (part IV of ch. 468, F.S.)
- Respiratory Therapy (part V of ch. 468, F.S.)
- Dietetics and Nutrition (part X of ch. 468, F.S.)
- Athletic Training (part XIII of ch. 468, F.S.)
- Orthotics, Prosthetics, and Pedorthics (part XIV of ch. 468, F.S.)
- Electrolysis (ch. 478, F.S.)
- Massage Therapy (ch. 480, F.S.)
- Clinical Laboratory Personnel (part III of ch. 483, F.S.)
- Medical Physicists (part IV of ch. 483, F.S.)
- Opticianry (part I of ch. 484, F.S.)
- Hearing Aid Specialists (part II of ch. 484, F.S.)
- Physical Therapy Practice (ch. 486, F.S.)

² Section 456.003(2), F.S.

³ Fla. Dept. of Health, *Resource Manual for the Florida Department of Health*, 252 (FY 2012–2013) (on file with the Senate Health Policy Committee).

- Psychology (ch. 490, F.S.)
- Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (ch. 491, F.S.)

The following facilities or programs are also regulated or inspected by the MQA:⁴

- Body Piercing Establishments (s. 381.0075, F.S.)
- Brain and Spinal Cord Injury Programs (ss. 381.739 - 381.79, F.S.)
- Counterfeit-proof Prescription Vendors (s. 456.42(2), F.S.)
- Dental Laboratories (ch. 466, F.S.)
- Electrology Facilities (ch. 478, F.S.)
- Electrolysis Training Programs (ch. 478, F.S.)
- EMS Education Programs (ch. 401, F.S.)
- EMS Vehicle Permittees (ch. 401, F.S.)
- Environmental Testing Laboratories (s. 403.0625, F.S.)
- Massage Establishments (ch. 480, F.S.)
- Massage Schools (ch. 480, F.S.)
- Nursing Education Programs (ch. 464, F.S.)
- Office Surgery Sites (ch. 458 and ch. 459, F.S.)
- Optical Establishments (part I of ch. 484, F.S.)
- Pain Management Clinics (ch. 458 and ch. 459, F.S.)
- Pharmacies (ch. 465, F.S.)
- Trauma Centers (part II of ch. 395, F.S.)

As part of its enforcement responsibilities, the DOH investigates complaints against health care practitioners. It must investigate any complaint that is written, signed by the complainant,⁵ and legally sufficient,⁶ and may initiate an investigation if it believes a violation of law or rule has occurred. Such an investigation may result in an administrative case against the health care practitioner's license.⁷ The DOH also has a duty to notify the proper prosecuting authority when there is a criminal violation of any statute related to the practice of a profession regulated by the DOH.⁸

Responsibility for the regulation of health care practitioners once resided with the Department of Business and Professional Regulation. The 1996 Legislature directed the transfer of that function

⁴ Other entities regulated by the DOH, although not the MQA, include tanning facilities, X-ray sites, and radioactive materials users, among others.

⁵ The DOH may investigate an anonymous complaint or a complaint by a confidential informant if the alleged violation of law or rule is substantial and the DOH has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. *See* s. 456.073(1), F.S.

⁶ A complaint is legally sufficient if it contains ultimate facts that show a violation of ch. 456, F.S., of any of the practice acts relating to the professions regulated by the DOH, or of any rule adopted by the DOH or one of its regulatory boards has occurred. *See* s. 456.073(1), F.S.

⁷ Upon completion of an investigation, the DOH must submit a report to the probable cause panel of the appropriate regulatory board. *See* s. 456.073(2), F.S. If the probable cause panel finds that probable cause exists, it must direct the DOH to file a formal administrative complaint against the licensee. If the DOH declines to prosecute the complaint because it finds that probable cause has been improvidently found by the panel, the regulatory board may still pursue and prosecute an administrative complaint. *See* s. 456.073(4), F.S.

⁸ Section 456.066, F.S.

to the Agency for Health Care Administration (AHCA).⁹ Then in 1997 the Legislature revised the transfer, moving responsibility for the regulation of health care practitioners instead to the DOH and creating the MQA. Health care practitioner complaint, investigative, and prosecutorial services, however, stayed with the AHCA, and were provided under contract to the MQA.¹⁰ It was not until 2002 that these services were transferred to the MQA.¹¹

The 1997 Legislature directed the AHCA to establish a toll-free telephone number for public reporting of complaints relating to medical treatment or services provided by health care professionals.¹² Responsibility for the toll-free consumer complaint hotline was not moved to the MQA when the enforcement services were transferred in 2002. Instead, the established toll-free telephone number remains with the AHCA and is used to take complaints regarding health care facilities regulated by the AHCA. Complaints regarding health care practitioners are forwarded by the AHCA to the MQA.¹³

Likewise, s. 395.3025, F.S., which sets forth when and how hospitals, ambulatory surgical centers, and mobile surgical centers can release patient records was not updated to reflect the transfer. In general, patient records are confidential and cannot be disclosed without consent of the patient or his or her legal guardian.¹⁴ The statute authorizes release of the records without consent, however, to “the agency” for use in the investigation, prosecution, and appeal of disciplinary proceedings.¹⁵ The DOH indicates that a number of hospitals have challenged the DOH’s authority to subpoena records based on the current language.¹⁶

Color Photographic or Digital Imaged Licenses

Drivers’ licenses are issued by the Department of Highway Safety and Motor Vehicles (DHSMV) with a full face color photograph or digital image of the licensee.¹⁷ Records of the digital image maintained by the DHSMV are exempt from public records disclosure, but copies may be made for use by the DHSMV or other specified agencies for activities related to their responsibilities, e.g. Department of Business Regulation for reproduction of licenses; Department of State in connection with determining voter eligibility; and Department of Revenue for use in establishing paternity, among others. The law does not authorize release of the records to the DOH.¹⁸

Currently, some, but not all, initial applicants for licensure as a health care practitioner are required to provide a passport photograph at the time of initial application but are not required to maintain a current photograph on file with the DOH. The DOH stores licensing records electronically and most imaged photographic records become distorted and no longer legible once scanned and converted to a digital image. Photographs assist the DOH in confirming the

⁹ Ch. 96-403, s. 11, Laws of Fla.

¹⁰ Ch. 97-261, ss. 1 and 2, Laws of Fla.; ch. 97-273, ss. 1 and 2, Laws of Fla.

¹¹ Ch. 2002-400, s. 44, Laws of Fla.

¹² Ch. 97-273, s. 24, Laws of Fla.

¹³ Fla. Dept. of Health, *Senate Bill 1066 Bill Analysis* (undated) (on file with the Senate Health Policy Committee).

¹⁴ Section 395.3025(4), F.S.

¹⁵ Section 395.3025(4)(e), F.S.

¹⁶ Fla. Dept. of Health, *supra* note 13.

¹⁷ Section 322.142(1), F.S.

¹⁸ Section 322.142(4), F.S.

identity of licensed health care practitioners during its investigation of disciplinary cases and in the service of legal documents. In addition, licenses which are displayed in a practitioner's place of practice do not currently contain a photograph.¹⁹

Size Requirements for Licenses; Renewal of License

Section 456.013(2), F.S., requires the DOH to issue a wallet-size identification card and a wall card measuring 6.5 inches by 5 inches to health care practitioners licensed in Florida. The DOH produced 494,115 licenses in the 2011-2012 fiscal year at a cost of \$72,140.79. The DOH would like the opportunity to explore less costly options.²⁰

Health Care Practitioner Continuing Education and Training

Florida law generally requires health care practitioners to complete continuing education or training as a condition of licensure or re-licensure. Some requirements are general obligations to complete a number of hours in subject areas determined by the relevant regulatory board.

Examples of these are as follows:

- The Board of Medicine, Board of Chiropractic Medicine, Board of Osteopathic Medicine, and Board of Podiatric Medicine must require licensees to periodically demonstrate professional competency by completing at least 40 hours of continuing education every 2 years. The boards generally establish the criteria and content for continuing education²¹ and may authorize up to 25 percent of the hours to be fulfilled by pro bono service to an underserved community.²² In addition, the boards may approve alternative methods for obtaining credit in risk management, which include: attendance at a board meeting where another practitioner is disciplined; service as a volunteer expert for the DOH; or service on the board's probable cause panel.²³
- Certified nursing assistants (CNAs) are required by statute to complete 12 hours of in-service training each calendar year.²⁴ CNA licenses renew biennially on May 31, which conflicts with the statutory requirement of calendar year training. The next scheduled renewal deadline is May 31, 2015.²⁵

Other continuing education requirements are expressly created in statute. Examples of these are as follows:

- All health care practitioners regulated by the DOH or a board must complete a course related to prevention of medical errors at initial licensure and biennial renewals thereafter.²⁶
- Practitioners licensed or certified under ch. 457, F.S. (Acupuncture), ch. 458, F.S. (Allopathic Medicine), ch. 459, F.S. (Osteopathic Medicine), ch. 460, F.S. (Chiropractic Medicine), ch. 461, F.S., (Podiatric Medicine), ch. 463, F.S. (Optometry), part I of ch. 464,

¹⁹ Fla. Dept. of Health, *supra* note 13

²⁰ *Id.*

²¹ Section 456.013(8), F.S.

²² Section 456.013(9), F.S.

²³ Section 456.013(6), F.S.

²⁴ Section 464.203(7), F.S.

²⁵ Florida Board of Nursing, *Certified Nursing Assistant (CNA)*, <http://floridasnursing.gov/renewals/certified-nursing-assistant/> (last visited March 22, 2014).

²⁶ Section 456.013(7), F.S.

F.S. (Nursing), ch. 465, F.S. (Pharmacy), ch. 466, F.S. (Dentistry and Dental Hygiene), parts II, III, V, and X of ch.468, F.S. (Nursing Home Administration; Occupational Therapy; Respiratory Therapy; and Dietetics and Nutrition), are required to complete a course on HIV/AIDS one time, no later than first renewal.²⁷

Licensure Fees

The law requires the costs of regulating health care practitioners to be borne solely by licensed practitioners and licensure applicants. The boards, in consultation with the DOH, are responsible for establishing fees that are:²⁸

- Based on revenue projections prepared using generally accepted accounting procedures;
- Adequate to cover all expenses relating to that board identified in the DOH's long-range policy plan;
- Reasonable, fair, and not serve as a barrier to licensure;
- Based on potential earnings from working under the scope of the license;
- Similar to fees imposed on similar licensure types; and,
- Not more than 10 percent greater than the actual cost to regulate that profession for the previous biennium.

Licensure fees are subject to challenge pursuant to ch. 120, F.S.

Since the 2008 Session, a total of \$82 million has been authorized for transfer from the MQA Trust Fund to the Budget Stabilization Fund and General Revenue Fund in the General Appropriations Act. Despite the transfers, the MQA Trust Fund continues to maintain an average cash balance of \$24 million. Since the 2008-2009 fiscal year, the cost of regulating health care practitioners has averaged \$63,198,327 annually, and the MQA has collected an average of \$72,035,217 in revenue annually. The MQA's revenue projections for the 2012-2013 fiscal year and the next five years indicate an average of \$74,672,466 in revenue annually. The MQA projects that operating expenses will remain stable and may even decrease as a result of implementation of a number of process efficiencies.²⁹

Council of Certified Nursing Assistants

The Council on Certified Nursing Assistants is created under the Board of Nursing to make recommendations to the DOH regarding policies and procedures for certification of CNAs and to develop rules regulating the education, training, and certification process. The Board of Nursing has discretion to adopt the rules recommended by the council.³⁰

Dental Laboratories

Dental laboratories must be registered and reregistered biennially with the DOH.³¹ Renewal notices are sent to the last known address of each dental laboratory 120 days prior to the

²⁷ Section 456.033, F.S.

²⁸ Section 456.025(1), F.S.

²⁹ Fla. Dept. of Health, *supra* note 13.

³⁰ Section 464.2085, F.S.

³¹ Section 466.032(1), F.S.

expiration date of the license, which is February 28 of even-numbered years.³² If a dental laboratory operator fails to reregister timely, the DOH must notify the operator by registered mail, within one month after the renewal date, return receipt requested.³³ Dental laboratory operators then have three additional months to renew the establishment license with no late fee. If a dental laboratory fails to renew within that 3-month window, the operator must pay a delinquency fee of \$40, in addition to the current renewal fee, to renew.³⁴ As of March 30, 2013, 1,086 dental laboratories were licensed in Florida.³⁵

During this past licensure renewal period, the DOH mailed 281 return-receipt notices to delinquent dental laboratories. Eighty-six were returned as undeliverable. The requirement to send registered letters to delinquent dental laboratories costs over \$2,000 every 2 years. Staff spends approximately 35 hours preparing and mailing the registered letters. This process is not required for any other regulated health care professions.³⁶

Nursing Home Administrators

Nursing home administrators are regulated by the Board of Nursing Home Administrators, within the DOH, under part II, ch. 468, F.S. The board consists of seven members appointed by the Governor and confirmed by the Senate to a 4-year term. Three members must be licensed nursing home administrators; two members must be health care practitioners; and the remaining two members must be laypersons. At least one member of the board must be older than 60 years of age.³⁷

The DOH may issue a provisional license to fill a position of a nursing home administrator that unexpectedly becomes vacant due to illness, sudden death of the administrator, or abandonment of the position. The provisional license is valid for 6 months.³⁸ The last provisional license was issued by the Board of Nursing Home Administrators in December 2007. The board repealed the rule implementing the provision license in 2010 because provisional licenses were no longer necessary for the regulation of the profession.³⁹

Massage Therapists and Massage Establishments

Massage therapists and massage establishments in Florida are regulated by the Board of Massage Therapy, within the DOH, under the Massage Practice Act, ch. 480, F.S. A person must be licensed as a massage therapist to practice massage for compensation, unless otherwise specifically exempted under the Massage Practice Act.⁴⁰ In order to be licensed as a massage therapist, an applicant must:⁴¹

³² Fla. Board of Dentistry, *Dental Laboratory*, <http://floridasdentistry.gov/renewals/dental-laboratory/> (last visited Mar. 22, 2014).

³³ Section 466.032(2), F.S.

³⁴ Section 466.032(3), F.S.

³⁵ Fla. Dept. of Health, *supra* note 13.

³⁶ *Id.*

³⁷ Section 468.1665, F.S.

³⁸ Section 468.1735, F.S.

³⁹ Fla. Dept. of Health, *supra* note 13.

⁴⁰ Section 480.047(1)(a), F.S.; s. 480.034, F.S.

⁴¹ Section 480.041 and 480.042, F.S.

- Be at least 18 years of age or have received a high school diploma or graduate equivalency diploma;
- Complete a course of study at a massage school approved by the board or apprenticeship program; and,
- Pass an examination.

For the 10-year period ending June 21, 2013, the Board of Massage Therapy has received 300 applications for apprenticeship. Of those 300, only eight have obtained full licensure as a massage therapist.⁴²

III. Effect of Proposed Changes:

Section 1 amends s. 322.142, F.S., to authorize the DHSMV to enter into an interagency agreement with the DOH authorizing it to access digital images retained from drivers' licenses to verify the identity of a health care practitioner who is under investigation pursuant to ch. 456, F.S., and for use in reproducing licenses.

Section 2 amends s. 395.3025, F.S., to authorize hospitals, ambulatory surgical centers, and mobile surgical facilities to release patient records without patient consent to the DOH for use in health care practitioner investigation and disciplinary proceedings. This corrects an error created when the enforcement responsibilities were transferred from the AHCA to the DOH in 2002. The bill also deletes obsolete language regarding public access to the records, which is already in s. 456.057, F.S.

Section 3 amends s. 456.013, F.S., to eliminate the size requirements for licenses issued by the DOH.

This section and sections 5 and 7 of the bill revise the continuing education requirements for allopathic physicians. The requirements for physicians to complete two of the courses that are required by statute—HIV/AIDS and medical errors—are deleted. New authority is created in ch. 458, F.S., for the BOM to determine continuing education requirements and means for satisfying the requirements. Section 3 deletes the medical errors requirement. Sections 5 and 7 contain the other provisions.

Section 4 amends s. 456.025, F.S., to delete authority for the boards, or the DOH when there is no board, to charge a fee up to \$25 for issuing wall certificates. This section also authorizes the boards, or the DOH when there is no board to adopt rules to waive fees (initial application, initial licensure, unlicensed activity, or renewal) for any profession the DOH determines, based on its long-range estimate, will have more revenue than necessary to fund its operations. A fee waiver may not exceed 2 years.

Section 5 amends s. 456.033, F.S., to eliminate the requirement for allopathic physicians to complete a one-time course on HIV/AIDS.

⁴² Fla. Dept. of Health, *supra* note 13.

Section 6 amends s. 456.068, F.S., to require the DOH to establish a toll-free telephone number for public reporting of complaints related to health care professionals. This corrects an error created when the enforcement responsibilities were transferred from the AHCA to the DOH in 2002.

Section 7 amends s. 458.319, F.S., to create new authority for the BOM to determine continuing education requirements for allopathic physicians. Physicians will continue to complete 40 hours biennially. The BOM is authorized to determine and mandate specific continuing education and to approve alternative methods for obtaining credits, including: attending board meetings; serving as a volunteer expert witness; or as a member of a probable cause panel. These options exist today, but only as a means to obtain risk management credit. In addition, the BOM is authorized to allow up to 25 percent of the required hours through pro bono service to indigent, underserved populations, or patients in areas of critical need. This option exists in current law. Finally, the BOM is authorized to award credit for research in critical need areas, or training for advanced professional certification. The BOM is given rulemaking authority to define underserved and critical need area.

Section 8 amends s. 464.203, F.S., to change the annual in-service training requirement for CNAs to a biennial requirement of 24 hours, thereby conforming, without reducing, the requirement to the renewal schedule. The authority for the Council on Certified Nursing Assistants to recommend rules for implementation of the section is deleted.

Section 9 repeals s. 464.2085, F.S., thereby eliminating the Council on Certified Nursing Assistants.

Section 10 amends s. 466.032, F.S., to delete the requirement for the DOH to send laboratory operators a registered letter when the operator misses the deadline for renewing the laboratory's registration.

Section 11 amends s. 467.009, F.S., to reflect the name change of the midwifery education accrediting organization, from Commission on Recognition of Postsecondary Accreditation to Council for Higher Education Accreditation.

Section 12 amends s. 468.1665, F.S., to revise the composition of the Board of Nursing Home Administrators. The number of administrator representatives is increased by one, to four, and the number of lay members is decreased by one, to one.

Section 13 amends s. 468.1695, F.S., to allow a candidate who has a master's degree, not just a bachelor's degree, in the specified subject areas to take the nursing home administrator examination.

Section 14 repeals s. 468.1735, F.S., thereby eliminating the provisional nursing home administrator license.

Section 15 and 16 amend ss. 468.805 and 468.505, F.S., to reflect the name change of the accrediting body for registered dietitians, from Commission on Dietetic Registration, the

accrediting body of the American Dietetic Association, to the accrediting body of the Academy of Nutrition and Dietetics.

Sections 17, 18, and 20 amend ss. 480.033, 480.041, and 480.044, F.S., to eliminate the apprenticeship program as a pathway to licensure as a massage therapist and repeal related provisions of law.

Section 19 amends s. 480.042, F.S., to delete obsolete language. The DOH no longer administers the massage therapy license.

Section 21 amends s. 823.05, F.S., to conform a cross-reference.

Section 22 provides an effective date of July 1, 2014.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Health care practitioners will experience a positive fiscal impact if a fee waiver is implemented as authorized by the bill.

C. Government Sector Impact:

Licensure Fee Waiver

The DOH will experience a decrease in revenues if a fee waiver as a result of excess trust fund balance is implemented as authorized by the bill.

Color Photographic or Digital Imaged Licenses

The MQA may experience a non-recurring increase in workload associated with the initial set up for the DOH to access the DHSMV photographic records of licensed health care practitioners, but current resources are adequate to absorb.

Size Requirements for Licenses

The fiscal impact is indeterminate at this time, but the DOH anticipates the change will result in a cost savings.

HIV and AIDS Instruction

The DOH will incur non-recurring costs for rulemaking, which current budget authority is adequate to absorb.

Toll-free Consumer Complaint Line

The DOH will incur a cost of \$0.043 cents per minute for the toll-free line, which current budget authority is adequate to absorb. The DOH will incur a recurring increase in workload to staff the line. The DOH estimates an increase in the number of phone calls and complaints it will receive, or 7,510 calls will come through the hotline. The DOH is requesting 1 FTE for a Regulatory Specialist I, no travel.

Elimination Council of Certified Nursing Assistants

The DOH will experience a cost savings of approximately \$40,000 per fiscal year related to the administration of the council.

Dental Laboratory

The DOH will experience a cost savings of over \$2,000 biennially for postage and staff time required to send delinquency notices by registered mail.⁴³

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 322.142, 395.3025, 456.013, 456.025, 456.033, 456.068, 458.319, 464.203, 466.032, 467.009, 468.1665, 468.1695, 468.503, 468.505, 480.033, 480.041, 480.042, 480.044, and 823.05, F.S.

The bill repeals the following sections of the Florida Statutes: 464.2085 and 468.1735.

⁴³ Fla. Dept. of Health, *supra* note 13.

IX. Additional Information:

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

None.

- B. **Amendments:**

None.

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