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 1578
INTRODUCER:	Senator Gibson
SUBJECT:	Diabetes Educators
DATE:	March 31, 2017
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	**Pre-meeting**
2.			AHS	
3.			AP	

I. Summary:

SB 1578 establishes a new regulated profession in Florida, the diabetes educator. The bill provides definitions and requirements for registration. It prohibits an unregistered person from certain activities relating to diabetes self-management training, and provides exceptions.

The bill provides an effective date of July 1, 2017.

II. Present Situation:

Diabetes -What is it?

Diabetes is a group of diseases in which the body produces too little insulin,[1] is unable to use insulin efficiently, or both. When diabetes is not controlled, glucose and fats remain in the blood and eventually cause damage to vital organs.

The most common forms of diabetes are: [2]

- **Type 1**: (juvenile diabetes). Type 1 diabetes is usually first diagnosed in children and adolescents and accounts for about 5 percent of all diagnosed cases. Type 1 diabetes is an autoimmune disease in which the body's own immune system destroys cells in the pancreas that produce insulin. Type 1 diabetes may be caused by genetic, environmental, or other risk factors. At this time, there are no methods to prevent or cure type 1 diabetes, and treatment requires the use of insulin by injection or pump.

[1] Insulin is a hormone that allows glucose (sugar) to enter cells and be converted to energy. Merriam-Webster, *available at* http://www.merriam-webster.com/dictionary/insulin (last visited Mar. 29, 2017).

[2] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Diabetes Report Card* (2014), p. 4, *available at* http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf (last visited Mar. 29, 2017).

- **Type 2**: (adult-onset diabetes). Type 2 diabetes accounts for about 95 percent of diagnosed diabetes in adults and is usually associated with older age, obesity, lack of physical activity, family history, or a personal history of gestational diabetes. Studies have shown that healthy eating, regular physical activity, and weight loss can prevent or delay the onset of type 2 diabetes or eliminate the symptoms and effects post-onset.
- **Gestational diabetes**: This type of diabetes is diagnosed during pregnancy. The cause of gestational diabetes is unknown. Some women with gestational diabetes are overweight before getting pregnant or have diabetes in the family. From 1 in 50 to 1 in 20 pregnant women have gestational diabetes. It is more common in Native American, Alaskan Native, Hispanic, Asian, and Black women, but it is also found in White women.[3] Gestational diabetes can cause health problems during pregnancy for both the child and mother. Children whose mothers have gestational diabetes have an increased risk of developing obesity and type 2 diabetes.

Complications of diabetes include: heart disease, stroke, high blood pressure (hypertension), blindness and other eye problems, kidney disease, nervous system disease, vascular disorders, and amputations. Death rates for heart disease and the risk of stroke are about two to four times higher among adults with diabetes than among those without diabetes. Diabetes and its potential health consequences can be managed through physical activity, diet, self-management training, and, when necessary, medication.[4]

People with "pre-diabetes" are at high risk of developing type 2 diabetes, heart disease, and stroke. Their blood glucose levels are higher than normal, but not high enough to be classified as diabetes. Although an estimated 33 percent of adults in the United States have pre-diabetes, less than 10 percent of them report having been told they have the condition. Thus, awareness of the risk is low. People with pre-diabetes who lose 5 to 7 percent of their body weight and get at least 150 minutes per week of moderate physical activity can reduce the risk of developing type 2 diabetes by 58 percent.[5]

Risk factors for diabetes include:[6]

- Being over the age of 45;
- Overweight;
- Having a parent or sibling with diabetes;
- Having a minority family background;
- Developing diabetes while pregnant, gave birth to a baby weighing 9 pounds or more; and
- Being physically active less than three times per week.

Persons with any of the above risk factors are also at risk of developing pre-diabetes. Individuals with pre-diabetes are 5 to 15 times more likely to develop type 2 diabetes, heart disease, and

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[3] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Diabetes and Pregnancy, Gestational Diabetes, available at* https://www.cdc.gov/pregnancy/documents/Diabetes_and_Pregnancy508.pdf (last visited Mar. 29, 2017).

[4] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Diabetes Latest, available at* http://www.cdc.gov/features/diabetesfactsheet/ (last visited Mar. 29, 2017).

[5] *Supra* note 3, at 4.

[6] Florida Department of Health, *Diabetes, Warning Signs and Risk Factors, available at* http://www.floridahealth.gov/diseases-and-conditions/diabetes/warning-signs.html (last visited Mar. 29, 2017).

stroke.[7] The Centers for Disease Control (CDC) estimates that as many as one out of every three American adults has pre-diabetes and half of all Americans aged 65 years and older have pre-diabetes.[8]

In 2013, the American Diabetes Association (ADA)[9] released a report updating its earlier studies (2002, 2007) estimating the economic burden of diagnosed diabetes. In 2012, the total estimated cost of diagnosed diabetes in the United States was $245 billion, including $176 billion in direct medical costs and $69 billion in reduced productivity. This represents a 41 percent increase over the 2007 estimate. The largest components of medical expenditures are:

- Hospital inpatient care (43 percent of the total medical cost);
- Prescription medications to treat complications of diabetes (18 percent);
- Anti-diabetic agents and diabetes supplies (12 percent); and
- Physician office visits (9 percent), and nursing/residential facility stays (8 percent).

People with diagnosed diabetes incur average medical costs of about $13,700 per year, of which about $7,900 is attributed to diabetes. Care for people with diagnosed diabetes accounts for more than one in five dollars spent on health care in the United States, and more than half of that is directly attributable to diabetes. Overall, average medical expenses for a person with diabetes are 2.3 times higher than they are for a person without diabetes.[10]

Diabetes in Florida

Diabetes was the seventh leading cause of death in 2014 in Florida. In 2014, there were 5,324 Florida deaths due to diabetes. [11] As a percentage of total deaths in the state, diabetes accounted for 2.9 percent of all deaths, and over a 3-year period (2012 - 2014), diabetes had an age adjusted death rate per 100,000 of 19.7 or 15,597 deaths.[12]

Florida's Diabetes Advisory Council (DAC)

The DAC was created over 40 years ago to guide statewide policy on diabetes prevention, diagnosis, education, care, treatment, impact, and costs. The DAC has 26 members who have experience related to diabetes and serve in an advisory capacity to the Department of Health (DOH), other agencies, and the public. Twenty-one members represent a broad range of health

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[7] Florida Department of Health, *Prediabetes, What is Prediabetes? available at* http://www.floridahealth.gov/diseases-and-conditions/diabetes/prediabetes.html, (last visited Mar. 29, 2017).
[8] *Id.*
[9] The ADA was founded in 1940 by 26 physicians. It remained an organization for health care professionals during its first 30 years. In 1970, the Association welcomed general members. In the years since, it has grown to include a network of more than 1 million volunteers. See American Diabetes Association, *75 Years of Progress, available at* http://www.diabetes.org/about-us/75th-anniversary/ (last visited Mar. 29, 2017).
[10] American Diabetes Association, *Economic Costs of Diabetes in the U.S. in 2012*, Diabetes Care 36: 1033 – 1046, 2013, *available at* http://care.diabetesjournals.org/content/36/4/1033.full.pdf+html, (last visited Mar. 29, 2017).
[11] Florida Diabetics Advisory Council, *2017 Florida Diabetes Report*, p. 31 (January 10, 2017), *available at* http://www.floridahealth.gov/provider-and-partner-resources/dac/_documents/dac-report-january2017.pdf (last visited Mar. 29, 2017).
[12] Florida Department of Health, *Florida Charts: Diabetes Deaths - Three Year Trends, available at* http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0090 (last visited Mar. 29, 2017).

and public health related interests. The remaining five members are representatives of the general public of which at least three are affected by diabetes. The council meets annually with the State Surgeon General to make recommendations regarding the public health aspects of the prevention and control of diabetes.[13]

In 2015, the Legislature added a requirement that the DAC issue a report on the public health consequences and financial impact of diabetes and its complications in Florida by January 10 of each odd-numbered year, and submit the report to Governor, the President of the Senate, and the Speaker of the House of Representatives. In January 2017, the Council issued its first report describing the public health consequences and financial impact diabetes, and its complications, have in Florida. The council reviewed data collected by the DOH, Agency for Health Care Administration, and Division of State Group Insurance, about diabetes and state programs that address diabetes, as well as developed an action plan to reduce the impact of diabetes. The report includes data on the scope and cost of diabetes in Florida; how each partner is addressing diabetes prevention and control for their population; how partners are coordinating efforts; recent successes; and recommendations for actions to reduce the impact of diabetes. Funding recommendations are also provided, and anticipated outcomes described, for funding at optimal, intermediate, and current levels.[14]

The 2017, DAC report includes specific recommendations to change state policy to reduce the impact of all types of diabetes by the passage of statewide changes to reimburse Certified Diabetes Educators (CDEs) and Board Certified-Advanced Diabetes Management (BC-ADM) educators for providing diabetes self-management education (DSME) through increased reimbursement for DSME from Medicare; and requiring all state employee health insurance plans to cover CDC-recognized diabetes prevention programs (DPP) for employees who are eligible. The DAC report does not address whether state regulation of CDE's or BC-ADMs is required.[15]

Diabetes Educators

The American Diabetes Association (ADA) defines a "diabetes educator" as, "a health care professional who teaches people who have diabetes how to manage their diabetes."[16] Diabetes educators are found in hospitals, physician offices, managed care organizations, home health care, and other settings.[17]

- The State of Florida does not currently license or regulate diabetes educators. At least 28 professions in Florida currently include patient or client diabetes education within their scope of practice.[18]

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[13] Section 385.203, F.S. *See also* Florida Diabetics Advisory Council, *2017 Florida Diabetes Report* (Jan. 10, 2017), *available at* http://www.floridahealth.gov/provider-and-partner-resources/dac/_documents/dac-report-january2017.pdf (last visited Mar. 29, 2017).
[14] Id.
[15] Id. at pp. 64-66.
[16] *See* American Diabetes Association, Diabetes Basics, *Common Terms*, *available a*t http://www.diabetes.org/diabetes-basics/common-terms/?loc=db-slabnav (Last visited Mar. 29, 2017).
[17] *Id.*
[18] The professions that include diabetes education in their scope of practice include: Physicians, PAs, Podiatrists, Chiropractors, Dentists, Podiatrists, Chiropractors, Dentists, Pharmacists, ARNPs, CNSs, CRNAs, LPNs, RNs, Dental Hygienists, Paramedics, EMTs, Dietitian/Nutritionists, Orthotists, Acupuncturists, Athletic Trainers, Physical Therapists;

Kentucky enacted a diabetes educator law in 2013,[19] and Indiana in 2014.[20] Both are under the respective state's board of medicine. Kentucky provides three paths for individuals to become licensed as diabetes educators. An individual must file an application, pay a fee, and demonstrate completion of any one of the following:

- A board-approved course in diabetes education with supervised experience in the care of people with diabetes under supervision that meets requirements specified in administrative regulations promulgated by the board;[21]
- The credentialing program of the American Association of Diabetes Educators (AADE) or the National Certification Board for Diabetes Educators (NCDBE); or
- An equivalent credentialing program as determined by the board.

Indian's law is similar to Kentucky's and requires an applicant to demonstrate completion of one of the following:

- The AADE core concepts course[22] with demonstrable experience in the care of individuals with diabetes under supervision that meets requirements specified in rules adopted by the board.
- The credentialing program of the AADE;
- The credentialing program of the NCBDE; or
- An equivalent credentialing program as determined by the board.

The AADE was founded in 1973, as a multi-disciplinary professional membership organization dedicated to improving diabetes care through education. It has more than 14,000 members including nurses, dietitians, pharmacists and others. The AADE offers the Board Certified-Advanced Diabetes Management (BC-ADM) credential.[23]

Healthcare professionals who hold BC-ADM certification, if within their scope of practice, are trained to:

- Adjust medications;

Massage Therapists, Prosthetists, Midwives, Opticians, Optometrists, School Psychologists, Orthotic Fitters, Mental Health Counselors, Clinical Psychologists, and Clinical Social Workers.

[19] The Kentucky Board of Licensed Diabetes Educators, *Laws and Regulations Relating to Licensed Diabetes Educators*, s. 309.335, K.R.S., p. 7, *available at* http://bde.ky.gov/Documents/Laws%20and%20Regulations.pdf (last visited Mar. 29, 2017).

[20] See IC 25-14.3-3-3, (2015), *available at* http://www.in.gov/pla/files/2015_Medical_Compilation.pdf (last visited Mar. 29, 2017).

[21] 201 KAR 45:110 (2015), requires the apprentice diabetes educator to accumulate at least 750 hours of supervised work experience in 5 years with 250 of the hours being obtained in the 12 months preceding licensure application. The apprentice is required to interact with the supervisor at least two hours quarterly, one hour of which must be in person. A supervisor shall not supervise more than four apprentices at a time. The supervision process shall focus on: (a) Identifying strengths, developmental needs, and providing direct feedback to foster the professional development of the apprentice diabetes educator; (b) Identifying and providing resources to facilitate learning and professional growth; (c) Developing awareness of professional and ethical responsibilities in the practice of diabetes education; and (d) Ensuring the safe and effective delivery of diabetes education services and fostering the professional competence and development of the apprentice diabetes educator.

[22] American Association of Diabetes Educators, *CORE Concepts Course On Line*, is available for a cost of between $386 - $586, *available at* https://www.diabeteseducator.org/education-career/online-courses/ccc-online (last visited Mar. 29, 2017).

[23] The American Association of Diabetes Educators, *About AADE*, *available at* https://www.diabeteseducator.org/about-aade, (last visited Mar. 29, 2017).

- Treat and monitor complications and other comorbidities;
- Council patents on lifestyle modifications;
- Address psychosocial issues; and
- Participate in research and mentoring.

Certification as a BC-ADM requires a current active licensure/registration as a registered nurse, dietitian, pharmacist, physician or physician assistant, a master's or higher level degree, and 500 clinical practice hours within 48 months prior to taking the certification exam.[24]

The NCBDE was established in 1986 as an independent organization that promotes the interests of diabetes educators and the public by granting certification to qualified health professionals. The NCBDE offers the Certified Diabetes Educator (CDE) credential. Individuals holding the CDE credential educate people affected by diabetes to manage the condition and promote self-management in order to optimize health outcomes.[25]

Certification as a CDE requires active licensure/registration as a psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, dietitian with a Commission on Dietetic Registration (CDR), or a health professional with a master's degree or higher in social work. Professional practice experience, continuing education and an examination are also required.[26]

The CDC has also established the CDC National Diabetes Recognition Program (NDRP) as part of the National Diabetes Prevention Program (NDPP).[27] The NDPP is a partnership of public and private organizations working to reduce the growing problem of lack of public education on prediabetes and type 2 diabetes.[28] A key part of the NDPP is the lifestyle change program to prevent or delay type 2 diabetes. Hundreds of in-person, and online, lifestyle change programs nationwide teach participants to make CDC approved lasting lifestyle changes, like eating healthier, adding physical activity into a daily routine, and improving coping skills. To ensure high quality, the CDC recognizes lifestyle change programs that meet certain standards and show they can achieve results. These standards include following an approved curriculum, facilitation by a trained lifestyle coach, and submitting data each year to show that the program is having an impact. The NDPP must use a lifestyle coach to deliver the program to participants. Many lifestyle coaches are registered dieticians or registered nurses, but no credentials are required;[29] and the CDC has a free lifestyle coach facilitator training guide available on its website.[30]

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[24] Id.
[25] National Certification Board for Diabetes Educators, *History*, *available at* http://www.ncbde.org/about/history/ (last visited Mar. 2017).
[26] Id.
[27] U.S. Department of Health and Human Services, Center for Disease Control and Prevention, *Diabetes Prevention Recognition Program, Standards and Operating Procedures*, *available at* http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf, (last visited Mar. 29, 2017).
[28] U.S. Department of Health and Human Services, Center for Disease Control and Prevention, *What Is the National DPP? available at* http://www.cdc.gov/diabetes/prevention/about/index.html (last visited Mar. 29, 2017).
[29] *Supra* note 20, at 25.
[30] U.S. Department of Health and Human Services, Center for Disease Control and Prevention, *National Diabetes Prevention Program, Life Coach Facilitation Guide*, *available at* http://www.cdc.gov/diabetes/prevention/pdf/curriculum_intro.pdf (last visited Mar. 2017).

The AADE also offers NDPP diabetes lifestyle coach training based on the curriculum of the CDC in a 2-day, in person, course for $750 - $850 to acquire all necessary skills to deliver a successful CDC NDRP/NDPP Program.[31]

The Sunrise Act and Sunrise Questionnaire

The Sunrise Act (the act), codified in s. 11.62, F.S., requires the Legislature to consider specific factors in determining whether to regulate a new profession or occupation. The legislative intent in the act provides that:

- No profession or occupation be subject to regulation unless the regulation is necessary to protect the public health, safety, or welfare from significant and discernible harm or damage and that the state's police power be exercised only to the extent necessary for that purpose; and
- No profession or occupation be regulated in a manner that unnecessarily restricts entry into the practice of the profession or occupation or adversely affects the availability of the services to the public.

The Legislature must review all legislation proposing regulation of a previously unregulated profession or occupation and make a determination for regulation based on consideration of the following:

- Whether the unregulated practice of the profession or occupation will substantially harm or endanger the public health, safety, or welfare, and whether the potential for harm is recognizable and not remote;
- Whether the practice of the profession or occupation requires specialized skill or training, and whether that skill or training is readily measurable or quantifiable so that examination or training requirements would reasonably assure initial and continuing professional or occupational ability;
- Whether the regulation will have an unreasonable effect on job creation or job retention in the state or will place unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a given profession or occupation to find employment;
- Whether the public is or can be effectively protected by other means; and
- Whether the overall cost-effectiveness and economic impact of the proposed regulation, including the indirect costs to consumers, will be favorable.

The act requires the proponents of legislation for the regulation of a profession or occupation to provide specific information in writing to the state agency that is proposed to have jurisdiction over the regulation and to the legislative committees of reference.[32] This required information is traditionally compiled in a "Sunrise Questionnaire."

The Florida Senate Sunrise Questionnaire (questionnaire) has been provided to the Senate Health Policy Committee.[33] The responsive comments to the questionnaire indicate that unregistered

[31]American Association of Diabetes Educators, *AADE Diabetes Prevention Program Lifestyle Coach Training*, *available at* https://www.diabeteseducator.org/practice/diabetes-prevention-program/lifestyle-coach-training (last visited Mar. 29, 2017).
[32] *See* s. 11.62(4)(a)-(m), F.S.
[33] Florida Sunset Review Questionnaire, *Diabetes Educator*, (received March 30, 2017) (on file with the Senate Committee on Health Policy).

and incompetent diabetes self-management training practitioners create a danger to public health and safety in Florida through inaccurate information, that effects the prevalence of the disease and associated complications; and that registration to establish minimum practice standards is necessary to protect the public. The questionnaire also indicates that the number of individuals who will qualify for, or pursue registration is unknown.

III. Effect of Proposed Changes:

The bill creates part XVII of ch. 468, F.S., entitled "Diabetes Educators," to establish a new regulated profession in Florida.

The bill expresses a finding that unregistered and incompetent diabetes self-management training practitioners create a danger to public health and safety in Florida; and that to protect the public it is necessary to require practitioner registration to establish minimum standards of practice for Florida diabetes educators.

The bill defines the following terms:

- "Diabetes educator" as a registered health care practitioner who has demonstrated a comprehensive knowledge of and experience in prediabetes, diabetes prevention, and diabetes education and who provides diabetes self-management training.
- "Diabetes self-management training" is the assessment and development of a care plan for a person with diabetes whereby that person gains knowledge and the necessary skills to modify behavior and successfully self-manage the disease in line with the national standards published by the ADA.

The bill provides that a person may not receive compensation for providing diabetes self-management training, or hold himself or herself out as a diabetes educator, unless he or she is registered with the DOH.

However, the bill specifically delineates that it does not restrict or prohibit a person:

- From engaging in his or her listed profession licensed by the DOH;
- Employed and supervised by a DOH licensee rendering services within the scope of the licensee's profession;
- Employed by the federal government from discharging his or her official duties; or
- Who is a diabetes educator registered in another U.S. jurisdiction, or another country, if the DOH determines that his or her registration is based on substantially equivalent criteria for providing diabetes self-management training.

Registration as a diabetes educator under the bill requires the person to submit to the DOH an application, registration fee and proof of the following:

- Certification as a CDE or a BC-ADM, or
- Proof of 250 hours of diabetes education, of which 100 hours must have been earned in the proceeding calendar year, and proof of passing an NCBDE[34] examination; and

[34] In order to sit for the NCBDE examination a candidate must have a current unrestricted active license or registration as a clinical psychologist, registered nurse, occupational therapist, optometrist, pharmacist, physical therapist, physician, podiatrist, master certified health education specialist, certified clinical exercise physiologist, registered clinical exercise

- Proof of licensure by the DOH;
- Proof of certification as a clinical exercise physiologist or Registered Clinical Exercise Physiologist by the American College of Sports Medicine; or
- Proof of a master's degree in social work from an accredited college or university accredit by an accrediting agency accredited by the Council for Higher Education Accreditation or its successor or the United States Department of Education.

The DOH may take disciplinary action pursuant to s. 456.072, F.S., against an applicant or registrant and may deny, revoke, or suspend registration or registration renewal for a violation of this section.

Renewal of a diabetes educator registration is required biennially. The DOH must establish by rule the fees for registration and renewal for the newly created profession, which must be adequate to implement and administer the profession, including:

- A nonrefundable application fee, not exceeding $100;
- An initial registration fee, not exceeding $100;
- A biennial renewal fee, not exceeding $50;
- A fee for reactivation of an inactive registration, not exceeding $50; and
- Additional fees for verification, record making, and recordkeeping.

The bill has an effective date of January 1, 2017.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

physiologist, registered dietitian, dietitian, nutritionist, or registered physician assistant; or hold a minimum of a master's degree in social work from a U.S. college or university accredited by a nationally recognized regional accrediting body. If the candidate does not have these credentials he or she may investigate the NCBDE's Unique Pathway which requires a degree, 2 calendar years of practice experience within the last 4 years since receiving the license, registration or advanced degree; 1000 hours of practice experience in DSME within the last 4 years of which 40 percent (400 hours) must have been accrued in the last year; and 15 hours of continuing education applicable to diabetes within the past 2 years. *See* National Certification Board for Diabetes Educators, *2016 Certification Examination for Diabetes Educators* (rev. November 20, 2015), *available at* http://www.ncbde.org/assets/1/7/Handbook_Current.pdf (last visited Mar. 30, 2017).

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have a chilling effect on health care volunteers and home health aides reinforcing diabetes education, as it may potentially subject them to regulatory sanctions.

C. Government Sector Impact:

The DOH may incur costs associated with regulating a new profession.

VI. Technical Deficiencies:

It is unclear if the DOH licensees are exempt from registration entirely under the bill, or if when providing diabetes self-management training for compensation, the licensees are also required to be registered as diabetes educators. Currently, multiple DOH licensed professions are able to provide diabetes education under their scope of practice, including: Physicians, Chiropractic Physicians, Podiatric Physicians, Naturopathic Physicians, PAs, ARNPs. RNs. LPNs, Paramedics, EMTs, Dietitian/Nutritionists, Orthotists, Acupuncturists, Athletic Trainers, Physical Therapists, Massage Therapists, Prosthetists, Midwives, School Psychologists, Orthotic Fitters and Mental Health Counselors.

VII. Related Issues:

The bill does not include diabetes educators (CDE or BC-ADM) in:

- The definition of a health care practitioner in ch. 456, F.S. This exclusion from the definition may prevent members of the U.S. Armed Forces, U.S. Reserve Forces, and their spouses, from availing themselves of the licensure benefits of s. 456.024, F.S.
- The group of health care practitioners subject to emergency suspension orders for being convicted of, or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, certain felony and misdemeanor convictions related to Medicaid fraud and drug crimes in s. 456.074, F.S.
- The health care practitioner registry for disasters and emergencies in s. 456.38, F.S.

VIII. Statutes Affected:

This bill creates the following sections of the Florida Statutes: 468.931, 468.932, 468.933, 468.934, and 468.935.

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.