A bill to be entitled
An act relating to the Department of Health; amending
s. 400.93, F.S.; exempting allopathic, osteopathic,
and chiropractic physicians who sell or rent
electrostimulation medical equipment and supplies
therefor from licensure requirements under certain
circumstances; creating s. 456.4501, F.S.;
implementing the Interstate Medical Licensure Compact
in this state; providing for an interstate medical
licensure process; providing requirements for
multistate practice; creating s. 456.4502, F.S.;
establishing that a formal hearing before the Division
of Administrative Hearings must be held if there are
any disputed issues of material fact when the licenses
of certain physicians and osteopathic physicians are
suspended or revoked by this state under the compact;
requiring the department to notify the division of a
petition for a formal hearing within a specified
timeframe; requiring the administrative law judge to
issue a recommended order; requiring the Board of
Medicine or the Board of Osteopathic Medicine, as
applicable, to determine and issue final orders in
certain cases; providing the department with standing
to seek judicial review of any final order of the
boards; creating s. 456.4504, F.S.; authorizing the
department to adopt rules; creating s. 456.48, F.S.; providing a definition for the term "health insurer"; requiring the Financial Services Commission, in consultation with the Agency for Health Care Administration, to adopt a certain standard form by rule for the verification of credentials of specified health care professionals; requiring health insurers and hospitals to use only such form after a specified date; creating s. 456.481, F.S.; providing definitions and applicability; specifying requirements for applicants to qualify for expedited credentialing and certain payments; requiring managed care plans to treat applicants as participating providers in their respective health benefit plan networks for certain purposes; authorizing a managed care plan to exclude applicants from its participating provider directory or listings while their applications are pending approval; specifying a managed care plan's right to recover certain amounts from an applicant under certain circumstances; prohibiting an applicant or the applicant's medical group from charging a managed care plan enrollee certain fees; providing construction; creating s. 458.3129, F.S.; establishing that a physician licensed under the Interstate Medical Licensure Compact is deemed to be licensed under
chapter 458, F.S.; creating s. 459.074, F.S.;
establishing that an osteopathic physician licensed
under the Interstate Medical Licensure Compact is
deemed to be licensed under chapter 459, F.S.;
amending s. 491.003, F.S.; providing definitions;
amending s. 491.004, F.S.; deleting an obsolete
provision; amending s. 491.0045, F.S.; revising intern
registration requirements; providing an exception;
amending s. 491.005, F.S.; revising the licensure
requirements for clinical social workers, marriage and
family therapists, and mental health counselors;
amending s. 491.0057, F.S.; requiring that an
applicant for dual licensure as a marriage and family
therapist pass an examination designated by the Board
of Clinical Social Work, Marriage and Family Therapy,
and Mental Health Counseling; amending s. 491.006,
F.S.; revising requirements for licensure or
certification by endorsement for certain professions;
repealing s. 491.0065, F.S., relating to requirements
for instruction on HIV and AIDS; amending s. 491.007,
F.S.; deleting a provision providing certified master
social workers an exemption from continuing education
requirements; deleting a provision requiring the board
to establish a procedure for the biennial renewal of
intern registrations; amending s. 491.009, F.S.;
revising who may enter an order denying licensure or imposing penalties against an applicant for licensure under certain circumstances; amending s. 491.012, F.S.; providing that using the title "certified master social worker" without a valid, active license is unlawful; amending s. 491.0145, F.S.; requiring the department to license an applicant for designation as a certified master social worker under certain circumstances; providing that applicants for designation as a certified master social worker submit their application to the board; deleting a provision relating to the nonrefundable fee for examination set by department rule; authorizing the board to adopt rules; amending s. 491.0149, F.S.; requiring the use of applicable professional titles by specified licensees and registrants on social media and other specified materials; repealing s. 491.015, F.S., relating to duties of the department as to certified master social workers; creating s. 627.444, F.S.; providing a definition for the term "health insurer"; specifying requirements and procedures for, and restrictions on, health insurers and their designees in reviewing credentialing applications; authorizing a civil cause of action for applicants against health insurers or designees under certain circumstances;
amending s. 768.28, F.S.; designating the state
commissioners of the Interstate Medical Licensure
Compact Commission and other members or employees of
the commission as state agents for the purpose of
applying sovereign immunity and waivers of sovereign
immunity; requiring the commission to pay certain
claims or judgments; authorizing the commission to
maintain insurance coverage to pay such claims or
judgments; amending s. 414.065, F.S.; conforming a
cross-reference; providing an effective date.

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

Section 1. Paragraph (l) is added to subsection (5) of
section 400.93, Florida Statutes, to read:

400.93  Licensure required; exemptions; unlawful acts;
penalties.—

(5) The following are exempt from home medical equipment
provider licensure, unless they have a separate company,
corporation, or division that is in the business of providing
home medical equipment and services for sale or rent to
consumers at their regular or temporary place of residence
pursuant to the provisions of this part:

(l) Physicians licensed under chapter 458, chapter 459, or
chapter 460 for the sale or rental of electrostimulation medical
equipment and electrostimulation medical equipment supplies to
their patients in the course of their practice.

Section 2. Section 456.4501, Florida Statutes, is created
to read:

456.4501 Interstate Medical Licensure Compact.—The
Interstate Medical Licensure Compact is hereby enacted into law
and entered into by this state with all other jurisdictions
legally joining therein in the form substantially as follows:

SECTION 1
PURPOSE

In order to strengthen access to health care, and in
recognition of the advances in the delivery of health care, the
member states of the Interstate Medical Licensure Compact have
allied in common purpose to develop a comprehensive process that
complements the existing licensing and regulatory authority of
state medical boards, provides a streamlined process that allows
physicians to become licensed in multiple states, thereby
enhancing the portability of a medical license and ensuring the
safety of patients. The Compact creates another pathway for
licensure and does not otherwise change a state's existing
Medical Practice Act. The Compact also adopts the prevailing
standard for licensure and affirms that the practice of medicine
occurs where the patient is located at the time of the
physician-patient encounter, and therefore, requires the
physician to be under the jurisdiction of the state medical
board where the patient is located. State medical boards that
participate in the Compact retain the jurisdiction to impose an
adverse action against a license to practice medicine in that
state issued to a physician through the procedures in the
Compact.

SECTION 2
DEFINITIONS

In this compact:
(a) "Bylaws" means those bylaws established by the
Interstate Commission pursuant to Section 11 for its governance,
or for directing and controlling its actions and conduct.
(b) "Commissioner" means the voting representative
appointed by each member board pursuant to Section 11.
(c) "Conviction" means a finding by a court that an
individual is guilty of a criminal offense through adjudication,
or entry of a plea of guilt or no contest to the charge by the
offender. Evidence of an entry of a conviction of a criminal
offense by the court shall be considered final for purposes of
disciplinary action by a member board.
(d) "Expedited License" means a full and unrestricted
medical license granted by a member state to an eligible
physician through the process set forth in the Compact.

(e) "Interstate Commission" means the interstate commission created pursuant to Section 11.

(f) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.

(g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

(h) "Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) "Member State" means a state that has enacted the Compact.

(j) "Practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts.

(k) "Physician" means any person who:

(l) Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in
the International Medical Education Directory or its equivalent;

(2) Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(3) Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(4) Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists; however, the specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact;

(5) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(6) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(7) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any
state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;

(8) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

(9) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) "Offense" means a felony, high court misdemeanor, or crime of moral turpitude.

(m) "Rule" means a written statement by the Interstate Commission promulgated pursuant to Section 12 of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, if the rule is not inconsistent with the laws of the member state. The term includes the amendment, repeal, or suspension of an existing rule.

(n) "State" means any state, commonwealth, district, or territory of the United States.

(o) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.
SECTION 3
ELIGIBILITY

(a) A physician must meet the eligibility requirements as defined in Section 2(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of Section 2(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

SECTION 4
DESIGNATION OF STATE OF PRINCIPAL LICENSE

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) The state of primary residence for the physician, or
(2) The state where at least 25% of the practice of medicine occurs, or
(3) The location of the physician's employer, or
(4) If no state qualifies under subsection (1), subsection (2), or subsection (3), the state designated as state of residence for purpose of federal income tax.

(b) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements in subsection (a).

(c) The Interstate Commission is authorized to develop rules to facilitate redesignation of another member state as the state of principal license.

SECTION 5
APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(1) Static qualifications, which include verification of medical education, graduate medical education, results of any...
medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. 5 C.F.R. s. 731.202.

(3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to subsection (a), including the payment of any applicable fees.

(d) After receiving verification of eligibility under subsection (b) and any fees under subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the...
issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

SECTION 6
FEES FOR EXPEDITED LICENSURE

(a) A member state issuing an expedited license authorizing the practice of medicine in that state, or the regulating authority of the member state, may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses. However, those
rules shall not limit the authority of a member state, or the regulating authority of the member state, to impose and determine the amount of a fee under subsection (a).

SECTION 7
RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education
requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact.

SECTION 8

COORDINATED INFORMATION SYSTEM

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under Section 5.

(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or
investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any non-public complaint, disciplinary, or investigatory information not required by subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

SECTION 9

JOINT INVESTIGATIONS

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member board.
boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

SECTION 10

DISCIPLINARY ACTIONS

(a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the
state of principal license subsequently reinstates the 
physician's license, a license issued to the physician by any 
other member board shall remain encumbered until that respective 
member board takes action to reinstate the license in a manner 
consistent with the Medical Practice Act of that state.

(c) If disciplinary action is taken against a physician by 
a member board not in the state of principal license, any other 
member board may deem the action conclusive as to matter of law 
and fact decided, and:

(1) Impose the same or lesser sanction(s) against the 
physician so long as such sanctions are consistent with the 
Medical Practice Act of that state; or

(2) Pursue separate disciplinary action against the 
physician under its respective Medical Practice Act, regardless 
of the action taken in other member states.

(d) If a license granted to a physician by a member board 
is revoked, surrendered or relinquished in lieu of discipline, 
or suspended, then any license(s) issued to the physician by any 
other member board(s) shall be suspended, automatically and 
immediately without further action necessary by the other member 
board(s), for ninety (90) days upon entry of the order by the 
disciplining board, to permit the member board(s) to investigate 
the basis for the action under the Medical Practice Act of that 
state. A member board may terminate the automatic suspension of 
the license it issued prior to the completion of the ninety (90)
day suspension period in a manner consistent with the Medical Practice Act of that state.

SECTION 11
INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

(a) The member states hereby create the "Interstate Medical Licensure Compact Commission."

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners. In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board. A Commissioner shall be a(n):
(1) Allopathic or osteopathic physician appointed to a member board;
(2) Executive director, executive secretary, or similar executive of a member board; or
(3) Member of the public appointed to a member board.
(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.
(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.
(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote. A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to another Commissioner. In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of subsection (d).
(h) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public.
The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

1. Relate solely to the internal personnel practices and procedures of the Interstate Commission;

2. Discuss matters specifically exempted from disclosure by federal statute;

3. Discuss trade secrets, commercial, or financial information that is privileged or confidential;

4. Involve accusing a person of a crime, or formally censuring a person;

5. Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

6. Discuss investigative records compiled for law enforcement purposes; or

7. Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for
inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws. The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session. When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission may establish other committees for governance and administration of the Compact.

SECTION 12
POWERS AND DUTIES OF THE INTERSTATE COMMISSION

The Interstate Commission shall have the duty and power to:

(a) Oversee and maintain the administration of the Compact;

(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;
(d) Enforce compliance with Compact provisions, the rules
promulgated by the Interstate Commission, and the bylaws, using
all necessary and proper means, including but not limited to the
use of judicial process;

(e) Establish and appoint committees including, but not
limited to, an executive committee as required by Section 11,
which shall have the power to act on behalf of the Interstate
Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses
related to the establishment, organization, and ongoing
activities of the Interstate Commission;

(g) Establish and maintain one or more offices;

(h) Borrow, accept, hire, or contract for services of
personnel;

(i) Purchase and maintain insurance and bonds;

(j) Employ an executive director who shall have such
powers to employ, select or appoint employees, agents, or
consultants, and to determine their qualifications, define their
duties, and fix their compensation;

(k) Establish personnel policies and programs relating to
conflicts of interest, rates of compensation, and qualifications
of personnel;

(l) Accept donations and grants of money, equipment,
supplies, materials and services, and to receive, utilize, and
dispose of it in a manner consistent with the conflict of
interest policies established by the Interstate Commission;

(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;

(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

(o) Establish a budget and make expenditures;

(p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;

(q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;

(r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;

(s) Maintain records in accordance with the bylaws;

(t) Seek and obtain trademarks, copyrights, and patents; and

(u) Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

SECTION 13
FINANCE POWERS
(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment, subject to appropriation, must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the Interstate Commission.

SECTION 14

ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of
Commissioners present and voting, adopt bylaws to govern its
conduct as may be necessary or appropriate to carry out the
purposes of the Compact within twelve (12) months of the first
Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint
annually from among its Commissioners a chairperson, a vice-
chairperson, and a treasurer, each of whom shall have such
authority and duties as may be specified in the bylaws. The
chairperson, or in the chairperson's absence or disability, the
vice-chairperson, shall preside at all meetings of the
Interstate Commission.

(c) Officers selected in subsection (b) shall serve
without remuneration from the Interstate Commission.

(d) The officers and employees of the Interstate
Commission shall be immune from suit and liability, either
personally or in their official capacity, for a claim for damage
to or loss of property or personal injury or other civil
liability caused or arising out of, or relating to, an actual or
alleged act, error, or omission that occurred, or that such
person had a reasonable basis for believing occurred, within the
scope of Interstate Commission employment, duties, or
responsibilities; provided that such person shall not be
protected from suit or liability for damage, loss, injury, or
liability caused by the intentional or willful and wanton
misconduct of such person.
(1) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any such action. Nothing in this subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(2) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on
the part of such person.

(3) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

SECTION 15

RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no
force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success. The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

SECTION 16
OVERSIGHT OF INTERSTATE COMPACT

(a) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to
effectuate the Compact's purposes and intent. The provisions of
the Compact and the rules promulgated hereunder shall have
standing as statutory law but shall not override existing state
authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact
and the rules in any judicial or administrative proceeding in a
member state pertaining to the subject matter of the Compact
which may affect the powers, responsibilities or actions of the
Interstate Commission.

(c) The Interstate Commission shall be entitled to receive
all service of process in any such proceeding, and shall have
standing to intervene in the proceeding for all purposes.
Failure to provide service of process to the Interstate
Commission shall render a judgment or order void as to the
Interstate Commission, the Compact, or promulgated rules.

SECTION 17
ENFORCEMENT OF INTERSTATE COMPACT

(a) The Interstate Commission, in the reasonable exercise
of its discretion, shall enforce the provisions and rules of the
Compact.

(b) The Interstate Commission may, by majority vote of the
Commissioners, initiate legal action in the United States
District Court for the District of Columbia, or, at the
discretion of the Interstate Commission, in the federal district
where the Interstate Commission has its principal offices, to
enforce compliance with the provisions of the Compact, and its
promulgated rules and bylaws, against a member state in default.
The relief sought may include both injunctive relief and
damages. In the event judicial enforcement is necessary, the
prevailing party shall be awarded all costs of such litigation
including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive
remedies of the Interstate Commission. The Interstate Commission
may avail itself of any other remedies available under state law
or the regulation of a profession.

SECTION 18
DEFAULT PROCEDURES

(a) The grounds for default include, but are not limited
to, failure of a member state to perform such obligations or
responsibilities imposed upon it by the Compact, or the rules
and bylaws of the Interstate Commission promulgated under the
Compact.

(b) If the Interstate Commission determines that a member
state has defaulted in the performance of its obligations or
responsibilities under the Compact, or the bylaws or promulgated
rules, the Interstate Commission shall:
(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.
(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

SECTION 19
DISPUTE RESOLUTION

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules
providing for both mediation and binding dispute resolution as appropriate.

SECTION 20
MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

(a) Any state is eligible to become a member state of the Compact.

(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of non-member states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a non-voting basis prior to adoption of the Compact by all states.

(d) The Interstate Commission may propose amendments to the Compact for enactment by the member states. No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

SECTION 21
WITHDRAWAL
(a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection (c).

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the Compact or
upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop
rules to address the impact of the withdrawal of a member state
on licenses granted in other member states to physicians who
designated the withdrawing member state as the state of
principal license.

SECTION 22
DISSOLUTION

(a) The Compact shall dissolve effective upon the date of
the withdrawal or default of the member state which reduces the
membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact
becomes null and void and shall be of no further force or
effect, and the business and affairs of the Interstate
Commission shall be concluded and surplus funds shall be
distributed in accordance with the bylaws.

SECTION 23
SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and
if any phrase, clause, sentence, or provision is deemed
unenforceable, the remaining provisions of the Compact shall be
enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24
BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

Section 3. Section 456.4502, Florida Statutes, is created
to read:

456.4502 Interstate Medical Licensure Compact;

disciplinary proceedings.—A physician licensed pursuant to chapter 458, chapter 459, or s. 456.4501 whose license is suspended or revoked by this state pursuant to the Interstate Medical Licensure Compact as a result of disciplinary action taken against the physician's license in another state shall be granted a formal hearing before an administrative law judge from the Division of Administrative Hearings held pursuant to chapter 120 if there are any disputed issues of material fact. In such proceedings:

(a) Notwithstanding s. 120.569(2), the department shall notify the division within 45 days after receipt of a petition or request for a formal hearing.

(b) The determination of whether the physician has violated the laws and rules regulating the practice of medicine or osteopathic medicine, as applicable, including a determination of the reasonable standard of care, is a conclusion of law that is to be determined by appropriate board, and is not a finding of fact to be determined by an administrative law judge.

(c) The administrative law judge shall issue a recommended order pursuant to chapter 120.

(d) The Board of Medicine or the Board of Osteopathic Medicine, as applicable, shall determine and issue the final
order in each disciplinary case. Such order shall constitute final agency action.

(e) Any consent order or agreed-upon settlement is subject to the approval of the department.

(f) The department shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.

Section 4. Section 456.4504, Florida Statutes, is created to read:

456.4504 Interstate Medical Licensure Compact Rules.—The department may adopt rules to implement the Interstate Medical Licensure Compact.

Section 5. Section 456.48, Florida Statutes, is created to read:

456.48 Standardized credentialing application.—

(1) As used in this section, the term "health insurer" means an authorized insurer offering health insurance as defined in s. 624.603, a managed care plan as defined in s. 409.962, or a health maintenance organization as defined in s. 641.19(12).

(2) The Financial Services Commission, in consultation with the Agency for Health Care Administration, shall adopt by rule a standardized credentialing form for verifying the credentials of an applicant licensed under chapter 458, chapter 459, chapter 461, or chapter 466. In prescribing a form under this section, the commission shall adopt the most current version of the credentialing application form provided by the
Council for Affordable Quality Healthcare, Inc.

(3) Notwithstanding any other law to the contrary, effective January 1, 2021, or 6 months after the effective date of the rule adopting the standardized credentialing form, whichever is later, a health insurer or a hospital licensed under chapter 395 shall use only the standardized credentialing form approved by the commission to verify the credentials of an applicant licensed under chapter 458, chapter 459, chapter 461, or chapter 466.

Section 6. Section 456.481, Florida Statutes, is created to read:

456.481 Expedited credentialing process.—
(1) As used in this section, the term:
(a) "Applicant" means a person licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who is applying for expedited credentialing under this section.
(b) "Enrollee" means an individual who is eligible to receive health care services under a managed care plan.
(c) "Managed care plan" means an insurer issuing a health insurance policy pursuant to s. 627.6471 or s. 627.6472, a managed care plan as defined in s. 409.962, or a health maintenance organization as defined in s. 641.19(12).
(d) "Medical group" means an entity through which health care services are provided to individuals by two or more persons licensed under chapter 458, chapter 459, chapter 461, or chapter
466 and that receives reimbursement for such services.

(e) "Participating provider" means a person licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who has contracted with a managed care plan to provide services to enrollees.

(2) This section applies only to an applicant who joins an established medical group that has a current contract in force with a managed care plan.

(3) To qualify for expedited credentialing under this section and for payment under subsection (4), an applicant must:

(a) Be licensed in this state by, and be in good standing with, the Board of Medicine, the Board of Osteopathic Medicine, the Board of Podiatric Medicine, or the Board of Dentistry, as applicable.

(b) Submit all documentation and any other information required by the managed care plan as necessary for the managed care plan to begin the credentialing process to include such applicant in its health benefit plan network.

(c) Agree to comply with the terms of the managed care plan's participating provider contract in force with the applicant's established medical group.

(4) For purposes of payment, after an applicant qualifies for expedited credentialing under subsection (3), the managed care plan shall consider the applicant a participating provider in its health benefit plan network when services are provided to enrollees.
the managed care plan's enrollees by the applicant, including:

(a) Authorizing the applicant to collect copayments from enrollees.

(b) Making payments to the applicant.

(c) Authorizing the applicant to provide services to enrollees.

(5) Pending the approval of an application submitted under this section, the managed care plan may exclude the applicant from the managed care plan's directory of participating providers or any other listing of participating providers.

(6) If, upon completion of the expedited credentialing process, the managed care plan determines that the applicant does not meet the managed care plan's credentialing requirements:

(a) The managed care plan may recover from the applicant or the applicant's medical group an amount equal to the difference between payments for in-network benefits and out-of-network benefits.

(b) The applicant or the applicant's medical group may retain any copayments collected or in the process of being collected as of the date of the managed care plan's determination.

(7) An enrollee in a managed care plan is not responsible, and must be held harmless, for the difference between the in-network payment to the applicant and the out-of-network charge...
of the applicant or the applicant's medical group for the
service provided to the enrollee. The applicant and the
applicant's medical group may not charge the enrollee for any
portion of the applicant's fee which is not paid or reimbursed
by the enrollee's managed care plan.

(8) A managed care plan that complies with this section is
not subject to any liability for damages arising out of or in
connection with, directly or indirectly, payment by the managed
care plan to an applicant as if the applicant were a
participating provider in the health benefit plan network.

Section 7. Section 458.3129, Florida Statutes, is created
to read:

458.3129 Interstate Medical Licensure Compact.—A physician
licensed to practice medicine under s. 456.4501 is deemed to
also be licensed under this chapter.

Section 8. Section 459.074, Florida Statutes, is created
to read:

459.074 Interstate Medical Licensure Compact.—A physician
licensed to practice osteopathic medicine under s. 456.4501 is
deemed to also be licensed under this chapter.

Section 9. Subsections (2) through (7) of section 491.003,
Florida Statutes, are renumbered as subsections (3) through (8),
respectively, present subsections (8) through (17) are
renumbered as subsections (10) through (19), respectively, and
new subsections (2) and (9) are added to that section to read:
491.003 Definitions.—As used in this chapter:

(2) "Certified master social worker" means a person licensed under this chapter to practice generalist social work.

(9) "Practice of generalist social work" means the application of social work theory, knowledge, methods, and ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. The term includes the application of specialized knowledge and advanced practice skills in nondiagnostic assessment, treatment planning, implementation and evaluation, case management, information and referral, supervision, consultation, education, research, advocacy, community organization, and the development, implementation, and administration of policies, programs, and activities.

Section 10. Subsections (4) through (7) of section 491.004, Florida Statutes, are renumbered as subsections (3) through (6), respectively, and present subsections (3) and (4) of that section are amended to read:

491.004 Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.—

(3) No later than January 1, 1988, the Governor shall appoint nine members of the board as follows:

(a) Three members for terms of 2 years each.

(b) Three members for terms of 3 years each.
(e) Three members for terms of 4 years each.

(3)(4) As the terms of the initial
Governor shall appoint successors for terms of 4 years; and
those members shall serve until their successors are appointed.
Section 11. Subsections (2) and (6) of section 491.0045,
Florida Statutes, are amended to read:

491.0045 Intern registration; requirements.—

(2) The department shall register as a clinical social
worker intern, marriage and family therapist intern, or mental
health counselor intern each applicant who the board certifies
has:

(a) Completed the application form and remitted a
nonrefundable application fee not to exceed $200, as set by
board rule;

(b)1. Completed the education requirements as specified in
s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
he or she is applying for licensure, if needed; and
2. Submitted an acceptable supervision plan, as determined
by the board, for meeting the practicum, internship, or field
work required for licensure that was not satisfied in his or her
graduate program.

(c) Identified a qualified supervisor.

(d) Completed an 8-hour Florida laws and rules course
approved by the board.

(6) A registration issued on or before March 31, 2017,
Section 12.  Subsection (1), paragraph (b) of subsection (2), and subsections (3) and (4) of section 491.005, Florida Statutes, are amended to read:

491.005  Licensure by examination.—

(1)  CLINICAL SOCIAL WORK.—Upon verification of documentation and payment of a fee not to exceed $200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the American Association of State Social Worker’s Boards or its successor a similar national organization, the department shall issue a license as a clinical social worker to an applicant who the board certifies:

(a)  Has submitted an application and paid the appropriate fee.

(b)  Has received a doctoral degree in social work from a graduate school of social work which at the time the applicant graduated was accredited by an accrediting agency recognized by the United States Department of Education or has received a
master's degree in social work from a graduate school of social work which at the time the applicant graduated:

a. Was accredited by the Council on Social Work Education;

b. Was accredited by the Canadian Association of Schools of Social Work; or

c. Has been determined to have been a program equivalent to programs approved by the Council on Social Work Education by the Foreign Equivalency Determination Service of the Council on Social Work Education. An applicant who graduated from a program at a university or college outside of the United States or Canada must present documentation of the equivalency determination from the council in order to qualify.

2. The applicant's graduate program must have emphasized direct clinical patient or client health care services, including, but not limited to, coursework in clinical social work, psychiatric social work, medical social work, social casework, psychotherapy, or group therapy. The applicant's graduate program must have included all of the following coursework:

a. A supervised field placement which was part of the applicant's advanced concentration in direct practice, during which the applicant provided clinical services directly to clients.

b. Completion of 24 semester hours or 32 quarter hours in courses approved by board rule theory of human behavior and
practice methods as courses in clinically oriented services, including a minimum of one course in psychopathology, and no more than one course in research, taken in a school of social work accredited or approved pursuant to subparagraph 1.

3. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

(c) Has had at least 2 years of clinical social work experience, which took place subsequent to completion of a graduate degree in social work at an institution meeting the accreditation requirements of this section, under the supervision of a licensed clinical social worker or the equivalent who is a qualified supervisor as determined by the board. An individual who intends to practice in Florida to satisfy clinical experience requirements must register pursuant to s. 491.0045 before commencing practice. If the applicant's graduate program was not a program which emphasized direct clinical patient or client health care services as described in subparagraph (b)2., the supervised experience requirement must take place after the applicant has completed a minimum of 15 semester hours or 22 quarter hours of the coursework required. A doctoral internship may be applied toward the clinical social work experience requirement. A licensed mental health
professional must be on the premises when clinical services are
provided by a registered intern in a private practice setting.

(d) Has passed a theory and practice examination
designated provided by the board department for this purpose.

(e) Has demonstrated, in a manner designated by board rule
of the board, knowledge of the laws and rules governing the
practice of clinical social work, marriage and family therapy,
and mental health counseling.

(2) CLINICAL SOCIAL WORK.—

(b) An applicant from a master's or doctoral program in
social work which did not emphasize direct patient or client
services may complete the clinical curriculum content
requirement by returning to a graduate program accredited by the
Council on Social Work Education or the Canadian Association for
Social Work Education of Schools of Social Work, or to a
clinical social work graduate program with comparable standards,
in order to complete the education requirements for examination.
However, a maximum of 6 semester or 9 quarter hours of the
clinical curriculum content requirement may be completed by
credit awarded for independent study coursework as defined by
board rule.

(3) MARRIAGE AND FAMILY THERAPY.—Upon verification of
documentation and payment of a fee not to exceed $200, as set by
board rule, plus the actual cost to the department for the
purchase of the examination from the Association of Marital and

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CODING: Words stricken are deletions; words underlined are additions.
Family Therapy Regulatory Board, or its successor similar national organization, the department shall issue a license as a marriage and family therapist to an applicant who the board certifies:

(a) Has submitted an application and paid the appropriate fee.

(b) Has a minimum of a master's degree with major emphasis in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education or from a state university program accredited by the Council for Accreditation of Counseling and Related Educational Programs, or a closely related field, and graduate courses approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling has completed all of the following requirements:

a. Thirty-six semester hours or 48 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of graduate-level course credits in each of the following nine areas: dynamics of marriage and family systems; marriage therapy and counseling theory and techniques; family therapy and counseling theory and techniques; individual human development theories throughout the life cycle; personality theory or general counseling theory and techniques; psychopathology; human sexuality theory and counseling techniques; psychosocial theory; and substance abuse theory and
counseling techniques. Courses in research, evaluation, appraisal, assessment, or testing theories and procedures; thesis or dissertation work; or practicums, internships, or fieldwork may not be applied toward this requirement.

b. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in legal, ethical, and professional standards issues in the practice of marriage and family therapy or a course determined by the board to be equivalent.

e. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in diagnosis, appraisal, assessment, and testing for individual or interpersonal disorder or dysfunction; and a minimum of one 3-semester-hour or 4-quarter-hour graduate-level course in behavioral research which focuses on the interpretation and application of research data as it applies to clinical practice. Credit for thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.

d. A minimum of one supervised clinical practicum, internship, or field experience in a marriage and family counseling setting, during which the student provided 180 direct client contact hours of marriage and family therapy services under the supervision of an individual who met the requirements for supervision under paragraph (e). This requirement may be met by a supervised practice experience which took place outside the academic arena, but which is certified as equivalent to a
graduate-level practicum or internship program which required a minimum of 180 direct client contact hours of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education, or an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada or a training institution accredited by the Commission on Accreditation for Marriage and Family Therapy Education.

Certification shall be required from an official of such college, university, or training institution.

2. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

The required master's degree must have been received in an institution of higher education which at the time the applicant graduated was: fully accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an
institution of higher education located outside the United States and Canada, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by a regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation. Such foreign education and training must have been received in an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as professional marriage and family therapists or psychotherapists. The burden of establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency determination service, as evidence that the applicant's graduate degree program and education were equivalent to an accredited program in this country. An applicant with a master's degree from a program which did not emphasize marriage and family therapy may complete the coursework requirement in a training institution fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education.

(c) Has had at least 2 years of clinical experience during
which 50 percent of the applicant's clients were receiving marriage and family therapy services, which must be at the post-master's level under the supervision of a licensed marriage and family therapist with at least 5 years of experience, or the equivalent, who is a qualified supervisor as determined by the board. An individual who intends to practice in Florida to satisfy the clinical experience requirements must register pursuant to s. 491.0045 before commencing practice. If a graduate has a master's degree with a major emphasis in marriage and family therapy or a closely related field that did not include all the coursework required under paragraph (b) subparagraphs (b)1.a.–c., credit for the post-master's level clinical experience shall not commence until the applicant has completed a minimum of 10 of the courses required under paragraph (b) subparagraphs (b)1.a.–c., as determined by the board, and at least 6 semester hours or 9 quarter hours of the course credits must have been completed in the area of marriage and family systems, theories, or techniques. Within the 23 years of required experience, the applicant shall provide direct individual, group, or family therapy and counseling, to include the following categories of cases: unmarried dyads, married couples, separating and divorcing couples, and family groups including children. A doctoral internship may be applied toward the clinical experience requirement. A licensed mental health professional must be on the premises when clinical services are
provided by a registered intern in a private practice setting.

(d) Has passed a theory and practice examination designated provided by the board department for this purpose.

(e) Has demonstrated, in a manner designated by board rule of the board, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.

(f) For the purposes of dual licensure, the department shall license as a marriage and family therapist any person who meets the requirements of s. 491.0057. Fees for dual licensure shall not exceed those stated in this subsection.

(4) MENTAL HEALTH COUNSELING.—Upon verification of documentation and payment of a fee not to exceed $200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the National Board for Certified Counselors or its successor Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors or a similar national organization, the department shall issue a license as a mental health counselor to an applicant who the board certifies:

(a) Has submitted an application and paid the appropriate fee.

(b)1. Has a minimum of an earned master's degree from a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs
that consists of at least 60 semester hours or 80 quarter hours of clinical and didactic instruction, including a course in human sexuality and a course in substance abuse. If the master's degree is earned from a program related to the practice of mental health counseling that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs, then the coursework and practicum, internship, or fieldwork must consist of at least 60 semester hours or 80 quarter hours and meet the following requirements:

a. Thirty-three semester hours or 44 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of graduate-level coursework in each of the following 11 content areas: counseling theories and practice; human growth and development; diagnosis and treatment of psychopathology; human sexuality; group theories and practice; individual evaluation and assessment; career and lifestyle assessment; research and program evaluation; social and cultural foundations; substance abuse; and legal, ethical, and professional standards issues in the practice of mental health counseling in community settings; and substance abuse. Courses in research, thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.

b. A minimum of 3 semester hours or 4 quarter hours of graduate-level coursework addressing diagnostic processes,
including differential diagnosis and the use of the current
diagnostic tools, such as the current edition of the American
Psychiatric Association's Diagnostic and Statistical Manual of
Mental Disorders. The graduate program must have emphasized the
current
common core curricular experience in legal, ethical, and
professional standards issues in the practice of mental health
counseling, which includes goals, objectives, and practices of
professional counseling organizations, codes of ethics, legal
considerations, standards of preparation, certifications and
licensing, and the role identity and professional obligations of
mental health counselors. Courses in research, thesis or
dissertation work, practicums, internships, or fieldwork may not
be applied toward this requirement.

c. The equivalent, as determined by the board, of at least
700 1,000 hours of university-sponsored supervised clinical
practicum, internship, or field experience that includes at
least 280 hours of direct client services, as required in the
accrediting standards of the Council for Accreditation of
Counseling and Related Educational Programs for mental health
counseling programs. This experience may not be used to satisfy
the post-master's clinical experience requirement.

2. If the course title which appears on the applicant's
transcript does not clearly identify the content of the
coursework, the applicant shall be required to provide
additional documentation, including, but not limited to,
sylabus or catalog description published for the course.

Education and training in mental health counseling must have been received in an institution of higher education which at the time the applicant graduated was: fully accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation or its successor Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of higher education located outside the United States and Canada, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation or its successor Commission on Recognition of Postsecondary Accreditation. Such foreign education and training must have been received in an institution or program of higher education officially recognized by the government of the country in which it is located as an institution or program to train students to practice as mental health counselors. The burden of establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency
determination service, as evidence that the applicant's graduate
degree program and education were equivalent to an accredited
program in this country. Beginning July 1, 2026, an applicant
must have a master's degree in a program that is accredited by
the Council for Accreditation of Counseling and Related
Educational Programs which consists of at least 60 semester
hours or 80 quarter hours to apply for licensure under this
paragraph.

(c) Has had at least 2 years of clinical experience in
mental health counseling, which must be at the post-master's
level under the supervision of a licensed mental health
counselor or the equivalent who is a qualified supervisor as
determined by the board. An individual who intends to practice
in Florida to satisfy the clinical experience requirements must
register pursuant to s. 491.0045 before commencing practice. If
a graduate has a master's degree with a major related to the
practice of mental health counseling that did not include all
the coursework required under sub-subparagraphs (b)1.a.-b.,
credit for the post-master's level clinical experience shall not
commence until the applicant has completed a minimum of seven of
the courses required under sub-subparagraphs (b)1.a.-b., as
determined by the board, one of which must be a course in
psychopathology or abnormal psychology. A doctoral internship
may be applied toward the clinical experience requirement. A
licensed mental health professional must be on the premises when
clinical services are provided by a registered intern in a private practice setting.

(d) Has passed a theory and practice examination designated provided by the board department for this purpose.

(e) Has demonstrated, in a manner designated by board rule of the board, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.

Section 13. Subsection (3) of section 491.0057, Florida Statutes, is amended to read:

491.0057 Dual licensure as a marriage and family therapist.—The department shall license as a marriage and family therapist any person who demonstrates to the board that he or she:

(3) Has passed the examination designated provided by the board department for marriage and family therapy.

Section 14. Paragraph (b) of subsection (1) of section 491.006, Florida Statutes, is amended to read:

491.006 Licensure or certification by endorsement.—

(1) The department shall license or grant a certificate to a person in a profession regulated by this chapter who, upon applying to the department and remitting the appropriate fee, demonstrates to the board that he or she:

(b)1. Holds an active valid license to practice and has actively practiced the profession for which licensure is applied
in another state for 3 of the last 5 years immediately preceding licensure.

2. Meets the education requirements of this chapter for the profession for which licensure is applied.

2.3. Has passed a substantially equivalent licensing examination in another state or has passed the licensure examination in this state in the profession for which the applicant seeks licensure.

3.4. Holds a license in good standing, is not under investigation for an act that would constitute a violation of this chapter, and has not been found to have committed any act that would constitute a violation of this chapter. The fees paid by any applicant for certification as a master social worker under this section are nonrefundable.

Section 15. Section 491.0065, Florida Statutes, is repealed.

Section 16. Subsections (2) and (3) of section 491.007, Florida Statutes, are amended to read:

491.007 Renewal of license, registration, or certificate.—

(2) Each applicant for renewal shall present satisfactory evidence that, in the period since the license or certificate was issued, the applicant has completed continuing education requirements set by rule of the board or department. Not more than 25 classroom hours of continuing education per year shall be required. A certified master social worker is exempt from the
continuing education requirements for the first renewal of the certificate.

(3) The board or department shall prescribe by rule a method for the biennial renewal of an intern registration at a fee set by rule, not to exceed $100.

Section 17. Subsection (2) of section 491.009, Florida Statutes, is amended to read:

491.009 Discipline.—

(2) The department, or, in the case of psychologists, the board, may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

Section 18. Paragraph (a) of subsection (1) of section 491.012, Florida Statutes, is amended to read:

491.012 Violations; penalty; injunction.—

(1) It is unlawful and a violation of this chapter for any person to:

(a) Use the following titles or any combination thereof, unless she or he holds a valid, active license as a clinical social worker issued pursuant to this chapter:

1. "Licensed clinical social worker."

2. "Clinical social worker."

3. "Licensed social worker."
4. "Psychiatric social worker."

5. "Psychosocial worker."

6. "Certified master social worker."

Section 19. Section 491.0145, Florida Statutes, is amended to read:

491.0145  Certified master social worker.—

(1) The department shall license and may certify an applicant for a designation as a certified master social worker who, upon applying to the department and remitting the appropriate fee, demonstrates to the board that he or she has met the following conditions:

   (a) (1) The applicant has submitted a completed application and has paid a nonrefundable fee not to exceed $250 to be established by rule of the board. The completed application must be received by the department at least 60 days before the date of the examination in order for the applicant to qualify to take the scheduled exam.

   (b) (2) The applicant submits proof satisfactory to the board that the applicant has received a doctoral degree in social work, or a master's degree in social work with a major emphasis or specialty in clinical practice or administration, including, but not limited to, agency administration and supervision, program planning and evaluation, staff development, research, community organization, community
services, social planning, and human service advocacy. Doctoral
degrees must have been received from a graduate school of social
work which at the time the applicant was enrolled and graduated
was accredited by an accrediting agency approved by the United
States Department of Education. Master's degrees must have been
received from a graduate school of social work which at the time
the applicant was enrolled and graduated was accredited by the
Council on Social Work Education or the Canadian Association of
Schools for Social Work Education or by one that meets comparable standards.

(c)(3) The applicant has had at least 3 years' experience, as defined by rule of the board, including, but not limited to, clinical services or administrative activities as
defined in subsection (2), 2 years of which must be at the post-
master's level under the supervision of a person who meets the
education and experience requirements for certification as a
certified master social worker, as defined by rule of the board, or licensure as a clinical social worker under this chapter. A
doctoral internship may be applied toward the supervision
requirement.

(d)(4) Any person who holds a master's degree in social
work from institutions outside the United States may apply to
the board department for certification if the academic training
in social work has been evaluated as equivalent to a degree from
a school accredited by the Council on Social Work Education. Any
such person shall submit a copy of the academic training from the Foreign Equivalency Determination Service of the Council on Social Work Education.

(e) The applicant has passed an examination required by the board department for this purpose. The nonrefundable fee for such examination may not exceed $250 as set by department rule.

(2) Nothing in this chapter shall be construed to authorize a certified master social worker to provide clinical social work services.

(3) The board may adopt rules to implement this section.

Section 20. Section 491.0149, Florida Statutes, is amended to read:

491.0149 Display of license; use of professional title on promotional materials.—

(1)(a) A person licensed under this chapter as a clinical social worker, marriage and family therapist, or mental health counselor, or certified as a master social worker shall conspicuously display the valid license issued by the department or a true copy thereof at each location at which the licensee practices his or her profession.

(b)1. A licensed clinical social worker shall include the words "licensed clinical social worker" or the letters "LCSW" on all promotional materials, including cards, brochures, stationery, advertisements, social media, and signs, naming the licensee.
2. A licensed marriage and family therapist shall include the words "licensed marriage and family therapist" or the letters "LMFT" on all promotional materials, including cards, brochures, stationery, advertisements, social media, and signs, naming the licensee.

3. A licensed mental health counselor shall include the words "licensed mental health counselor" or the letters "LMHC" on all promotional materials, including cards, brochures, stationery, advertisements, social media, and signs, naming the licensee.

(c) A generalist social worker shall include the words "certified master social worker" or the letters "CMSW" on all promotional materials, including cards, brochures, stationery, advertisements, social media, and signs, naming the licensee.

(2)(a) A person registered under this chapter as a clinical social worker intern, marriage and family therapist intern, or mental health counselor intern shall conspicuously display the valid registration issued by the department or a true copy thereof at each location at which the registered intern is completing the experience requirements.

(b) A registered clinical social worker intern shall include the words "registered clinical social worker intern," a registered marriage and family therapist intern shall include the words "registered marriage and family therapist intern," and a registered mental health counselor intern shall include the
words "registered mental health counselor intern" on all promotional materials, including cards, brochures, stationery, advertisements, social media, and signs, naming the registered intern.

(3)(a) A person provisionally licensed under this chapter as a provisional clinical social worker licensee, provisional marriage and family therapist licensee, or provisional mental health counselor licensee shall conspicuously display the valid provisional license issued by the department or a true copy thereof at each location at which the provisional licensee is providing services.

(b) A provisional clinical social worker licensee shall include the words "provisional clinical social worker licensee," a provisional marriage and family therapist licensee shall include the words "provisional marriage and family therapist licensee," and a provisional mental health counselor licensee shall include the words "provisional mental health counselor licensee" on all promotional materials, including cards, brochures, stationery, advertisements, social media, and signs, naming the provisional licensee.

Section 21. Section 491.015, Florida Statutes, is repealed.

Section 22. Section 627.444, Florida Statutes, is created to read:

627.444 Credentialing.—
(1) As used in this section, the term "health insurer" means an authorized insurer offering health insurance as defined in s. 624.603, a managed care plan as defined in s. 409.962, or a health maintenance organization as defined in s. 641.19(12).

(2) A health insurer or its designee must provide electronic or written verification of receipt to an applicant within 10 calendar days after the health insurer or its designee receives the applicant's application.

(3)(a) Upon receipt of an application, a health insurer or its designee must promptly review the application to determine whether it is complete. The health insurer or its designee must conclude the credentialing process within 30 calendar days after the date on which the health insurer or its designee determines an application is complete.

(b) If the health insurer or its designee determines that the application is incomplete, the health insurer or its designee must so notify the applicant in writing within 10 calendar days after the date on which the health insurer or its designee received the application. The written notice must include a detailed list of all items required to complete the application. If the health insurer or its designee does not send the notice within such period, the application is deemed complete.

(c) If the health insurer or its designee notifies the applicant of an incomplete application in accordance with
paragraph (b), the period under paragraph (a) is tolled and the application is suspended from the date on which the notice was sent to the applicant until the date on which the health insurer or its designee receives the required information from the applicant.

(d) The health insurer or its designee may request only that information necessary for the health insurer or its designee to fairly and responsibly review the application.

(4) An applicant may bring an action in a court of appropriate jurisdiction against a health insurer or its designee for a violation of this section.

Section 23. Paragraph (h) is added to subsection (10) of section 768.28, Florida Statutes, to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(10) (h) For the purposes of this section, the representative appointed from the Board of Medicine and the representative appointed from the Board of Osteopathic Medicine, when serving as commissioners of the Interstate Medical Licensure Compact Commission pursuant to s. 456.4501, and any administrator, officer, executive director, employee, or representative of the Interstate Medical Licensure Compact Commission, when acting...
within the scope of their employment, duties, or responsibilities in this state, are considered agents of the state. The commission shall pay any claims or judgments pursuant to this section and may maintain insurance coverage to pay any such claims or judgments.

Section 24. Paragraph (c) of subsection (4) of section 414.065, Florida Statutes, is amended to read:

414.065 Noncompliance with work requirements.—
(4) EXCEPTIONS TO NONCOMPLIANCE PENALTIES.—Unless otherwise provided, the situations listed in this subsection shall constitute exceptions to the penalties for noncompliance with participation requirements, except that these situations do not constitute exceptions to the applicable time limit for receipt of temporary cash assistance:

(c) Noncompliance related to treatment or remediation of past effects of domestic violence.—An individual who is determined to be unable to comply with the work requirements under this section due to mental or physical impairment related to past incidents of domestic violence may be exempt from work requirements, except that such individual shall comply with a plan that specifies alternative requirements that prepare the individual for self-sufficiency while providing for the safety of the individual and the individual's dependents. A participant who is determined to be out of compliance with the alternative requirement plan shall be subject to the penalties under
subsection (1). The plan must include counseling or a course of
treatment necessary for the individual to resume participation.
The need for treatment and the expected duration of such
treatment must be verified by a physician licensed under chapter
458 or chapter 459; a psychologist licensed under s. 490.005(1),
s. 490.006, or the provision identified as s. 490.013(2) in s.
1, chapter 81-235, Laws of Florida; a therapist as defined in s.
491.003(3) or (7) s. 491.003(2) or (6); or a treatment
professional who is registered under s. 39.905(1)(g), is
authorized to maintain confidentiality under s. 90.5036(1)(d),
and has a minimum of 2 years' experience at a certified
domestic violence center. An exception granted under this
paragraph does not automatically constitute an exception from
the time limitations on benefits specified under s. 414.105.

Section 25. This act shall take effect July 1, 2020.