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A bill to be entitled An act relating to the Department of Health; amending s. 39.303, F.S.; specifying direct reporting requirements for certain positions within the Children's Medical Services Program; amending s. 381.0042, F.S.; revising the purpose of patient care networks from serving patients with acquired immune deficiency syndrome to serving those with human immunodeficiency virus; conforming provisions to changes made by the act; deleting obsolete language; amending s. 381.4018, F.S.; requiring the Department of Health to develop strategies to maximize federalstate partnerships that provide incentives for physicians to practice in medically underserved or rural areas; authorizing the department to adopt certain rules; amending s. 381.915, F.S.; revising provisions relating to time limitations on a cancer center's participation in the Tier 3 designation under the Florida Consortium of National Cancer Institute Centers Program; s. 381.986; providing a definition; revising a provision requiring certain information to be entered into the medical marijuana use registry; revising a provision relating to the informed consent form to include the negative health effects of marijuana use on certain persons; providing daily dose

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amount limits for edibles and marijuana in a form for smoking; prohibiting physicians from certifying a certain potency of tetrahydrocannabinol in marijuana for certain patients; providing an exception; authorizing the Department of Health to possess and test marijuana samples from medical marijuana treatment centers; authorizing medical marijuana treatment centers to contract with certain medical marijuana testing laboratories; prohibiting the department from renewing a medical marijuana treatment center's license under certain circumstances; providing limits on the potency of tetrahydrocannabinol in marijuana and edibles dispensed by a medical marijuana treatment center; prohibiting a medical marijuana treatment center from dispensing a medical marijuana product containing tetrahydrocannabiphorol; providing applicability; authorizing the department and certain employees to acquire, possess, test, transport, and dispose of marijuana; amending s. 381.988, F.S.; prohibiting a certified medical marijuana testing laboratory from having an economic interest in or financial relationship with a medical marijuana treatment center; providing construction; amending s. 401.35, F.S.; revising provisions relating to the

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applicability of rules to certain licensees; deleting a requirement that the department base rules governing medical supplies and equipment required in ambulances and emergency medical services vehicles on a certain association's standards; deleting a requirement that the department base rules governing ambulance or vehicle design and construction on a certain agency's standards and instead requiring the department to base such rules on national standards recognized by the department; amending s. 404.031, F.S.; defining the term "useful beam"; amending s. 404.22, F.S.; providing requirements for the maintenance, operation, and modification of certain radiation machines; providing conditions for the authorized exposure of human beings to the radiation emitted from a radiation machine; amending s. 456.013, F.S.; revising health care practitioner licensure application requirements; authorizing the board or department to issue a temporary license to certain applicants which expires after 60 days; amending s. 456.0635, F.S.; providing an exception to a prohibition on the examination or licensure of certain applicants who are listed on a specified federal list; amending s. 456.072, F.S.; conforming provisions to changes made by the act; repealing s. 456.0721, F.S., relating to health care

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practitioners in default on student loan or scholarship obligations; amending s. 456.074, F.S.; conforming provisions to changes made by the act; amending s. 458.3145, F.S.; revising the list of individuals who may be issued a medical faculty certificate without examination; amending s. 458.3312, F.S.; removing a prohibition against physicians representing themselves as board-certified specialists in dermatology unless the recognizing agency is reviewed and reauthorized on a specified basis by the Board of Medicine; amending s. 459.0055, F.S.; revising licensure requirements for a person seeking licensure or certification as an osteopathic physician; repealing s. 460.4166, F.S., relating to registered chiropractic assistants; amending s. 464.019, F.S.; authorizing the Board of Nursing to adopt specified rules; extending through 2025 the Florida Center for Nursing's responsibility to study and issue an annual report on the implementation of nursing education programs; authorizing certain nursing education programs to apply for an extension for accreditation within a specified timeframe; providing limitations on and eligibility criteria for the extension; amending s. 464.202, F.S.; requiring the Board of Nursing to adopt rules that include

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disciplinary procedures and standards of practice for certified nursing assistants; amending s. 464.203, F.S.; revising certification requirements for nursing assistants; amending s. 464.204, F.S.; revising grounds for board-imposed disciplinary sanctions; amending s. 466.006, F.S.; revising certain examination requirements for applicants seeking dental licensure; reviving, reenacting, and amending s. 466.0067, F.S., relating to the application for a health access dental license; reviving, reenacting, and amending s. 466.00671, F.S., relating to the renewal of such a license; reviving and reenacting s. 466.00672, F.S., relating to the revocation of such a license; providing for retroactive application; amending s. 466.007, F.S.; revising requirements for examinations of dental hygienists; amending s. 466.017, F.S.; requiring dentists and certified registered dental hygienists to report in writing certain adverse incidents to the department within a specified timeframe; providing for disciplinary action by the Board of Dentistry for violations; defining the term "adverse incident"; authorizing the board to adopt rules; amending s. 466.031, F.S.; making technical changes; authorizing an employee or an independent contractor of a dental laboratory, acting

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as an agent of that dental laboratory, to engage in onsite consultation with a licensed dentist during a dental procedure; amending s. 466.036, F.S.; revising the frequency of dental laboratory inspections during a specified period; amending s. 468.701, F.S.; revising the definition of the term "athletic trainer"; deleting a requirement that is relocated to another section; amending s. 468.707, F.S.; revising athletic trainer licensure requirements; amending s. 468.711, F.S.; requiring certain licensees to maintain certification in good standing without lapse as a condition of renewal of their athletic trainer licenses; amending s. 468.713, F.S.; requiring that an athletic trainer work within a specified scope of practice; relocating an existing requirement that was stricken from another section; amending s. 468.723, F.S.; requiring the direct supervision of an athletic training student to be in accordance with rules adopted by the Board of Athletic Training; amending s. 468.803, F.S.; revising orthotic, prosthetic, and pedorthic licensure, registration, and examination requirements; amending s. 480.033, F.S.; revising the definition of the term "apprentice"; amending s. 480.041, F.S.; revising qualifications for licensure as a massage therapist; specifying that massage

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apprentices licensed before a specified date may continue to perform massage therapy as authorized under their licenses; authorizing massage apprentices to apply for full licensure upon completion of their apprenticeships, under certain conditions; repealing s. 480.042, F.S., relating to examinations for licensure as a massage therapist; amending s. 490.003, F.S.; revising the definition of the terms "doctorallevel psychological education" and "doctoral degree in psychology"; amending s. 490.005, F.S.; revising requirements for licensure by examination of psychologists and school psychologists; amending s. 490.006, F.S.; revising requirements for licensure by endorsement of psychologists and school psychologists; amending s. 491.0045, F.S.; exempting clinical social worker interns, marriage and family therapist interns, and mental health counselor interns from registration requirements, under certain circumstances; amending s. 491.005, F.S.; revising requirements for the licensure by examination of marriage and family therapists; revising requirements for the licensure by examination of mental health counselors; amending s. 491.006, F.S.; revising requirements for licensure by endorsement or certification for specified professions; amending s. 491.007, F.S.; removing a

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176	biennial intern registration fee; amending s. 491.009,
177	F.S.; authorizing the Board of Clinical Social Work,
178	Marriage and Family Therapy, and Mental Health
179	Counseling or, under certain circumstances, the
180	department to enter an order denying licensure or
181	imposing penalties against an applicant for licensure
182	under certain circumstances; amending s. 514.0115,
183	F.S.; providing that certain surf pools are exempt
184	from supervision for certain provisions under certain
185	circumstances; providing construction; defining the
186	term "surf pool"; amending s. 408.809, F.S.; providing
187	that battery on a specified victim is a disqualifying
188	offense for employment in certain health care
189	facilities; amending s. 456.0135, F.S.; providing that
190	battery on a specified victim is a disqualifying
191	offense for licensure as a health care practitioner;
192	amending s. 553.77, F.S.; conforming a cross-
193	reference; amending ss. 491.0046 and 945.42, F.S.;
194	conforming cross-references; providing effective
195	dates.
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197	Be It Enacted by the Legislature of the State of Florida:
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199	Section 1. Paragraphs (a) and (b) of subsection (2) of
200	section 39.303, Florida Statutes, are amended to read:

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- 39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—
- (2) (a) The Statewide Medical Director for Child Protection must be a physician licensed under chapter 458 or chapter 459 who is a board-certified pediatrician with a subspecialty certification in child abuse from the American Board of Pediatrics. The Statewide Medical Director for Child Protection shall report directly to the Deputy Secretary for Children's Medical Services.
- Each Child Protection Team medical director must be a (b) physician licensed under chapter 458 or chapter 459 who is a board-certified physician in pediatrics or family medicine and, within 2 years after the date of employment as a Child Protection Team medical director, obtains a subspecialty certification in child abuse from the American Board of Pediatrics or within 2 years meet the minimum requirements established by a third-party credentialing entity recognizing a demonstrated specialized competence in child abuse pediatrics pursuant to paragraph (d). Each Child Protection Team medical director employed on July 1, 2015, must, by July 1, 2019, either obtain a subspecialty certification in child abuse from the American Board of Pediatrics or meet the minimum requirements established by a third-party credentialing entity recognizing a demonstrated specialized competence in child abuse pediatrics pursuant to paragraph (d). Child Protection Team medical

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directors shall be responsible for oversight of the teams in the circuits. Each Child Protection Team medical director shall report directly to the Statewide Medical Director for Child Protection.

Section 2. Section 381.0042, Florida Statutes, is amended to read:

381.0042 Patient care for persons with HIV infection.-The department may establish human immunodeficiency virus acquired immune deficiency syndrome patient care networks in each region of the state where the number numbers of cases of acquired immune deficiency syndrome and other human immunodeficiency virus transmission infections justifies the establishment of cost-effective regional patient care networks. Such networks shall be delineated by rule of the department which shall take into account natural trade areas and centers of medical excellence that specialize in the treatment of human immunodeficiency virus acquired immune deficiency syndrome, as well as available federal, state, and other funds. Each patient care network shall include representation of persons with human immunodeficiency virus infection; health care providers; business interests; the department, including, but not limited to, county health departments; and local units of government. Each network shall plan for the care and treatment of persons with human immunodeficiency virus acquired immune deficiency syndrome and acquired immune deficiency syndrome related complex

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in a cost-effective, dignified manner that which emphasizes outpatient and home care. Once per each year, beginning April 1989, each network shall make its recommendations concerning the needs for patient care to the department.

Section 3. Subsection (3) of section 381.4018, Florida Statutes, is amended to read:

381.4018 Physician workforce assessment and development.-

- (3) GENERAL FUNCTIONS.—The department shall maximize the use of existing programs under the jurisdiction of the department and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of such strategic plan. In developing the state strategic plan, the department shall:
- (a) Monitor, evaluate, and report on the supply and distribution of physicians licensed under chapter 458 or chapter 459. The department shall maintain a database to serve as a statewide source of data concerning the physician workforce.
- (b) Develop a model and quantify, on an ongoing basis, the adequacy of the state's current and future physician workforce as reliable data becomes available. Such model must take into account demographics, physician practice status, place of education and training, generational changes, population growth, economic indicators, and issues concerning the "pipeline" into medical education.

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- (c) Develop and recommend strategies to determine whether the number of qualified medical school applicants who might become competent, practicing physicians in this state will be sufficient to meet the capacity of the state's medical schools. If appropriate, the department shall, working with representatives of appropriate governmental and nongovernmental entities, develop strategies and recommendations and identify best practice programs that introduce health care as a profession and strengthen skills needed for medical school admission for elementary, middle, and high school students, and improve premedical education at the precollege and college level in order to increase this state's potential pool of medical students.
- (d) Develop strategies to ensure that the number of graduates from the state's public and private allopathic and osteopathic medical schools is adequate to meet physician workforce needs, based on the analysis of the physician workforce data, so as to provide a high-quality medical education to students in a manner that recognizes the uniqueness of each new and existing medical school in this state.
- (e) Pursue strategies and policies to create, expand, and maintain graduate medical education positions in the state based on the analysis of the physician workforce data. Such strategies and policies must take into account the effect of federal funding limitations on the expansion and creation of positions

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in graduate medical education. The department shall develop options to address such federal funding limitations. The department shall consider options to provide direct state funding for graduate medical education positions in a manner that addresses requirements and needs relative to accreditation of graduate medical education programs. The department shall consider funding residency positions as a means of addressing needed physician specialty areas, rural areas having a shortage of physicians, and areas of ongoing critical need, and as a means of addressing the state's physician workforce needs based on an ongoing analysis of physician workforce data.

- (f) Develop strategies to maximize federal and state programs that provide for the use of incentives to attract physicians to this state or retain physicians within the state. Such strategies should explore and maximize federal-state partnerships that provide incentives for physicians to practice in federally designated shortage areas, in otherwise medically underserved areas, or in rural areas. Strategies shall also consider the use of state programs, such as the Medical Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, which provide for education loan repayment or loan forgiveness and provide monetary incentives for physicians to relocate to underserved areas of the state.
- (g) Coordinate and enhance activities relative to physician workforce needs, undergraduate medical education,

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graduate medical education, and reentry of retired military and other physicians into the physician workforce provided by the Division of Medical Quality Assurance, area health education center networks established pursuant to s. 381.0402, and other offices and programs within the department as designated by the State Surgeon General.

Work in conjunction with and act as a coordinating body for governmental and nongovernmental stakeholders to address matters relating to the state's physician workforce assessment and development for the purpose of ensuring an adequate supply of well-trained physicians to meet the state's future needs. Such governmental stakeholders shall include, but need not be limited to, the State Surgeon General or his or her designee, the Commissioner of Education or his or her designee, the Secretary of Health Care Administration or his or her designee, and the Chancellor of the State University System or his or her designee, and, at the discretion of the department, other representatives of state and local agencies that are involved in assessing, educating, or training the state's current or future physicians. Other stakeholders shall include, but need not be limited to, organizations representing the state's public and private allopathic and osteopathic medical schools; organizations representing hospitals and other institutions providing health care, particularly those that currently provide or have an interest in providing accredited

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medical education and graduate medical education to medical students and medical residents; organizations representing allopathic and osteopathic practicing physicians; and, at the discretion of the department, representatives of other organizations or entities involved in assessing, educating, or training the state's current or future physicians.

- (i) Serve as a liaison with other states and federal agencies and programs in order to enhance resources available to the state's physician workforce and medical education continuum.
- (j) Act as a clearinghouse for collecting and disseminating information concerning the physician workforce and medical education continuum in this state.

The department may adopt rules to implement this subsection, including rules that establish guidelines to implement the federal Conrad 30 Waiver Program created under s. 214(1) of the Immigration and Nationality Act.

- Section 4. Paragraph (c) of subsection (4) of section 381.915, Florida Statutes, is amended to read:
- 381.915 Florida Consortium of National Cancer Institute Centers Program.—
- (4) Tier designations and corresponding weights within the Florida Consortium of National Cancer Institute Centers Program are as follows:

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- (c) Tier 3: Florida-based cancer centers seeking designation as either a NCI-designated cancer center or NCI-designated comprehensive cancer center, which shall be weighted at 1.0.
- 1. A cancer center shall meet the following minimum criteria to be considered eligible for Tier 3 designation in any given fiscal year:
- a. Conducting cancer-related basic scientific research and cancer-related population scientific research;
- b. Offering and providing the full range of diagnostic and treatment services on site, as determined by the Commission on Cancer of the American College of Surgeons;
- c. Hosting or conducting cancer-related interventional clinical trials that are registered with the NCI's Clinical Trials Reporting Program;
- d. Offering degree-granting programs or affiliating with universities through degree-granting programs accredited or approved by a nationally recognized agency and offered through the center or through the center in conjunction with another institution accredited by the Commission on Colleges of the Southern Association of Colleges and Schools;
- e. Providing training to clinical trainees, medical trainees accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, and postdoctoral fellows recently awarded a doctorate degree; and

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- f. Having more than \$5 million in annual direct costs associated with their total NCI peer-reviewed grant funding.
- 2. The General Appropriations Act or accompanying legislation may limit the number of cancer centers which shall receive Tier 3 designations or provide additional criteria for such designation.
- 3. A cancer center's participation in Tier 3 <u>may not</u> extend beyond June 30, 2024 <u>shall be limited to 6 years</u>.
- 4. A cancer center that qualifies as a designated Tier 3 center under the criteria provided in subparagraph 1. by July 1, 2014, is authorized to pursue NCI designation as a cancer center or a comprehensive cancer center until June 30, 2024 for 6 years after qualification.
- Section 5. Paragraphs (1) through (0) of subsection (1) of section 381.986, Florida Statutes, are redesignated as paragraphs (m) through (p), respectively, paragraph (a) of subsection (3), paragraphs (a) and (f) of subsection (4), paragraphs (b) and (e) of subsection (8), and paragraph (a) of subsection (14) are amended, and a new paragraph (1) is added to subsection (1) and paragraph (h) is added to subsection (14) of that section, to read:
 - 381.986 Medical use of marijuana.
 - (1) DEFINITIONS.—As used in this section, the term:
- (1) "Potency" means the relative strength of cannabinoids, and the total amount, in milligrams, of tetrahydrocannabinol as

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- the sum of (delta-9-tetrahydrocannabinol + (0.877 x) tetrahydrocannabinolic acid)) and cannabidiol as the sum of (cannabidiol + (0.877 x) cannabidiolic acid)) in the final product dispensed to a patient or caregiver.
 - (3) QUALIFIED PHYSICIANS AND MEDICAL DIRECTORS.-
- (a) Before being approved as a qualified physician, as defined in paragraph (1) (n) (1) (m), and before each license renewal, a physician must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder. The course and examination shall be administered at least annually and may be offered in a distance learning format, including an electronic, online format that is available upon request. The price of the course may not exceed \$500. A physician who has met the physician education requirements of former s. 381.986(4), Florida Statutes 2016, before June 23, 2017, shall be deemed to be in compliance with this paragraph from June 23, 2017, until 90 days after the course and examination required by this paragraph become available.
 - (4) PHYSICIAN CERTIFICATION.-
- (a) A qualified physician may issue a physician certification only if the qualified physician:
- 1. Conducted a physical examination while physically present in the same room as the patient and a full assessment of

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450 the medical history of the patient.

- 2. Diagnosed the patient with at least one qualifying medical condition.
- 3. Determined that the medical use of marijuana would likely outweigh the potential health risks for the patient, and such determination must be documented in the patient's medical record. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such concurrence must be documented in the patient's medical record.
- 4. Determined whether the patient is pregnant and documented such determination in the patient's medical record. A physician may not issue a physician certification, except for low-THC cannabis, to a patient who is pregnant.
- 5. Reviewed the patient's controlled drug prescription history in the prescription drug monitoring program database established pursuant to s. 893.055.
- 6. Reviews the medical marijuana use registry and confirmed that the patient does not have an active physician certification from another qualified physician.
- 7. Registers as the issuer of the physician certification for the named qualified patient on the medical marijuana use registry in an electronic manner determined by the department, and:
- a. Enters into the registry the contents of the physician certification, including <u>all of</u> the patient's qualifying

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- conditions condition and the dosage not to exceed the daily dose amount authorized under paragraph (f) determined by the department, the amount and forms of marijuana authorized for the patient, and any types of marijuana delivery devices needed by the patient for the medical use of marijuana.
- b. Updates the registry within 7 days after any change is made to the original physician certification to reflect such change.
- c. Deactivates the registration of the qualified patient and the patient's caregiver when the physician no longer recommends the medical use of marijuana for the patient.
- 8. Obtains the voluntary and informed written consent of the patient for medical use of marijuana each time the qualified physician issues a physician certification for the patient, which shall be maintained in the patient's medical record. The patient, or the patient's parent or legal guardian if the patient is a minor, must sign the informed consent acknowledging that the qualified physician has sufficiently explained its content. The qualified physician must use a standardized informed consent form adopted in rule by the Board of Medicine and the Board of Osteopathic Medicine, which must include, at a minimum, information related to:
- a. The Federal Government's classification of marijuana as a Schedule I controlled substance.
 - b. The approval and oversight status of marijuana by the

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500 Food and Drug Administration.

- c. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.
 - d. The potential for addiction.
- e. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.
- f. The potential side effects of marijuana use, including the negative health risks associated with smoking marijuana and the negative health effects of marijuana use on persons under 18 years of age.
- g. The risks, benefits, and drug interactions of marijuana.
- h. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.
- (f) A qualified physician may not issue a physician certification for more than three 70-day supply limits of marijuana, more than six 35-day supply limits of edibles, or more than six 35-day supply limits of marijuana in a form for smoking or, to a qualified patient under 21 years of age, marijuana that contains tetrahydrocannabiphorol or has a

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tetrahydrocannabinol potency, by weight or volume, of greater than 10 percent in the final product. However, a physician may certify such qualified patient for marijuana with any potency of tetrahydrocannabinol which contains tetrahydrocannabiphorol, if the qualified patient is diagnosed with a terminal condition and the qualified physician indicates such on the physician certification. The department shall quantify by rule a daily dose amount with equivalent dose amounts for each allowable form of marijuana, other than edibles and marijuana in a form for smoking, dispensed by a medical marijuana treatment center. The department shall use the daily dose amount to calculate a 70-day supply. The daily dose amount for edibles shall not exceed 200 mg of tetrahydrocannabinol. The daily dose amount for marijuana in a form for smoking shall not exceed .08 ounces.

- 1. A qualified physician may request an exception to the daily dose amount limit, the 35-day supply limit for edibles, the 35-day supply limit of marijuana in a form for smoking, and the 4-ounce possession limit of marijuana in a form for smoking established in paragraph (14)(a), and the tetrahydrocannabinol concentration limits established in this paragraph. The request shall be made electronically on a form adopted by the department in rule and must include, at a minimum:
 - a. The qualified patient's qualifying medical condition.
- b. The dosage and route of administration that was insufficient to provide relief to the qualified patient.

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- c. A description of how the patient will benefit from an increased amount.
- d. The minimum daily dose amount of marijuana that would be sufficient for the treatment of the qualified patient's qualifying medical condition.
- 2. A qualified physician must provide the qualified patient's records upon the request of the department.
- 3. The department shall approve or disapprove the request within 14 days after receipt of the complete documentation required by this paragraph. The request shall be deemed approved if the department fails to act within this time period.
 - (8) MEDICAL MARIJUANA TREATMENT CENTERS.-
- (b) An applicant for licensure as a medical marijuana treatment center shall apply to the department on a form prescribed by the department and adopted in rule. The department shall adopt rules pursuant to ss. 120.536(1) and 120.54 establishing a procedure for the issuance and biennial renewal of licenses, including initial application and biennial renewal fees sufficient to cover the costs of implementing and administering this section, and establishing supplemental licensure fees for payment beginning May 1, 2018, sufficient to cover the costs of administering ss. 381.989 and 1004.4351. The department may not renew a medical marijuana treatment center's license if the medical marijuana treatment center has not begun dispensing marijuana by the date that the medical marijuana

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treatment center is required to renew its license. The department shall identify applicants with strong diversity plans reflecting this state's commitment to diversity and implement training programs and other educational programs to enable minority persons and minority business enterprises, as defined in s. 288.703, and veteran business enterprises, as defined in s. 295.187, to compete for medical marijuana treatment center licensure and contracts. Subject to the requirements in subparagraphs (a) 2.-4., the department shall issue a license to an applicant if the applicant meets the requirements of this section and pays the initial application fee. The department shall renew the licensure of a medical marijuana treatment center biennially if the licensee meets the requirements of this section and pays the biennial renewal fee. An individual may not be an applicant, owner, officer, board member, or manager on more than one application for licensure as a medical marijuana treatment center. An individual or entity may not be awarded more than one license as a medical marijuana treatment center. An applicant for licensure as a medical marijuana treatment center must demonstrate:

- 1. That, for the 5 consecutive years before submitting the application, the applicant has been registered to do business in the state.
- 2. Possession of a valid certificate of registration issued by the Department of Agriculture and Consumer Services

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600 pursuant to s. 581.131.

- 3. The technical and technological ability to cultivate and produce marijuana, including, but not limited to, low-THC cannabis.
- 4. The ability to secure the premises, resources, and personnel necessary to operate as a medical marijuana treatment center.
- 5. The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of these substances.
- 6. An infrastructure reasonably located to dispense marijuana to registered qualified patients statewide or regionally as determined by the department.
- 7. The financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financial statements to the department.
- a. Upon approval, the applicant must post a \$5 million performance bond issued by an authorized surety insurance company rated in one of the three highest rating categories by a nationally recognized rating service. However, a medical marijuana treatment center serving at least 1,000 qualified patients is only required to maintain a \$2 million performance bond.
 - b. In lieu of the performance bond required under sub-

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subparagraph a., the applicant may provide an irrevocable letter of credit payable to the department or provide cash to the department. If provided with cash under this sub-subparagraph, the department shall deposit the cash in the Grants and Donations Trust Fund within the Department of Health, subject to the same conditions as the bond regarding requirements for the applicant to forfeit ownership of the funds. If the funds deposited under this sub-subparagraph generate interest, the amount of that interest shall be used by the department for the administration of this section.

- 8. That all owners, officers, board members, and managers have passed a background screening pursuant to subsection (9).
- 9. The employment of a medical director to supervise the activities of the medical marijuana treatment center.
- 10. A diversity plan that promotes and ensures the involvement of minority persons and minority business enterprises, as defined in s. 288.703, or veteran business enterprises, as defined in s. 295.187, in ownership, management, and employment. An applicant for licensure renewal must show the effectiveness of the diversity plan by including the following with his or her application for renewal:
- a. Representation of minority persons and veterans in the medical marijuana treatment center's workforce;
- b. Efforts to recruit minority persons and veterans for employment; and

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- c. A record of contracts for services with minority business enterprises and veteran business enterprises.
- A licensed medical marijuana treatment center shall cultivate, process, transport, and dispense marijuana for medical use. A licensed medical marijuana treatment center may not contract for services directly related to the cultivation, processing, and dispensing of marijuana or marijuana delivery devices, except that a medical marijuana treatment center licensed pursuant to subparagraph (a)1. may contract with a single entity for the cultivation, processing, transporting, and dispensing of marijuana and marijuana delivery devices. A licensed medical marijuana treatment center must, at all times, maintain compliance with the criteria demonstrated and representations made in the initial application and the criteria established in this subsection. Upon request, the department may grant a medical marijuana treatment center a variance from the representations made in the initial application. Consideration of such a request shall be based upon the individual facts and circumstances surrounding the request. A variance may not be granted unless the requesting medical marijuana treatment center can demonstrate to the department that it has a proposed alternative to the specific representation made in its application which fulfills the same or a similar purpose as the specific representation in a way that the department can reasonably determine will not be a lower standard than the

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 specific representation in the application. A variance may not be granted from the requirements in subparagraph 2. and subparagraphs (b) 1. and 2.

- 1. A licensed medical marijuana treatment center may transfer ownership to an individual or entity who meets the requirements of this section. A publicly traded corporation or publicly traded company that meets the requirements of this section is not precluded from ownership of a medical marijuana treatment center. To accommodate a change in ownership:
- a. The licensed medical marijuana treatment center shall notify the department in writing at least 60 days before the anticipated date of the change of ownership.
- b. The individual or entity applying for initial licensure due to a change of ownership must submit an application that must be received by the department at least 60 days before the date of change of ownership.
- c. Upon receipt of an application for a license, the department shall examine the application and, within 30 days after receipt, notify the applicant in writing of any apparent errors or omissions and request any additional information required.
- d. Requested information omitted from an application for licensure must be filed with the department within 21 days after the department's request for omitted information or the application shall be deemed incomplete and shall be withdrawn

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700 from further consideration and the fees shall be forfeited.

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Within 30 days after the receipt of a complete application, the department shall approve or deny the application.

- 2. A medical marijuana treatment center, and any individual or entity who directly or indirectly owns, controls, or holds with power to vote 5 percent or more of the voting shares of a medical marijuana treatment center, may not acquire direct or indirect ownership or control of any voting shares or
- 710 center.
 - 3. A medical marijuana treatment center may not enter into any form of profit-sharing arrangement with the property owner or lessor of any of its facilities where cultivation, processing, storing, or dispensing of marijuana and marijuana delivery devices occurs.

other form of ownership of any other medical marijuana treatment

- 4. All employees of a medical marijuana treatment center must be 21 years of age or older and have passed a background screening pursuant to subsection (9).
- 5. Each medical marijuana treatment center must adopt and enforce policies and procedures to ensure employees and volunteers receive training on the legal requirements to dispense marijuana to qualified patients.
- 6. When growing marijuana, a medical marijuana treatment center:

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- a. May use pesticides determined by the department, after consultation with the Department of Agriculture and Consumer Services, to be safely applied to plants intended for human consumption, but may not use pesticides designated as restricted-use pesticides pursuant to s. 487.042.
- b. Must grow marijuana within an enclosed structure and in a room separate from any other plant.
- c. Must inspect seeds and growing plants for plant pests that endanger or threaten the horticultural and agricultural interests of the state in accordance with chapter 581 and any rules adopted thereunder.
- d. Must perform fumigation or treatment of plants, or remove and destroy infested or infected plants, in accordance with chapter 581 and any rules adopted thereunder.
- 7. Each medical marijuana treatment center must produce and make available for purchase at least one low-THC cannabis product.
- 8. A medical marijuana treatment center that produces edibles must hold a permit to operate as a food establishment pursuant to chapter 500, the Florida Food Safety Act, and must comply with all the requirements for food establishments pursuant to chapter 500 and any rules adopted thereunder. Edibles may not contain more than 200 milligrams of tetrahydrocannabinol, and a single serving portion of an edible may not exceed 10 milligrams of tetrahydrocannabinol. Edibles

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may have a potency variance of no greater than 15 percent of the 10 milligrams of tetrahydrocannabinol per single serving limit or the 200 milligrams of tetrahydrocannabinol per product limit. Edibles may not be attractive to children; be manufactured in the shape of humans, cartoons, or animals; be manufactured in a form that bears any reasonable resemblance to products available for consumption as commercially available candy; or contain any color additives. To discourage consumption of edibles by children, the department shall determine by rule any shapes, forms, and ingredients allowed and prohibited for edibles.

Medical marijuana treatment centers may not begin processing or dispensing edibles until after the effective date of the rule. The department shall also adopt sanitation rules providing the standards and requirements for the storage, display, or dispensing of edibles.

- 9. Within 12 months after licensure, a medical marijuana treatment center must demonstrate to the department that all of its processing facilities have passed a Food Safety Good Manufacturing Practices, such as Global Food Safety Initiative or equivalent, inspection by a nationally accredited certifying body. A medical marijuana treatment center must immediately stop processing at any facility which fails to pass this inspection until it demonstrates to the department that such facility has met this requirement.
 - 10. A medical marijuana treatment center that produces

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prerolled marijuana cigarettes may not use wrapping paper made with tobacco or hemp.

- 11. When processing marijuana, a medical marijuana treatment center must:
- a. Process the marijuana within an enclosed structure and in a room separate from other plants or products.
- b. Comply with department rules when processing marijuana with hydrocarbon solvents or other solvents or gases exhibiting potential toxicity to humans. The department shall determine by rule the requirements for medical marijuana treatment centers to use such solvents or gases exhibiting potential toxicity to humans.
- c. Comply with federal and state laws and regulations and department rules for solid and liquid wastes. The department shall determine by rule procedures for the storage, handling, transportation, management, and disposal of solid and liquid waste generated during marijuana production and processing. The Department of Environmental Protection shall assist the department in developing such rules.
- 12.d. A medical marijuana treatment center must test the processed marijuana using a medical marijuana testing laboratory before it is dispensed. Results must be verified and signed by two medical marijuana treatment center employees. Before dispensing, the medical marijuana treatment center must determine that the test results indicate that low-THC cannabis

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meets the definition of low-THC cannabis, the concentration of tetrahydrocannabinol meets the potency requirements of this section, the labeling of the concentration of tetrahydrocannabinol and cannabidiol is accurate, and all marijuana is safe for human consumption and free from contaminants that are unsafe for human consumption. The department shall determine by rule which contaminants must be tested for and the maximum levels of each contaminant which are safe for human consumption. The Department of Agriculture and Consumer Services shall assist the department in developing the testing requirements for contaminants that are unsafe for human consumption in edibles. The department shall also determine by rule the procedures for the treatment of marijuana that fails to meet the testing requirements of this section, s. 381.988, or department rule. The department may select $\frac{1}{2}$ random samples of marijuana, sample from edibles available in a cultivation facility or processing facility, or for purchase in a dispensing facility which shall be tested by the department to determine that the marijuana edible meets the potency requirements of this section, is safe for human consumption, and the labeling of the tetrahydrocannabinol and cannabidiol concentration is accurate. A medical marijuana treatment center may not require payment from the department for the sample. A medical marijuana treatment center must recall edibles, including all edibles made from the same batch of marijuana, which fail to meet the potency

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requirements of this section, which are unsafe for human consumption, or for which the labeling of the tetrahydrocannabinol and cannabidiol concentration is inaccurate. The medical marijuana treatment center must retain records of all testing and samples of each homogenous batch of marijuana for at least 9 months. The medical marijuana treatment center must contract with a marijuana testing laboratory to perform audits on the medical marijuana treatment center's standard operating procedures, testing records, and samples and provide the results to the department to confirm that the marijuana or low-THC cannabis meets the requirements of this section and that the marijuana or low-THC cannabis is safe for human consumption. A medical marijuana treatment center shall reserve two processed samples from each batch and retain such samples for at least 9 months for the purpose of such audits. A medical marijuana treatment center may use a laboratory that has not been certified by the department under s. 381.988 until such time as at least one laboratory holds the required certification, but in no event later than July 1, 2020 2018.

13. When packaging marijuana, a medical marijuana treatment center must:

- $\underline{\text{a.e.}}$ Package the marijuana in compliance with the United States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss. 1471 et seq.
 - b.f. Package the marijuana in a receptacle that has a

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850	firmly	affixed	and	legible	label	stating	the	following
851	information:							

- (I) The marijuana or low-THC cannabis meets the requirements of sub-subparagraph d.
- (II) The name of the medical marijuana treatment center from which the marijuana originates.
- (III) The batch number and harvest number from which the marijuana originates and the date dispensed.
- (IV) The name of the physician who issued the physician certification.
 - (V) The name of the patient.
- (VI) The product name, if applicable, and dosage form, including concentration of tetrahydrocannabinol and cannabidiol. The product name may not contain wording commonly associated with products marketed by or to children.
 - (VII) The recommended dose.
- (VIII) A warning that it is illegal to transfer medical marijuana to another person.
- (IX) A marijuana universal symbol developed by the department.
- $\underline{14.12.}$ The medical marijuana treatment center shall include in each package a patient package insert with information on the specific product dispensed related to:
 - a. Clinical pharmacology.
 - b. Indications and use.

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- 875 c. Dosage and administration.
 - d. Dosage forms and strengths.
 - e. Contraindications.
 - f. Warnings and precautions.
 - q. Adverse reactions.

15.13. In addition to the packaging and labeling requirements specified in subparagraphs 13. and 14., 11. and 12., marijuana in a form for smoking must be packaged in a sealed receptacle with a legible and prominent warning to keep away from children and a warning that states marijuana smoke contains carcinogens and may negatively affect health. Such receptacles for marijuana in a form for smoking must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol.

16.14. The department shall adopt rules to regulate the types, appearance, and labeling of marijuana delivery devices dispensed from a medical marijuana treatment center. The rules must require marijuana delivery devices to have an appearance consistent with medical use.

17.15. Each edible shall be individually sealed in plain, opaque wrapping marked only with the marijuana universal symbol. Where practical, each edible shall be marked with the marijuana universal symbol. In addition to the packaging and labeling requirements in subparagraphs 13. and 14.11. and 12., edible

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receptacles must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol. The receptacle must also include a list of all the edible's ingredients, storage instructions, an expiration date, a legible and prominent warning to keep away from children and pets, and a warning that the edible has not been produced or inspected pursuant to federal food safety laws.

- 18.16. When dispensing marijuana or a marijuana delivery device, a medical marijuana treatment center:
- a. May dispense any active, valid order for low-THC cannabis, medical cannabis and cannabis delivery devices issued pursuant to former s. 381.986, Florida Statutes 2016, which was entered into the medical marijuana use registry before July 1, 2017.
- b. May not dispense more than a 70-day supply of marijuana within any 70-day period to a qualified patient or caregiver.

 May not dispense more than a 35-day supply of edibles within any 35-day period to a qualified patient or caregiver. A 35-day supply of edibles may not exceed 7000 mg of tetrahydrocannabinol unless an exception to this amount is approved by the department pursuant to paragraph (4)(f). May not dispense more than one 35-day supply of marijuana in a form for smoking within any 35-day period to a qualified patient or caregiver. A 35-day supply of marijuana in a form for smoking may not exceed 2.5 ounces unless

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an exception to this amount is approved by the department pursuant to paragraph (4)(f).

- c. Must have the medical marijuana treatment center's employee who dispenses the marijuana or a marijuana delivery device enter into the medical marijuana use registry his or her name or unique employee identifier.
- d. Must verify that the qualified patient and the caregiver, if applicable, each have an active registration in the medical marijuana use registry and an active and valid medical marijuana use registry identification card, the amount and type of marijuana dispensed matches the physician certification in the medical marijuana use registry for that qualified patient, and the physician certification has not already been filled.
- e. May not dispense marijuana to a qualified patient who is younger than 18 years of age. If the qualified patient is younger than 18 years of age, marijuana may only be dispensed to the qualified patient's caregiver.
- f. May not dispense marijuana that contains

 tetrahydrocannabiphorol or has a tetrahydrocannabinol potency,
 by weight or volume, of greater than 10 percent in the final

 product to a qualified patient ages 18 through 21 years, to his
 or her caregiver, or to the caregiver of a qualified patient

 younger than 18 years of age, for the qualified patient's

 medical use, unless the qualified patient has an applicable

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exception approved by the department under paragraph (4)(f) or the qualified physician certification indicates that the qualified patient has been diagnosed with a terminal condition.

- g.f. May not dispense or sell any other type of cannabis, alcohol, or illicit drug-related product, including pipes or wrapping papers made with tobacco or hemp, other than a marijuana delivery device required for the medical use of marijuana and which is specified in a physician certification.
- <u>h.g.</u> Must, upon dispensing the marijuana or marijuana delivery device, record in the registry the date, time, quantity, and form of marijuana dispensed; the type of marijuana delivery device dispensed; and the name and medical marijuana use registry identification number of the qualified patient or caregiver to whom the marijuana delivery device was dispensed.
- $\underline{\text{i.h.}}$ Must ensure that patient records are not visible to anyone other than the qualified patient, his or her caregiver, and authorized medical marijuana treatment center employees.
 - (14) EXCEPTIONS TO OTHER LAWS.-
- (a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, a qualified patient and the qualified patient's caregiver may purchase from a medical marijuana treatment center for the patient's medical use a marijuana delivery device and up to the amount of marijuana authorized in the physician certification, but may not possess more than a 35-day supply of

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(h) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, the department, including an employee of the department acting within the scope of his or her employment, may acquire, possess, test, transport, and lawfully dispose of marijuana as provided in this section.

Section 6. Subsection (11) of section 381.988, Florida Statutes, is renumbered as subsection (12), and a new subsection (11) is added to that section, to read:

381.988 Medical marijuana testing laboratories; marijuana tests conducted by a certified laboratory.—

its officers, directors, and employees may not have a direct or indirect economic interest in, or financial relationship with, a medical marijuana treatment center. Nothing in this subsection may be construed to prohibit a certified medical marijuana testing laboratory from contracting with a medical marijuana treatment center to provide testing services.

Section 7. Paragraphs (c) and (d) of subsection (1) of section 401.35, Florida Statutes, are amended to read:

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- 401.35 Rules.—The department shall adopt rules, including definitions of terms, necessary to carry out the purposes of this part.
- (1) The rules must provide at least minimum standards governing:
- (c) Ground ambulance and vehicle equipment and supplies that a licensee with a valid vehicle permit under s. 401.26 is required to maintain to provide basic or advanced life support services at least as comprehensive as those published in the most current edition of the American College of Surgeons, Committee on Trauma, list of essential equipment for ambulances, as interpreted by rules of the department.
- (d) Ground ambulance or vehicle design and construction based on national standards recognized by the department and at least equal to those most currently recommended by the United States General Services Administration as interpreted by department rules of the department.
- Section 8. Subsection (21) is added to section 404.031, Florida Statutes, to read:
- 404.031 Definitions.—As used in this chapter, unless the context clearly indicates otherwise, the term:
- (21) "Useful beam" means that portion of the radiation emitted from a radiation machine through the aperture of the machine's beam-limiting device which is designed to focus the radiation on the intended target in order to accomplish the

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1025	machine's purpose when the machine's exposure controls are in a
1026	mode to cause the system to produce radiation.
1027	Section 9. Subsections (7) and (8) are added to section
1028	404.22, Florida Statutes, to read:
1029	404.22 Radiation machines and components; inspection.
1030	(7) Radiation machines that are used to intentionally
1031	expose a human being to the useful beam:
1032	(a) Must be maintained and operated according to
1033	manufacturer standards or nationally-recognized consensus
1034	standards accepted by the department;
1035	(b) Must be operated at the lowest exposure that will
1036	achieve the intended purpose of the exposure; and
1037	(c) May not be modified in a manner that causes the
1038	original parts to operate in a way that differs from the
1039	original manufacturer's design specification or the parameters
1040	approved for the machine and its components by the United States
1041	Food and Drug Administration.
1042	(8) A human being may be exposed to the useful beam of a
1043	radiation machine only under the following conditions:
1044	(a) For the purpose of medical or health care, if a
1045	licensed health care practitioner operating within the scope of
1046	his or her practice determines that the exposure provides a
1047	medical or health benefit greater than the health risks posed by
1048	the exposure and the health care practitioner uses the results

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

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of the exposure in the medical or health care of the exposed individual; or

(b) For the purpose of providing security for facilities or other venues, the exposure is determined to provide a life safety benefit to the individual exposed which is greater than the health risk posed by the exposure. Such determination must be made by an individual trained in evaluating and calculating comparative mortality and morbidity risks according to standards set by the department. To be valid, the calculation and method of making the determination must be submitted to and accepted by the department. Limits to annual total exposure for security purposes must be adopted by department rule based on nationally recognized limits or relevant consensus standards.

Section 10. Paragraphs (a) and (b) of subsection (1) of section 456.013, Florida Statutes, are amended to read:

456.013 Department; general licensing provisions.—

(1) (a) Any person desiring to be licensed in a profession within the jurisdiction of the department <u>must shall</u> apply to the department in writing to take the licensure examination. The application <u>must shall</u> be made on a form prepared and furnished by the department. The application form must be available on the <u>Internet</u>, <u>World Wide Web</u> and the department may accept electronically submitted applications. The application shall require the social security number <u>and date of birth</u> of the applicant, except as provided in paragraphs (b) and (c). The

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form shall be supplemented as needed to reflect any material change in any circumstance or condition stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department. If an application is submitted electronically, the department may require supplemental materials, including an original signature of the applicant and verification of credentials, to be submitted in a nonelectronic format. An incomplete application shall expire 1 year after initial filing. In order to further the economic development goals of the state, and notwithstanding any law to the contrary, the department may enter into an agreement with the county tax collector for the purpose of appointing the county tax collector as the department's agent to accept applications for licenses and applications for renewals of licenses. The agreement must specify the time within which the tax collector must forward any applications and accompanying application fees to the department.

(b) If an applicant has not been issued a social security number by the Federal Government at the time of application because the applicant is not a citizen or resident of this country, the department may process the application using a unique personal identification number. If such an applicant is otherwise eligible for licensure, the board, or the department when there is no board, may issue a temporary license to the

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applicant, which shall expire 30 days after issuance unless a social security number is obtained and submitted in writing to the department. A temporary license issued under this paragraph to an applicant who has accepted a position with an accredited residency, internship, or fellowship program in this state and is applying for registration under s. 458.345 or s. 459.021 shall expire 60 days after issuance unless the applicant obtains a social security number and submits it in writing to the department. Upon receipt of the applicant's social security number, the department shall issue a new license, which shall expire at the end of the current biennium.

Section 11. Paragraph (e) of subsection (2) and paragraph (e) of subsection (3) of section 456.0635, Florida Statutes, are amended to read:

456.0635 Health care fraud; disqualification for license, certificate, or registration.—

- (2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the candidate or applicant:
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities, unless such applicant is

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1124	listed solely based on a default or delinquency on a student
1125	<pre>loan.</pre>
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1127	This subsection does not apply to an applicant for initial
1128	licensure, certification, or registration who was arrested or
1129	charged with a felony specified in paragraph (a) or paragraph
1130	(b) before July 1, 2009.
1131	(3) The department shall refuse to renew a license,
1132	certificate, or registration of any applicant if the applicant
1133	or any principal, officer, agent, managing employee, or
1134	affiliated person of the applicant:
1135	(e) Is currently listed on the United States Department of
1136	Health and Human Services Office of Inspector General's List of
1137	Excluded Individuals and Entities, unless such applicant is
1138	listed solely based on a default or delinquency on a student
1139	loan.
1140	
1141	This subsection does not apply to an applicant for renewal of
1142	licensure, certification, or registration who was arrested or
1143	charged with a felony specified in paragraph (a) or paragraph
1144	(b) before July 1, 2009.
1145	Section 12. Paragraph (k) of subsection (1) of section
1146	456.072, Florida Statutes, is amended to read:
1147	456.072 Grounds for discipline; penalties; enforcement

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- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (k) Failing to perform any statutory or legal obligation placed upon a licensee. For purposes of this section, failing to repay a student loan issued or guaranteed by the state or the Federal Government in accordance with the terms of the loan is not or failing to comply with service scholarship obligations shall be considered a failure to perform a statutory or legal obligation, and the minimum disciplinary action imposed shall be a suspension of the license until new payment terms are agreed upon or the scholarship obligation is resumed, followed by probation for the duration of the student loan or remaining scholarship obligation period, and a fine equal to 10 percent of the defaulted loan amount. Fines collected shall be deposited into the Medical Quality Assurance Trust Fund.
- Section 13. <u>Section 456.0721</u>, Florida Statutes, is repealed.
- Section 14. Subsection (4) of section 456.074, Florida Statutes, is amended to read:
- 456.074 Certain health care practitioners; immediate suspension of license.—
- (4) Upon receipt of information that a Florida-licensed health care practitioner has defaulted on a student loan issued or guaranteed by the state or the Federal Covernment, the

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department shall notify the licensee by certified mail that he or she shall be subject to immediate suspension of license unless, within 45 days after the date of mailing, the licensee provides proof that new payment terms have been agreed upon by all parties to the loan. The department shall issue an emergency order suspending the license of any licensee who, after 45 days following the date of mailing from the department, has failed to provide such proof. Production of such proof shall not prohibit the department from proceeding with disciplinary action against the licensee pursuant to s. 456.073.

Section 15. Subsection (1) of section 458.3145, Florida Statutes, is amended to read:

458.3145 Medical faculty certificate.-

- (1) A medical faculty certificate may be issued without examination to an individual who:
- (a) Is a graduate of an accredited medical school or its equivalent, or is a graduate of a foreign medical school listed with the World Health Organization;
- (b) Holds a valid, current license to practice medicine in another jurisdiction;
- (c) Has completed the application form and remitted a nonrefundable application fee not to exceed \$500;
- (d) Has completed an approved residency or fellowship of at least 1 year or has received training which has been determined by the board to be equivalent to the 1-year residency

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1198	requirement;
1199	(e) Is at least 21 years of age;
1200	(f) Is of good moral character;
1201	(g) Has not committed any act in this or any other
1202	jurisdiction which would constitute the basis for disciplining a
1203	physician under s. 458.331;
1204	(h) For any applicant who has graduated from medical
1205	school after October 1, 1992, has completed, before entering
1206	medical school, the equivalent of 2 academic years of
1207	preprofessional, postsecondary education, as determined by rule
1208	of the board, which must include, at a minimum, courses in such
1209	fields as anatomy, biology, and chemistry; and
1210	(i) Has been offered and has accepted a full-time faculty
1211	appointment to teach in a program of medicine at:
1212	1. The University of Florida;
1213	2. The University of Miami;
1214	3. The University of South Florida;
1215	4. The Florida State University;
1216	5. The Florida International University;
1217	6. The University of Central Florida;
1218	7. The Mayo Clinic College of Medicine and Science in
1219	Jacksonville, Florida;
1220	8. The Florida Atlantic University; or
1221	9. The Johns Hopkins All Children's Hospital in St.
1222	Petersburg, Florida;

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1223	10. Nova Southeastern University; or
1224	11. Lake Erie College of Osteopathic Medicine.
1225	Section 16. Section 458.3312, Florida Statutes, is amended
1226	to read:
1227	458.3312 Specialties.—A physician licensed under this
1228	chapter may not hold himself or herself out as a board-certified
1229	specialist unless the physician has received formal recognition
1230	as a specialist from a specialty board of the American Board of
1231	Medical Specialties or other recognizing agency that has been
1232	approved by the board. However, a physician may indicate the
1233	services offered and may state that his or her practice is
1234	limited to one or more types of services when this accurately
1235	reflects the scope of practice of the physician. A physician may
1236	not hold himself or herself out as a board-certified specialist
1237	in dermatology unless the recognizing agency, whether authorized
1238	in statute or by rule, is triennially reviewed and reauthorized
1239	by the Board of Medicine.
1240	Section 17. Subsection (1) of section 459.0055, Florida
1241	Statutes, is amended to read:
1242	459.0055 General licensure requirements.—
1243	(1) Except as otherwise provided herein, any person
1244	desiring to be licensed or certified as an osteopathic physician
1245	pursuant to this chapter shall:
1246	(a) Complete an application form and submit the
1247	appropriate fee to the department;

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- (b) Be at least 21 years of age;
 - (c) Be of good moral character;
 - (d) Have completed at least 3 years of preprofessional postsecondary education;
 - (e) Have not previously committed any act that would constitute a violation of this chapter, unless the board determines that such act does not adversely affect the applicant's present ability and fitness to practice osteopathic medicine;
 - (f) Not be under investigation in any jurisdiction for an act that would constitute a violation of this chapter. If, upon completion of such investigation, it is determined that the applicant has committed an act that would constitute a violation of this chapter, the applicant is ineligible for licensure unless the board determines that such act does not adversely affect the applicant's present ability and fitness to practice osteopathic medicine;
 - (g) Have not had an application for a license to practice osteopathic medicine denied or a license to practice osteopathic medicine revoked, suspended, or otherwise acted against by the licensing authority of any jurisdiction unless the board determines that the grounds on which such action was taken do not adversely affect the applicant's present ability and fitness to practice osteopathic medicine. A licensing authority's acceptance of a physician's relinquishment of license,

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stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the osteopathic physician, shall be considered action against the osteopathic physician's license;

- (h) Not have received less than a satisfactory evaluation from an internship, residency, or fellowship training program, unless the board determines that such act does not adversely affect the applicant's present ability and fitness to practice osteopathic medicine. Such evaluation shall be provided by the director of medical education from the medical training facility;
- (i) Have met the criteria set forth in s. 459.0075, s. 459.0077, or s. 459.021, whichever is applicable;
- (j) Submit to the department a set of fingerprints on a form and under procedures specified by the department, along with a payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant;
- (k) Demonstrate that $\frac{he or}{he}$ she $\frac{or he}{he}$ is a graduate of a medical college recognized and approved by the American Osteopathic Association;
- (1) Demonstrate that she or he has successfully completed an internship or residency a resident internship of not less than 12 months in a program accredited hospital approved for this purpose by the Board of Trustees of the American

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Osteopathic Association or the Accreditation Council for

Graduate Medical Education any other internship program approved
by the board upon a showing of good cause by the applicant. This
requirement may be waived for an applicant who matriculated in a
college of osteopathic medicine during or before 1948; and

- (m) Demonstrate that she or he has obtained a passing score, as established by rule of the board, on all parts of the examination conducted by the National Board of Osteopathic Medical Examiners or other examination approved by the board no more than 5 years before making application in this state or, if holding a valid active license in another state, that the initial licensure in the other state occurred no more than 5 years after the applicant obtained a passing score on the examination conducted by the National Board of Osteopathic Medical Examiners or other substantially similar examination approved by the board.
- Section 18. <u>Section 460.4166, Florida Statutes, is repealed.</u>
- Section 19. Effective upon this act becoming a law, subsections (8) and (10) of section 464.019, Florida Statutes, are amended, and paragraph (f) is added to subsection (11) of that section, to read:
 - 464.019 Approval of nursing education programs.-
- (8) RULEMAKING.—The board does not have rulemaking authority to administer this section, except that the board

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shall adopt rules that prescribe the format for submitting program applications under subsection (1) and annual reports under subsection (3), and to administer the documentation of the accreditation of nursing education programs under subsection (11). The board may adopt rules relating to the nursing curriculum, including rules relating to the uses and limitations of simulation technology, and rules relating to the criteria to qualify for an extension of time to meet the accreditation requirements under paragraph (11)(f). The board may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in this section.

shall study the administration of this section and submit reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually by January 30, through January 30, 2025 2020. The annual reports shall address the previous academic year; provide data on the measures specified in paragraphs (a) and (b), as such data becomes available; and include an evaluation of such data for purposes of determining whether this section is increasing the availability of nursing education programs and the production of quality nurses. The department and each approved program or accredited program shall comply with requests for data from the

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- (a) The Florida Center for Nursing shall evaluate programspecific data for each approved program and accredited program conducted in the state, including, but not limited to:
 - 1. The number of programs and student slots available.
- 2. The number of student applications submitted, the number of qualified applicants, and the number of students accepted.
 - 3. The number of program graduates.
- 4. Program retention rates of students tracked from program entry to graduation.
- 5. Graduate passage rates on the National Council of State Boards of Nursing Licensing Examination.
- 6. The number of graduates who become employed as practical or professional nurses in the state.
- (b) The Florida Center for Nursing shall evaluate the board's implementation of the:
- 1. Program application approval process, including, but not limited to, the number of program applications submitted under subsection (1) $\underline{}$; the number of program applications approved and denied by the board under subsection (2) $\underline{}$; the number of denials of program applications reviewed under chapter $120\underline{}$; and a description of the outcomes of those reviews.
- 2. Accountability processes, including, but not limited to, the number of programs on probationary status, the number of

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approved programs for which the program director is required to appear before the board under subsection (5), the number of approved programs terminated by the board, the number of terminations reviewed under chapter 120, and a description of the outcomes of those reviews.

- (c) The Florida Center for Nursing shall complete an annual assessment of compliance by programs with the accreditation requirements of subsection (11), include in the assessment a determination of the accreditation process status for each program, and submit the assessment as part of the reports required by this subsection.
 - (11) ACCREDITATION REQUIRED.-
- (f) An approved nursing education program may, no sooner than 90 days before the deadline for meeting the accreditation requirements of this subsection, apply to the board for an extension of the accreditation deadline for a period which does not exceed 2 years. An additional extension may not be granted. In order to be eligible for the extension, the approved program must establish that it has a graduate passage rate of 60 percent or higher on the National Council of State Boards of Nursing Licensing Examination for the most recent calendar year and must meet a majority of the board's additional criteria, including, but not limited to, all of the following:
- 1. A student retention rate of 60 percent or higher for the most recent calendar year.

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- 1398 <u>2. A graduate work placement rate of 70 percent or higher</u>
 1399 for the most recent calendar year.
 - 3. The program has applied for approval or been approved by an institutional or programmatic accreditor recognized by the United States Department of Education.
 - 4. The program is in full compliance with subsections (1) and (3) and paragraph (5) (b).
 - 5. The program is not currently in its second year of probationary status under subsection (5).

The applicable deadline under this paragraph is tolled from the date on which an approved program applies for an extension until the date on which the board issues a decision on the requested extension.

Section 20. Section 464.202, Florida Statutes, is amended to read:

464.202 Duties and powers of the board.—The board shall maintain, or contract with or approve another entity to maintain, a state registry of certified nursing assistants. The registry must consist of the name of each certified nursing assistant in this state; other identifying information defined by board rule; certification status; the effective date of certification; other information required by state or federal law; information regarding any crime or any abuse, neglect, or exploitation as provided under chapter 435; and any disciplinary

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action taken against the certified nursing assistant. The registry shall be accessible to the public, the certificateholder, employers, and other state agencies. The board shall adopt by rule testing procedures for use in certifying nursing assistants and shall adopt rules regulating the practice of certified nursing assistants, including disciplinary procedures and standards of practice, and specifying the scope of practice authorized and the level of supervision required for the practice of certified nursing assistants. The board may contract with or approve another entity or organization to provide the examination services, including the development and administration of examinations. The board shall require that the contract provider offer certified nursing assistant applications via the Internet, and may require the contract provider to accept certified nursing assistant applications for processing via the Internet. The board shall require the contract provider to provide the preliminary results of the certified nursing examination on the date the test is administered. The provider shall pay all reasonable costs and expenses incurred by the board in evaluating the provider's application and performance during the delivery of services, including examination services and procedures for maintaining the certified nursing assistant registry. Section 21. Paragraph (c) of subsection (1) of section

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1448	464.203, Florida Statutes, is amended to read:
1449	464.203 Certified nursing assistants; certification
1450	requirement.—
1451	(1) The board shall issue a certificate to practice as a
1452	certified nursing assistant to any person who demonstrates a
1453	minimum competency to read and write and successfully passes the
1454	required background screening pursuant to s. 400.215. If the
1455	person has successfully passed the required background screening
1456	pursuant to s. 400.215 or s. 408.809 within 90 days before
1457	applying for a certificate to practice and the person's
1458	background screening results are not retained in the
1459	clearinghouse created under s. 435.12, the board shall waive the
1460	requirement that the applicant successfully pass an additional
1461	background screening pursuant to s. 400.215. The person must
1462	also meet one of the following requirements:
1463	(c) Is currently certified in another state or territory
1464	of the United States or in the District of Columbia; is listed
1465	on that jurisdiction's state's certified nursing assistant
1466	registry; and has not been found to have committed abuse,
1467	neglect, or exploitation in that jurisdiction state.
1468	Section 22. Paragraph (b) of subsection (1) of section
1469	464.204, Florida Statutes, is amended to read:
1470	464.204 Denial, suspension, or revocation of
1471	certification; disciplinary actions.—
1472	(1) The following acts constitute grounds for which the

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board may impose disciplinary sanctions as specified in subsection (2):

(b) Intentionally Violating any provision of this chapter, chapter 456, or the rules adopted by the board.

Section 23. Subsections (3) and (4) of section 466.006, Florida Statutes, are amended to read:

466.006 Examination of dentists.-

- (3) If an applicant is a graduate of a dental college or school not accredited in accordance with paragraph (2)(b) or of a dental college or school not approved by the board, the applicant is not entitled to take the examinations required in this section to practice dentistry until she or he satisfies one of the following:
- (a) Completes a program of study, as defined by the board by rule, at an accredited American dental school and demonstrates receipt of a D.D.S. or D.M.D. from said school; or
- (b) Submits proof of having successfully completed at least 2 consecutive academic years at a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation. This program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation. For purposes of this paragraph, a supplemental general dentistry program does not include an advanced education program in a dental specialty.

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- (4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or national examinations, to be licensed as a dentist in this state, an applicant must successfully complete both of the following:
- (a) A written examination on the laws and rules of the state regulating the practice of dentistry.
- (b) 1. A practical or clinical examination, which must shall be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if any, that is administered in this state and graded by dentists licensed in this state and employed by the department for just such purpose, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the American Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally. A passing score on the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state is valid for 365 days after the date the official examination results are published.
- 1.2.a. As an alternative to <u>such practical or clinical</u>
 examination the requirements of subparagraph 1., an applicant

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 may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results shall be recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out of state out-of-state shall be the same as the passing score for the American Dental Licensing Examination administered in this state and graded by dentists who are licensed in this state. The examination results are valid for 365 days after the date the official examination results are published. The applicant must have completed the examination after October 1, 2011.

 $rac{b.}{\cdot}$ This subparagraph may not be given retroactive application.

- 2.3. If the date of an applicant's passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 1. subparagraph 2. is older than 365 days, then such scores are shall nevertheless be recognized as valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:
- a. $\overline{\text{(I)}}$ The applicant completed the American Dental Licensing Examination after October 1, 2011.
 - (II) This sub-subparagraph may not be given retroactive

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1548 application;

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- The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation. For purposes of this sub-subparagraph, a supplemental general dentistry program does not include an advanced education program in a dental specialty;
- c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico;
- d. The applicant submits proof that he or she has never been reported to the National Practitioner Data Bank, the

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- Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This subsubparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of these agencies;
- e.(I) (A) In the 5 years immediately preceding the date of application for licensure in this state, The applicant submits must submit proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico in the 5 years immediately preceding the date of application for licensure in this state; τ or τ
- (B) If the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant submits must submit proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.
- (II) As used in this section, "full-time practice" is defined as a minimum of 1,200 hours per year for each and every year in the consecutive 5-year period or, when where applicable, the period since initial licensure, and must include any combination of the following:
- (A) Active clinical practice of dentistry providing direct patient care.

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- (B) Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.
- (C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.
- (III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the cost to the board of verifying full-time practice under this section. Such proof must, at a minimum, be:
- (A) Admissible as evidence in an administrative proceeding;
 - (B) Submitted in writing;
- (C) Submitted by the applicant under oath with penalties of perjury attached;
- (D) Further documented by an affidavit of someone unrelated to the applicant who is familiar with the applicant's practice and testifies with particularity that the applicant has been engaged in full-time practice; and
- (E) Specifically found by the board to be both credible and admissible.
- 1621 (IV) An affidavit of only the applicant is not acceptable proof of full-time practice unless it is further attested to by

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- someone unrelated to the applicant who has personal knowledge of the applicant's practice. If the board deems it necessary to assess credibility or accuracy, the board may require the applicant or the applicant's witnesses to appear before the board and give oral testimony under oath;
- f. The applicant <u>submits</u> <u>must submit</u> documentation that he or she has completed, or will complete <u>before he or she is</u> <u>licensed</u>, <u>prior to licensure</u> in this state, continuing education equivalent to this state's requirements for the last full reporting biennium;
- g. The applicant <u>proves</u> <u>must prove</u> that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction;
- h. The applicant <u>has</u> <u>must</u> successfully <u>passed</u> <u>pass</u> a written examination on the laws and rules of this state regulating the practice of dentistry and <u>must successfully pass</u> the computer-based diagnostic skills examination; and
- i. The applicant <u>submits</u> <u>must submit</u> documentation that he or she has successfully completed the <u>applicable examination</u> administered by the Joint Commission on National Dental <u>Examinations or its successor organization</u> National Board of <u>Dental Examiners dental examination</u>.
- Section 24. Notwithstanding the January 1, 2020, repeal of section 466.0067, Florida Statutes, that section is revived,

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reenacted, and amended, to read:

466.0067 Application for health access dental license.—The Legislature finds that there is an important state interest in attracting dentists to practice in underserved health access settings in this state and further, that allowing out-of-state dentists who meet certain criteria to practice in health access settings without the supervision of a dentist licensed in this state is substantially related to achieving this important state interest. Therefore, notwithstanding the requirements of s. 466.006, the board shall grant a health access dental license to practice dentistry in this state in health access settings as defined in s. 466.003 to an applicant who that:

- (1) Files an appropriate application approved by the board;
- (2) Pays an application license fee for a health access dental license, laws-and-rule exam fee, and an initial licensure fee. The fees specified in this subsection may not differ from an applicant seeking licensure pursuant to s. 466.006;
- (3) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
- (4) Submits proof of graduation from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency;
 - (5) Submits documentation that she or he has completed, or

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- will obtain <u>before</u> prior to licensure, continuing education equivalent to this state's requirement for dentists licensed under s. 466.006 for the last full reporting biennium before applying for a health access dental license;
- (6) Submits proof of her or his successful completion of parts I and II of the dental examination by the National Board of Dental Examiners and a state or regional clinical dental licensing examination that the board has determined effectively measures the applicant's ability to practice safely;
- (7) Currently holds a valid, active, dental license in good standing which has not been revoked, suspended, restricted, or otherwise disciplined from another of the United States, the District of Columbia, or a United States territory;
- (8) Has never had a license revoked from another of the United States, the District of Columbia, or a United States territory;
- (9) Has never failed the examination specified in s. 466.006, unless the applicant was reexamined pursuant to s. 466.006 and received a license to practice dentistry in this state;
- (10) Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank;
- (11) Submits proof that he or she has been engaged in the active, clinical practice of dentistry providing direct patient

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care for 5 years immediately preceding the date of application, or in instances when the applicant has graduated from an accredited dental school within the preceding 5 years, submits proof of continuous clinical practice providing direct patient care since graduation; and

(12) Has passed an examination covering the laws and rules of the practice of dentistry in this state as described in s. 466.006(4) (a).

Section 25. Notwithstanding the January 1, 2020, repeal of section 466.00671, Florida Statutes, that section is revived, reenacted, and amended to read:

466.00671 Renewal of the health access dental license.-

- (1) A health access dental licensee shall apply for renewal each biennium. At the time of renewal, the licensee shall sign a statement that she or he has complied with all continuing education requirements of an active dentist licensee. The board shall renew a health access dental license for an applicant who that:
- (a) Submits documentation, as approved by the board, from the employer in the health access setting that the licensee has at all times pertinent remained an employee;
- (b) Has not been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
 - (c) Has paid a renewal fee set by the board. The fee

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specified herein may not differ from the renewal fee adopted by the board pursuant to s. 466.013. The department may provide payment for these fees through the dentist's salary, benefits, or other department funds;

- (d) Has not failed the examination specified in s. 466.006 since initially receiving a health access dental license or since the last renewal; and
- (e) Has not been reported to the National Practitioner Data Bank, unless the applicant successfully appealed to have his or her name removed from the data bank.
- (2) The board may undertake measures to independently verify the health access dental licensee's ongoing employment status in the health access setting.

Section 26. Notwithstanding the January 1, 2020, repeal of section 466.00672, Florida Statutes, that section is revived and reenacted to read:

466.00672 Revocation of health access dental license.-

- (1) The board shall revoke a health access dental license upon:
- (a) The licensee's termination from employment from a qualifying health access setting;
- (b) Final agency action determining that the licensee has violated any provision of s. 466.027 or s. 466.028, other than infractions constituting citation offenses or minor violations; or

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- (c) Failure of the Florida dental licensure examination.
- 1749 (2) Failure of an individual licensed pursuant to s.
- 1750 466.0067 to limit the practice of dentistry to health access
- 1751 settings as defined in s. 466.003 constitutes the unlicensed
- 1752 practice of dentistry.
- Section 27. The amendments and reenactments made by this
- 1754 act to ss. 466.0067, 466.00671, and 466.00672, Florida Statutes,
- 1755 are remedial in nature and apply retroactively to January 1,
- 1756 2020. This section shall take effect upon this act becoming a
- 1757 law.
- 1758 Section 28. Paragraph (b) of subsection (4) and paragraph
- (a) of subsection (6) of section 466.007, Florida Statutes, are
- 1760 amended to read:
- 1761 466.007 Examination of dental hygienists.—
- 1762 (4) Effective July 1, 2012, to be licensed as a dental
 1763 hygienist in this state, an applicant must successfully complete
- 1764 the following:
- (b) A practical or clinical examination approved by the
- 1766 board. The examination shall be the Dental Hygiene Examination
- 1767 produced by the American Board of Dental Examiners, Inc. (ADEX)
- 1768 or its successor entity, if any, if the board finds that the
- 1769 successor entity's clinical examination meets or exceeds the
- 1770 provisions of this section. The board shall approve the ADEX
- 1771 Dental Hygiene Examination if the board has attained and
- 1772 continues to maintain representation on the ADEX House of

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Representatives, the ADEX Dental Hygiene Examination Development Committee, and such other ADEX Dental Hygiene committees as the board deems appropriate through rulemaking to ensure that the standards established in this section are maintained organizationally. The ADEX Dental Hygiene Examination or the examination produced by its successor entity is a comprehensive examination in which an applicant must demonstrate skills within the dental hygiene scope of practice on a live patient and any other components that the board deems necessary for the applicant to successfully demonstrate competency for the purpose of licensure. The ADEX Dental Hygiene Examination or the examination by the successor entity administered in this state shall be graded by dentists and dental hygienists licensed in this state who are employed by the department for this purpose.

(6)(a) A passing score on the ADEX Dental Hygiene Examination administered out of state <u>must</u> shall be considered the same as a passing score for the ADEX Dental Hygiene Examination administered in this state and graded by licensed dentists and dental hygienists.

Section 29. Subsections (9) through (15) are added to section 466.017, Florida Statutes, to read:

466.017 Prescription of drugs; anesthesia.-

(9) Any adverse incident that occurs in an office maintained by a dentist must be reported to the department. The required notification to the department must be submitted in

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- writing by certified mail and postmarked within 48 hours after the incident occurs.
- (10) A dentist practicing in this state must notify the board in writing by certified mail within 48 hours after any adverse incident that occurs in the dentist's outpatient facility. A complete written report must be filed with the board within 30 days after the incident occurs.
- (11) Any certified registered dental hygienist administering local anesthesia must notify the board in writing by registered mail within 48 hours after any adverse incident that was related to or the result of the administration of local anesthesia. A complete written report must be filed with the board within 30 days after the mortality or other adverse incident.
- (12) A failure by the dentist or dental hygienist to timely and completely comply with all the reporting requirements in this section is the basis for disciplinary action by the board pursuant to s. 466.028(1).
- determine whether it involved conduct by a health care professional subject to disciplinary action, in which case s.

 456.073 applies. Disciplinary action, if any, shall be taken by the board under which the health care professional is licensed.
- (14) As used in subsections (9)-(13), the term "adverse incident" means any mortality that occurs during or as the

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 result of a dental procedure, or an incident that results in a temporary or permanent physical or mental injury that requires hospitalization or emergency room treatment of a dental patient which occurs during or as a direct result of the use of general anesthesia, deep sedation, moderate sedation, pediatric moderate sedation, oral sedation, minimal sedation (anxiolysis), nitrous oxide, or local anesthesia.

- (15) The board may adopt rules to administer this section. Section 30. Section 466.031, Florida Statutes, is amended to read:
 - 466.031 "Dental laboratories laboratory" defined.-
- (1) As used in this chapter, the term "dental laboratory" as used in this chapter:
- (1) includes any person, firm, or corporation that who performs for a fee of any kind, gratuitously, or otherwise, directly or through an agent or an employee, by any means or method, or who in any way supplies or manufactures artificial substitutes for the natural teeth; or who furnishes, supplies, constructs, or reproduces or repairs any prosthetic denture, bridge, or appliance to be worn in the human mouth; or who in any way represents holds itself out as a dental laboratory.
- (2) The term does not include a Excludes any dental laboratory technician who constructs or repairs dental prosthetic appliances in the office of a licensed dentist exclusively for that such dentist only and under her or his

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1848 supervision and work order.

 (2) An employee or independent contractor of a dental laboratory, acting as an agent of that dental laboratory, may engage in onsite consultation with a licensed dentist during a dental procedure.

Section 31. Section 466.036, Florida Statutes, is amended to read:

466.036 Information; periodic inspections; equipment and supplies.—The department may require from the applicant for a registration certificate to operate a dental laboratory any information necessary to carry out the purpose of this chapter, including proof that the applicant has the equipment and supplies necessary to operate as determined by rule of the department, and shall require periodic inspection of all dental laboratories operating in this state at least once each biennial registration period. Such inspections must shall include, but need not be limited to, inspection of sanitary conditions, equipment, supplies, and facilities on the premises. The department shall specify dental equipment and supplies that are not allowed permitted in a registered dental laboratory.

Section 32. Subsection (1) of section 468.701, Florida Statutes, is amended to read:

468.701 Definitions.—As used in this part, the term:

(1) "Athletic trainer" means a person licensed under this part who has met the requirements $\underline{\text{of}}$ under this part, including

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 the education requirements established as set forth by the Commission on Accreditation of Athletic Training Education or its successor organization and necessary credentials from the Board of Certification. An individual who is licensed as an athletic trainer may not provide, offer to provide, or represent that he or she is qualified to provide any care or services that he or she lacks the education, training, or experience to provide, or that he or she is otherwise prohibited by law from providing.

Section 33. Section 468.707, Florida Statutes, is amended to read:

468.707 Licensure requirements.—Any person desiring to be licensed as an athletic trainer shall apply to the department on a form approved by the department. An applicant shall also provide records or other evidence, as determined by the board, to prove he or she has met the requirements of this section. The department shall license each applicant who:

- (1) Has completed the application form and remitted the required fees.
- (2) For a person who applies on or after July 1, 2016, Has submitted to background screening pursuant to s. 456.0135. The board may require a background screening for an applicant whose license has expired or who is undergoing disciplinary action.
- (3) (a) Has obtained, at a minimum, a bachelor's baccalaureate or higher degree from a college or university

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professional athletic training degree program accredited by the Commission on Accreditation of Athletic Training Education or its successor <u>organization</u> recognized and approved by the United States Department of Education or the Commission on Recognition of Postsecondary Accreditation, approved by the board, or recognized by the Board of Certification, and has passed the national examination to be certified by the Board of Certification; or $\frac{1}{2}$

- (b) (4) Has obtained, at a minimum, a bachelor's degree,
 has completed the Board of Certification internship
 requirements, and holds If graduated before 2004, has a current certification from the Board of Certification.
- $\underline{(4)}$ (5) Has current certification in both cardiopulmonary resuscitation and the use of an automated external defibrillator set forth in the continuing education requirements as determined by the board pursuant to s. 468.711.
- $\underline{(5)}$ (6) Has completed any other requirements as determined by the department and approved by the board.
- Section 34. Subsection (3) of section 468.711, Florida Statutes, is amended to read:
 - 468.711 Renewal of license; continuing education.—
- (3) If initially licensed after January 1, 1998, the licensee must be currently certified by the Board of Certification or its successor agency and maintain that certification in good standing without lapse.

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1923 Section 35. Section 468.713, Florida Statutes, is amended 1924 to read: 1925 468.713 Responsibilities of athletic trainers.-1926 An athletic trainer shall practice under the direction 1927 of a physician licensed under chapter 458, chapter 459, chapter 1928 460, or otherwise authorized by Florida law to practice 1929 medicine. The physician shall communicate his or her direction 1930 through oral or written prescriptions or protocols as deemed 1931 appropriate by the physician for the provision of services and 1932 care by the athletic trainer. An athletic trainer shall provide 1933 service or care in the manner dictated by the physician. 1934 (2) An athletic trainer shall work within his or her 1935 allowable scope of practice as specified in board rule under s. 468.705. An athletic trainer may not provide, offer to provide, 1936 1937 or represent that he or she is qualified to provide any care or 1938 services that he or she lacks the education, training, or 1939 experience to provide or that he or she is otherwise prohibited 1940 by law from providing. 1941 Section 36. Subsection (2) of section 468.723, Florida 1942 Statutes, is amended to read: 1943 468.723 Exemptions.—This part does not prohibit prevent or 1944 restrict:

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supervision of a licensed athletic trainer. For purposes of this

subsection, "direct supervision" means the physical presence of

An athletic training student acting under the direct

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

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an athletic trainer so that the athletic trainer is immediately available to the athletic training student and able to intervene on behalf of the athletic training student. The supervision must comply with board rule in accordance with the standards set forth by the Commission on Accreditation of Athletic Training Education or its successor.

Section 37. Subsections (1), (3), and (4) of section 468.803, Florida Statutes, are amended to read:

468.803 License, registration, and examination requirements.—

- (1) The department shall issue a license to practice orthotics, prosthetics, or pedorthics, or a registration for a resident to practice orthotics or prosthetics, to qualified applicants. Licenses to practice shall be granted independently in orthotics, prosthetics, or pedorthics must be granted independently, but a person may be licensed in more than one such discipline, and a prosthetist-orthotist license may be granted to persons meeting the requirements for licensure both as a prosthetist and as an orthotist license. Registrations to practice shall be granted independently in orthotics or prosthetics must be granted independently, and a person may be registered in both disciplines fields at the same time or jointly in orthotics and prosthetics as a dual registration.
- (3) A person seeking to attain the required orthotics or prosthetics experience <u>required for licensure</u> in this state must

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1973 be approved by the board and registered as a resident by the department. Although a registration may be held in both disciplines practice fields, for independent registrations the board may shall not approve a second registration until at least 1977 1 year after the issuance of the first registration. Notwithstanding subsection (2), a person an applicant who has 1979 been approved by the board and registered by the department in one discipline practice field may apply for registration in the second discipline practice field without an additional state or national criminal history check during the period in which the first registration is valid. Each independent registration or dual registration is valid for 2 years after $\frac{\text{from}}{\text{m}}$ the date of issuance unless otherwise revoked by the department upon 1986 recommendation of the board. The board shall set a registration 1987 fee not to exceed \$500 to be paid by the applicant. A registration may be renewed once by the department upon 1988 1989 recommendation of the board for a period no longer than 1 year, as such renewal is defined by the board by rule. The registration renewal fee may shall not exceed one-half the current registration fee. To be considered by the board for 1993 approval of registration as a resident, the applicant must have 1994 one of the following: A Bachelor of Science or higher-level postgraduate

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degree in orthotics and prosthetics from a regionally accredited

college or university recognized by the Commission on

(b) A minimum of, a bachelor's degree from a regionally accredited college or university and a certificate in orthotics or prosthetics from a program recognized by the Commission on Accreditation of Allied Health Education Programs, or its

Accreditation of Allied Health Education Programs. or, at

equivalent, as determined by the board.; or

- (c) A minimum of a bachelor's degree from a regionally accredited college or university and a dual certificate in both orthotics and prosthetics from programs recognized by the Commission on Accreditation of Allied Health Education Programs, or its equivalent, as determined by the board.
- (b) A Bachelor of Science or higher-level postgraduate degree in Orthotics and Prosthetics from a regionally accredited college or university recognized by the Commission on Accreditation of Allied Health Education Programs or, at a minimum, a bachelor's degree from a regionally accredited college or university and a certificate in prosthetics from a program recognized by the Commission on Accreditation of Allied Health Education Programs, or its equivalent, as determined by the board.
- (4) The department may develop and administer a state examination for an orthotist or a prosthetist license, or the board may approve the existing examination of a national standards organization. The examination must be predicated on a minimum of a baccalaureate-level education and formalized

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specialized training in the appropriate field. Each examination must demonstrate a minimum level of competence in basic scientific knowledge, written problem solving, and practical clinical patient management. The board shall require an examination fee not to exceed the actual cost to the board in developing, administering, and approving the examination, which fee must be paid by the applicant. To be considered by the board for examination, the applicant must have:

- (a) For an examination in orthotics:
- 1. A Bachelor of Science or higher-level postgraduate degree in orthotics and prosthetics from a regionally accredited college or university recognized by the Commission on Accreditation of Allied Health Education Programs or, at a minimum, a bachelor's degree from a regionally accredited college or university and a certificate in orthotics from a program recognized by the Commission on Accreditation of Allied Health Education Programs, or its equivalent, as determined by the board; and
- 2. An approved orthotics internship of 1 year of qualified experience, as determined by the board, or an orthotic residency or dual residency program recognized by the board.
 - (b) For an examination in prosthetics:
- 1. A Bachelor of Science or higher-level postgraduate degree in orthotics and prosthetics from a regionally accredited college or university recognized by the Commission on

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Accreditation of Allied Health Education Programs or, at a minimum, a bachelor's degree from a regionally accredited college or university and a certificate in prosthetics from a program recognized by the Commission on Accreditation of Allied Health Education Programs, or its equivalent, as determined by the board; and

2. An approved prosthetics internship of 1 year of qualified experience, as determined by the board, or a prosthetic residency or dual residency program recognized by the board.

Section 38. Subsection (5) of section 480.033, Florida Statutes, is amended to read:

480.033 Definitions.—As used in this act:

(5) "Apprentice" means a person approved by the board to study <u>colonic irrigation</u> massage under the instruction of a licensed massage therapist <u>practicing colonic irrigation</u>.

Section 39. Subsections (1) and (2) of section 480.041, Florida Statutes, are amended, and subsection (8) is added to that section, to read:

480.041 Massage therapists; qualifications; licensure; endorsement.—

- (1) Any person is qualified for licensure as a massage therapist under this act who:
- (a) Is at least 18 years of age or has received a high school diploma or high school equivalency diploma;

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- Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and Has received a passing grade on a national an examination designated administered by the board department. Every person desiring to be examined for licensure as a massage therapist must shall apply to the department in writing upon forms prepared and furnished by the department. Such applicants are shall be subject to the provisions of s. 480.046(1). Applicants may take an examination administered by the department only upon meeting the requirements of this section as determined by the board. (8) A person issued a license as a massage apprentice before July 1, 2020, may continue that apprenticeship and perform massage therapy as authorized under that license until it expires. Upon completion of the apprenticeship, which must occur before July 1, 2023, a massage apprentice may apply to the
- Section 40. Section 480.042, Florida Statutes, is repealed.
- Section 41. Subsection (3) of section 490.003, Florida 2095 Statutes, is amended to read:

board for full licensure and be granted a license if all other

- 490.003 Definitions.—As used in this chapter:
- (3) (a) Prior to July 1, 1999, "doctoral-level 2097

applicable licensure requirements are met.

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psychological education" and "doctoral degree in psychology"
mean a Psy.D., an Ed.D. in psychology, or a Ph.D. in psychology
from:

- 1. An educational institution which, at the time the applicant was enrolled and graduated, had institutional accreditation from an agency recognized and approved by the United States Department of Education or was recognized as a member in good standing with the Association of Universities and Colleges of Canada; and
- 2. A psychology program within that educational institution which, at the time the applicant was enrolled and graduated, had programmatic accreditation from an accrediting agency recognized and approved by the United States Department of Education or was comparable to such programs.
- (b) Effective July 1, 1999, "doctoral-level psychological education" and "doctoral degree in psychology" mean a Psy.D., an Ed.D. in psychology, or a Ph.D. in psychology from a psychology program at:
- $\frac{1.}{1.}$ an educational institution $\underline{\text{that}}$ which, at the time the applicant was enrolled and graduated:
- $\underline{\ \ \ }_{ au}$ Had institutional accreditation from an agency recognized and approved by the United States Department of Education or was recognized as a member in good standing with the Association of Universities and Colleges of Canada; and
 - (b) 2. A psychology program within that educational

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2123 institution which, at the time the applicant was enrolled and graduated, Had programmatic accreditation from the American Psychological Association an agency recognized and approved by the United States Department of Education.

Section 42. Paragraph (b) of subsection (1) and paragraph (b) of subsection (2) of section 490.005, Florida Statutes, are amended to read:

490.005 Licensure by examination.-

- Any person desiring to be licensed as a psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the board certifies has:
- Submitted proof satisfactory to the board that the (b) applicant has received:
- Received Doctoral-level psychological education, as defined in s. 490.003(3); or
- Received The equivalent of a doctoral-level psychological education, as defined in s. 490.003(3), from a program at a school or university located outside the United States of America and Canada, which was officially recognized by the government of the country in which it is located as an institution or program to train students to practice professional psychology. The applicant has the burden of establishing that this requirement has the requirements of this provision have been met shall be upon the applicant;

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- 3. Received and submitted to the board, prior to July 1, 1999, certification of an augmented doctoral-level psychological education from the program director of a doctoral-level psychology program accredited by a programmatic agency recognized and approved by the United States Department of Education; or
- 4. Received and submitted to the board, prior to August 31, 2001, certification of a doctoral-level program that at the time the applicant was enrolled and graduated maintained a standard of education and training comparable to the standard of training of programs accredited by a programmatic agency recognized and approved by the United States Department of Education. Such certification of comparability shall be provided by the program director of a doctoral-level psychology program accredited by a programmatic agency recognized and approved by the United States Department of Education.
- (2) Any person desiring to be licensed as a school psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the department certifies has:
- (b) Submitted satisfactory proof to the department that the applicant:
- 1. Has received a doctorate, specialist, or equivalent degree from a program primarily psychological in nature and has completed 60 semester hours or 90 quarter hours of graduate

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study, in areas related to school psychology as defined by rule of the department, from a college or university which at the time the applicant was enrolled and graduated was accredited by an accrediting agency recognized and approved by the <u>Council for Higher Education Accreditation or its successor organization</u>

Commission on Recognition of Postsecondary Accreditation or <u>from</u> an institution <u>that</u> which is <u>publicly recognized as</u> a member in good standing with the Association of Universities and Colleges of Canada.

- 2. Has had a minimum of 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist or who has otherwise qualified as a school psychologist supervisor, by education and experience, as set forth by rule of the department. A doctoral internship may be applied toward the supervision requirement.
- 3. Has passed an examination provided by the department. Section 43. Subsection (1) of section 490.006, Florida Statutes, is amended to read:
 - 490.006 Licensure by endorsement.
- (1) The department shall license a person as a psychologist or school psychologist who, upon applying to the department and remitting the appropriate fee, demonstrates to the department or, in the case of psychologists, to the board that the applicant:
 - (a) Holds a valid license or certificate in another state

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to practice psychology or school psychology, as applicable, provided that, when the applicant secured such license or certificate, the requirements were substantially equivalent to or more stringent than those set forth in this chapter at that time; and, if no Florida law existed at that time, then the requirements in the other state must have been substantially equivalent to or more stringent than those set forth in this chapter at the present time;

- (a) (b) Is a diplomate in good standing with the American Board of Professional Psychology, Inc.; or
- $\underline{\text{(b)}}$ Possesses a doctoral degree in psychology as described in s. 490.003 and has at least $\underline{10}$ 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within $\underline{\text{the}}$ 25 years preceding the date of application.
- Section 44. Subsection (6) of section 491.0045, Florida Statutes, as created by chapter 2016-80 and chapter 2016-241, Laws of Florida, is amended to read:
 - 491.0045 Intern registration; requirements.-
- (6) A registration issued on or before March 31, 2017, expires March 31, 2022, and may not be renewed or reissued. Any registration issued after March 31, 2017, expires 60 months after the date it is issued. The board may make a one-time exception from the requirements of this subsection in emergency or hardship cases, as defined by board rule, if A subsequent

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2223	intern registration may not be issued unless the candidate has
2224	passed the theory and practice examination described in s.
2225	491.005(1)(d), (3)(d), and (4)(d).

Section 45. Subsections (3) and (4) of section 491.005, Florida Statutes, are amended to read:

491.005 Licensure by examination.-

- (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 of to the department for the purchase of the examination from the Association of Marital and Family Therapy Regulatory Board, or 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) 1. Has a minimum of a master's degree with major emphasis in marriage and family therapy, or a closely related field from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education or from a Florida university program accredited by the Council for Accreditation of Counseling and Related Educational Programs, 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

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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

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.

c. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in diagnosis, appraisal, assessment.

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

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toward this requirement.

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- 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 (c). 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 recognized by the United States Department of Education. Certification shall be required from an official of such college, university, or training institution.
- 2. If the course title that 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

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syllabus or catalog description published for the course.

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2299 2300 The required master's degree must have been received in an 2301 institution of higher education that, which at the time the 2302 applicant graduated, was: fully accredited by a regional 2303 accrediting body recognized by the Commission on Recognition of 2304 Postsecondary Accreditation or publicly recognized as a member 2305 in good standing with the Association of Universities and 2306 Colleges of Canada, + or an institution of higher education 2307 located outside the United States and Canada, which, at the time 2308 the applicant was enrolled and at the time the applicant 2309 graduated, maintained a standard of training substantially 2310 equivalent to the standards of training of those institutions in 2311 the United States which are accredited by a regional accrediting 2312 body recognized by the Commission on Recognition of 2313 Postsecondary Accreditation. Such foreign education and training 2314 must have been received in an institution or program of higher 2315 education officially recognized by the government of the country 2316 in which it is located as an institution or program to train 2317 students to practice as professional marriage and family 2318 therapists or psychotherapists. The applicant has the burden of establishing that the requirements of this provision have been 2319 2320 met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a 2321 2322 foreign equivalency determination service, as evidence that the

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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 that 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.

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 postmaster'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 which that did not include all of the coursework required by subparagraph (b) 1. under sub-subparagraphs (b) 1.a.-c., credit for the post-master's level clinical experience may shall not commence until the applicant has completed a minimum of 10 of the courses required by subparagraph (b) 1. under sub-subparagraphs (b) 1.a.-c., as determined by the board, and at least 6 semester hours or 9

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quarter hours of the course credits must have been completed in the area of marriage and family systems, theories, or techniques. Within the 2 3 years of required experience, the applicant shall provide direct individual, group, or family therapy and counseling, to include the following categories of cases including those involving: unmarried dyads, married couples, separating and divorcing couples, and family groups that include 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 provided by the department for this purpose.
- (e) Has demonstrated, in a manner designated by <u>board</u> 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.

2366 (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 $\underline{\text{may}}$ shall not exceed those stated in this subsection.

(4) MENTAL HEALTH COUNSELING.—Upon verification of

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documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual per applicant cost of 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 which 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 which 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 all of the following requirements:
- a. Thirty-three semester hours or 44 quarter hours of graduate coursework, which must include a minimum of 3 semester

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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 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

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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. Has provided additional documentation if a the course title that 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 must include, including, but is not limited to, a syllabus or catalog description published for the course.

Education and training in mental health counseling must have been received in an institution of higher education that, 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 organization or Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada, recognized as

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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 organization 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 applicant has 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, 2025, an applicant must have a master's degree from 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. Has had at least 2 years of clinical experience in (C)

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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 which that did not include all the coursework required under sub-subparagraphs (b) 1.a. and b. (b) 1.a.-b., credit for the post-master's level clinical experience may shall not commence until the applicant has completed a minimum of seven of the courses required under subsubparagraphs (b) 1.a. and b. $\frac{(b)1.a.-b.}{}$, 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 provided by the department for this purpose.
- (e) Has demonstrated, in a manner designated by <u>board</u> 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 46. Paragraph (b) of subsection (1) of section

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- 2498 491.006, Florida Statutes, is amended to read:
- 2499 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 <u>licensed</u> 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; and.
 - 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 47. Subsection (3) of section 491.007, Florida Statutes, is amended to read:

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2523	491.007 Renewal of license, registration, or certificate.
2524	(3) The board or department shall prescribe by rule a
2525	method for the biennial renewal of an intern registration at a
2526	fee set by rule, not to exceed \$100.
2527	Section 48. Subsection (2) of section 491.009, Florida
2528	Statutes, is amended to read:
2529	491.009 Discipline
2530	(2) The board department, or, in the case of $\underline{\text{certified}}$
2531	master social workers psychologists, the department board, may
2532	enter an order denying licensure or imposing any of the
2533	penalties $\underline{\text{authorized}}$ in s. 456.072(2) against any applicant for
2534	licensure or <u>any</u> licensee who <u>violates</u> is found guilty of
2535	violating any provision of subsection (1) of this section or who
2536	is found guilty of violating any provision of s. 456.072(1).
2537	Section 49. Subsection (7) of section 514.0115, Florida
2538	Statutes, is renumbered as subsection (8), and a new subsection
2539	(7) is added to that section, to read:
2540	514.0115 Exemptions from supervision or regulation;
2541	variances.—
2542	(7) Until such time as the department adopts rules for the
2543	supervision and regulation of surf pools, a surf pool that is
2544	larger than 4 acres is exempt from supervision under this
2545	chapter, provided that it is permitted by a local government
2546	pursuant to a special use permit process in which the local
2547	government asserts regulatory authority over the construction of

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the surf pool and, in consultation with the department, establishes through the local government's special use permitting process the conditions for the surf pool's operation, water quality, and necessary lifesaving equipment. This subsection does not affect the department's or a county health department's right of entry pursuant to s. 514.04 or its authority to seek an injunction pursuant to s. 514.06 to restrain the operation of a surf pool permitted and operated under this subsection if the surf pool presents significant risks to public health. For the purposes of this subsection, the term "surf pool" means a pool designed to generate waves dedicated to the activity of surfing on a surfboard or an analogous surfing device commonly used in the ocean and intended for sport, as opposed to general play intent for wave pools, other large-scale public swimming pools, or other public bathing places.

Section 50. Paragraphs (g) through (v) of subsection (4) of section 408.809, Florida Statutes, are redesignated as paragraphs (h) through (w), respectively, and a new paragraph (g) is added to that subsection, to read:

408.809 Background screening; prohibited offenses.-

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an arrest awaiting final disposition for, must not have been found guilty

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of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:

(g) Section 784.03, relating to battery, if the victim is a vulnerable adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.

If, upon rescreening, a person who is currently employed or contracted with a licensee as of June 30, 2014, and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.

Section 51. Subsection (5) is added to section 456.0135, Florida Statutes, to read:

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2598	456.0135 General background screening provisions.—
2599	(5) In addition to the offenses listed in s. 435.04, all
2600	persons required to undergo background screening under this
2601	section, other than those licensed under s. 465.022, must not
2602	have an arrest awaiting final disposition for, must not have
2603	been found guilty of, regardless of adjudication, or entered a
2604	plea of nolo contendere or guilty to, and must not have been
2605	adjudicated delinquent and the record not have been sealed or
2606	expunged for an offense or any similar offense of another
2607	jurisdiction under s. 784.03, relating to battery, if the victim
2608	is a vulnerable adult as defined in s. 415.102 or a patient or
2609	resident of a facility licensed under chapter 395, chapter 400,
2610	or chapter 429.
2611	Section 52. Subsection (7) of section 553.77, Florida
2612	Statutes, is amended to read:
2613	553.77 Specific powers of the commission
2614	(7) Building officials shall recognize and enforce
2615	variance orders issued by the Department of Health pursuant to
2616	$\underline{\text{s. }514.0115(8)}$ $\underline{\text{s. }514.0115(7)}$, including any conditions attached
2617	to the granting of the variance.
2618	Section 53. Subsection (2) of section 491.0046, Florida
2619	Statutes, is amended to read:
2620	491.0046 Provisional license; requirements
2621	(2) The department shall issue a provisional clinical
2622	social worker license, provisional marriage and family therapist

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license, or provisional mental health counselor license to each applicant who the board certifies has:

- (a) Completed the application form and remitted a nonrefundable application fee not to exceed \$100, as set by board rule; and
- (b) Earned a graduate degree in social work, a graduate degree with a major emphasis in marriage and family therapy or a closely related field, or a graduate degree in a major related to the practice of mental health counseling; and
 - (c) Has Met the following minimum coursework requirements:
- 1. For clinical social work, a minimum of 15 semester hours or 22 quarter hours of the coursework required by s. 491.005(1)(b)2.b.
- 2. For marriage and family therapy, 10 of the courses required by $\underline{s.\ 491.005(3)(b)1.}\ \underline{s.\ 491.005(3)(b)1.a.-c.}$, 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.
- 3. For mental health counseling, a minimum of seven of the courses required under s. 491.005(4)(b)1.a.-c.
- Section 54. Subsection (11) of section 945.42, Florida Statutes, is amended to read:
- 2646 945.42 Definitions; ss. 945.40-945.49.—As used in ss. 945.40-945.49, the following terms shall have the meanings

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ascribed to them, unless the context shall clearly indicate otherwise:

(11) "Psychological professional" means a behavioral practitioner who has an approved doctoral degree in psychology as defined in $\underline{s.\ 490.003(3)}\ \underline{s.\ 490.003(3)}\ b$ and is employed by the department or who is licensed as a psychologist pursuant to chapter 490.

Section 55. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2020.

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