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CHAMBER ACTION

Senate House

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Representative Drake offered the following:

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Substitute Amendment for Amendment (689403) (with title amendment)

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Remove everything after the enacting clause and insert: Section 1. Subsections (2) and (3) of section 381.0045, Florida Statutes, are amended to read:

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381.0045 Targeted outreach for pregnant women.-

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(2) It is the purpose of this section to establish a targeted outreach program for high-risk pregnant women who may not seek proper prenatal care, who suffer from substance abuse or mental health problems, or who have are infected with human

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immunodeficiency virus (HIV), and to provide these women with links to much needed services and information.

- (3) The department shall:
- (a) Conduct outreach programs through contracts with, grants to, or other working relationships with persons or entities where the target population is likely to be found.
- (b) Provide outreach that is peer-based, culturally sensitive, and performed in a nonjudgmental manner.
- (c) Encourage high-risk pregnant women of unknown status to be tested for HIV <u>and other sexually transmissible diseases</u> as specified by department rule.
- (d) Educate women not receiving prenatal care as to the benefits of such care.
- (e) Provide HIV-infected pregnant women who have HIV with information on the need for antiretroviral medication for their newborn, their medication options, and how they can access the medication after their discharge from the hospital so they can make an informed decision about the use of Zidovudine (AZT).
- (f) Link women with substance abuse treatment and mental health services, when available, and act as a liaison with Healthy Start coalitions, children's medical services, Ryan White-funded providers, and other services of the Department of Health.
- (g) Educate pregnant women who have HIV on the importance of engaging in and continuing HIV care.

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61 62 (h) Provide continued oversight of to HIV-exposed newborns exposed to HIV to determine the newborn's final HIV status and ensure continued linkage to care if the newborn is diagnosed with HIV.

Section 2. Paragraph (e) of subsection (8) of section 381.986, Florida Statutes, is amended, and paragraph (i) is added to subsection (14) of that section, to read:

381.986 Medical use of marijuana.-

- (8) MEDICAL MARIJUANA TREATMENT CENTERS.-
- 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

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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 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 from further consideration and the fees shall be forfeited.

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 other form of ownership of any other medical marijuana treatment 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.

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- 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:
- 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.

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- 7. Each medical marijuana treatment center must produce and make available for purchase at least one low-THC cannabis product.
- 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 may have a potency variance of no greater than 15 percent. 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.

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- 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 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,

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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.

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 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 samples of marijuana a random sample from edibles available in a cultivation

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facility, processing facility, or for purchase in a dispensing
facility which shall be tested by the department to determine
that the $\underline{\text{marijuana}}$ $\underline{\text{edible}}$ meets the potency requirements of this
section, is safe for human consumption, and the labeling of the
tetrahydrocannabinol and cannabidiol concentration is accurate
or to verify medical marijuana testing laboratory results. The
department may also sample marijuana delivery devices from a
dispensing facility to determine whether the marijuana delivery
device is safe for use by qualified patients. A medical
marijuana treatment center may not require payment from the
department for the sample. A medical marijuana treatment center
must recall all marijuana that fails edibles, including all
edibles made from the same batch of marijuana, which fail to
meet the potency requirements of this section, which $\underline{\text{is}}$ $\underline{\text{are}}$
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

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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, 2018.

- e. Package the marijuana in compliance with the United States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss. 1471 et seq.
- f. Package the marijuana in a receptacle that has a firmly affixed and legible label stating the following 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.

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- (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.
 - 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.
 - c. Dosage and administration.
 - d. Dosage forms and strengths.
 - e. Contraindications.
 - f. Warnings and precautions.
 - g. Adverse reactions.
 - 13. In addition to the packaging and labeling requirements specified in subparagraphs 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.

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- 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.
- 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 11. and 12., edible 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.
- 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.

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- 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 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 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 or sell any other type of cannabis, alcohol, or illicit drug-related product, including pipes or

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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.

- g. 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.
- 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.-
- (i) 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 3. Effective July 1, 2022, paragraph (b) of subsection (8) of section 381.986, Florida Statutes, is amended to read:
 - 381.986 Medical use of marijuana.-
 - (8) MEDICAL MARIJUANA TREATMENT CENTERS.-

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(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 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)24., 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. However, the
department may not renew the license of a medical marijuana
treatment center that has not begun to cultivate, process, and

dispense marijuana by the date that the medical marijuana
treatment center is required to renew its license. An individual
may not be an applicant, owner, officer, board member, or
manager on more than one application for licensure as a medical $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac$
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 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.

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- 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 subsubparagraph 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.

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- 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
- c. A record of contracts for services with minority business enterprises and veteran business enterprises.
- Section 4. Subsection (12) is added to of section 381.988, Florida Statutes, to read:
- 381.988 Medical marijuana testing laboratories; marijuana tests conducted by a certified laboratory.—
- (12) 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

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455	acquire,	possess,	test,	transp	ort,	and	lawfully	dispose	of
456	marijuana	a as prov	rided in	n this	sect	ion.			

Section 5. Section 395.3042, Florida Statutes, is created to read:

395.3042 Emergency medical services providers; triage and transportation of heart attack victims to an adult cardiovascular services provider.—

- (1) By June 1 of each year, the department shall send a list of providers of Level I and Level II adult cardiovascular services to the medical director of each licensed emergency medical services provider in this state.
- (2) The department shall develop a sample heart attack-triage assessment tool. The department must post this sample assessment tool on its website and provide a copy of the assessment tool to each licensed emergency medical services provider. Each licensed emergency medical services provider must use a heart attack-triage assessment tool that is substantially similar to the sample heart attack-triage assessment tool provided by the department.
- (3) The medical director of each licensed emergency medical services provider shall develop and implement assessment, treatment, and transport-destination protocols for heart attack patients with the intent to assess, treat, and transport heart attack patients to the most appropriate hospital. Such protocols must include the development and

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implementation of plans for the triage and transport of patients with acute heart attack symptoms.

(4) Each emergency medical services provider licensed under chapter 401 must comply with this section.

Section 6. Subsection (7) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.—

(7) A person who is referred by a nurse registry for contract in private residences and who is not a nurse licensed under part I of chapter 464 may perform only those services or care to clients that the person has been certified to perform or trained to perform as required by law or rules of the Agency for Health Care Administration or the Department of Business and Professional Regulation. Providing services beyond the scope authorized under this subsection constitutes the unauthorized practice of medicine or a violation of the Nurse Practice Act and is punishable as provided under chapter 458, chapter 459, or part I of chapter 464. If a licensed nurse registry authorizes a registered nurse to delegate tasks, including medication administration, to a certified nursing assistant pursuant to chapter 464 or to a home health aide pursuant to s. 400.490, the licensed nurse registry must ensure that such delegation meets the requirements of this chapter and chapter 464 and the rules adopted thereunder.

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Section 7. Subsections (3) and (4) of section 401.465,
Florida Statutes, are renumbered as subsections (4) and (5),
respectively, paragraphs (d) and (j) of subsection (2) of that
section are amended, paragraph (d) is added to subsection (1),
and a new subsection (3) is added to that section, to read:
401 465 011 11' 6 4 4 1 1 ' 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1

- 401.465 911 public safety telecommunicator certification.-
- (1) DEFINITIONS.—As used in this section, the term:
- (d) "Telecommunicator cardiopulmonary resuscitation training" means specific training, including continuous education, that is evidence based and contains nationally accepted guidelines for high-quality telecommunicator cardiopulmonary resuscitation with the recognition of out-of-hospital cardiac arrest over the telephone and the delivery of telephonic instructions for treating cardiac arrest and performing compression-only cardiopulmonary resuscitation.
 - (2) PERSONNEL; STANDARDS AND CERTIFICATION.-
- (d) The department shall determine whether the applicant meets the requirements specified in this section and in rules of the department and shall issue a certificate to any person who meets such requirements. Such requirements must include the following:
- 1. Completion of an appropriate 911 public safety telecommunication training program;
- 2. Certification under oath that the applicant is not addicted to alcohol or any controlled substance;

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- 3. Certification under oath that the applicant is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;
- 4. Submission of the application fee prescribed in subsection (4) $\frac{(3)}{}$;
- 5. Submission of a completed application to the department which indicates compliance with subparagraphs 1., 2., and 3.; and
- 6. Effective October 1, 2012, passage of an examination approved by the department which measures the applicant's competency and proficiency in the subject material of the public safety telecommunication training program.
- (j)1. The requirement for certification as a 911 public safety telecommunicator is waived for a person employed as a sworn state-certified law enforcement officer, provided the officer:
- a. Is selected by his or her chief executive to perform as
 a 911 public safety telecommunicator;
- b. Performs as a 911 public safety telecommunicator on an occasional or limited basis; and
- c. Passes the department-approved examination that measures the competency and proficiency of an applicant in the subject material comprising the public safety telecommunication program.

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	2.	A	sworn	sta	te-cer	tified	law	enforcem	ent	offi	cer	who
fails	s an	ех	kamina	tion	taken	under	subp	paragraph	1.	must	t tal	ce a
depa	rtme	nt-	-appro	ved 1	public	safety	y tel	Lecommuni	cat:	ion t	rair	ning
prog	ram p	pri	or to	reta	aking t	the exa	amina	ation.				

- 3. The testing required under this paragraph is exempt from the examination fee required under subsection (4)
- (3) TELECOMMUNICATOR CARDIOPULMONARY RESUSCITATION

 TRAINING.—In addition to the certification and recertification requirements contained in this section, 911 public safety telecommunicators who take telephone calls and provide dispatch functions for emergency medical conditions must complete telecommunicator cardiopulmonary resuscitation training every 2 years.

Section 8. Paragraph (h) is added to subsection (1) of section 408.033, Florida Statutes, to read:

408.033 Local and state health planning.-

- (1) LOCAL HEALTH COUNCILS.-
- (h) For the purpose of performing their duties under this section, local health councils may collect utilization data from each hospital licensed under chapter 395 which is located within their respective local health council districts.
- Section 9. Paragraph (c) of subsection (2) of section 456.47, Florida Statutes, is amended to read:
 - 456.47 Use of telehealth to provide services.—
 - (2) PRACTICE STANDARDS.—

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- (c) A telehealth provider may not use telehealth to prescribe a controlled substance <u>listed in Schedule II of s.</u>
 893.03 unless the controlled substance is prescribed for the following:
 - 1. The treatment of a psychiatric disorder;
- 2. Inpatient treatment at a hospital licensed under chapter 395;
- 3. The treatment of a patient receiving hospice services as defined in s. 400.601; or
- 4. The treatment of a resident of a nursing home facility as defined in s. 400.021.

Section 10. Subsection (1) of section 460.406, Florida Statutes, is amended to read:

460.406 Licensure by examination.-

(1) Any person desiring to be licensed as a chiropractic physician must apply to the department to take the licensure examination. There shall be an application fee set by the board not to exceed \$100 which shall be nonrefundable. There shall also be an examination fee not to exceed \$500 plus the actual per applicant cost to the department for purchase of portions of the examination from the National Board of Chiropractic Examiners or a similar national organization, which may be refundable if the applicant is found ineligible to take the examination. The department shall examine each applicant who the board certifies has met all of the following criteria:

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- (a) Completed the application form and remitted the appropriate fee.
- (b) Submitted proof satisfactory to the department that he or she is not less than 18 years of age.
- (c) Submitted proof satisfactory to the department that he or she is a graduate of a chiropractic college which is accredited by or has status with the Council on Chiropractic Education or its predecessor agency. However, any applicant who is a graduate of a chiropractic college that was initially accredited by the Council on Chiropractic Education in 1995, who graduated from such college within the 4 years immediately preceding such accreditation, and who is otherwise qualified is shall be eligible to take the examination. An No application for a license to practice chiropractic medicine may not shall be denied solely because the applicant is a graduate of a chiropractic college that subscribes to one philosophy of chiropractic medicine as distinguished from another.
- (d)1. For an applicant who has matriculated in a chiropractic college <u>before</u> prior to July 2, 1990, completed at least 2 years of residence college work, consisting of a minimum of one-half the work acceptable for a bachelor's degree granted on the basis of a 4-year period of study, in a college or university accredited by an <u>institutional</u> accrediting agency recognized and approved by the United States Department of Education. However, <u>before</u> prior to being certified by the board

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to sit for the examination, each applicant who has matriculated in a chiropractic college after July 1, 1990, <u>must shall</u> have been granted a bachelor's degree, based upon 4 academic years of study, by a college or university accredited by <u>an institutional a regional</u> accrediting agency which is a member of the Commission on Recognition of Postsecondary Accreditation.

- Effective July 1, 2000, completed, before prior to matriculation in a chiropractic college, at least 3 years of residence college work, consisting of a minimum of 90 semester hours leading to a bachelor's degree in a liberal arts college or university accredited by an institutional accrediting agency recognized and approved by the United States Department of Education. However, before prior to being certified by the board to sit for the examination, each applicant who has matriculated in a chiropractic college after July 1, 2000, must shall have been granted a bachelor's degree from an institution holding accreditation for that degree from an institutional a regional accrediting agency which is recognized by the United States Department of Education. The applicant's chiropractic degree must consist of credits earned in the chiropractic program and may not include academic credit for courses from the bachelor's degree.
- (e) Successfully completed the National Board of Chiropractic Examiners certification examination in parts I, II, III, and IV, and the physiotherapy examination of the National

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Board of Chiropractic Examiners, with a score approved by the board.

(f) Submitted to the department a set of fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for the criminal background check of the applicant.

The board may require an applicant who graduated from an institution accredited by the Council on Chiropractic Education more than 10 years before the date of application to the board to take the National Board of Chiropractic Examiners Special Purposes Examination for Chiropractic, or its equivalent, as determined by the board. The board shall establish by rule a passing score.

Section 11. Subsection (4) of section 464.008, Florida Statutes, is amended to read:

464.008 Licensure by examination.-

(4) If an applicant who graduates from an approved program does not take the licensure examination within 6 months after graduation, he or she must enroll in and successfully complete a board-approved licensure examination preparatory course. The applicant is responsible for all costs associated with the course and may not use state or federal financial aid for such

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678 costs. The board shall by rule establish guidelines for 679 licensure examination preparatory courses.

Section 12. Subsection (2) of section 464.0156, Florida Statutes, is amended to read:

464.0156 Delegation of duties.-

- assistant or a home health aide the administration of oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications to a patient of a home health agency or nurse registry, if the certified nursing assistant or home health aide meets the requirements of s. 464.2035 or s. 400.489, respectively. A registered nurse may not delegate the administration of any controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s. 812.
- Section 13. Paragraph (e) of subsection (1) of section 464.018, Florida Statutes, is amended to read:

464.018 Disciplinary actions.-

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in ss. 456.072(2) and 464.0095:
- (e) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, regardless of adjudication, any offense prohibited under s. 435.04 or similar statute of another jurisdiction; or having

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committed an act which constitutes domestic violence as defined in s. 741.28.

Section 14. Subsections (1) and (3) of section 464.2035, Florida Statutes, are amended to read:

464.2035 Administration of medication.-

- (1) A certified nursing assistant may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medication to a patient of a home health agency or nurse registry if the certified nursing assistant has been delegated such task by a registered nurse licensed under part I of this chapter, has satisfactorily completed an initial 6-hour training course approved by the board, and has been found competent to administer medication to a patient in a safe and sanitary manner. The training, determination of competency, and initial and annual validation required under this section must be conducted by a registered nurse licensed under this chapter or a physician licensed under chapter 458 or chapter 459.
- (3) The board, in consultation with the Agency for Health Care Administration, shall establish by rule standards and procedures that a certified nursing assistant must follow when administering medication to a patient of a home health agency or nurse registry. Such rules must, at a minimum, address qualification requirements for trainers, requirements for labeling medication, documentation and recordkeeping, the storage and disposal of medication, instructions concerning the

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safe administration of medication, informed-consent requirements and records, and the training curriculum and validation procedures.

Section 15. Paragraph (h) of subsection (1) of section 466.028, Florida Statutes, is amended to read:

466.028 Grounds for disciplinary action; action by the board.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (h) Being employed by any corporation, organization, group, or person other than a dentist, a hospital, or a professional corporation or limited liability company composed of dentists to practice dentistry.

Section 16. Section 466.0285, Florida Statutes, is amended to read:

466.0285 Proprietorship by nondentists.-

- (1) A person or an entity No person other than a dentist licensed under pursuant to this chapter, a specialty-licensed children's hospital licensed under chapter 395 as of January 1, 2021, or nor any entity other than a professional corporation or limited liability company composed of dentists, may not:
- (a) Employ a dentist or dental hygienist in the operation of a dental office.
- (b) Control the use of any dental equipment or material while such equipment or material is being used for the provision 151229

of dental services, whether those services are provided by a dentist, a dental hygienist, or a dental assistant.

(c) Direct, control, or interfere with a dentist's clinical judgment. To direct, control, or interfere with a dentist's clinical judgment does not mean may not be interpreted to mean dental services contractually excluded, the application of alternative benefits that may be appropriate given the dentist's prescribed course of treatment, or the application of contractual provisions and scope of coverage determinations in comparison with a dentist's prescribed treatment on behalf of a covered person by an insurer, health maintenance organization, or a prepaid limited health service organization.

Any lease agreement, rental agreement, or other arrangement between a nondentist and a dentist whereby the nondentist provides the dentist with dental equipment or dental materials must shall contain a provision whereby the dentist expressly maintains complete care, custody, and control of the equipment or practice.

(2) The purpose of this section is to prevent a nondentist from influencing or otherwise interfering with the exercise of a dentist's independent professional judgment. In addition to the acts specified in subsection (1), a no person or an entity that who is not a dentist licensed under pursuant to this chapter, a specialty-licensed children's hospital licensed under chapter

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- 395 as of January 1, 2021, or nor any entity that is not a professional corporation or limited liability company composed of dentists may not shall enter into a relationship with a licensee pursuant to which such unlicensed person or such entity exercises control over any of the following:
- (a) The selection of a course of treatment for a patient, the procedures or materials to be used as part of such course of treatment, and the manner in which such course of treatment is carried out by the licensee.
 - (b) The patient records of a dentist. +
- (c) Policies and decisions relating to pricing, credit, refunds, warranties, and advertising.; and
- (d) Decisions relating to office personnel and hours of practice.
- (3) Any person who violates this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (4) Any contract or arrangement entered into or undertaken in violation of this section <u>is</u> shall be void as contrary to public policy. This section applies to contracts entered into or renewed on or after October 1, 1997.
- Section 17. Subsections (13) and (14) of section 467.003, Florida Statutes, are renumbered as subsections (14) and (15), respectively, subsections (1) and (12) are amended, and a new subsection (13) is added to that section, to read:

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46	7.003	Defi	initions.	.—As	used	in	this	chapter,	unless	the
context	other	wise	requires	S:						

- (1) "Approved midwifery program" means a midwifery school or a midwifery training program that which is approved by the department pursuant to s. 467.205.
- (12) "Preceptor" means a physician <u>licensed under chapter</u>

 458 or chapter 459, a licensed midwife <u>licensed under this</u>

 chapter, or a certified nurse midwife <u>licensed under chapter</u>

 464, who has a minimum of 3 years' professional experience, and who directs, teaches, supervises, and evaluates the learning experiences of <u>a the</u> student midwife <u>as part of an approved</u> midwifery program.
- (13) "Prelicensure course" means a course of study,
 offered by an approved midwifery program and approved by the
 department, which an applicant for licensure must complete
 before a license may be issued and which provides instruction in
 the laws and rules of this state and demonstrates the student's
 competency to practice midwifery under this chapter.
- Section 18. Section 467.009, Florida Statutes, is amended to read:
- 467.009 <u>Approved</u> midwifery programs; education and training requirements.—
- (1) The department shall adopt standards for <u>approved</u> midwifery programs <u>which must include</u>, but need not be limited to, standards for all of the following:

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               . The standards shall encompass Clinical and classroom
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     instruction in all aspects of prenatal, intrapartal, and
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     postpartal care, including all of the following:
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          1. Obstetrics.÷
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          2.
              Neonatal pediatrics. +
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          3. Basic sciences.÷
          4. Female reproductive anatomy and physiology. +
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          5. Behavioral sciences. +
          6. Childbirth education. +
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          7. Community care. +
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          8. Epidemiology. +
          9. Genetics <u>.</u>;
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          10. Embryology. +
          11. Neonatology .÷
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          12. Applied pharmacology. +
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          13. The medical and legal aspects of midwifery.
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          14. Gynecology and women's health.\div
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          15. Family planning. +
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          16. Nutrition during pregnancy and lactation. +
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          17. Breastfeeding.; and
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          18.
               Basic nursing skills; and any other instruction
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     determined by the department and council to be necessary.
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               The standards shall incorporate the Core competencies
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     incorporating those established by the American College of Nurse
     Midwives and the Midwives Alliance of North America, including
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853	knowledge,	skills,	and	professional	behavior	in	<u>all</u>	of	the
854	following	areas:							

- $\underline{1.}$ Primary management, collaborative management, referral, and medical consultation.
- $\underline{2.}$ Antepartal, intrapartal, postpartal, and neonatal care.
 - 3. Family planning and gynecological care. +
 - 4. Common complications.; and
 - 5. Professional responsibilities.
- (c) Noncurricular The standards shall include noncurriculum matters under this section, including, but not limited to, staffing and teacher qualifications.
- (2) An approved midwifery program <u>must offer</u> shall include a course of study and clinical training for a minimum of 3 years which incorporates all of the standards, curriculum guidelines, and educational objectives provided in this section and the rules adopted hereunder.
- (3) An approved midwifery program may reduce If the applicant is a registered nurse or a licensed practical nurse or has previous nursing or midwifery education, the required period of training may be reduced to the extent of the student's applicant's qualifications as a registered nurse or licensed practical nurse or based on prior completion of equivalent nursing or midwifery education, as determined under rules

877	adopted	bу	the	depai	ctmen	t <u>ru</u>	ıle .	In	no	case	shall	the	training	be
878	reduced	to	a po	eriod	of le	ess	than	2	yea	irs .				

- (4) (3) An approved midwifery program may accept students who To be accepted into an approved midwifery program, an applicant shall have completed all of the following:
 - (a) A high school diploma or its equivalent.
- (b) Taken Three college-level credits each of math and English or demonstrated competencies in communication and computation.
- (5) (4) As part of its course of study, an approved midwifery program must require clinical training that includes all of the following:
- (a) A student midwife, during training, shall undertake, under the supervision of a preceptor. The care of 50 women in each of the prenatal, intrapartal, and postpartal periods under the supervision of a preceptor., but The same women need not be seen through all three periods.
- (b) (5) Observation of The student midwife shall observe an additional 25 women in the intrapartal period before qualifying for a license.
- (6) Clinical The training required under this section $\underline{\text{must}}$ include all of the following:
- (a) shall include Training in either hospitals, or alternative birth settings, or both.

(b) A requirement that students demonstrate competency in
the assessment of and differentiation, with particular emphasis
on learning the ability to differentiate between low-risk
pregnancies and high-risk pregnancies.
(7) A hospital or birthing center receiving public funds
shall be required to provide student midwives access to observe

- (/) A hospital or birthing center receiving public funds shall be required to provide student midwives access to observe labor, delivery, and postpartal procedures, provided the woman in labor has given informed consent. The Department of Health shall assist in facilitating access to hospital training for approved midwifery programs.
- (8) (7) The Department of Education shall adopt curricular frameworks for midwifery programs conducted within public educational institutions <u>under pursuant to</u> this section.
- (8) Nonpublic educational institutions that conduct approved midwifery programs shall be accredited by a member of the Commission on Recognition of Postsecondary Accreditation and shall be licensed by the Commission for Independent Education.
- Section 19. Section 467.011, Florida Statutes, is amended to read:
- 467.011 <u>Licensed midwives; qualifications; examination</u>

 Licensure by examination.
- (1) The department shall administer an examination to test the proficiency of applicants in the core competencies required to practice midwifery as specified in s. 467.009.

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- $\overline{(3)}$ The department shall issue a license to practice midwifery to an applicant who <u>meets all of the following</u> criteria:
- (1) Demonstrates that he or she has graduated from one of the following:
 - (a) An approved midwifery program.
- (b) A medical or midwifery program offered in another state, jurisdiction, territory, or country whose graduation requirements were equivalent to or exceeded those required by s. 467.009 and the rules adopted thereunder at the time of graduation.
- (2) Demonstrates that he or she has and successfully completed a prelicensure course offered by an approved midwifery program. Students graduating from an approved midwifery program may meet this requirement by showing that the content requirements for the prelicensure course were covered as part of their course of study.
- (3) Submits an application for licensure on a form approved by the department and pays the appropriate fee.
- (4) Demonstrates that he or she has received a passing score on an the examination specified by the department, upon payment of the required licensure fee.

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Section 20. Section 467.0125, Florida Statutes, is amended to read:

467.0125 <u>Licensed midwives; qualifications;</u> Licensure by endorsement; temporary certificates.—

- (1) The department shall issue a license by endorsement to practice midwifery to an applicant who, upon applying to the department, demonstrates to the department that she or he <u>meets</u> all of the following criteria:
- (a) 1. Holds a valid certificate or diploma from a foreign institution of medicine or midwifery or from a midwifery program offered in another state, bearing the seal of the institution or otherwise authenticated, which renders the individual eligible to practice midwifery in the country or state in which it was issued, provided the requirements therefor are deemed by the department to be substantially equivalent to, or to exceed, those established under this chapter and rules adopted under this chapter, and submits therewith a certified translation of the foreign certificate or diploma; or
- 2. Holds an active, unencumbered a valid certificate or license to practice midwifery in another state, jurisdiction, or territory issued by that state, provided the licensing requirements of that state, jurisdiction, or territory at the time the license was issued were therefor are deemed by the department to be substantially equivalent to, or exceeded to

exceed,	those	estak	olished	unde	er	this	chapter	and	the	rules
adopted	thereu	ınder	under	this	ch	apte i	-			

- (b) Has <u>successfully</u> completed a 4-month prelicensure course conducted by an approved <u>midwifery</u> program and has submitted documentation to the department of successful completion.
- (c) <u>Submits an application for licensure on a form</u>

 <u>approved by the department and pays the appropriate fee</u>

 <u>successfully passed the licensed midwifery examination</u>.
- (2) The department may issue a temporary certificate to practice in areas of critical need to <u>an applicant</u> any midwife who is qualifying for <u>a midwifery license licensure by endorsement</u> under subsection (1) who meets all of the following criteria, with the following restrictions:
- (a) Submits an application for a temporary certificate on a form approved by the department and pays the appropriate fee, which may not exceed \$50 and is in addition to the fee required for licensure by endorsement under subsection (1);
- (b) Specifies on the application that he or she will The Department of Health shall determine the areas of critical need, and the midwife so certified shall practice only in one or more of the following locations:
 - 1. A county health department;
 - A correctional facility;
 - 3. A Department of Veterans' Affairs clinic;

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	4. A community		health	funded	by	s.	329	, s.	330,	or			
s.	340	of	the	United	States	Public	Health	Sei	rvic	e A	ct;	or	

- 5. Any other agency or institution that is approved by the State Surgeon General and provides health care to meet the needs of an underserved population in this state; and those specific areas.
- (c) Will practice only under the <u>supervision</u> auspices of a physician licensed <u>under</u> pursuant to chapter 458 or chapter 459, a certified nurse midwife licensed <u>under</u> pursuant to part I of chapter 464, or a midwife licensed under this chapter, who has a minimum of 3 years' professional experience.
- (3) The department may issue a temporary certificate under this section with the following restrictions:
- (a) A requirement that a temporary certificateholder practice only in areas of critical need. The State Surgeon General shall determine the areas of critical need, which Such areas shall include, but are not be limited to, health professional shortage areas designated by the United States Department of Health and Human Services.
- (b) A requirement that if a temporary certificateholder's practice area ceases to be an area of critical need, within 30 days after such change the certificateholder must either:
- 1. Report a new practice area of critical need to the department; or
 - 2. Voluntarily relinquish the temporary certificate.

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(4) The department shall review a temporary
certificateholder's practice at least annually to determine
whether the certificateholder is meeting the requirements of
subsections (2) and (3) and the rules adopted thereunder. If the
department determines that a certificateholder is not meeting
these requirements, the department must revoke the temporary
certificate.

- (5) A temporary certificate issued under this section is shall be valid only as long as an area for which it is issued remains an area of critical need, but no longer than 2 years, and is shall not be renewable.
- (c) The department may administer an abbreviated oral examination to determine the midwife's competency, but no written regular examination shall be necessary.
- (d) The department shall not issue a temporary certificate to any midwife who is under investigation in another state for an act which would constitute a violation of this chapter until such time as the investigation is complete, at which time the provisions of this section shall apply.
- (e) The department shall review the practice under a temporary certificate at least annually to ascertain that the minimum requirements of the midwifery rules promulgated under this chapter are being met. If it is determined that the minimum requirements are not being met, the department shall immediately revoke the temporary certificate.

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(f) The	e fee for a to	emporary ce	rtificate sha	ill not exceed
\$50 and shall	l be in addit :	ion to the :	fee required	for licensure.
Section	21. Section	467.205, F	lorida Statut	es, is amended
to read:				

467.205 Approval of midwifery programs.-

- (1) The department shall approve an accredited or statelicensed public or private institution seeking to provide midwifery education and training as an approved midwifery program in this state if the institution meets all of the following criteria:
- (a) Submits an application for approval on a form approved by the department.
- (b) Demonstrates to the department's satisfaction that the proposed midwifery program complies with s. 467.009 and the rules adopted thereunder.
- (c) For a private institution, demonstrates its accreditation by a member of the Council for Higher Education Accreditation or an accrediting agency approved by the United States Department of Education and its licensing or provisional licensing by the Commission for Independent Education An organization desiring to conduct an approved program for the education of midwives shall apply to the department and submit such evidence as may be required to show that it complies with s. 467.009 and with the rules of the department. Any accredited

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or state-licensed institution of higher learning, public or private, may provide midwifery education and training.

- (2) The department shall adopt rules regarding educational objectives, faculty qualifications, curriculum guidelines, administrative procedures, and other training requirements as are necessary to ensure that approved programs graduate midwives competent to practice under this chapter.
- (3) The department shall survey each organization applying for approval. If the department is satisfied that the program meets the requirements of s. 467.009 and rules adopted pursuant to that section, it shall approve the program.
- (2)-(4) The department shall, at least once every 3 years, certify whether each approved midwifery program is currently compliant, and has maintained compliance, complies with the requirements of standards developed under s. 467.009 and the rules adopted thereunder.
- (3) (5) If the department finds that an approved midwifery program is not in compliance with the requirements of s. 467.009 or the rules adopted thereunder, or has lost its accreditation status, the department must provide its finding to the program in writing and no longer meets the required standards, it may place the program on probationary status for a specified period of time, which may not exceed 3 years until such time as the standards are restored.

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(4) If a program on probationary status does not come into									
compliance with the requirements of s. 467.009 or the rules									
adopted thereunder, or regain its accreditation status, as									
applicable, within the period specified by the department fails									
to correct these conditions within a specified period of time,									
the department may rescind the program's approval.									

- (5) A Any program that has having its approval rescinded has shall have the right to reapply for approval.
- (6) The department may grant provisional approval of a new program seeking accreditation status, for a period not to exceed 5 years, provided that all other requirements of this section are met.
- (7) The department may rescind provisional approval of a program that fails to the meet the requirements of s. 467.009, this section, or the rules adopted thereunder, in accordance with procedures provided in subsections (3) and (4) may be granted pending the licensure results of the first graduating class.
- Section 22. Subsection (4) of section 468.203, Florida Statutes, is amended to read:
 - 468.203 Definitions.—As used in this act, the term:
- (4) "Occupational therapy" means the <u>therapeutic</u> use of <u>occupations through habilitation</u>, rehabilitation, and the <u>promotion of health and wellness with individuals</u>, groups, or <u>populations</u>, along with their families or organizations to

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1122	support participation, performance, and function in the home,
1123	school, workplace, community, and other settings for clients who
1124	have or are at risk of developing an illness, injury, disease,
1125	disorder, condition, impairment, disability, activity
1126	limitation, or participation restriction purposeful activity or
1127	interventions to achieve functional outcomes.

- (a) For the purposes of this subsection:
- 1. "Activities of daily living" means functions and tasks for self-care which are performed on a daily or routine basis, including functional mobility, bathing, dressing, eating and swallowing, personal hygiene and grooming, toileting, and other similar tasks. "Achieving functional outcomes" means to maximize the independence and the maintenance of health of any individual who is limited by a physical injury or illness, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or a learning disability, or an adverse environmental condition.
- 2. "Assessment" means the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services.
- 3. "Behavioral health services" means the promotion of occupational performance through services to support positive mental health by providing direct individual and group

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interventions to improve the client's participation in daily occupations.

- 4. "Health management" means activities related to developing, managing, and maintaining health and wellness, including self-management, with the goal of improving or maintaining health to support participation in occupations.
- 5. "Instrumental activities of daily living" means daily or routine activities a person must perform to live independently within the home and community.
- 6. "Mental health services" means the promotion of occupational performance related to mental health, coping, resilience, and well-being by providing individual, group, and population level supports and services to improve the client's participation in daily occupations for those who are at risk of, experiencing, or in recovery from these conditions, along with their families and communities.
- 7. "Occupations" means meaningful and purposeful everyday activities performed and engaged in by individuals, groups, populations, families, or communities which occur in contexts and over time, such as activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation. The term includes more specific occupations and execution of multiple activities that are influenced by performance patterns,

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1170	performance	skills,	and	client	factors,	resulting	in	varied
1171	outcomes.							

- 8. "Occupational performance" means the ability to perceive, desire, recall, plan, and carry out roles, routines, tasks, and subtasks for the purpose of self-maintenance, self-preservation, productivity, leisure, and rest, for oneself or others, in response to internal or external demands of occupations and contexts.
- (b) The practice of occupational therapy includes services include, but is are not limited to:
- 1. Assessment, treatment, education of, and consultation with, individuals, groups, and populations whose abilities to participate safely in occupations, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation are impaired or at risk for impairment due to issues related, but not limited, to developmental deficiencies, the aging process, learning disabilities, physical environment and sociocultural context, physical injury or disease, cognitive impairments, and psychological and social disabilities The assessment, treatment, and education of or consultation with the individual, family, or other persons.
- 2. Methods or approaches to determine abilities and limitations related to performance of occupations, including, but not limited to, the identification of physical, sensory,

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cognitive, emotional, or social deficiencies Interventions directed toward developing daily living skills, work readiness or work performance, play skills or leisure capacities, or enhancing educational performance skills.

3. Specific occupational therapy techniques used for treatment that involve, but are not limited to, training in activities of daily living; environmental modification; assessment of the need for the use of interventions such as the design, fabrication, and application of orthotics or orthotic devices; selecting, applying, and training in the use of assistive technology and adaptive devices; sensory, motor, and cognitive activities; therapeutic exercises; manual techniques; physical agent modalities; behavioral health services; and mental health services Providing for the development of: sensory motor, perceptual, or neuromuscular functioning; range of motion; or emotional, motivational, cognitive, or psychosocial components of performance.

These services may require assessment of the need for use of interventions such as the design, development, adaptation, application, or training in the use of assistive technology devices; the design, fabrication, or application of rehabilitative technology such as selected orthotic devices; training in the use of assistive technology; orthotic or prosthetic devices; the application of physical agent modalities

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as an adjunct to or in preparation for purposeful activity; the
use of ergonomic principles; the adaptation of environments and
processes to enhance functional performance; or the promotion of
health and wellness.

(c) The use of devices subject to 21 C.F.R. s. 801.109 and identified by the board is expressly prohibited except by an occupational therapist or occupational therapy assistant who has received training as specified by the board. The board shall adopt rules to carry out the purpose of this provision.

Section 23. Subsection (2) of section 468.209, Florida Statutes, is amended to read:

468.209 Requirements for licensure.-

- (2) An applicant who has practiced as a state-licensed or American Occupational Therapy Association-certified occupational therapy assistant for 4 years and who, before prior to January 24, 1988, completed a minimum of 24 weeks 6 months of supervised occupational-therapist-level fieldwork experience may take the examination to be licensed as an occupational therapist without meeting the educational requirements for occupational therapists made otherwise applicable under paragraph (1)(b).
- Section 24. Subsection (2) of section 468.215, Florida Statutes, is amended to read:
 - 468.215 Issuance of license.-
- 1243 (2) Any person who is issued a license as an occupational therapist under the terms of this act may use the words

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"occupational therapist," "licensed occupational therapist,"

"occupational therapist doctorate," or "occupational therapist

registered," or he or she may use the letters "O.T.," "L.O.T.,"

"O.T.D.," or "O.T.R.," in connection with his or her name or

place of business to denote his or her registration hereunder.

Section 25. Section 468.223, Florida Statutes, is amended

to read:
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- 468.223 Prohibitions; penalties.-
- (1) A person may not:
- (a) Practice occupational therapy unless such person is licensed pursuant to ss. 468.201-468.225;
- (b) Use, in connection with his or her name or place of business, the words "occupational therapist," "licensed occupational therapist," "occupational therapist doctorate," "occupational therapist registered," "occupational therapy assistant," "licensed occupational therapy assistant," "certified occupational therapy assistant"; the letters "O.T.," "L.O.T.," "O.T.D.," "O.T.R.," "O.T.A.," "L.O.T.A.," or "C.O.T.A."; or any other words, letters, abbreviations, or insignia indicating or implying that he or she is an occupational therapist or an occupational therapy assistant or, in any way, orally or in writing, in print or by sign, directly or by implication, to represent himself or herself as an occupational therapist or an occupational therapy assistant

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1269	unless	the	person	is	а	holder	of	а	valid	license	issued	pursuant
1270	to ss.	468	.201-468	3.22	25	•						

- (c) Present as his or her own the license of another;
- 1272 (d) Knowingly give false or forged evidence to the board or a member thereof;
 - (e) Use or attempt to use a license that which has been suspended, revoked, or placed on inactive or delinquent status;
 - (f) Employ unlicensed persons to engage in the practice of occupational therapy; or
 - (g) Conceal information relative to any violation of ss. 468.201-468.225.
 - (2) Any person who violates any provision of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
 - Section 26. Paragraph (e) is added to subsection (1) of section 468.225, Florida Statutes, to read:

468.225 Exemptions.

- (1) Nothing in this act shall be construed as preventing or restricting the practice, services, or activities of:
- (e) Any person fulfilling an occupational therapy doctoral capstone experience that involves clinical practice or projects.

Section 27. Subsections (2), (3), and (4) and paragraphs (a) and (b) of subsection (5) of section 468.803, Florida Statutes, are amended to read:

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468.803 License, registration, and examination requirements.—

- (2) An applicant for registration, examination, or licensure must apply to the department on a form prescribed by the board for consideration of board approval. Each initial applicant shall submit a set of fingerprints to the department on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the department for state and national criminal history checks of the applicant. The department shall submit the fingerprints provided by an applicant to the Department of Law Enforcement for a statewide criminal history check, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The board shall screen the results to determine if an applicant meets licensure requirements. The board shall consider for examination, registration, or licensure each applicant who the board verifies:
- (a) Has submitted the completed application and <u>completed</u> the <u>fingerprinting requirements</u> <u>fingerprint forms</u> and has paid the applicable application fee, not to exceed \$500, and the cost of the state and national criminal history checks. The application fee <u>is</u> and cost of the criminal history checks shall be nonrefundable;
 - (b) Is of good moral character;

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- (c) Is 18 years of age or older; and
 - (d) Has completed the appropriate educational preparation.
- (3) A person seeking to attain the orthotics or prosthetics experience required for licensure in this state must be approved by the board and registered as a resident by the department. Although a registration may be held in both disciplines, for independent registrations the board may not approve a second registration until at least 1 year after the issuance of the first registration. Notwithstanding subsection (2), a person who has been approved by the board and registered by the department in one discipline may apply for registration in the second discipline 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 the date of issuance unless otherwise revoked by the department upon recommendation of the board. The board shall set a registration fee not to exceed \$500 to be paid by the applicant. A registration may be renewed once by the department upon recommendation of the board for a period no longer than 1 year, as such renewal is defined by the board by rule. The renewal fee may not exceed one-half the current registration fee. To be considered by the board for approval of registration as a resident, the applicant must have one of the following:

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- (a) A Bachelor of Science or higher-level postgraduate degree in orthotics and prosthetics from <u>an a regionally</u> accredited college or university recognized by the Commission on Accreditation of Allied Health Education Programs.
- (b) A minimum of a bachelor's degree from <u>an</u>

 <u>institutionally a regionally</u> 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 equivalent, as determined by the

 board.
- (c) A minimum of a bachelor's degree from <u>an</u>

 <u>institutionally</u> 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.
- 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 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

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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 an institutionally 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 an institutionally 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 an institutionally 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 an institutionally a regionally accredited college or university and a certificate in prosthetics from a program recognized by the Commission on

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L392	Accreditatio	n of	Allied	Health	Education	n Programs,	or	its
L393	equivalent,	as d	etermine	ed by t	he 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.
- (5) In addition to the requirements in subsection (2), to be licensed as:
- (a) An orthotist, the applicant must pay a license fee not to exceed \$500 and must have:
- 1. A Bachelor of Science or higher-level postgraduate degree in Orthotics and Prosthetics from an institutionally a regionally accredited college or university recognized by the Commission on Accreditation of Allied Health Education Programs, or a bachelor's degree from an institutionally accredited college or university and with 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;
- 2. An <u>approved</u> appropriate internship of 1 year of qualified experience, as determined by the board, or a residency program recognized by the board;
 - 3. Completed the mandatory courses; and
- 1415 4. Passed the state orthotics examination or the board-1416 approved orthotics examination.

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	(b)) A	prosthe	etist,	the	applicant	must	pay	a	license	fee
not	to e	excee	ed \$500	and n	nust i	have:					

- 1. A Bachelor of Science or higher-level postgraduate degree in Orthotics and Prosthetics from an institutionally a regionally accredited college or university recognized by the Commission on Accreditation of Allied Health Education Programs, or a bachelor's degree from an institutionally accredited college or university and with 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;
- 2. An internship of 1 year of qualified experience, as determined by the board, or a residency program recognized by the board;
 - 3. Completed the mandatory courses; and
- 4. Passed the state prosthetics examination or the boardapproved prosthetics examination.
- Section 28. For the purpose of incorporating the amendment made by this act to section 468.203, Florida Statutes, in a reference thereto, paragraph (c) of subsection (5) of section 1002.385, Florida Statutes, is reenacted to read:
 - 1002.385 The Gardiner Scholarship.-
- 1439 (5) AUTHORIZED USES OF PROGRAM FUNDS.—Program funds must
 1440 be used to meet the individual educational needs of an eligible
 1441 student and may be spent for the following purposes:

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- Specialized services by approved providers or by a 1442 hospital in this state which are selected by the parent. These 1443 specialized services may include, but are not limited to:
 - Applied behavior analysis services as provided in ss. 627.6686 and 641.31098.
 - 2. Services provided by speech-language pathologists as defined in s. 468.1125.
 - Occupational therapy services as defined in s. 468.203.
 - Services provided by physical therapists as defined in s. 486.021.
 - 5. Services provided by listening and spoken language specialists and an appropriate acoustical environment for a child who is deaf or hard of hearing and who has received an implant or assistive hearing device.

A provider of any services receiving payments pursuant to this subsection may not share, refund, or rebate any moneys from the Gardiner Scholarship with the parent or participating student in any manner. A parent, student, or provider of any services may not bill an insurance company, Medicaid, or any other agency for the same services that are paid for using Gardiner Scholarship funds.

Section 29. For the purpose of incorporating the amendment 1464 made by this act to section 468.203, Florida Statutes, in a 1465

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1466	reference thereto, paragraph	(c) of subsection (2) of section
1467	1002.66, Florida Statutes, i	s reenacted to read:

1002.66 Specialized instructional services for children with disabilities.—

- (2) The parent of a child who is eligible for the prekindergarten program for children with disabilities may select one or more specialized instructional services that are consistent with the child's individual educational plan. These specialized instructional services may include, but are not limited to:
- (c) Occupational therapy as defined in s. 468.203.
 Section 30. Subsection (7) is added to section 483.801,
 Florida Statutes, to read:
- 483.801 Exemptions.—This part applies to all clinical laboratories and clinical laboratory personnel within this state, except:
- (7) A registered nurse licensed under chapter 464
 performing alternate-site testing within a hospital or offsite
 emergency department licensed under chapter 395.
- Section 31. Section 483.824, Florida Statutes, is amended to read:
- 483.824 Qualifications of clinical laboratory director.—A clinical laboratory director must have 4 years of clinical laboratory experience with 2 years of experience in the specialty to be directed or be nationally board certified in the

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specialty to be directed, and must meet one of the following requirements:

- (1) Be a physician licensed under chapter 458 or chapter 459;
- (2) Hold an earned doctoral degree in a chemical, physical, or biological science from <u>an</u> a regionally accredited institution and maintain national certification requirements equal to those required by the federal Health Care Financing Administration; or
- (3) For the subspecialty of oral pathology, be a physician licensed under chapter 458 or chapter 459 or a dentist licensed under chapter 466.

Section 32. Subsection (3) of section 490.003, Florida Statutes, is amended to read:

490.003 Definitions.—As used in this chapter:

- Association accredited program" means 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 an educational institution that, at the time the applicant was enrolled and graduated:
- $\frac{1.(a)}{a}$ Had institutional accreditation from an agency recognized and approved by the United States Department of

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1515	Educ	ation	or	was	re	ecognized	as	а	member	in	good	standing	with
1516	the	Associ	iati	lon (of	Universit	ties	3 6	and Coll	Lege	es of	Canada;	and

- $\underline{2.}$ (b) Had programmatic accreditation from the American Psychological Association.
- (b) "Doctoral degree in psychology" means a Psy.D., an Ed.D. in psychology, or a Ph.D. in psychology from a psychology program at an educational institution that, 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.

Section 33. Subsection (1) of section 490.005, Florida Statutes, is amended to read:

490.005 Licensure by examination.

- (1) 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 met all of the following requirements:
- (a) Completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee set by the board sufficient to cover the actual per applicant cost to the department for development, purchase, and administration of the examination, but not to exceed \$500.

- (b) Submitted proof satisfactory to the board that the applicant has received:
- 1. A doctoral degree from an American Psychological

 Association accredited program Doctoral-level psychological education; or
- Psychological Association accredited program 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 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 been met.
- (c) Had at least 2 years or 4,000 hours of experience in the field of psychology in association with or under the supervision of a licensed psychologist meeting the academic and experience requirements of this chapter or the equivalent as determined by the board. The experience requirement may be met by work performed on or off the premises of the supervising psychologist if the off-premises work is not the independent, private practice rendering of psychological services that does not have a psychologist as a member of the group actually rendering psychological services on the premises.

(d) Passed the examination. However, an applicant who has
obtained a passing score, as established by the board by rule,
on the psychology licensure examination designated by the board
as the national licensure examination need only pass the Florida
law and rules portion of the examination.

Section 34. Subsection (1) of section 490.0051, Florida Statutes, is amended to read:

490.0051 Provisional licensure; requirements.-

- (1) The department shall issue a provisional psychology license to each applicant who the board certifies has:
- (a) Completed the application form and remitted a nonrefundable application fee not to exceed \$250, as set by board rule.
- (b) Earned a doctoral degree <u>from an American</u>

 <u>Psychological Association accredited program in psychology as defined in s. 490.003(3).</u>
- (c) Met any additional requirements established by board rule.
- Section 35. Subsections (1), (3), and (4) of section 491.005, Florida Statutes, are amended to read:
 - 491.005 Licensure by examination.—
- (1) CLINICAL SOCIAL WORK.—Upon verification of
 documentation and payment of a fee not to exceed \$200, as set by
 board rule, plus the actual per applicant cost to the department
 for purchase of the examination from the American Association of

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State Social Worker's Boards or a similar national organization, the department shall issue a license as a clinical social worker to an applicant who the board certifies has-met-all-of-the following criteria:

- (a) $\frac{1}{1}$ Submitted an application and paid the appropriate fee.
- (b)1. Has Received a doctoral degree in social work from a graduate school of social work which at the time the applicant graduated was accredited by an accrediting agency recognized by the United States Department of Education or has received a master's degree in social work from a graduate school of social work which at the time the applicant graduated:
 - a. Was accredited by the Council on Social Work Education;
- b. Was accredited by the Canadian Association of Schools of Social Work; or
- c. Has been determined to have been a program equivalent to programs approved by the Council on Social Work Education by the Foreign Equivalency Determination Service of the Council on Social Work Education. An applicant who graduated from a program at a university or college outside of the United States or Canada must present documentation of the equivalency determination from the council in order to qualify.
- 2. The applicant's graduate program must have emphasized direct clinical patient or client health care services, including, but not limited to, coursework in clinical social

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work, psychiatric social work, medical social work, social casework, psychotherapy, or group therapy. The applicant's graduate program must have included all of the following coursework:

- a. A supervised field placement which was part of the applicant's advanced concentration in direct practice, during which the applicant provided clinical services directly to clients.
- b. Completion of 24 semester hours or 32 quarter hours in theory of human behavior and practice methods as courses in clinically oriented services, including a minimum of one course in psychopathology, and no more than one course in research, taken in a school of social work accredited or approved pursuant to subparagraph 1.
- 3. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.
- (c) Has Had at least 2 years of clinical social work experience, which took place subsequent to completion of a graduate degree in social work at an institution meeting the accreditation requirements of this section, under the supervision of a licensed clinical social worker or the equivalent who is a qualified supervisor as determined by the

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 board. An individual who intends to practice in Florida to satisfy clinical experience requirements must register pursuant to s. 491.0045 before commencing practice. If the applicant's graduate program was not a program which emphasized direct clinical patient or client health care services as described in subparagraph (b)2., the supervised experience requirement must take place after the applicant has completed a minimum of 15 semester hours or 22 quarter hours of the coursework required. A doctoral internship may be applied toward the clinical social work experience requirement. A licensed mental health professional must be on the premises when clinical services are provided by a registered intern in a private practice setting.

- (d) Has Passed a theory and practice examination designated by board rule provided by the department for this purpose.
- (e) Has Demonstrated, in a manner designated by 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.
- (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 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

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therapist to an applicant who the board certifies <u>has met all of</u> the following criteria:

- (a) $\frac{1}{1}$ Submitted an application and paid the appropriate fee.
 - (b) 1. Obtained one of the following:
- <u>a.</u> 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.
- b. A minimum of a master's degree with an emphasis in marriage and family therapy with a degree conferred date before July 1, 2026, from an institutionally accredited Florida college or university that is not yet accredited by the Commission on Accreditation for Marriage and Family Therapy Education or the Council for Accreditation of Counseling and Related Educational Programs.
- $\underline{2.}$ Completed and graduate courses approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.

If the course title that appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall provide additional documentation, including, but

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not limited to, a syllabus or catalog description published for
the course. The required master's degree must have been received
in an institution of higher education that, at the time the
applicant graduated, was fully accredited by $\underline{ ext{an institutional}}$ $\underline{ ext{a}}$
regional accrediting body recognized by the Commission on
Recognition of Postsecondary Accreditation or publicly
recognized as a member in good standing with the Association of
Universities and Colleges of Canada, or an institution of higher
education located outside the United States and Canada which, at
the time the applicant was enrolled and at the time the
applicant graduated, maintained a standard of training
substantially equivalent to the standards of training of those
institutions in the United States which are accredited by $\underline{\mathtt{an}}$
institutional a regional accrediting body recognized by the
Commission on Recognition of Postsecondary Accreditation. Such
foreign education and training must have been received in an
institution or program of higher education officially recognized
by the government of the country in which it is located as an
institution or program to train students to practice as
professional marriage and family therapists or psychotherapists.
The applicant has the burden of establishing that the
requirements of this provision have been met, and the board
shall require documentation, such as an evaluation by a foreign
equivalency determination service, as evidence that the
applicant's graduate degree program and education were

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equivalent to an accredited program in this country. An applicant with a master's degree from a program that 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 have been be at the post-master's level under the supervision of a licensed marriage and family therapist with at least 5 years of experience, or the equivalent, who is a qualified supervisor as determined by the board. An individual who intends to practice in Florida to satisfy the clinical experience requirements must register pursuant to s. 491.0045 before commencing practice. If a graduate has a master's degree with a major emphasis in marriage and family therapy or a closely related field which did not include all of the coursework required by paragraph (b), credit for the post-master's level clinical experience may not commence until the applicant has completed a minimum of 10 of the courses required by paragraph (b), as determined by the board, and at least 6 semester hours or 9 quarter hours of the course credits must have been completed in the area of marriage and family systems, theories, or techniques. Within the 2 years

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of required experience, the applicant <u>must shall</u> provide direct individual, group, or family therapy and counseling to cases including those involving unmarried dyads, married couples, separating and divorcing couples, and family groups that include children. A doctoral internship may be applied toward the clinical experience requirement. A licensed mental health professional must be on the premises when clinical services are provided by a registered intern in a private practice setting.

- (d) Has Passed a theory and practice examination designated by board rule provided by the department.
- (e) Has Demonstrated, in a manner designated by board rule, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.

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 may not exceed those stated in this subsection.

(4) MENTAL HEALTH COUNSELING.—Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual per applicant cost of purchase of the examination from the National Board for Certified Counselors or its successor organization, the department shall issue a

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license as a mental health counselor to an applicant who the board certifies has met all of the following criteria:

- (a) $\frac{1}{1}$ Submitted an application and paid the appropriate fee.
- (b)1. Obtained 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 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 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 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

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and cultural foundations; substance abuse; and legal, ethical, and professional standards issues in the practice of mental health counseling. 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.
- c. The equivalent, as determined by the board, of at least 700 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 postmaster's clinical experience requirement.
- 2. Has Provided additional documentation if a course title that appears on the applicant's transcript does not clearly identify the content of the coursework. The documentation must include, but is not limited to, a syllabus or catalog description published for the course.

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1813	Education and training in mental health counseling must have
1814	been received in an institution of higher education that, at the
1815	time the applicant graduated, was fully accredited by \underline{an}
1816	institutional a regional accrediting body recognized by the
1817	Council for Higher Education Accreditation or its successor
1818	organization or publicly recognized as a member in good standing
1819	with the Association of Universities and Colleges of Canada, or
1820	an institution of higher education located outside the United
1821	States and Canada which, at the time the applicant was enrolled
1822	and at the time the applicant graduated, maintained a standard
1823	of training substantially equivalent to the standards of
1824	training of those institutions in the United States which are
1825	accredited by $\underline{\text{an institutional}}$ $\underline{\text{a regional}}$ accrediting body
1826	recognized by the Council for Higher Education Accreditation or
1827	its successor organization. Such foreign education and training
1828	must have been received in an institution or program of higher
1829	education officially recognized by the government of the country
1830	in which it is located as an institution or program to train
1831	students to practice as mental health counselors. The applicant
1832	has the burden of establishing that the requirements of this
1833	provision have been met, and the board shall require
1834	documentation, such as an evaluation by a foreign equivalency
1835	determination service, as evidence that the applicant's graduate
1836	degree program and education were equivalent to an accredited

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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, the Masters in Psychology and Counseling Accreditation Council, or an equivalent accrediting body 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 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 did not include all the coursework required under sub-subparagraphs (b) 1.a. and b., credit for the post-master's level clinical experience may not commence until the applicant has completed a minimum of seven of the courses required under sub-subparagraphs (b)1.a. and 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

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clinical services are provided by a registered intern in a private practice setting.

- (d) Has Passed a theory and practice examination designated by department rule provided by the department for this purpose.
- (e) Has Demonstrated, in a manner designated by board rule, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.

Section 36. Except as otherwise expressly provided in this act, this act shall take effect July 1, 2021.

TITLE AMENDMENT

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to the Department of Health; amending s. 381.0045, F.S.; revising the purpose of the department's targeted outreach program for certain pregnant women; requiring the department to encourage high-risk pregnant women of unknown status to be tested for sexually transmissible diseases; requiring the department to provide specified information to pregnant women who have human immunodeficiency virus (HIV); requiring the department to link women with

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mental health services when available; requiring the department to educate pregnant women who have HIV on certain information; requiring the department to provide, for a specified purpose, continued oversight of newborns exposed to HIV; amending s. 381.986, F.S.; authorizing the Department of Health to select samples of marijuana available in certain facilities for testing for specified purposes; authorizing the department to sample marijuana delivery devices from a dispensing facility to determine safety; requiring that a medical marijuana treatment center recall all marijuana, rather than only edibles, under certain circumstances; authorizing the department and certain employees to acquire, possess, test, transport, and dispose of marijuana; prohibiting the department from renewing a medical marijuana treatment center's license under certain circumstances; amending s. 381.988, F.S.; authorizing the department and certain employees to acquire, possess, test, transport, and dispose of marijuana; creating s. 395.3042, F.S.; requiring the Department of Health to send a list of certain providers of adult cardiovascular services to specified persons and entities annually; requiring the department to develop a sample heart attack-triage assessment tool to be posted on its website and

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distributed to licensed emergency medical services
providers; requiring such providers to use the
assessment tool; requiring medical directors of such
providers to develop and implement certain specified
protocols; requiring that such protocols include the
development and implementation of certain plans;
requiring the compliance of certain licensed emergency
medical services providers; amending s. 400.506, F.S.;
requiring a licensed nurse registry that authorizes a
registered nurse to delegate tasks to a certified
nursing assistant or a home health aide to ensure that
certain requirements are met; amending s. 401.465,
F.S.; defining the term "telecommunicator
cardiopulmonary resuscitation training"; conforming
cross-references; requiring certain 911 public safety
telecommunicators to complete biennial
telecommunicator cardiopulmonary resuscitation
training; amending s. 408.033, F.S.; authorizing local
health councils to collect utilization data from
licensed hospitals within their respective local
health council districts for a specified purpose;
amending s. 456.47, F.S.; revising the prohibition on
prescribing controlled substances through the use of
telehealth to include only specified controlled
substances; amending s. 460.406, F.S.; revising

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provisions related to chiropractic physician licensing; amending s. 464.008, F.S.; deleting a requirement that certain nursing program graduates complete a specified preparatory course; amending s. 464.0156, F.S.; authorizing a registered nurse to delegate the administration of certain duties for the care of a patient of a nurse registry; amending s. 464.018, F.S.; revising grounds for disciplinary action against licensed nurses; amending s. 464.2035, F.S.; authorizing certified nursing assistants to administer certain medication to patients of nurse registries under certain circumstances; conforming a provision to changes made by the act; amending s. 466.028, F.S.; revising grounds for disciplinary action by the Board of Dentistry; amending s. 466.0285, F.S.; exempting certain specialty hospitals from prohibitions relating to the employment of dentists and dental hygienists and the control of dental equipment and materials by nondentists; exempting such hospitals from a prohibition on nondentists entering into certain agreements with dentists or dental hygienists; making technical changes; amending s. 467.003, F.S.; revising and defining terms; amending s. 467.009, F.S.; revising provisions related to approved midwifery programs;

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amending s. 467.011, F.S.; revising provisions
relating to licensure of midwives; amending s.
467.0125, F.S.; revising provisions relating to
licensure by endorsement of midwives; revising
requirements for temporary certificates to practice
midwifery in this state; amending s. 467.205, F.S.;
revising provisions relating to approval, continued
monitoring, probationary status, provisional approval,
and approval rescission of midwifery programs;
amending s. 468.203, F.S.; revising and providing
definitions; amending s. 468.209, F.S.; revising the
fieldwork experience requirement for certain persons
to take the examination for licensure as an
occupational therapist; amending s. 468.215, F.S.;
authorizing licensed occupational therapists to use a
specified title and initials in accordance with the
rules of a national certifying organization; amending
s. 468.223, F.S.; prohibiting certain persons from
using a specified title and initials; providing
criminal penalties; amending s. 468.225, F.S.;
providing construction; amending s. 468.803, F.S.;
revising provisions related to orthotist and
prosthetist registration, examination, and licensing;
reenacting ss. 1002.385(5)(c) and 1002.66(2)(c), F.S.,
relating to the Gardiner Scholarship and specialized
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instructional services for children with disabilities, respectively, to incorporate the amendments made by the act; amending s. 483.801, F.S.; exempting certain persons from clinical laboratory personnel regulations; amending s. 483.824, F.S.; revising educational requirements for clinical laboratory directors; amending s. 490.003, F.S.; defining the terms "doctoral degree from an American Psychological Association accredited program" and "doctoral degree in psychology"; amending ss. 490.005 and 490.0051, F.S.; revising education requirements for psychologist licensing and provisional licensing, respectively; amending s. 491.005, F.S.; revising licensing requirements for clinical social workers, marriage and family therapists, and mental health counselors; providing effective dates.

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