

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Committee on Appropriations

BILL: CS/SB 466

INTRODUCER: Health Policy Committee and Senator Torres and others

SUBJECT: Military Medics and Corpsmen of Florida Program

DATE: February 25, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Brown	Caldwell	MS	Favorable
3.	Gerbrandt	Sadberry	AP	Pre-meeting

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 466 authorizes the Department of Health (DOH) to establish the Military Medics and Corpsmen of Florida program (program), in collaboration with Florida Is For Veterans, Inc. (FIFV). The program will match a qualifying veteran with a job provided by a participating health care provider in a health care or health care-related field, while the veteran works towards full practice requirements.

The program requires the FIFV to recruit and review eligibility of military-trained health care veterans in applying for the program and receiving a certificate to practice. Certification is based on a background in military health care and at least half-time enrollment in a qualified health care education program.

If an applicant qualifies for certification, the DOH will issue a certificate that authorizes practice without a license under the direct supervision of an appropriately licensed or certified health care practitioner.

The bill authorizes the DOH and the board to pursue a disciplinary action against a certificateholder based on specified grounds.

The program also assists veterans and their spouses who have served in health care-related fields with résumé writing, mentorship, and employment with participating health care providers. For

veterans and their spouses who have gained management experience, or completed an advanced degree, the program will help them find civilian health care leadership and management employment in a variety of health care disciplines.

The DOH and FIFV expect to incur a significant negative fiscal impact from new responsibilities assigned in this bill.

The bill takes effect on July 1, 2022.

II. Present Situation:

Florida Is For Veterans, Inc. (FIFV)

Section 295.21, F.S., created “Florida Is For Veterans, Inc.,” within the Florida Department of Veteran Affairs as a separate nonprofit corporation to help military veterans transition to civilian life or moving to Florida through career service initiatives. FIFV’s mission is to promote the value of military skill sets to businesses, assist in training veterans to match marketplace needs, and enhance entrepreneurial skills of veterans.

All agencies of the state are authorized and directed to provide technical assistance to FIFV and identify agency programs to provide assistance or benefits to veterans who are located in or considering relocation to the state. The FDVA may authorize the FIFV to use of FDVA property, facilities, and personnel services, as prescribed by contract.¹

United States Armed Forces

The U.S. Armed Forces (U.S.A.F.) is made up of six military branches: Air Force, Army, Coast Guard, Marine Corps, Navy and, most recently, Space Force. The secretary of the U.S. Department of Defense (DoD) has control over the military and each branch, except the Coast Guard, which is under the Department of Homeland Security (DHS). With more than two million civilian and military employees, the U.S. DoD is the world's largest employer.²

Enlisted Members vs. Officers

Joining the U.S. Armed Forces as an enlisted member or an officer has a significant impact on the type of experience and training a new recruit receives. All enlisted jobs require a high school diploma, although, with certain exceptions, a passing General Education Development (GED) test score is acceptable. While enlisted careers do include infantry roles, most jobs involve hands-on training for mechanical, transportation, human service, or office fields that transfer to the civilian world.

Almost all officer positions require a four-year college degree or equivalent. Officers are the managers of the military, acting in leadership roles that require planning, directing operations,

¹ Section 295.21(1), F.S.

² Military.com, *What Are the Branches of the US Military?* available at <https://www.military.com/join-armed-forces/us-military-branches-overview.html> (last visited Feb. 3, 2022).

and making critical decisions. Officer positions also include careers that require advanced degrees, such as law and medicine.³

Florida’s Department of Health (DOH)

The Legislature created the DOH to protect and promote the health, safety, and welfare of all residents and visitors in the state.⁴ The DOH is charged with the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. The Division of Medical Quality Assurance (MQA) is responsible for the boards⁵ and professions within the DOH.⁶

Health Care Practitioner Regulation

The DOH, Division of MQA, provides health care practitioner regulation and support to health care licensure boards and councils. Boards are responsible for approving or denying an applicant’s license based upon:

- Reviewing applicant qualifications specified in statute;
- Reviewing continuing education courses and practitioners;
- Promulgating administrative rules authorized by statute;
- Determining probable cause in cases resulting from complaints; and
- Disciplining practitioners found to be in violation of applicable laws.

The Division of MQA licenses and regulates seven types of health care facilities and more than 200 license types in over 40 professions, while partnering with 22 boards and four councils.⁷

Health Care Practitioner Scope of Practice

The scope of practice for a regulated health care profession includes activities and procedures that a person with a specified level of education, training, and competency is authorized to perform under laws and rules of the state in which the person practices. Scope of practice can also incorporate conditions that may limit the exercise of authorized activities and procedures.⁸ Licensed health care practitioners⁹ in Florida may only perform that which is authorized by the

³ Today’s Military, *Enlisted and Officer Paths*, available at <https://www.todaysmilitary.com/ways-to-serve/enlisted-officer-paths> (last visited Feb. 3, 2022).

⁴ Sections 20.43(1) and 456.003, F.S.

⁵ Under s. 456.001(1), F.S., “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the DOH or, in some cases, within the MQA.

⁶ Section 20.43(3), F.S.

⁷ Department of Health, *2022 Agency Legislative Bill Analysis of CS/SB 466*, pg. 2 (Feb. 3, 2022) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

⁸ Federation of State Medical Boards, *Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety* (April 2005) available at <https://www.fsmb.org/siteassets/advocacy/policies/assessing-scope-of-practice-in-health-care-delivery.pdf> The Federation of State Medical Boards is an association whose members include all medical licensing and disciplinary boards in the U.S. and U.S. territories. The Federation acts as a collective voice for 70 member medical boards in promoting high standards for medical licensure and practice. The Guidelines recommend that State regulators and legislators review various factors when considering scope of practice initiatives in the interest of public health and patient safety.

⁹ Section 456.001, F.S., defines a “health care practitioner” to mean any person licensed under chapter 457 (acupuncture); chapter 458 (medical practice); chapter 459 (osteopathic medicine); chapter 460 (chiropractic medicine); chapter 461 (podiatric medicine); chapter 462 (naturopathy); chapter 463 (optometry); chapter 464 (nursing); chapter 465 (pharmacy); chapter 466 (dentistry, dental hygiene, and dental laboratories); chapter 467 (midwifery); part I, part II, part III, part V, part

scope of practice for their profession. Individuals who perform functions outside of their scope of practice are subject to discipline. Individuals who perform tasks that are specific to a scope of practice identified in statute without required licensure may be considered to be performing unlicensed activities in violation of law.¹⁰

The Board of Medicine

The Florida Board of Medicine (BOM) functions within the DOH/MQA, and is composed of 15 members appointed by the Governor and confirmed by the Senate. Twelve members of the BOM must be licensed physicians in good standing who are state residents and have been actively engaged in the practice or teaching of medicine for at least four years immediately preceding their appointment. Of the members, one must be a full-time faculty member of a Florida medical school; one must be in private practice; one must be a full-time staff member of a statutory teaching hospital; and at least one must be a graduate of a foreign medical school. The remaining three members are consumer members who are residents of the state and have never been licensed health care practitioners. One member must be a health care risk manager and at least one member must be 60 years of age or older.

Practice of Medicine

A physician is a person who is licensed to practice medicine in Florida. Practice of medicine includes the diagnosis, treatment, operation, or prescription for disease, pain, injury, deformity, or other physical or mental condition.¹¹

Allopathic standards of practice and standards of care for particular practice settings include, but are not limited to, education and training, equipment and supplies, medications including anesthetics, assistance of and delegation to other personnel, transfer agreements, sterilization, records, performance of complex or multiple procedures, informed consent, and policy and procedure manuals.¹²

The Practice of Nursing

The scope of practice of nursing varies based on the type of education, training, and nursing licensure held by the health care practitioner.

Licensed Practical Nurse (LPN)

An LPN may perform selected acts, including:

- The administration of treatments and medications;

X, part XIII, or part XIV of chapter 468 (speech-language pathology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, orthotics, prosthetics, and pedorthics); chapter 478 (electrolysis); chapter 480 (massage therapy); part I, part II, or part III of chapter 483 (clinical laboratory personnel, medical physicists, genetic counseling); chapter 484 (dispensing of optical devices and hearing aids); chapter 486 (physical therapy practice); chapter 490 (psychological services); or chapter 491 (clinical, counseling, and psychotherapy).

¹⁰ Section 456.072, F.S.

¹¹ Section 458.305(3), F.S.

¹² Section 458.331(1)(v), F.S.

- The promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and
- The teaching of general principles of health and wellness to the public and students other than nursing students.¹³

Qualifications and training for licensure for an LPN, in accordance with s. 464.003, F.S., includes the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from a Florida approved, or accredited LPN nursing education program as defined in s. 464.003, F.S.;
- Graduation from an Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accredited LPN nursing program that has been issued a National Council Licensure Examination (NCLEX) code by the National Council of State Boards of Nursing (NCSBN);
- Graduation from an LPN nursing education program that is approved or recognized by the jurisdiction in which it is based and that has been issued an NCLEX code by the NCBSN;
- Graduation from a military nursing education program that has been issued an NCLEX code by NCSBN;
- Graduation from a non-NCSBN jurisdiction (e.g. Puerto Rico), or international nursing education program that the Board of Nursing (BON) determines to be equivalent to an approved program; or
- Successful completion of courses in a registered nursing education program that are equivalent to a practical nursing education program – Practical Nurse Examination based on practical nursing Equivalency (PNEQ).

An LPN may also qualify for licensure in Florida by meeting endorsement qualifications (holding a valid license in another state and meeting other minimum qualifications) or by Nurse Licensure Compact.

All nursing programs requesting Board of Nursing approval must conform to the state Department of Education curriculum framework. Required content of a practical nursing program must cover medical, surgical, obstetrical, pediatric, geriatric, acute care in long term care and community settings; personal, family, and community health concepts; nutrition; human growth and development; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and medication administration; and legal aspects of nursing. Additionally, the curriculum must include at least 50% clinical training.¹⁴

Certified Nursing Assistant (CNA)

A CNA may provide care and assistance to persons with tasks related to activities of daily living. These tasks include personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care,

¹³ Section 464.003(18), F.S.

¹⁴ Fla. Admin. Code. R. 64B9-2.021 (2021).

cardiopulmonary resuscitation and emergency care, residents' or patients' rights, and documentation of nursing-assistant services. Other tasks may be performed upon completion of training beyond the minimum qualifications for initial certification and upon validation of competence in that skill by an RN.¹⁵

Qualifications and training for licensure for a CNA, in accordance with s. 464.203, F.S., include the following education qualifications and exam requirements, with noted alternative methods to meet requirements.

- Successfully complete an approved training program and a minimum score on the nursing assistant competency examination;
- Achieve a minimum score, established by rule of the board, on the nursing assistant competency examination, and have a high school diploma, or its equivalent; or is at least 18 years of age;
- Complete curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and a minimum score on the nursing assistant competency examination; or
- Qualify for licensure by endorsement if currently certified in another state or territory of the U.S. or District of Columbia and successfully complete criminal history and discipline history requirements.

The CNA Examination must consist of a written exam and a clinical skills test. Both must be passed within a two-year period in order to achieve certification. General areas of competency of the written exam include: the role of the nursing assistant; promotion of safety; promotion of function and health of patients; and basic and specific nursing care for patients with changes in health. For the written exam, the BON accepts a minimum passing score of 76 percent.¹⁶

The CNA clinical skills exam includes four test areas: personal care, promotion of function, health and safety; reporting and recording; and hand washing. If an applicant fails to pass the CNA competency examination three times, the applicant is not eligible for reexamination unless the applicant completes an approved training program.¹⁷

Emergency Medical Services (EMS)

The Legislature created ch. 401, F.S., in 1973 to establish a statewide organized and regulated system of regional EMS providers with two major objectives:

- To develop a statewide system of emergency medical telecommunications to maximize the use of existing radio channels to provide faster and more effective EMS to the general population;¹⁸ and
- To protect and enhance public health, safety, and welfare with the establishment of a statewide EMS plan to:
 - Monitor the quality of patient care delivered by each licensed service;
 - Certify EMS personnel;
 - Create an EMS advisory council;

¹⁵ Section 464.201(5), F.S.

¹⁶ Fla. Admin. Code R. 64B9-15.008 (2021).

¹⁷ *Id.*

¹⁸ Section 401.013, F.S.

- Develop a comprehensive statewide injury-prevention program; and
- Develop minimum standards for EMS providers, personnel, vehicles, services, medical direction, and inspections.¹⁹

The Legislature further created the Florida Emergency Medical Services Grant Act.²⁰ This law authorizes the DOH to make grants to local agencies, EMS organizations, and youth athletic organizations to provide EMS, including emergency medical dispatch, and work with local EMS organizations to expand the use of automated external defibrillator (AED) devices.²¹

Emergency Medical Service Providers

Entities that provide prehospital or interfacility advanced life support (ALS) services or basic life support (BLS) transportation services must be licensed as a BLS service or an ALS service, or both.²²

Emergency Medical Technician (EMT)

An EMT is certified by the DOH to perform BLS techniques.²³ BLS techniques include treatment of medical emergencies by a certified EMT qualified in the use of techniques of patient assessment, CPR, splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical anti-shock trousers, administration of a subcutaneous injection using an auto-injector of epinephrine for an anaphylactic reaction, and other techniques described in the U.S. DOT, EMT Basic Training Course Curriculum (EMT-BTCC).²⁴

Qualifications and training for an EMT, in accordance with s. 401.27, F.S., include the following minimum requirements:

- Out of state or military applicants trained in accordance with either the 1994 U.S. DOT EMT-Basic National Standard Curriculum or the January 2009 U.S. DOT National EMS Education Standards and who currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians (NR-EMT);
- Completion of an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the U.S. DOT, within one year after course completion have passed an examination for an emergency medical technician, and hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent.

To be eligible for an EMT certification in Florida, an applicant must:

- Submit a completed application;
- Submit proof to the Certification Unit of meeting required professional education in one of the following ways:
 - *Florida Trained* – Successful completion of EMT course from a DOH approved program within two years of passing the examination;

¹⁹ Section 401.211, F.S.

²⁰ See ss. 401.101 and 401.104, F.S.

²¹ Section 401.111, F.S.

²² Section 401.25(1), F.S.

²³ Section 401.23(11), F.S.

²⁴ Section 401.23(7), F.S.

- *Out-of-State Trained* – Submit proof of current NR-EMT certification;
- *Florida Paramedic Certification*. A Florida certified paramedic may use his or her paramedic certificate, provided it is current and in good standing, to satisfy professional education requirements for certification as an EMT; or
- If the applicant was initially trained in Florida, received a Florida EMT certification, but did not maintain certification, the applicant may apply by *Out of State Certification* and submit a copy of either:
 - An American Red Cross CPR for Professional Rescuer card; or
 - An American Heart Association BLS for the Healthcare Provider.

Paramedic

A certified paramedic may perform both BLS and ALS.²⁵ ALS includes the assessment or treatment by a certified paramedic qualified in the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards, pursuant to DOH administrative rules.²⁶

A member of the U.S. Armed Forces, on active duty, who at the time he or she became a member, was in good standing with the DOH, and certified to practice as an EMT or paramedic in Florida remains in good standing without registering, paying dues or fees, or performing any other act, as long as he or she is an active duty member of the U.S. Armed Forces, and for a period of six months after discharge from active duty.²⁷

Protection of the public is incumbent upon the accurate determination that a health care professional is qualified to practice the health care profession for which they are seeking licensure. Florida statutes delineate minimum qualifications for each license based on the profession and the associated scope of practice. However, all professions have the same general categories of requirements for licensure, including:

- Minimum educational requirements, which may also encompass an internship program or residency training.
- Successful examination completion. Most health care professions require successful completion of a national examination to demonstrate competency.
- Criminal history evaluation. All applicants are required to disclose prior criminal history, and professions identified in s. 456.0135, F.S., require electronic fingerprint submission. Certain criminal activity reflected in the history may preclude licensure.
- Disciplinary history evaluation. Disciplinary history evaluation includes all prior licensure in any profession in any jurisdiction. Certain types of discipline may preclude licensure.
- Health history evaluation. Applicants are required to disclose health history, including evidence of impairment. Boards evaluate the disclosure to determine if the applicant is safe to practice prior to making a final licensure determination.

To be eligible for a paramedic certification in Florida, an applicant must:

²⁵ Section 401.23(17), F.S.

²⁶ Section 401.23(1), F.S.

²⁷ Section 401.271, F.S.

- Submit a completed application;
- Possess a high school diploma or GED;
- Submit proof to the Certification Unit of meeting the required professional education in one of the following ways:
 - *Florida Trained* - Successful completion of a paramedic course from an approved program within two years of passing the examination;
 - *Out of State Certification* – Proof of current NR-EMT certification; or
 - *Health Professional Licensure* – A Florida licensed physician, physician assistant, dentist, or registered nurse may apply for certification as a paramedic and subsequently challenge the paramedic exam, provided he or she holds a Florida EMT certificate which is current, in good standing, and has successfully completed an advance cardiac life support course.²⁸

III. Effect of Proposed Changes:

The authorizes the Department of Health (DOH), in collaboration with Florida is for Veterans (FIFV), to establish and administer the Military Medics and Corpsmen of Florida program. The program is designed to help veterans and their spouses pursue clinical, leadership, and nonclinical careers in health care or health care-related fields in the state. Participants in the program, presently unlicensed as health care practitioners, may work in the field contingent upon meeting certain requirements, including receiving a Military Medic and Corpsmen of Florida Health Care Certification (certification or Health Care Certificate).

Definitions

A military-trained veteran is a person who:

- Has served within the preceding consecutive 12 months as an Army medic, Air Force medical technician, Navy hospital corpsman, or Coast Guard health services technician;
- Was discharged or separated from military service under conditions other than dishonorable;
- Has received a Health Care Program Qualified status from the DOH;
- Is enrolled, at least half-time, in an approved and accredited Florida health care education and training program specific to the health care field for which the DOH has issued the Health Care Program Qualified status; and
- Has applied for and been approved by the DOH for the Health Care Certification program.

A participating health care provider is:

- A physician licensed under chs. 458, or 459, F.S.;
- A professional corporation or partnership of a licensed physicians licensed under ch. 458 or ch. 459, F.S.;
- A hospital or ambulatory surgical center licensed under ch. 395, F.S.;
- An office registered under s. 458.328 or s. 459.0138, F.S.;
- A company with a medical facility for its employees which is supervised by at least one licensed physician; or

²⁸ Section 401.25, F.S.; Fla. Admin. C. Rule 64J-1.009, (2021); Florida Department of Health, Licensing and Regulation, EMT and Paramedics, Licensing, *Paramedic*, available at <https://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html> (last visited Feb. 3, 2022).

- A facility licensed under ch. 395, F.S., which offers medical services to the public and is supervised by at least one licensed physician.

A veteran as referenced in the bill means a former member of the Florida National Guard, or as the term “veteran” is defined in s. 1.01(14), F.S., which means a person who served in the active military, naval, or air service and who was honorably discharged or released or who later received an upgraded discharge.

Military Medic and Corpsmen of Florida Health Care Certification

Determination of Certification

FIFV will recruit and review eligibility of veterans for the certification program. A veteran who wishes to participate must complete an application, developed by the DOH and each board, or solely the department if there is no board. FIFV is required to assist the veteran in completing the application. The department will waive any application, certificate, and unlicensed activity fee for this program.

An application for certification must include:

- Information on the applicant’s background, such as civilian and military education, health care education and training; practice skills routinely performed in the military along with other health care-related education or experience; and
- A disclosure stating whether the applicant is currently enrolled, and the status of the enrollment, at least half-time in an approved and accredited Florida health care education and training program for an included practice area; or if not enrolled, preference for the practice area in which the applicant seeks future education and training, including the program he or she plans to enter if known.

The bill authorizes the FIFV to recruit, establish, and maintain a statewide list of participating health care providers that have agreed to employ an unlicensed veteran who holds a Health Care Certificate. The bill also requires the FIFV to assist a certificateholder in identifying participating health care providers for employment, including providing assistance with résumé writing, application completion, and interviewing skills.

The Board of Medicine (Board) will review applications and identify within 30 days if and which of the following areas the applicant is eligible to practice under the direct supervision of a health care practitioner:

- Certified nursing assistant;
- Dental assistant;
- Dental hygienist;
- Emergency medical technologist;
- Licensed practical nurse;
- Laboratory technologist;
- Medical assistant;
- Optician;
- Physician assistant;
- Occupational therapy assistant;

- Radiologic technologist;
- Registered nurse;
- Respiratory care or therapy technician;
- Paramedic;
- Pharmacy technician;
- Physical therapist assistant; or
- Physical therapist.

The board will delineate practice skills that the veteran is permitted to perform under the direct supervision of a licensed health care practitioner in the field in which the veteran is to practice. Once the board has determined that an applicant has sufficient civilian or military health care education and training in one or more health care practice areas, the board must classify an application as having “Health Care Program Qualified” status, and provide written notification of the status to the applicant within 14 days, including instructions on how the veteran can obtain the certificate. The board’s initial determination of the veteran’s “Program Health Care Qualified” status expires 18 months after first issuance, unless the veteran applies for a Health Care Certificate before the expiration date.

After an applicant has received the “Health Care Program Qualified” status, he or she must provide to the DOH documented enrollment of at least half-time, signed by the registrar or a similar representative of the approved and accredited program, for an approved health care field on a form or as prescribed in department rule. Upon receipt of proof of enrollment, the DOH may issue a Health Care Certificate that qualifies the unlicensed veteran for employment with a participating health care provider in a position matching the health care field listed on the certificate.

The DOH is authorized to determine the annual renewal procedures for the Health Care Certificate.

Employment as a Certificateholder

The DOH must provide the veteran with the board’s approved list of practice skills after the veteran has obtained his or her Health Care Certificate.

Within 10 days of the start of civilian employment, the certificateholder must provide the DOH and FIFV with the following information:

- The name, address, and telephone number of the participating health care provider that employs the certificateholder; and
- The name and phone number of the health care provider designated to supervise the veteran and who has the list of practice skills that the certificateholder is approved to perform.

The certificate remains valid for the length of time the veteran is actively enrolled on at least a half-time basis in an approved program, and he or she may continue to practice the skills approved by the board in a participating civilian health care provider setting.

A certificateholder must notify the DOH and the FIFV within 10 days of:

- Termination of employment; or

- Failure to maintain active enrollment on at least a half-time basis in the education and training program.

Likewise, a participating health care provider who employs the certificateholder must notify the DOH and FIFV within 10 days after terminating the certificateholder.

Additionally, an approved and accredited Florida health care education and training program that has enrolled an employed certificateholder must in writing notify the DOH and FIFV within 10 days after:

- Termination of enrollment from the education and training program for any reason, and the reason for termination;
- Enrollment drops below a half-time basis; or
- Absences of a sufficient number to cause the veteran to drop or fail classes.

Denial of a Health Care Certificate and Disciplinary Actions

Certain acts constitute grounds for denial of a certificate or a disciplinary action, including:

- Obtaining or attempting to obtain a certificate through bribery, fraud, or knowing misrepresentation obtain;
- Having a certificate revoked, suspended, or otherwise acted against, including denial, in another jurisdiction;
- Being convicted, found guilty of, or entering a plea of nolo contendere regardless of adjudication, a crime in any jurisdiction which relates to practice as a certificateholder;
- Committing certain bad acts, including fraud regarding the filing of a report relating to practice as a certificateholder;
- Circulating false, misleading, or deceptive advertising;
- Engaging in illegal activity involving a controlled substance or being unable to practice due to substance use impairment;
- Willfully failing to report violations of designated laws;
- Engaging in practice without an active certificate;
- Being judicially determined mentally incompetent; and
- Unlawfully disclosing a patient's identity.

Upon probable cause, the DOH is authorized to compel a certificateholder to undergo a mental or physical examination by physicians designated by the department. The certificateholder must pay for the cost of the examination. Failing to submit to a requested exam constitutes an admission of allegations, upon which a final order may be entered without the taking of testimony or presentation of evidence. The DOH or the board may deny certification or re-certification, or impose a penalty on an applicant for certification who is found guilty of a designated prohibition. The record or order entered in any such proceeding may not be used against a certificateholder in another proceeding.

A certificateholder who is disciplined must be afforded a review to determine if he or she can safely and skillfully resume practice. The DOH or board may not issue or reinstate a certificate to a person it deemed unqualified until it determines that the person has satisfied terms and conditions of the final order and that the person can safely practice.

The Board may adopt rules establishing guidelines for the disposition of disciplinary cases.

Assistance to Non-Certificate Seeking Veterans and Spouses

Veterans who have served in health care related fields but who do not qualify for certification are still eligible for assistance in mentorship and gaining employment through the program. The program will also provide assistance to veterans and their spouses with management backgrounds in finding leadership and management employment in the health care field.

The bill grants rulemaking authority to the DOH and the board.

The bill makes changes to s. 295.21, F.S., to conform to the changes made by the bill.

The bill takes effect July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/SB 466, in part, is designed to address the shortage of health care professionals in this state, but impact is indeterminate at this time.

C. Government Sector Impact:

The DOH expects a significant fiscal impact from the bill.²⁹ The department will incur costs from new responsibilities associated with the bill in the following areas:

- Processing applicants, requiring an additional 4 FTE;
- Handling additional complaints and prosecutions, requiring an additional 2 FTE;
- Processing annual renewals, requiring an additional 2 FTE;
- Notifying applicants of renewals, requiring contract services, at a recurring indeterminate cost;
- Updating various websites and databases; and
- Holding meetings, at a rate of six, one day meetings a year.

The DOH estimates a total fiscal impact of \$682,051, of which \$553,127 is recurring and \$128,924 is non-recurring, and eight full-time-equivalent positions.

Florida is for Veterans, Inc. (FIFV), will also experience an increase in workload and costs to implement the provisions of the bill. FIFV estimates a recurring fiscal impact of \$400,000 and four full-time-equivalent positions.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Sponsor of the bill may wish to consider the following issues:

- The bill defines eligible veterans to be “medically-trained” as a medic in the U.S. Army, a medical technician in the U. S. Air Force, or a hospital corpsman in the U.S. Navy or the U.S. Coast Guard. Actual military titles are the Army Combat Medic Specialist (CMS), Navy Hospital Corpsman (HM), Air Force Aerospace Medical Service Technician (AMST), and Coast Guard Health Service Technician (HS).
- The bill excludes from the program the U.S. Marine Corp, which uses Navy trained HMs who are Marines, and Space Force, which currently uses Aerospace Medical Service Technicians (AMST) trained by the Air Force, even though they are in the Space Force.
- The bill does not address adverse incident reporting or professional liability insurance.
- Reference to a military-trained health care veteran as a person who was discharged or separated from service under conditions other than dishonorable is in conflict with the bill’s cross-reference to the definition of a veteran provided in s. 1.01(14), which includes as an acceptable discharge an upgrade to an honorable discharge.
- Under certain probable cause circumstances, the bill authorizes the Department of Health (DOH) to compel certain individuals to submit to a mental or physical examination by DOH designated physicians. The individual must pay for the examination and failure to

²⁹ Florida Dep’t of Health, *2022 Legislative Bill Analysis of CS/SB 466* (Feb. 3, 2022) (on file with the Senate Committee on Military and Veterans Affairs, Space, and Domestic Security).

submit to the examination constitutes an admission of the allegations against the individual. A default and final order may be entered by the DOH without the taking of testimony or presentation of evidence. Further the DOH and the Board of Medicine may enter an order denying certification or imposing penalties against an individual who is found guilty of certain violations.

- The 17 health care professions identified in the bill (lines 186-202) are regulated by 7 separate regulatory boards and the DOH, which have a specified scope of practice delineated in law and rule. The bill requires that the Board of Medicine (BOM) delineate the practice skills that the individual military-trained health care veteran is permitted to perform under the direct supervision of a “health care practitioner”³⁰ in the field in which the veteran is to practice. This section is in conflict with lines 158-169 of the bill which specifies that the participant perform health care skills under the direct supervision of a licensed “health care provider.”³¹ Many licensed health care professions have specific direct supervision requirements. The direct supervision by a health care provider specified in the bill may be in conflict with the scope of practice for certain licensed professions. For example, the certification identified by this bill is not equivalent to that of a registered pharmacy technician, and as such, pharmacists are not authorized to delegate tasks to the certificate holder participating in the Military Medics and Corpsmen of Florida (MMACOF) program.
- Some of the professions identified in the bill do not require licensure to be employed in the field. The bill may create confusion and be misconstrued as creating a regulatory process for veterans where one does not currently exist for any other person in Florida.
- Under the bill the BOM must determine the specific skills that are authorized to be performed by the qualified applicant. However, the BOM only regulates one of the 17 professions identified under the bill. Under the bill the BOM would be required to make certification determination for fields of practice for which they do not have jurisdiction over.
- The bill includes the establishment of the “No Veteran Left Behind” MMACOF program, specifying that any veteran who does not meet the definition of “medically trained veteran” but “who, in the course of their military service, gained management experience or completed advanced degrees has served in health care-related specialties shall receive assistance in resume writing, mentorship, and obtaining employment with participating health care providers. The bill directs the responsibility for implementing this provision to the MMACOF program. The MMACOF program is specified as being implemented by the Department of Health in cooperation with Florida Is For Veterans, Inc. The department does not have existing resources to provide guidance on resume writing,

³⁰ Section 456.001, F.S., defines a “health care practitioner” to mean any person licensed under chapter 457 (acupuncture); chapter 458 (medical practice); chapter 459 (osteopathic medicine); chapter 460 (chiropractic medicine); chapter 461 (podiatric medicine); chapter 462 (naturopathy); chapter 463 (optometry); chapter 464 (nursing); chapter 465 (pharmacy); chapter 466 (dentistry, dental hygiene, and dental laboratories); chapter 467 (midwifery); part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468 (speech-language pathology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, orthotics, prosthetics, and pedorthics); chapter 478 (electrolysis); chapter 480 (massage therapy); part I, part II, or part III of chapter 483 (clinical laboratory personnel, medical physicists, genetic counseling); chapter 484 (dispensing of optical devices and hearing aids); chapter 486 (physical therapy practice); chapter 490 (psychological services); or chapter 491 (clinical, counseling, and psychotherapy).

³¹ Under the bill “health care provider” means a physician, osteopathic physician, a hospital or ambulatory surgical center, an office surgery center, a commercial enterprise having medical facilities supervised by physicians or osteopathic physicians, and a facility licensed under chapter 395, F.S.

mentorship, or providing employment assistance to any health care practitioner. The original bill directed this responsibility to the Department of Veterans Affairs in the established program. Clarity that this function is retained by Florida Is For Veterans, Inc., rather than to the MMACOF program would remedy this conflict.

VIII. Statutes Affected:

This bill creates section 295.126 of the Florida Statutes.

The bill substantially amends section 295.21 of the Florida Statutes.

IX. Additional Information:

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

CS by Health Policy on January 13, 2022:

The CS:

- Authorizes the DOH to establish and administer the program, in collaboration with the FIFV, instead of the FDVA establishing and administering the program;
- Applies to military veterans and their spouses, not just military veterans;
- Requires the DOH to waive certain fees for program applicants;
- Provides application requirements;
- Requires disclosure of specific information by an applicant;
- Requires the participating health care providers to agree to specified terms;
- Requires a specific application process;
- Requires the board, and any other boards it deems appropriate, to determine areas of practice and specify what skills the veterans may perform under direct supervision;
- Requires the certificate holder, DOH, FIFV, participating health care providers, and certain education and training programs to provide specific information to each other within specified time periods regarding employment status and the status of the veteran's enrollment on at least a half-time basis in an approved program;
- Authorizes grounds for denial of a certificate or disciplinary action against a certificateholder;
- Authorizes both the DOH or the board to issue disciplinary orders;
- Authorizes the DOH to make rules for certificate renewal; the board to make rules to establish guidelines for the disposition of disciplinary cases; and the DOH and the board to make rules to implement s. 295.126, F.S.; and
- Amends s. 295.21, F.S. to authorize the creation of a subprogram dedicated to health care services employment for veterans in Florida.

B. Amendments:

None.