

HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/CS/HB 1273 Reciprocity or Endorsement of Licensure

SPONSOR(S): Commerce Committee and Regulatory Reform & Economic Development Subcommittee, Plasencia and others

TIED BILLS: **IDEN./SIM. BILLS:** CS/SB 1600

FINAL HOUSE FLOOR ACTION: 114 Y's 0 N's **GOVERNOR'S ACTION:** Approved

SUMMARY ANALYSIS

CS/CS/HB 1273 passed the House on March 6, 2024, as CS/SB 1600.

The bill revises or creates licensure by endorsement for numerous businesses and professionals regulated by the Department of Health (DOH) or the Department of Business and Professional Regulation (DBPR).

The bill authorizes licensure by endorsement for 17 professions regulated by DOH. The bill repeals existing licensure by endorsement statutes for all other health care professions regulated by DOH, excluding radiation technicians and respiratory therapists, and establishes a standardized process for licensure by endorsement for all health care professions. The bill requires DOH and the boards to issue a license to a qualified applicant within seven days after receipt of all required documentation. The bill allows DOH to continue to process applications for licensure by endorsement under existing law until the earlier of the board or DOH adopting rules to implement the provisions of this bill or six months.

The bill requires DOH to submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives related to the approval and denial of applications for licensure by endorsement, and disciplinary actions taken against such licensees.

The bill authorizes DBPR to issue a license by endorsement to an applicant who meets certain criteria if licensure by endorsement based on years of licensure or certain examination or experience requirement is not otherwise provided for in the practice act, excluding harbor pilots. The bill requires that a board, or DBPR, to make a determination that the applicant's license in another jurisdiction is not substantially equivalent to or is otherwise insufficient for a license in Florida before denying an application. The bill grants such an applicant seven days to appeal the denial to the Secretary of DBPR.

The bill will have a significant, negative fiscal impact on state government and no impact on local governments. See Fiscal Comments.

The bill was approved by the Governor on June 28, 2024, ch. 2024-274., L.O.F., and will become effective on July 1, 2024.

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Current Situation – Department of Health

Health Care Professional Shortage Areas

The federal Health Resources and Services Administration (HRSA) designates health care shortage areas in the United States. The two main types of health care shortage areas designated by the HRSA are Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA).

A HPSA is a geographic area, population group, or health care facility that has been designated by the HRSA as having a shortage of health professionals. There are three categories of HPSA: primary care, dental health, and mental health.¹

HPSAs can be designated as geographic areas; areas with a specific group of people such as low-income populations, homeless populations, and migrant farmworker populations; or as a specific facility that serves a population or geographic area with a shortage of providers.² As of September 30, 2023, there are 304 primary care HPSAs, 266 dental HPSAs, and 228 mental health HPSAs designated within the state. It would take 1,803 primary care physicians, 1,317 dentists, and 587 psychiatrists to eliminate these shortage areas.³

Each HPSA is given a score by the HRSA indicating the severity of the shortage in that area, population, or facility. The scores for primary care and mental health HPSAs can be between 0 and 25 and between 0 and 26 for dental health HPSAs, with a higher score indicating a more severe shortage.⁴

United States Health Care Shortages

The United States has a health care professional shortage. As of December 3, 2023, there are 8,544 Primary Care HPSAs, 7,651 Dental HPSAs, and 6,822 Mental Health HPSAs nationwide. To eliminate the shortages, an additional 17,637 primary care practitioners, 13,354 dentists, and 8,504 psychiatrists are needed, respectively.⁵

This shortage is predicted to continue into the foreseeable future and will likely worsen with the aging and the growth of the U.S. population⁶ and the expanded access to health care under the federal Affordable Care Act.⁷ Aging populations create a disproportionately higher health care demand due to

¹ *Health Professional Shortage Areas (HPSAs) and Your Site*, National Health Service Corps, available at <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>, (last visited March 18, 2024).

² *What is a Shortage Designation?*, HRSA, available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas>, (last visited March 18, 2024).

³ Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, *Designated Health Professional Shortage Areas Statistics, Fourth Quarter of Fiscal Year 2023* (Sept. 30, 2023), available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas?hmpgtile=hmpg-hlth-srvcs> (last visited March 18, 2024). To generate the report, select "Designated HPSA Quarterly Summary."

⁴ *Scoring Shortage Designations*, HRSA, available at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>, (last visited March 18, 2024).

⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, *Health Workforce Shortage Areas*, available at <https://data.hrsa.gov/topics/health-workforce/shortage-areas> (last visited March 18, 2024).

⁶ The U.S. population is expected to increase by 79 million people by 2060, and average of 1.8 million people each year between 2017 and 2060. See U.S. Census Bureau, *Demographic Turning Points for the U.S.; Population Projections for 2020 to 2060* (February 2020), available at <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf> (last visited March 18, 2024).

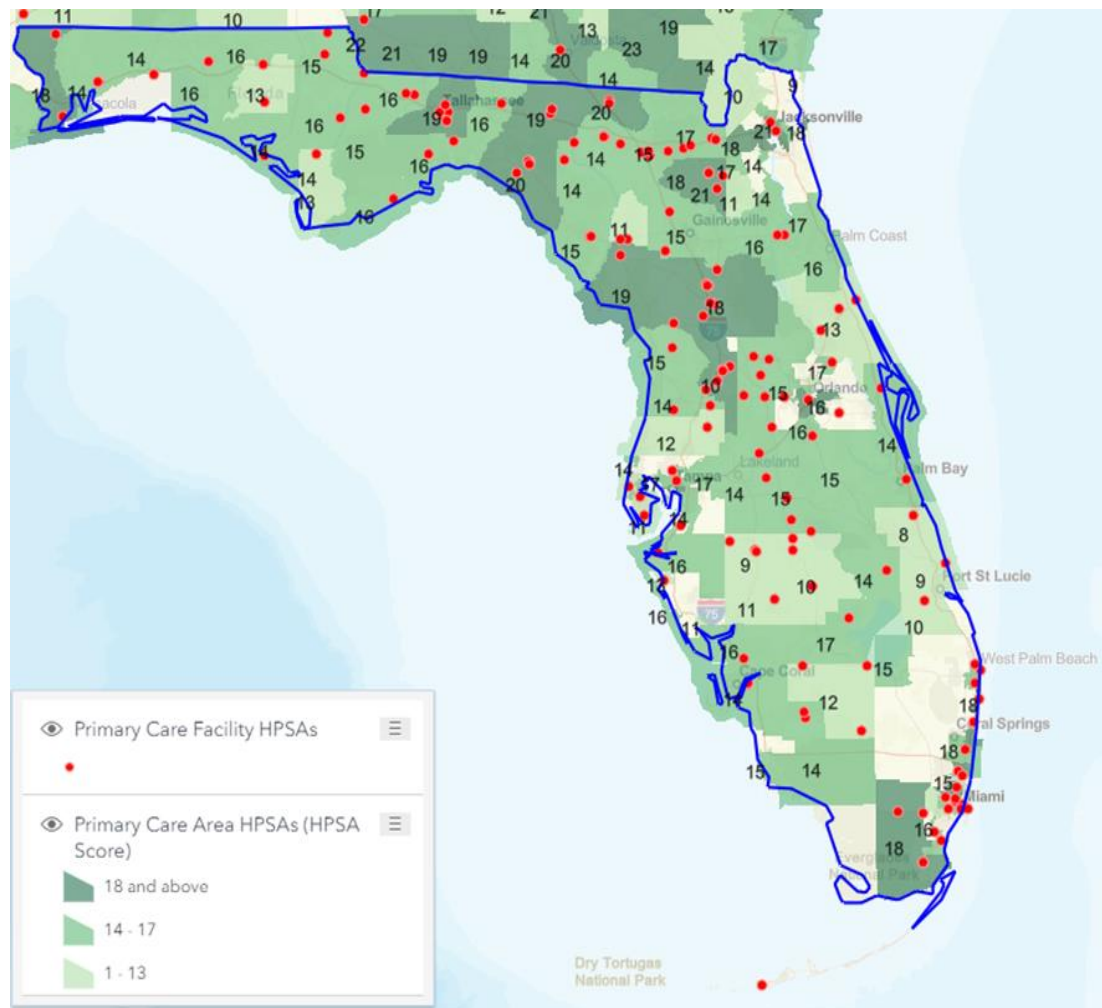
⁷ Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034*, (June 2021), available at <https://www.aamc.org/media/54681/download> (last visited January 8, 2024).

seniors having a higher per capita consumption of health care services than younger populations.⁸ Additionally, as more individuals qualify for health care benefits, there will necessarily be a greater demand for more health care professionals to provide these services.

Florida Health Care Shortages

Florida is not immune to the national problem and is experiencing a health care provider shortage itself. This is evidenced by the abundance of primary care, mental health and dental HPSAs, as well as medically underserved areas (MUAs), in the state. Below are maps of primary care, mental health, and dental HPSAs, with their associated HPSA scores.⁹

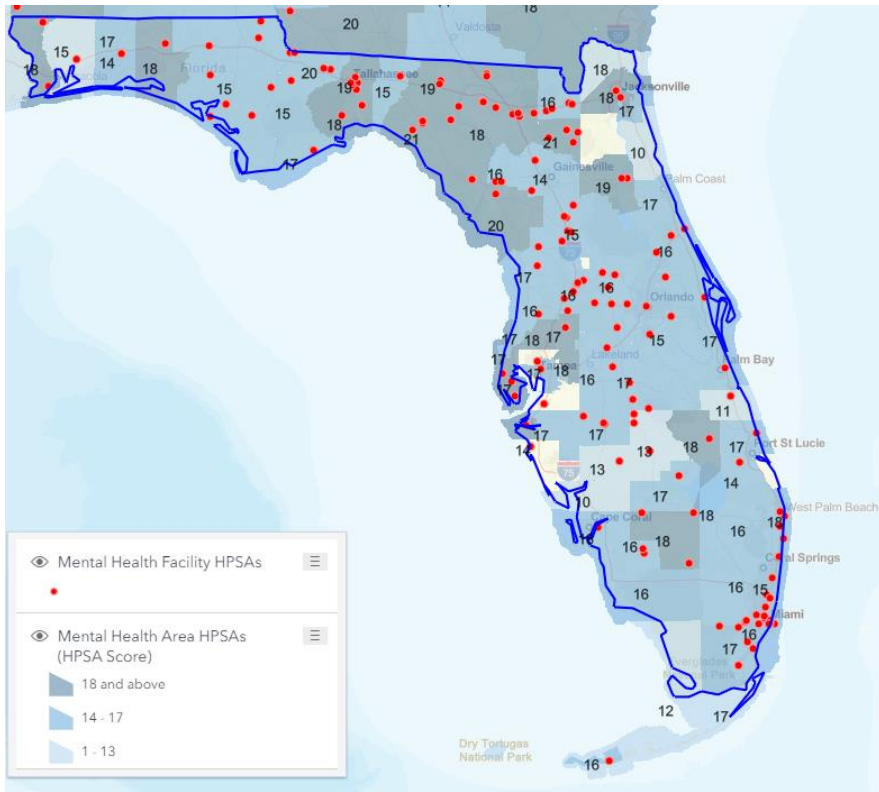
Primary Care HPSAs



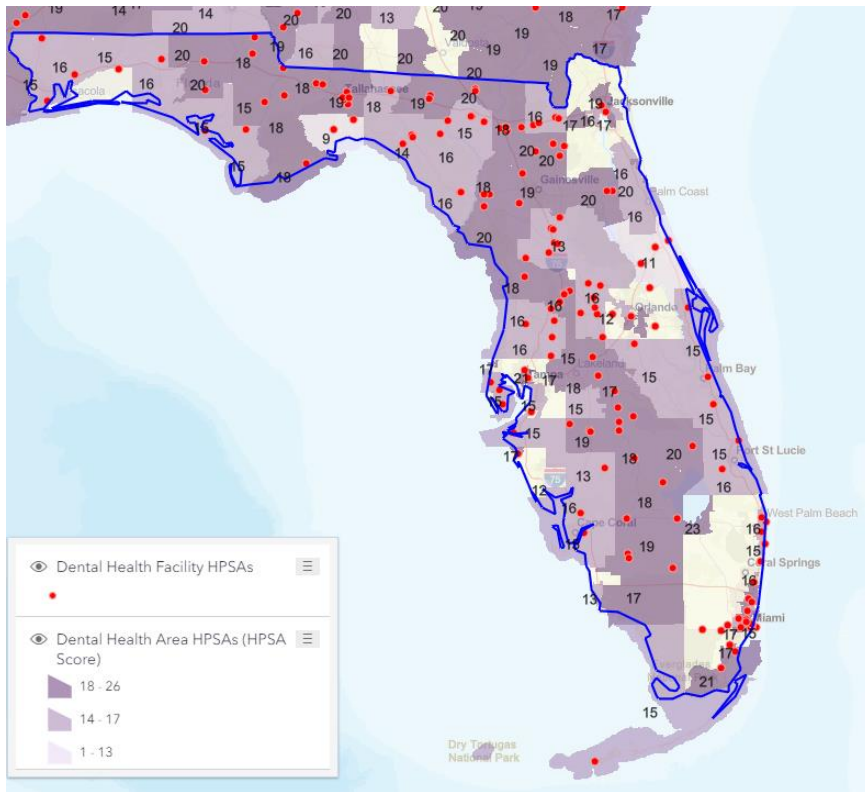
⁸ The nation's 65-and-older population is projected to nearly double in size in coming decades, from 49 million in 2016 to 95 million people in 2060. See: U.S. Census Bureau, *U.S. and World Population Clock*, available at <https://www.census.gov/popclock/>, and U.S. Census Bureau, *U.S. Population Projected to Begin Declining in Second Half of Century* (Nov. 9, 2023), available at <https://www.census.gov/newsroom/press-releases/2023/population-projections.html> (both sites last visited March 18, 2024).

⁹ The three maps were generated with HRSA's map tool, available at <https://data.hrsa.gov/maps/map-tool/>, (last visited March 18, 2024).

Mental Health HPSAs

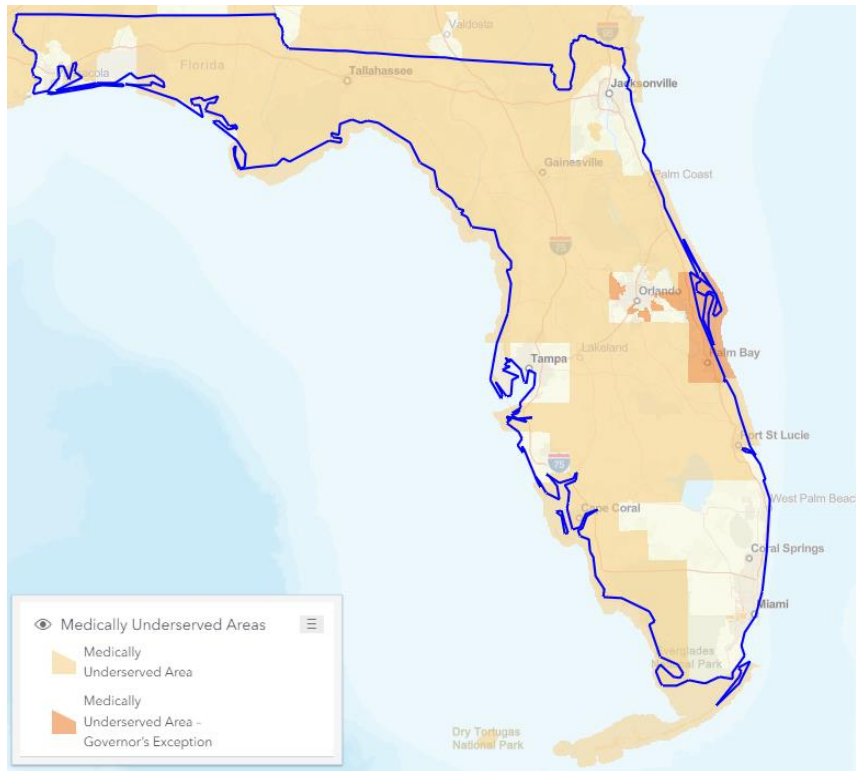


Dental HPSAs



Medically Underserved Areas

MUAs identify an area with a lack of primary care access. MUAs have a shortage of primary care health services within geographic areas such as a whole county, a group of neighboring counties, a group of urban census tracts, or a group of county or civil divisions.¹⁰ Below is a map of the MUAs in Florida.



¹⁰ *Health Professional Shortage Areas (HPSAs) and Your Site*, National Health Service Corps, available at <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>, (last visited March 18, 2024).

The Florida Physician Workforce

In 2020, there were 286.5 physicians actively practicing per 100,000 population in the United States.¹¹ There were 94,925 total allopathic and osteopathic physicians with an active license in Florida.¹² Of these active physicians, 79,045 or 83.27 percent renewed their medical licenses from July 1, 2021– June 30, 2023, and responded to the statutorily required workforce survey. The DOH used that survey in preparation of the 2023 Physician Workforce Annual Report, which made the following findings regarding the adequacy of Florida’s physician work force providing direct patient care to Floridians:

- Of these physicians, there were 56,769 or 72 percent provide direct patient care. Those who renewed during this survey cycle and responded to the survey, were 87.97 percent allopathic physicians and 12.03 percent osteopathic physicians;
- Statewide, 35.82 percent of Florida’s 67 counties have a per capita rate of 10 or fewer physicians per 10,000 population;
- The physician work force survey showed that 98.11 percent of physicians work in urban counties while 1.89 percent work in Florida’s 31 rural counties. In all of the rural counties, at least 20 percent of physicians are primary care providers;
- Among physicians, 34.17 percent or 19,396 are age 60 and older;
- For physicians under age 40, the percentage of female physicians is 46.21 percent;

Primary care physicians account for 31.63 percent of physicians providing direct patient care and the top three specialty groups for physicians providing direct patient care in Florida are:

- Internal medicine (28.11 percent or 15,724);
- Family medicine (14.64 percent or 8,191); and
- Pediatrics (7.89 percent or 4,413).

A total of 9.56 percent or 5,429 of physicians providing direct patient care plan to retire in the next five years.¹³

IHS Markit Report – Physician Supply and Demand Deficit

In 2021, HIS Markit prepared a report for the Safety Net Hospital Alliance of Florida and the Florida Hospital Association that examined Florida’s statewide and regional physician workforce with projections on workforce changes out to 2035.¹⁴ Between 2019 and 2035, the report estimates that while physician supply will increase by six percent overall and by three percent to four percent for primary care, the demand for physician services in Florida will grow by 27 percent.¹⁵ While there is already supply and demand deficits for physician services (estimated by 2019 numbers to be at 1,977 for primary care and 1,650 for non-primary care), the significant growth in the demand for physician services that may outpace the growth in the physician workforce over the next decade is estimated to create a shortfall of 7,872 in primary care physicians by 2035 and an overall decline in the adequacy for all non-primary care specialties from 95 percent in 2019 to 77 percent in 2035.¹⁶

The following chart details the estimated supply and demand deficits by physician specialty in 2035:¹⁷

¹¹ Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections from 2019 to 2034*, (June 2021), prepared for the AAMC by HIS, Ltd., p. viii, available at <https://www.aamc.org/media/54681/download> (last visited March 18, 2024). This includes both allopathic and osteopathic physicians.

¹² Department of Health, *2023 Florida Physician Workforce Annual Report*, Nov. 1, 2023, available at <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/HealthResourcesandAccess/physician-workforce-development-and-recruitment/2023DOHPhysicianWorkforceAnnualReport-FINAL.pdf> (last visited March 18, 2024).

¹³ *Id.*

¹⁴ Florida Statewide and Regional Physician Workforce Analysis: 2019 to 2035: 2021 Update to Projections of Supply and Demand available at <https://safetynetsflorida.org/wp-content/uploads/Florida-Physician-Workforce-Analysis.pdf> (last viewed March 18, 2024)

¹⁵ *Id.* at V.

¹⁶ *Id.* at VI

¹⁷ *Id.* at 10

Specialty	Supply	Demand ^a	Supply-Demand	% Adequacy ^b
Primary Care	22,900	30,773	-7,872	74%
Traditional Primary Care	15,440	21,413	-5,974	72%
Family Medicine	4,261	8,648	-4,387	49%
General Internal Medicine	6,917	7,797	-881	89%
Pediatric Medicine	3,824	3,870	-46	99%
Geriatric Medicine	437	1,097	-660	40%
Emergency Medicine	2,776	4,295	-1,519	65%
General Surgery	2,228	2,111	117	106%
Obstetrics & Gynecology	2,457	2,954	-497	83%
Non-Primary Care	33,959	44,011	-10,052	77%
Allergy & Immunology	276	284	-7	97%
Anesthesiology	3,164	3,818	-654	83%
Cardiology	2,644	3,276	-632	81%
Colorectal Surgery	164	234	-70	70%
Dermatology	1,111	1,044	67	106%
Endocrinology	587	834	-247	70%
Gastroenterology	1,284	1,486	-202	86%
Hematology & Oncology	1,654	2,091	-437	79%
Hospital Medicine	1,993	3,427	-1,434	58%
Infectious Diseases	429	1,167	-737	37%
Neonatology	367	454	-87	81%
Nephrology	758	1,272	-514	60%
Neurological Surgery	458	570	-112	80%
Neurology	1,485	1,314	170	113%
Ophthalmology	1,676	1,731	-55	97%
Orthopedic Surgery	1,751	1,961	-209	89%
Other Specialties	1,063	3,223	-2,160	33%
Otolaryngology	850	771	79	110%
Pathology	1,834	1,605	228	114%
Physical Medicine & Rehabilitation	832	1,313	-481	63%
Plastic Surgery	602	849	-247	71%
Psychiatry	2,037	3,267	-1,230	62%
Pulmonology & Critical Care	1,150	1,798	-648	64%
Radiation Oncology	511	715	-204	71%
Radiology	3,623	2,979	644	122%
Rheumatology	446	560	-114	80%
Thoracic Surgery	329	453	-124	73%
Urology	572	1,030	-459	55%
Vascular Surgery	308	485	-176	64%
Florida Total	56,859	74,784	-17,924	76%

Source: IHS Markit
 Note: ^a Demand is estimated based on national patterns of healthcare use and delivery applied to the population in Florida and controlling for differences in demographics, disease prevalence, health risk behavior, health insurance, and household income. ^b Adequacy is calculated as supply divided by demand, and indicates whether supply is sufficient to provide a level of care consistent with the national average in 2019.

Florida Nursing Workforce

During the 2020-2021, license renewal cycle, Florida was home to 441,361 active nursing licenses made up of 69,511 LPN; 326,669 RN; and 45,181 APRN licenses. Licensees held either single-state or multi-state licenses. Multi-state licenses made up 19.6 percent of LPN licenses, 22.2 percent of RN licenses, and 16.9 percent of APRN licenses. There were 366,235 nurses in Florida (83 percent) that responded to the FCN Nursing Workforce Survey.¹⁸

The median ages of nurses were 46 for RNs, 48 for LPNs, and 45 for APRNs. The table below provides a comparison of the ages of the LPNs, RNs, and APRNs that make up Florida’s nursing workforce to the U.S. nursing workforce and state and U.S. census data.¹⁹

¹⁸ Florida Center for Nursing, *The State of the Nursing Workforce in Florida, 2023*, Tampa, FL., prepared by Rayna M. Letourneau, PhD, RN, E.D., available at <https://tinyurl.com/bde585j7> (last visited March 18, 2024).

¹⁹ *Id.*

Age	FL LPNs	FL RNs	FL APRNs	FL NURSES	U.S. NURSES	Florida	United States
29 or younger	12.5%	14.8%	5.2%	11.2%	10.9%	33.7%	38.3%
30 - 39	21.8%	24.3%	31.5%	24.6%	24.2%	12.9%	13.6%
40 - 49	22.2%	20.6%	27.8%	21.5%	21.8%	12.1%	12.4%
50 - 59	22.3%	20.3%	21.1%	21.1%	21.4%	13.3%	12.9%
60 or older	21.1%	20.1%	14.4%	21.6%	21.7%	27.9%	22.8%

The Florida Department of Economic Opportunity develops a *College Projections Report* that includes the *Fastest Growing Occupations between 2020 and 2028*. APRN is the fastest growing profession. The report also includes the Occupations gaining the most new jobs between 2020 and 2028, and RNs are number seven.²⁰ The number of jobs for LPNs in Florida decreased by 12.19 percent between 2012 and 2021,²¹ but LPN jobs have a projected growth of 5,197 jobs (12.6 percent) from 2022-2030 with a total of 31,747 job openings over the eight-year period.²²

There were 45,181 APRNs licensed on Florida as of the 2020-2021 license renewal. Of those 7,691 (17 percent) are Autonomous APRNs. Thirty for percent of APRNs work in physician's offices while most autonomous APRNs practice in the area of adult and family health (50.1 percent).²³

Heath Care Practitioner Licensure and Regulation

The Division of Medical Quality Assurance (MQA), within the Department of Health (DOH), has general regulatory authority over health care practitioners.²⁴ The MQA works in conjunction with 22 boards and four councils to license and regulate seven types of health care facilities and more than 40 health care professions.²⁵ Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for the MQA.

The self-stated purpose of the MQA is to protect health care consumers.²⁶ Regulation of health care licensure broadly aids the consumer in differentiating the trained from the untrained and enhancing public health initiatives.²⁷ Through licensure regulation, the state is able to establish a minimum

²⁰ The Department of Economic Opportunity, Bureau of Workforce Statistics and Economic Research, 2020-2028 Employment Projections, updated Feb. 9, 2021, *2020 - 2028 College Projections Report*, available at https://lmsresources.labormarketinfo.com/college_projections/index.html (last visited March 18, 2024).

²¹ Florida Center for Nursing, *The State of the Nursing Workforce in Florida, 2023*, Tampa, FL., prepared by Rayna M. Letourneau, PhD, RN, E.D., available at https://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=1957&PortalId=0&TabId=151 (last visited March 18, 2024).

²² Florida Commerce, Bureau of Workforce Statistics and Economic Research, *Occupational Data Search, 29-2061 Licensed Practical or Vocational Nurses*, available at <https://floridajobs.org/economic-data/employment-projections/occupational-data-search> (last visited March 18, 2024).

²³ Florida Center for Nursing, *Florida Autonomous Practice 2020-2021*, available at https://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=1975&PortalId=0&TabId=151 (last visited March 18, 2024).

²⁴ Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dieticians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

²⁵ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2022-2023*. Available at <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited March 18, 2024)

²⁶ *Id.*

²⁷ Adams, T.L. (2020). *Health professional regulation in historical context: Canada, the USA and the UK (19th century to present)*. *Hum Resour Health* 18, 72. <https://doi.org/10.1186/s12960-020-00501-y>

standard of education and experience necessary for a person to practice a particular profession and ensure a minimum standard of care through enforcement mechanisms which may result in action against a professional's license.²⁸

The MQA is statutorily responsible for the following boards and professions established within the division.²⁹

- Board of Acupuncture, created under ch. 457, F.S.;
- Board of Medicine, created under ch. 458, F.S.;
- Board of Osteopathic Medicine, created under ch. 459, F.S.;
- Board of Chiropractic Medicine, created under ch. 460, F.S.;
- Board of Podiatric Medicine, created under ch. 461, F.S.;
- Naturopathy, as provided under ch. 462, F.S.;
- Board of Optometry, created under ch. 463, F.S.;
- Board of Nursing, created under part I of ch. 464, F.S.;
- Nursing assistants, as provided under part II of ch. 464, F.S.;
- Board of Pharmacy, created under ch. 465, F.S.;
- Board of Dentistry, created under ch. 466, F.S.;
- Midwifery, as provided under ch. 467, F.S.;
- Board of Speech-Language Pathology and Audiology, created under part I of ch. 468, F.S.;
- Board of Nursing Home Administrators, created under part II of ch. 468, F.S.;
- Board of Occupational Therapy, created under part III of ch. 468, F.S.;
- Respiratory therapy, as provided under part V of ch. 468, F.S.;
- Dietetics and nutrition practice, as provided under part X of ch. 468, F.S.;
- Board of Athletic Training, created under part XIII of ch. 468, F.S.;
- Board of Orthotists and Prosthetists, created under part XIV of ch. 468, F.S.;
- Electrolysis, as provided under ch. 478, F.S.;
- Board of Massage Therapy, created under ch. 480, F.S.;
- Board of Clinical Laboratory Personnel, created under part III of ch. 483, F.S.;
- Medical physicists, as provided under part IV of ch. 483, F.S.;
- Board of Opticianry, created under part I of ch. 484, F.S.;
- Board of Hearing Aid Specialists, created under part II of ch. 484, F.S.;
- Board of Physical Therapy Practice, created under ch. 486, F.S.;
- Board of Psychology, created under ch. 490, F.S.;
- School psychologists, as provided under ch. 490, F.S.;
- Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under ch. 491, F.S.; and
- Emergency medical technicians and paramedics, as provided under part III of ch. 401, F.S.

DOH and the practitioner boards have different roles in the regulatory system. Boards establish practice standards by rule, pursuant to statutory authority and directives. DOH receives and investigates complaints about practitioners, and prosecutes cases for disciplinary action against practitioners.³⁰ The boards determine the course of action and any disciplinary action to take against a practitioner.³¹ For professions in which there is no board, DOH determines the action and discipline to take against a practitioner and issues the final orders.³² DOH is responsible for ensuring that licensees comply with the terms and penalties imposed by the boards.³³

²⁸ Section 456.072(2), F.S.; *see also, supra* note 25.

²⁹ Section 456.001(4), F.S.; *see also supra* note 25.

³⁰ S. 456.072(2), F.S.

³¹ S. 456.072(2), F.S.

³² *Id.* Professions which do not have a board include naturopathy, nursing assistants, midwifery, respiratory therapy, dietetics and nutrition, electrolysis, medical physicists, and school psychologists.

³³ Department of Health, *Prosecution Services*. Available at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/psu.html> (last visited January 8, 2024).

Pathways to Licensure

Licensure by examination is the most common pathway for individuals seeking initial licensure, particularly among health care professionals educated and trained in Florida. The requirements to qualify for licensure by examination are specified in each profession's respective practice act and vary based on professional standards. However, licensure by examination generally requires the following:

- Completion of an approved³⁴ educational program;
- Completion of an approved³⁵ licensure or certification examination with a passing score; and
- Submission of an application approved by DOH in conjunction with an application fee.

Licensure by endorsement is the most common alternative to licensure by examination. Licensure by endorsement is an expedited licensure process which allows a health care professional to become licensed in one state based upon holding a substantially equivalent health care professional license in another state. Currently, only 20 DOH health care professions.³⁶

Professions With Licensure by Endorsement	Professions Without Licensure by Endorsement
Acupuncturist	Anesthesiologist Assistant
Allopathic Physician (MD)	Athletic Trainer
Audiologist	Chiropractor
Certified Nursing Assistant (CNA)	Clinical Laboratory Personnel
Mental Health Professions	Dental Hygienist
Dietitian	Dentist
Electrologist	EMT/Paramedic
Licensed Practical Nurse	Genetic Counselor
Massage Therapist	Hearing Aid Specialist
Midwifery	Medical Physicist
Nursing Home Administrator	Optometrist
Occupational Therapist	Optician
Pharmacist	Orthotist and Prosthetist
Physical Therapist	Osteopathic Physician (DO)
Physical Therapist Assistant	Physician Assistant
Psychologist	Podiatrist
Radiation Technician	Registered Pharmacy Technician
Registered Nurse (RN/APRN)	
Respiratory Therapist	
Speech-Language Pathologist	

Even amongst the professions which allow licensure by endorsement there are no standard requirements. Rather, requirements to obtain licensure by endorsement vary greatly by profession. For example, some professions require that the applicant submit to a background screening,³⁷ have a

³⁴ The requirements for "approval" of an educational program or examination vary by profession; some practice acts outline specific qualifications such as accreditation with a national board, while others grant the relevant regulatory board discretion in determining such requirements.

³⁵ *Id.*

³⁶ Email from Jennifer Wenhold, Division of Medical Quality Assurance Director, Florida Department of Health, RE: Endorsement Info, July 13, 2023. On file with the Health and Human Services Committee.

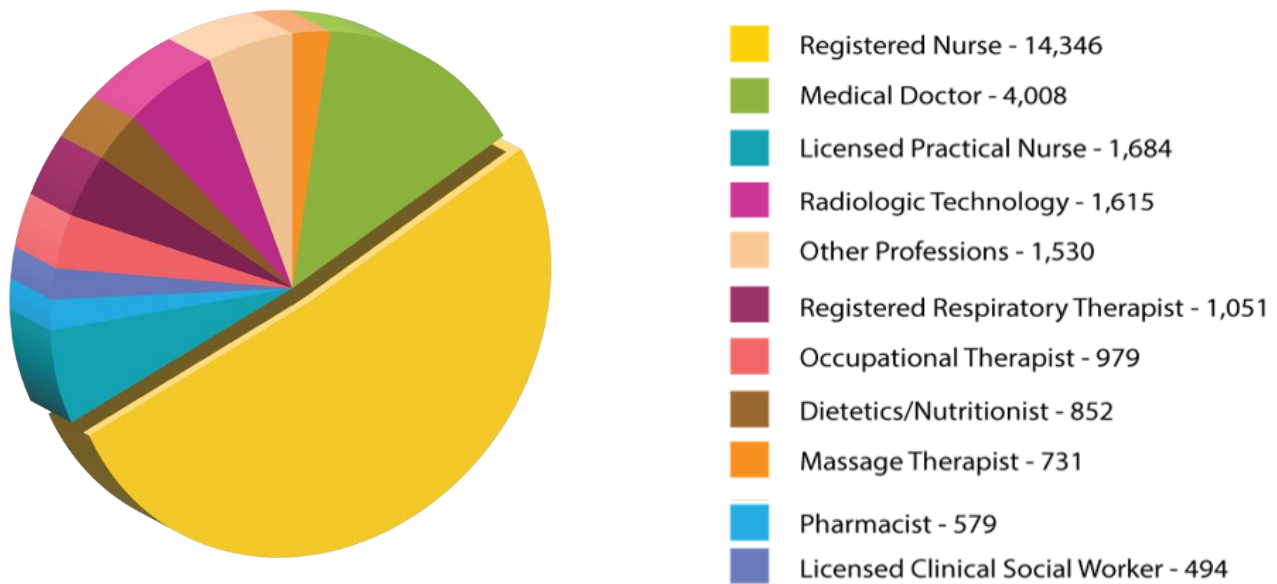
³⁷ Allopathic Physicians, Certified Nursing Assistants, Licensed Practice Nurses, Registered Nurses, and Massage Therapists.

certain amount of prior practice experience,³⁸ or pass an exam on Florida rules and laws relevant to the profession³⁹.

From FY 18-19 to FY 22-23 DOH approved 136,533 licenses by endorsement.⁴⁰ During that time DOH reduced the average business days to issue such licenses from 2.5 days to 1.4 days.⁴¹

Fiscal Year	Total Licenses by Endorsement	Business Days to Issue License
FY18-19	21,492	2.495
FY19-20	21,841	2.091
FY20-21	29,258	1.450
FY21-22	36,073	1.380
FY22-23	27,869	1.379
Overall	136,533	1.672

In FY 2022-23 DOH approved 27,869 applications for licensure by endorsement for the various professions listed below.⁴²



Licensure Fees

Health care practitioner regulation is typically funded through fees paid during the licensure process. Current law expressly states that all costs of regulating health care professions and practitioners are to be borne solely by licensees and licensure applicants.⁴³ Such fees should be reasonable and not serve as a barrier to licensure.

³⁸ Allopathic Physicians, Mental Health Professionals, Licensed Practical Nurses, Registered Nurses, Nursing Home Administrators, Pharmacists, and Psychologists.

³⁹ Mental Health Professions, Licensed Practical Nurses, Registered Nurses, Nursing Home Administrators, Pharmacists, Psychologists, and Radiology Technicians.

⁴⁰ Correspondence from Department of Health to Health and Human Services Committee staff dated 8/11/23 on file with the Health and Human Services Staff.

⁴¹ *Id.*

⁴² Florida Department of Health presentation to the Health Care Regulation Subcommittee on November 16, 2023.

⁴³ S. 456.025, F.S.

Section 456.025(3), F.S., directs the regulatory boards, or DOH if there is no board, to establish by rule license fee amounts for the profession it regulates and ensure that such fees are adequate to cover all anticipated expenses relating to the board and maintain a reasonable cash balance. Fees are to be based upon long-range estimates prepared by the Department of the Revenue required to implement laws relating to the regulation of professions by the department and the board.

Current law specifies that licensure renewal fees established by rule must be:⁴⁴

- Based on revenue projections prepared using generally accepted accounting procedures;
- Adequate to cover all expenses relating to that board identified in the department's long-range policy plan;
- Reasonable, fair, and not serve as a barrier to licensure;
- Based on potential earnings from working under the scope of the license; and
- Similar to fees imposed on similar licensure types.

The fees may not be more than 10 percent greater than the actual cost to regulate that profession for the previous biennium.

Effect of the Bill – Department of Health

The bill authorizes licensure by endorsement for 17 professions regulated by DOH that currently do not allow this pathway to licensure. The bill repeals existing licensure by endorsement statutes and establishes a single standardized process for licensure by endorsement for all health care professions regulated by DOH. The bill requires applicants seeking licensure by endorsement to submit an application and meet the following requirements:

- Hold an active, unencumbered license with a similar scope of practice⁴⁵ in a US jurisdiction;
 - Have obtained a passing score on a national licensure examination or national certification, if the profession requires such;
 - Have actively practiced the profession for two of the last four years;
 - Attest that they are not currently subject to a disciplinary hearing for any offense related to the profession for which they are applying for licensure in any US jurisdiction, nor has had disciplinary action taken against their license in the five years preceding application;
 - Meet the financial responsibility requirements of s. 456.048 or the applicable practice act, if required for the profession for which the applicant is seeking licensure; and
 - Submit a set of fingerprints for a background screening pursuant to s. 456.0135, if required for the profession for which he or she is applying.
- Under the bill, a person is ineligible for licensure under this section if they:
- Have a complaint, allegation, or investigation pending before a licensing entity in another state, the District of Columbia, or a possession or territory of the United States;
 - Have been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
 - Have had a health care provider license revoked or suspended from another of the United States, the District of Columbia, or a United States territory or has voluntarily surrendered any such license;
 - Have been reported to the National Practitioner Data Bank, unless the applicant has successfully appealed to have his or her name removed from the data bank; or
 - Have previously failed the Florida examination required to receive a license to practice the profession for which the applicant is seeking a license.

⁴⁴ S. 456.025(1), FS. Such fees are subject to challenge pursuant to Ch. 120, F.S.

⁴⁵ The bill defines "scope of practice" to mean the full spectrum of functions, procedures, actions, and services that a health care practitioner is deemed competent and authorized to perform under a license.

The bill gives the regulatory boards, or DOH if there is no board, the authority to revoke a license issued under this section upon a finding that the individual provided false or misleading material information in an application for licensure.

The bill requires that the regulatory board, or DOH if there is no board, issue a license to a qualified applicant within 7 days after receipt of all required documentation for the application.

The bill authorizes the regulatory board, or DOH if there is no board, to require the applicant complete a jurisprudence exam specific to Florida state laws and rules as a condition of licensure if such an exam is required by Ch. 456, F.S., or the relevant practice act.

The bill requires DOH and the boards to comply with the licensure fee requirements of s. 456.025, F.S.

The bill allows DOH to continue to process applications for licensure by endorsement under existing law until the earlier of the board or DOH adopting rules to implement the provisions of this bill or 6 months.

The bill requires DOH submit an annual report to the Governor, the President of the Senate, and the Speaker of the House, providing the following information:

- The number of applications for licensure received under this section, distinguished by profession.
- The number of licenses issued under this section.
- The number of applications submitted under this section which were denied and the reason for such denials.
- The number of complaints, investigations, or other disciplinary actions taken against health care practitioners who are licensed under this section.

Current Situation – Department of Business and Professional Regulation

Occupational Licensing

An occupational or professional license is a form of government regulation that requires individuals who want to perform certain types of work, such as contractors and cosmetologists, to obtain governmental authorization to work in a specific field.⁴⁶

An estimated 23.5 percent of the civilian labor force nationwide has an occupational license.⁴⁷ Various governmental entities and agencies in Florida license and regulate such individuals practicing in a wide range of professions.⁴⁸

Department of Business and Professional Regulation

The Florida Department of Business and Professional Regulation (DBPR), through 11 divisions, regulates and licenses businesses and professionals in Florida.⁴⁹

The Division of Professions (Professions) licenses and regulates more than 434,000 professionals through the following professional boards and programs:

- Board of Architecture and Interior Design,

⁴⁶ The White House, *Occupational Licensing: A Framework for Policymakers*, 6 (July 2015) https://obamawhitehouse.archives.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf (last visited on March 18, 2024).

⁴⁷ Bureau of Labor Statistics, *Labor Force Statistics from the Current Population Survey, 2021*, [Certification and licensing status of the civilian noninstitutional population 16 years and over by employment status \(bls.gov\)](#), (last visited on March 18, 2024).

⁴⁸ Chs. 20, 25, F.S.

⁴⁹ S. 20.165, F.S.

- Asbestos Licensing Unit,
- Athlete Agents,
- Board of Auctioneers,
- Barbers' Board,
- Building Code Administrators and Inspectors Board,
- Regulatory Council of Community Association Managers,
- Construction Industry Licensing Board,
- Board of Cosmetology,
- Electrical Contractors' Licensing Board,
- Board of Employee Leasing Companies,
- Home Inspectors,
- Board of Landscape Architecture,
- Mold-Related Services,
- Board of Pilot Commissioners,
- Board of Professional Geologists,
- Talent Agencies,
- Board of Veterinary Medicine, and
- Florida Board of Professional Engineers.⁵⁰

The Division of Regulation is the enforcement authority for the Florida Athletic Commission, Farm Labor Program, Child Labor Program, and any professional boards and programs housed within Professions.⁵¹ To ensure compliance with applicable laws and rules by those professions and related businesses, the division investigates complaints, utilizes compliance mechanisms, and performs inspections.⁵²

The Division of Certified Public Accounting is responsible for the regulation of certified public accountants and accounting firms in the state.⁵³

The Division of Real Estate is responsible for the regulation of real estate sales associates, brokers, and appraisers, in conjunction with the Florida Real Estate Commission and the Florida Real Estate Appraisal Board.⁵⁴

DBPR may regulate professions “only for the preservation of the health, safety, and welfare of the public under the police powers of the state.”⁵⁵ Regulation is required when:

- The potential for harming or endangering public health, safety, and welfare is recognizable and outweighs any anticompetitive impact that may result;
- The public is not effectively protected by other state statutes, local ordinances, federal legislation, or other means; and
- Less restrictive means of regulation are not available.⁵⁶

However, “neither the department nor any board may create a regulation that has an unreasonable effect on job creation or job retention,” or a regulation that unreasonably restricts the ability of those who desire to engage in a profession or occupation to find employment.⁵⁷

⁵⁰ Florida Department of Business and Professional Regulation, *Division of Professions*, <http://www.myfloridalicense.com/DBPR/division-of-professions/> (last visited March 18, 2024).

⁵¹ Except the Board of Architecture and Interior Design, and the Florida Board of Professional Engineers.

⁵² Florida Department of Business and Professional Regulation, *Division of Regulation*, <http://www.myfloridalicense.com/DBPR/division-of-regulation/> (last visited March 18, 2024).

⁵³ S. 473.3035, F.S.; Florida Department of Business and Professional Regulation, *Certified Public Accounting*, [Certified Public Accounting – MyFloridaLicense.com](http://www.myfloridalicense.com/DBPR/division-of-regulation/) (last visited March 18, 2024).

⁵⁴ S. 475.021, F.S.

⁵⁵ S. 455.201(2), F.S.

⁵⁶ S. 455.201(2), F.S.

⁵⁷ S. 455.201(4)(b), F.S.

In Fiscal Year 2022-2023, there were 950,380 active licensees regulated by the DBPR or a board within the department, including 39,336 active licensees in the Division of Certified Public Accounting, 486,336 active licensees in the Division of Professions, and 67,827 active licensees under the Board of Professional Engineers.⁵⁸

Chapter 455

Each profession is governed by an individual practice act and by Ch. 455, F.S., which provides the general powers of DBPR and sets forth the procedural and administrative framework for all of the professional boards housed under DBPR.⁵⁹ Chapter 455, F.S., applies to the regulation of professions constituting “any activity, occupation, profession, or vocation regulated by DBPR in the Divisions of Certified Public Accounting, Professions, Real Estate, and Regulation.”⁶⁰

License Portability

For professional licenses granted by DBPR, a license by endorsement means a license that may be granted to an applicant based on their license and qualifications in another jurisdiction.

Certain DBPR professional practice acts allow the applicable board to enter into reciprocal licensing agreements with other states under certain circumstances.⁶¹ DBPR or a board thereunder must enter into a reciprocal licensing agreement with other states if the applicable practice act permits such agreement.⁶²

If a reciprocal licensing agreement exists, or if DBPR or a board has determined another state's licensing requirements or examinations to be substantially equivalent or more stringent to those under the practice act, DBPR or the board must post on its website which jurisdictions have such reciprocal licensing agreements or substantially similar licenses for a license by endorsement.⁶³

In 2023, 9,706 applications for a license by endorsement were approved, and 12 were denied. In 2022, 11,429 applications for a license by endorsement were approved, and 91 were denied. In 2021, 11,743 applications for a license by endorsement were approved, and 172 were denied.⁶⁴

In 2020, an omnibus license deregulation bill⁶⁵ was enacted, which instituted greater license portability measures for the following DBPR licenses:

- Veterinarians,
- Construction contractors,
- Electrical contractors,
- Landscape architects,
- Geologists,
- Professional engineers,
- Certified public accountants,
- Home inspectors,
- Building code professionals,

⁵⁸ See Department of Business and Professional Regulation, Division of Professions, Division of Certified Public Accounting, Division of Real Estate, and Division of Regulation, *Annual Report, Fiscal Year 2022-2023*, p. 18, available at <http://www.myfloridalicense.com/DBPR/os/documents/Division%20Annual%20Report%20FY%2022-23.pdf> (last visited March 18, 2024).

⁵⁹ S. 455.203, F.S.

⁶⁰ S. 455.01(6), F.S.

⁶¹ See Ss. 475.180 and 489.115(1)(c), F.S.

⁶² S. 455.213, F.S.

⁶³ *Id.*

⁶⁴ Email from Chris Kingry, Deputy Legislative Affairs Director, DBPR, RE: Out-of-state applicants (Jan. 11, 2024).

⁶⁵ Ch. 2020-125, L.O.F.

- Cosmetologists, and
- Barbers.

Harbor Pilots

Chapter 310, F.S., regulates the piloting of vessels utilizing the navigable waters of Florida in order that such resources, the environment, life, and property may be protected to the fullest extent possible.⁶⁶ The Board of Pilot Commissioners is responsible for licensing and regulating pilots and determines the number of pilots in a port based on the supply and demand for piloting services and the public interest in maintaining efficient and safe piloting services.⁶⁷

Administrative Procedure Act

Chapter 120, F.S., the Administrative Procedure Act, provides uniform procedures for state agencies, including DBPR, including the conduct of rulemaking, implementing disciplinary actions, and the granting and denial of license applications. Section 120.60, F.S., provides the process for the granting or denial of license applications upon receipt of a license application.

Related to determining if an application is complete:

- An agency must examine the application and, within 30 days after such receipt, notify the applicant of any apparent errors or omissions and request any additional information the agency is permitted by law to require.
- An agency may not deny a license because of an applicant's failure to correct an error or omission or to supply additional information unless the agency has timely notified the applicant within this 30-day period.
- A license application is complete upon receipt by the agency of all requested information and correction of any error or omission for which the applicant was timely notified or when the time for such notification has expired.

Related to approving or denying an application:

- An agency must approve or deny a license application within 90 days after receipt of a completed application unless a shorter period of time for agency action is provided by law.
 - The 90-day time period is tolled by the initiation of a proceeding under ss. 120.569 and 120.57, F.S.⁶⁸
- Any application for a license is considered approved unless the agency approves or denies the license within whichever of the following timeframes is latest and applicable:
 - Within 90 day after receipt of a completed application,
 - Within 15 days after conclusion of a public hearing held on the application, or
 - Within 45 days after a recommended order is submitted to the agency and the parties.

An agency is required to give a written notice, personally or by mail, that the agency intends to grant or deny, or has granted or denied, the application for license.

The agency must follow the following process for issuing a notice of denial:⁶⁹

⁶⁶ S. 310.001, F.S.

⁶⁷ S. 310.061, F.S.

⁶⁸ S. 120.569 F.S., provides the administrative process for all proceedings in which the substantial interests of a party are determined by an agency, unless the parties are proceeding under the mediation process in s. 120.573, F.S., or the summary hearing process in s. 120.574, F.S. Section 120.57, F.S., provides additional procedures for matters involving disputed issues of material fact before an administrative law judge assigned by the Division of Administrative Hearings.

⁶⁹ S. 120.60(3), F.S.

- The notice must state with particularity the grounds or basis for the issuance or denial of the license, except when issuance is a ministerial act.
- Unless waived by the applicant, a copy of the notice must be delivered or mailed to each party's attorney of record and to each person who has made a written request for notice of agency action.
- Each notice must inform the recipient of the basis for the agency decision, and inform the recipient of any administrative or judicial which may be available.
 - The notice must indicate the procedures that must be followed, and state the applicable time limits.
- The issuing agency must certify the date the notice was mailed or delivered, and the notice and the certification must be filed with the agency clerk.

Effect of the Bill – Department of Business and Professional Regulation

The bill amends Ch. 455, F.S., and therefore applies to licenses under the Divisions of Certified Public Accounting, Professions, Real Estate, and Regulation.

Secretary Review

The bill requires that, before the board, or DBPR if there is no board, may deny an application for licensure by reciprocity or by endorsement, the board, or DBPR if there is no board, to make a finding that the basis license in another jurisdiction is or is not substantially equivalent to or is otherwise insufficient for a license in Florida.

The bill provides that if the board, or DBPR if there is no board, finds that that the basis license in another jurisdiction is not substantially equivalent to or is otherwise insufficient for a license in Florida and there are no other grounds to deny the application for licensure, within 7 business days of being notified of such finding the applicant may request that the finding be submitted to the secretary for review. Within 7 business days of receiving such request, the secretary must review the finding, and either agree or disagree with the finding. If the secretary agrees with the finding, the application for licensure may be denied. If the secretary disagrees with the finding, the application for licensure must be approved unless other grounds for denial exist. The decision must be entered according to the secretary's finding, unless other grounds for denial exist.

The bill requires, if the secretary finds that the requirements of a basis license in another jurisdiction are substantially equivalent to or are otherwise sufficient for a license in Florida, the board, or DBPR if there is no board, to make the same finding for similar applicants from the same jurisdiction, unless the requirements of the basis license change.

The bill provides that the term "basis license" means the license or the licensure requirements of another jurisdiction which are used to meet the requirements for a license in Florida.

License by Endorsement

The bill provides that when endorsement based upon years of licensure or endorsement based upon satisfaction or completion of multiple criteria that include passage of a licensure or registration examination, completion of internship requirements, or the holding of a valid certificate issued by a national accrediting agency board along with holding a valid license, registration, or certification issued in another jurisdiction is not otherwise provided by law in the practice act for a profession, the board, or DBPR if there is no board, must allow licensure by endorsement for any individual applying who:

- Has held a valid, current license to practice the profession issued by another state or territory of the United States for at least 5 years before the date of application and is applying for the same or similar license in Florida;
- Submits an application either when the license in another state or territory is active or within 2 years after such license was last active;

- Has passed the recognized national licensing exam, if such exam is established as a requirement for licensure in the profession;
- Has no pending disciplinary actions and all sanctions of any prior disciplinary actions have been satisfied;
- Shows proof of compliance with any federal regulation, training, or certification, if the applicant's profession requires such proof, regarding licensure in the profession;
- Completes Florida-specific continuing education courses or passes a jurisprudential examination specific to the state laws and rules for the applicable profession as established by the board or DBPR, if required by the practice act; and
- Complies with any insurance or bonding requirements as required for the profession.

The bill provides that if the applicant's profession requires, the applicant must submit a complete set of fingerprints to the Department of Law Enforcement (DLE) for a statewide criminal history check. The DLE must forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check. The DBPR must, and the board may, review the results of the criminal history checks according to the level 2 screening standards in s. 435.04 and determine whether the applicant meets the licensure requirements. The costs of fingerprint processing are borne by the applicant. If the applicant's fingerprints are submitted through an authorized agency or vendor, the agency or vendor must collect the required processing fees and remit the fees to DLE.

This provision does not apply to harbor pilots licensed under Ch. 310, F.S.

The bill provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

Section 456.025(3), F.S., directs the regulatory boards, or DOH if there is no board, to establish by rule license fee amounts for the profession it regulates and ensure that such fees are adequate to cover all anticipated expenses relating to the board and maintain a reasonable cash balance. This requirement is applicable to fees for licensure by examination, as well as, licensure by endorsement.

2. Expenditures:

The bill will have a significant, negative fiscal impact on DOH. DOH estimates that it will require 9 FTEs to implement the provisions of this bill.⁷⁰ The total estimated cost for to DOH to implement is \$1,346,032 in the following categories:

Salary and Benefits - \$972,813/Recurring
 Expenses - \$128,358/Recurring + \$59,931/Non-Recurring
 Contracted Services - \$181,692
 Human Resources - \$3,238/Recurring

Pursuant to the fee provision cited above, DOH will be able to absorb this cost within authorized revenues.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

⁷⁰ Department of Health, Agency Bill Analysis for SB 1600, dated January 12, 2024.

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill makes it easier for out-of-state professionals to obtain Florida licenses, which may increase the number of professionals who move to Florida. Thus, the health care industry may see an increase in the number of available professionals to hire.

D. FISCAL COMMENTS:

E. None.