

1 A bill to be entitled
2 An act relating to health care; amending s. 381.4018,
3 F.S.; requiring physician licensees to provide to the
4 Department of Health specified information; requiring
5 the department to collect and compile such information
6 in consultation with the Office of Program Policy
7 Analysis and Government Accountability; amending s.
8 381.4019, F.S.; revising the purpose of the Dental
9 Student Loan Repayment Program; defining the term
10 "free clinic"; including dental hygienists in the
11 program; revising eligibility requirements for the
12 program; specifying limits on award amounts for and
13 participation of dental hygienists under the program;
14 deleting the maximum number of new practitioners who
15 may participate in the program each fiscal year;
16 specifying that dentists and dental hygienists must
17 provide specified documentation; requiring
18 practitioners who receive payments under the program
19 to furnish certain information requested by the
20 Department of Health; requiring the Agency for Health
21 Care Administration to seek federal authority to use
22 specified matching funds for the program; providing
23 for future repeal of the program; transferring,
24 renumbering, and amending s. 1009.65, F.S.; renaming
25 the Medical Education Reimbursement and Loan Repayment

26 Program as the "Florida Reimbursement Assistance for
 27 Medical Education Program"; revising the types of
 28 providers who are eligible to participate in the
 29 program; revising requirements for the distribution of
 30 funds under the program; requiring the Agency for
 31 Health Care Administration to seek federal authority
 32 to use specified matching funds for the program;
 33 creating s. 381.4021, F.S.; requiring the Department
 34 of Health to provide to the Governor and the
 35 Legislature an annual report on specified student loan
 36 repayment programs; providing requirements for the
 37 report; requiring the department to contract with an
 38 independent third party to develop and conduct a
 39 design study for evaluating the effectiveness of
 40 specified student loan repayment programs; specifying
 41 requirements for the design study; requiring the
 42 department to submit the study results to the Governor
 43 and the Legislature by dates certain; requiring the
 44 department to participate in a certain multistate
 45 collaborative for a specified purpose; providing for
 46 future repeal of the requirement; creating s.
 47 381.9855, F.S.; requiring the department to implement
 48 a health care screening and services grant program for
 49 a specified purpose; specifying duties of the
 50 department; authorizing nonprofit entities to apply

51 for grant funds to implement new health care
52 screening, service programs, or mobile clinics or
53 units to expand the program's delivery capabilities;
54 specifying requirements for grant recipients;
55 authorizing the department to adopt rules; requiring
56 the department to create and maintain an Internet-
57 based portal to provide specified information relating
58 to available health care screenings and services and
59 volunteer opportunities; authorizing the department to
60 contract with a third-party vendor to create and
61 maintain the portal; specifying requirements for the
62 portal; requiring the department to coordinate with
63 county health departments for a specified purpose;
64 requiring the department to include a clear and
65 conspicuous link to the portal on the homepage of its
66 website; requiring the department to publicize and
67 encourage the use of the portal and enlist the aid of
68 county health departments for such outreach; amending
69 s. 383.2163, F.S.; expanding the telehealth minority
70 maternity care program from a pilot program to a
71 statewide program; requiring the department to submit
72 to the Governor and the Legislature an annual report;
73 providing requirements for the report; amending s.
74 383.302, F.S.; providing and revising definitions;
75 creating s. 383.3081, F.S.; providing requirements for

76 birth centers to be designated as advanced birth
77 centers with respect to operating procedures,
78 staffing, and equipment; requiring an advanced birth
79 center to enter into a written agreement with a blood
80 bank for emergency blood bank services; requiring that
81 a patient who receives an emergency blood transfusion
82 at an advanced birth center be immediately transferred
83 to a hospital for further care; requiring the agency
84 to establish by rule a process for birth centers to be
85 designated as advanced birth centers; amending s.
86 383.309, F.S.; providing minimum standards for
87 advanced birth centers; authorizing the Agency for
88 Health Care Administration to enforce specified
89 provisions of the Florida Building Code and the
90 Florida Fire Prevention Code for advanced birth
91 centers; amending s. 383.313, F.S.; conforming
92 provisions to changes made by the act; creating s.
93 383.3131, F.S.; providing requirements for laboratory
94 and surgical services at advanced birth centers;
95 providing conditions for administration of anesthesia;
96 authorizing the intrapartur use of chemical agents;
97 amending s. 383.315, F.S.; requiring advanced birth
98 centers to employ or maintain an agreement with an
99 obstetrician for specified purposes; amending s.
100 383.316, F.S.; requiring advanced birth centers to

101 provide for the transport of emergency patients to a
102 hospital; requiring each advanced birth center to
103 enter into a written transfer agreement with a local
104 hospital or an obstetrician for such transfers;
105 requiring birth centers and advanced birth centers to
106 assess and document transportation services and
107 transfer protocols annually; amending s. 383.318,
108 F.S.; providing protocols for postpartum care of
109 clients and infants at advanced birth centers;
110 providing requirements for followup care; amending s.
111 394.455, F.S.; revising definitions; amending s.
112 394.457, F.S.; requiring the Department of Children
113 and Families to adopt certain minimum standards for
114 mobile crisis response services; amending s. 394.4598,
115 F.S.; authorizing certain psychiatric nurses to
116 provide opinions to the court for the appointment of
117 guardian advocates; authorizing certain psychiatric
118 nurses to consult with guardian advocates for purposes
119 of obtaining consent for treatment; amending s.
120 394.4615, F.S.; authorizing psychiatric nurses to make
121 certain determinations related to the release of
122 clinical records; amending s. 394.4625, F.S.;
123 requiring certain treating psychiatric nurses to
124 document specified information in a patient's clinical
125 record within a specified timeframe of his or her

126 | voluntary admission for mental health treatment;
 127 | requiring clinical psychologists who make
 128 | determinations of involuntary placement at certain
 129 | mental health facilities to have specified clinical
 130 | experience; authorizing certain psychiatric nurses to
 131 | order emergency treatment for certain patients;
 132 | amending s. 394.463, F.S.; authorizing certain
 133 | psychiatric nurses to order emergency treatment of
 134 | certain patients; requiring a clinical psychologist to
 135 | have specified clinical experience to approve the
 136 | release of an involuntary patient at certain mental
 137 | health facilities; amending s. 394.4655, F.S.;
 138 | requiring clinical psychologists to have specified
 139 | clinical experience in order to recommend involuntary
 140 | outpatient services for mental health treatment;
 141 | authorizing certain psychiatric nurses to recommend
 142 | involuntary outpatient services for mental health
 143 | treatment; providing an exception; authorizing
 144 | psychiatric nurses to make certain clinical
 145 | determinations that warrant bringing a patient to a
 146 | receiving facility for an involuntary examination;
 147 | amending s. 394.467, F.S.; requiring clinical
 148 | psychologists to have specified clinical experience in
 149 | order to recommend involuntary inpatient services for
 150 | mental health treatment; authorizing certain

151 psychiatric nurses to recommend involuntary inpatient
152 services for mental health treatment; amending s.
153 394.4781, F.S.; revising the definition of the term
154 "psychotic or severely emotionally disturbed child";
155 amending s. 394.4785, F.S.; authorizing psychiatric
156 nurses to admit individuals over a certain age into
157 certain mental health units of a hospital under
158 certain conditions; requiring the agency to seek
159 federal approval for Medicaid coverage and
160 reimbursement authority for mobile crisis response
161 services; requiring the Department of Children and
162 Families to coordinate with the agency to provide
163 specified education to contracted mobile response team
164 services providers; amending s. 394.875, F.S.;
165 authorizing certain psychiatric nurses to prescribe
166 medication to clients of crisis stabilization units;
167 amending s. 395.1055, F.S.; requiring the agency to
168 adopt rules ensuring that hospitals do not accept
169 certain payments and requiring certain hospitals to
170 submit an emergency department diversion plan to the
171 agency for approval before initial licensure or
172 licensure renewal; providing that, beginning on a date
173 certain, such plan must be approved before a license
174 may be issued or renewed; requiring such hospitals to
175 submit specified data to the agency on an annual basis

176 | and update their plans as needed, or as directed by
 177 | the agency, before each licensure renewal; specifying
 178 | requirements for the diversion plans; requiring the
 179 | agency to establish a process for hospitals to share
 180 | certain information with certain patients' managed
 181 | care plans; amending s. 395.301, F.S.; requiring a
 182 | licensed facility to post on its website a consumer-
 183 | friendly list of standard charges for a minimum number
 184 | of shoppable health care services; providing
 185 | definitions; requiring a licensed facility to provide
 186 | an estimate to a patient or prospective patient and
 187 | the patient's health insurer within specified
 188 | timeframes; requiring a licensed facility to establish
 189 | an internal grievance process for patients to dispute
 190 | charges; requiring a facility to make available
 191 | information necessary for initiating a grievance;
 192 | requiring a facility to respond to a patient grievance
 193 | within a specified timeframe; requiring licensed a
 194 | facility to disclose specified information relating to
 195 | cost sharing obligations to certain persons; providing
 196 | a penalty; creating s. 395.3011, F.S.; defining the
 197 | term "extraordinary collection action"; prohibiting
 198 | certain collection activities by a licensed facility;
 199 | amending s. 408.051, F.S.; requiring certain hospitals
 200 | to make available certain data to the agency's Florida

201 Health Information Exchange program for a specified
202 purpose; authorizing the agency to adopt rules;
203 amending s. 409.909, F.S.; authorizing the agency to
204 allocate specified funds under the Slots for Doctors
205 Program for existing resident positions at hospitals
206 and qualifying institutions if certain conditions are
207 met; requiring hospitals and qualifying institutions
208 that receive certain state funds to report specified
209 data to the agency annually; requiring certain
210 hospitals and qualifying institutions to annually
211 report to the agency specified data; defining the term
212 "sponsoring institution"; requiring such hospitals and
213 qualifying institutions, beginning on a date certain,
214 to produce certain financial records or submit to
215 certain financial audits; providing applicability;
216 providing that hospitals and qualifying institutions
217 that fail to produce such financial records to the
218 agency are no longer eligible to participate in the
219 Statewide Medicaid Residency Program until a certain
220 determination is made by the agency; requiring
221 hospitals and qualifying institutions to request exit
222 surveys of residents upon completion of residency;
223 providing requirements for the exit surveys; creating
224 the Graduate Medical Education Committee within the
225 agency; providing for membership and meetings of the

226 | committee; requiring the committee, beginning on a
 227 | specified date, to submit to the Governor and the
 228 | Legislature an annual report detailing specified
 229 | information; requiring the agency to provide
 230 | administrative support to assist the committee in the
 231 | performance of its duties and to provide certain
 232 | information to the committee; creating s. 409.91256,
 233 | F.S.; creating the Training, Education, and Clinicals
 234 | in Health (TEACH) Funding Program for a specified
 235 | purpose; providing legislative intent; providing
 236 | definitions; requiring the agency to develop an
 237 | application process and enter into certain agreements
 238 | to implement the program; specifying requirements to
 239 | qualify to receive reimbursements under the program;
 240 | requiring the agency, in consultation with the
 241 | Department of Health, to develop, or contract for the
 242 | development of, specified training for, and to provide
 243 | assistance to, preceptors; providing for reimbursement
 244 | under the program; requiring the agency to submit to
 245 | the Governor and the Legislature an annual report;
 246 | providing requirements for the report; requiring the
 247 | agency to contract with an independent third party to
 248 | develop and conduct a design study for evaluating the
 249 | impact of the program; specifying requirements for the
 250 | design study; requiring the agency to begin collecting

251 data for the study and submit the study results to the
252 Governor and the Legislature by dates certain;
253 authorizing the agency to adopt rules; requiring the
254 agency to seek federal approval to use specified
255 matching funds for the program; providing for future
256 repeal of the program; amending s. 409.967, F.S.;
257 requiring the agency to produce an annual report on
258 patient encounter data under the statewide managed
259 care program; providing requirements for the report;
260 requiring the agency to submit to the Governor and the
261 Legislature the report by a date certain; authorizing
262 the agency to contract with a third-party vendor to
263 produce the report; amending s. 409.973, F.S.;
264 requiring Medicaid managed care plans to continue
265 assisting certain enrollees in scheduling an initial
266 appointment with a primary care provider; requiring
267 such plans to coordinate with hospitals that contact
268 them for a specified purpose; requiring the plans to
269 coordinate with their members and members' primary
270 care providers for such purpose; requiring the agency
271 to seek federal approval necessary to implement an
272 acute hospital care at home program meeting specified
273 criteria; creating s. 456.0145, F.S.; providing a
274 short title; providing definitions; requiring an
275 applicable health care regulatory board, or the

276 department if there is no board, to issue a license or
277 certification to applicants who meet specified
278 conditions; requiring the department and the board to
279 list on their respective websites jurisdictions that
280 meet the minimum requirements for interstate
281 licensure; authorizing the board or the department, as
282 applicable, to require applicants to pass a specified
283 examination under certain circumstances; creating a
284 presumption that an applicant is qualified for
285 interstate licensure, unless the board or department,
286 as applicable, demonstrates otherwise; requiring the
287 board or the department, as applicable, to provide
288 applicants with a written decision within a specified
289 timeframe; authorizing applicants to appeal certain
290 decisions of a board or the department, as applicable;
291 specifying that applicants granted an interstate
292 license are still subject to the applicable laws and
293 rules in this state and the jurisdiction of the
294 applicable board, or the department if there is no
295 board; providing applicability and construction;
296 requiring the department to submit to the Governor and
297 the Legislature an annual report by a date certain;
298 providing requirements for the report; requiring the
299 boards and the department to adopt rules, as
300 applicable; amending s. 456.073, F.S.; requiring the

301 Department of Health to report certain investigative
302 information to the data system; amending s. 456.076,
303 F.S.; requiring that monitoring contracts for certain
304 impaired practitioners participating in treatment
305 programs contain specified terms; creating s.
306 456.4501, F.S.; enacting the Interstate Medical
307 Licensure Compact in this state; providing purposes of
308 the compact; providing that state medical boards of
309 member states retain jurisdiction to impose adverse
310 action against licenses issued under the compact;
311 providing definitions; specifying eligibility
312 requirements for physicians seeking an expedited
313 license under the compact; providing requirements for
314 designation of a state of principal license for
315 purposes of the compact; authorizing the Interstate
316 Medical Licensure Compact Commission to develop
317 certain rules; providing an application and
318 verification process for expedited licensure under the
319 compact; providing for expiration and termination of
320 expedited licenses; authorizing the Interstate
321 Commission to develop certain rules; providing
322 requirements for renewal of expedited licenses;
323 authorizing the Interstate Commission to develop
324 certain rules; providing for the establishment of a
325 database for coordinating licensure data amongst

326 member states; requiring and authorizing member boards
327 to report specified information to the database;
328 providing for confidentiality of such information;
329 providing construction; authorizing the Interstate
330 Commission to develop certain rules; authorizing
331 member states to conduct joint investigations and
332 share certain materials; providing for disciplinary
333 action of physicians licensed under the compact;
334 creating the Interstate Medical Licensure Compact
335 Commission; providing purpose and authority of the
336 commission; providing for membership and meetings of
337 the commission; providing public meeting and notice
338 requirements; authorizing closed meetings under
339 certain circumstances; providing public record
340 requirements; requiring the commission to establish an
341 executive committee; providing for membership, powers,
342 and duties of the committee; authorizing the
343 commission to establish other committees; specifying
344 powers and duties of the commission; providing for
345 financing of the commission; providing for
346 organization and operation of the commission;
347 providing limited immunity from liability for
348 commissioners and other agents or employees of the
349 commission; authorizing the commission to adopt rules;
350 providing for rulemaking procedures, including public

351 notice and meeting requirements; providing for
352 judicial review of adopted rules; providing for
353 oversight and enforcement of the compact in member
354 states; requiring courts in member states to take
355 judicial notice of the compact and the commission
356 rules for purposes of certain proceedings; providing
357 that the commission is entitled to receive service of
358 process and has standing in certain proceedings;
359 rendering judgments or orders void as to the
360 commission, the compact, or commission rules under
361 certain circumstances; providing for enforcement of
362 the compact; specifying venue and civil remedies in
363 such proceedings; providing for attorney fees;
364 providing construction; specifying default procedures
365 for member states; providing for dispute resolution
366 between member states; providing for eligibility and
367 procedures for enactment of the compact; providing for
368 amendment to the compact; specifying procedures for
369 withdrawal from and subsequent reinstatement of the
370 compact; authorizing the Interstate Commission to
371 develop certain rules; providing for dissolution of
372 the compact; providing severability and construction;
373 creating s. 456.4502, F.S.; providing that a formal
374 hearing before the Division of Administrative Hearings
375 must be held if there are any disputed issues of

376 material fact when the licenses of certain physicians
377 and osteopathic physicians are suspended or revoked by
378 this state under the compact; requiring the Department
379 of Health to notify the Division of Administrative
380 Hearings of a petition for a formal hearing within a
381 specified timeframe; requiring the administrative law
382 judge to issue a recommended order; requiring the
383 Board of Medicine or the Board of Osteopathic
384 Medicine, as applicable, to determine and issue final
385 orders in certain cases; providing the department with
386 standing to seek judicial review of any final order of
387 the boards; creating s. 456.4504, F.S.; authorizing
388 the department to adopt rules; specifying that
389 provisions of the Interstate Medical Licensure Compact
390 do not authorize the Department of Health, the Board
391 of Medicine, or the Board of Osteopathic Medicine to
392 collect a fee for expedited licensure, but rather
393 state that fees of that kind are allowable under the
394 compact; amending s. 457.105, F.S.; revising
395 requirements for a person to become licensed to
396 practice acupuncture; amending s. 458.311, F.S.;
397 revising an education and training requirement for
398 physician licensure; exempting certain foreign-trained
399 applicants for physician licensure from the residency
400 requirement; providing certain employment requirements

401 for such applicants; requiring such applicants to
402 notify the Board of Medicine of any changes in
403 employment within a specified timeframe; repealing s.
404 458.3124, F.S., relating to restricted licenses of
405 certain experienced foreign-trained physicians;
406 amending s. 458.313; revising requirements for an
407 applicant for licensure by endorsement to practice as
408 a physician; amending s. 458.314, F.S.; authorizing
409 the board to exclude certain foreign medical schools
410 from consideration as an institution that provides
411 medical education that is reasonably comparable to
412 similar accredited institutions in the United States;
413 providing construction; deleting obsolete language;
414 amending s. 458.3145, F.S.; revising criteria for
415 medical faculty certificates; deleting a cap on the
416 maximum number of extended medical faculty
417 certificates that may be issued at specified
418 institutions; amending ss. 458.315 and 459.0076, F.S.;
419 authorizing temporary certificates for practice in
420 areas of critical need to be issued to physician
421 assistants, rather than only to physicians, who meet
422 specified criteria; amending ss. 458.317 and 459.0075,
423 F.S.; specifying who may be considered a graduate
424 assistant physician; creating limited licenses for
425 graduate assistant physicians; specifying criteria a

426 person must meet to obtain such licensure; requiring
427 the Board of Medicine and the Board of Osteopathic
428 Medicine, respectively, to establish certain
429 requirements by rule; providing for a one-time renewal
430 of such licenses; authorizing limited licensed
431 graduate assistant physicians to provide health care
432 services only under the direct supervision of a
433 physician and pursuant to a written protocol;
434 providing requirements for, and limitations on, such
435 supervision and practice; providing requirements for
436 the supervisory protocols; providing that supervising
437 physicians are liable for any acts or omissions of
438 such graduate assistant physicians acting under their
439 supervision and control; authorizing third-party
440 payors to provide reimbursement for covered services
441 rendered by graduate assistant physicians; authorizing
442 the Board of Medicine and the Board of Osteopathic
443 Medicine, respectively, to adopt rules; amending s.
444 464.009, F.S.; revising requirements for an applicant
445 for licensure by endorsement to practice by
446 endorsement to practice professional or practical
447 nursing; creating s. 464.0121, F.S.; providing that
448 temporary certificates for practice in areas of
449 critical need may be issued to advanced practice
450 registered nurses who meet specified criteria;

451 providing restrictions on the issuance of temporary
452 certificates; waiving licensure fees for such
453 applicants under certain circumstances; amending s.
454 464.0123, F.S.; requiring certain certified nurse
455 midwives, as a condition precedent to providing out-
456 of-hospital intrapartum care, to maintain a written
457 policy for the transfer of patients needing a higher
458 acuity of care or emergency services; requiring that
459 such policy prescribe and require the use of an
460 emergency plan-of-care form; providing requirements
461 for the form; requiring such certified nurse midwives
462 to document specified information on the form if a
463 transfer of care is determined to be necessary;
464 requiring certified nurse midwives to verbally provide
465 the receiving provider with specified information and
466 make himself or herself immediately available for
467 consultation; requiring certified nurse midwives to
468 provide the patient's emergency plan-of-care form, as
469 well as certain patient records, to the receiving
470 provider upon the patient's transfer; requiring the
471 Board of Nursing to adopt certain rules; amending s.
472 464.019, F.S.; deleting the sunset date of a certain
473 annual report required of the Florida Center for
474 Nursing; amending ss. 465.0075, 467.0125, 468.1705,
475 468.3065, 478.47, 480.041, and 491.006; revising

476 licensure requirements to include licensure by
477 endorsement to practice as a pharmacist; midwife;
478 nursing home administrator; radiologist, radiologic
479 technologist, and specialty technologist;
480 electrologist; or psychologist or school psychologist,
481 respectively; repealing ss. 468.213 and 468.358, F.S.,
482 relating to licensure by endorsement for occupational
483 therapists and respiratory therapists, respectively;
484 creating s. 458.3129 and 459.074, F.S.; providing that
485 an allopathic physician or an osteopathic physician,
486 respectively, licensed under the compact is deemed to
487 be licensed under ch. 458, F.S., or ch. 459, F.S., as
488 applicable; amending s. 468.1135, F.S.; requiring the
489 Board of Speech-Language Pathology and Audiology to
490 appoint two of its board members to serve as the
491 state's delegates on the compact commission; amending
492 s. 468.1185, F.S.; removing provisions relating to
493 licensure by endorsement and refusal of certification
494 for speech-language pathologists and audiologists;
495 exempting audiologists and speech-language
496 pathologists from licensure requirements who are
497 practicing in this state pursuant to a compact
498 privilege under the compact; amending s. 468.1295,
499 F.S.; authorizing the board to take adverse action
500 against the compact privilege of audiologists and

501 speech-language pathologists for specified prohibited
502 acts; creating s. 468.1335, F.S.; creating the
503 Practice of Audiology and Speech-language Pathology
504 Interstate Compact; providing purpose, objectives, and
505 definitions; specifying requirements for state
506 participation in the compact and duties of member
507 states; specifying that the compact does not affect an
508 individual's ability to apply for, and a member
509 state's ability to grant, a single-state license
510 pursuant to the laws of that state; providing for
511 recognition of compact privilege in member states;
512 specifying criteria a licensee must meet for compact
513 privilege; providing for the expiration and renewal of
514 compact privilege; specifying that a licensee with
515 compact privilege in a remote state must adhere to the
516 laws and rules of that state; authorizing member
517 states to act on a licensee's compact privilege under
518 certain circumstances; specifying the consequences and
519 parameters of practice for a licensee whose compact
520 privilege has been acted on or whose home state
521 license is encumbered; specifying that a licensee may
522 hold a home state license in only one member state at
523 a time; specifying requirements and procedures for
524 changing a home state license designation; providing
525 for the recognition of the practice of audiology and

526 | speech-language pathology through telehealth in member
527 | states; specifying that a licensee must adhere to the
528 | laws and rules of the remote state in which he or she
529 | provides audiology or speech-language pathology
530 | through telehealth; authorizing active duty military
531 | personnel and their spouses to keep their home state
532 | designation during active duty; specifying how such
533 | individual may subsequently change his or her home
534 | state license designation; authorizing member states
535 | to take adverse actions against licensees and issue
536 | subpoenas for hearings and investigations under
537 | certain circumstances; providing requirements and
538 | procedures for such adverse action; authorizing member
539 | states to engage in joint investigations under certain
540 | circumstances; providing that a licensee's compact
541 | privilege must be deactivated in all member states for
542 | the duration of an encumbrance imposed by the
543 | licensee's home state; providing for notice to the
544 | data system and the licensee's home state of any
545 | adverse action taken against a licensee; establishing
546 | the Audiology and Speech-language Pathology Interstate
547 | Compact Commission; providing for jurisdiction and
548 | venue for court proceedings; providing for membership
549 | and powers of the commission; specifying powers and
550 | duties of the commission's executive committee;

551 providing for the financing of the commission;
552 providing specified individuals immunity from civil
553 liability under certain circumstances; providing
554 exceptions; requiring the commission to defend the
555 specified individuals in civil actions under certain
556 circumstances; requiring the commission to indemnify
557 and hold harmless specified individuals for any
558 settlement or judgment obtained in such actions under
559 certain circumstances; providing for the development
560 of the data system, reporting procedures, and the
561 exchange of specified information between member
562 states; requiring the commission to notify member
563 states of any adverse action taken against a licensee
564 or applicant for licensure; authorizing member states
565 to designate as confidential information provided to
566 the data system; requiring the commission to remove
567 information from the data system under certain
568 circumstances; providing rulemaking procedures for the
569 commission; providing for member state enforcement of
570 the compact; authorizing the commission to receive
571 notice of process, and have standing to intervene, in
572 certain proceedings; rendering certain judgments and
573 orders void as to the commission, the compact, or
574 commission rules under certain circumstances;
575 providing for defaults and termination of compact

576 membership; providing procedures for the resolution of
577 certain disputes; providing for commission enforcement
578 of the compact; providing for remedies; providing for
579 implementation of, withdrawal from, and amendment to
580 the compact; specifying that licensees practicing in a
581 remote state under the compact must adhere to the laws
582 and rules of that state; specifying that the compact,
583 commission rules, and commission actions are binding
584 on member states; providing construction; providing
585 for severability; specifying that the provisions of
586 the Physical Therapy Licensure Compact do not
587 authorize the Department of Health or the Board of
588 Physical Therapy to collect a compact privilege fee,
589 but rather state that fees of that kind are allowable
590 under the compact; authorizing the Department of
591 Health or the Board of Speech-Language Pathology and
592 Audiology to collect a compact privilege fee; amending
593 ss. 486.028, 486.031, 486.081, 486.102, 486.107, and
594 490.006, F.S.; exempting from licensure requirements
595 physical therapists and physical therapist assistants
596 who are practicing in this state pursuant to a compact
597 privilege under the compact; revising licensure
598 requirements to include licensure by endorsement to
599 practice as a physical therapist; creating s. 486.112,
600 F.S.; creating the Physical Therapy Licensure Compact;

601 providing a purpose and objectives of the compact;
602 providing definitions; specifying requirements for
603 state participation in the compact; authorizing member
604 states to obtain biometric-based information from and
605 conduct criminal background checks on licensees
606 applying for a compact privilege; requiring member
607 states to grant the compact privilege to licensees who
608 meet specified criteria; specifying criteria licensees
609 must meet to exercise the compact privilege under the
610 compact; providing for the expiration of the compact
611 privilege; requiring licensees practicing in a remote
612 state under the compact privilege to comply with the
613 laws and rules of that state; subjecting licensees to
614 the regulatory authority of remote states where they
615 practice under the compact privilege; providing for
616 disciplinary action; specifying circumstances under
617 which licensees are ineligible for a compact
618 privilege; specifying conditions that a licensee must
619 meet to regain his or her compact privilege after an
620 adverse action; specifying locations active duty
621 military personnel and their spouses may use to
622 designate their home state for purposes of the
623 compact; providing that only a home state may impose
624 adverse action against a license issued by that state;
625 authorizing home states to take adverse action based

626 on investigative information of a remote state,
627 subject to certain requirements; directing member
628 states that use alternative programs in lieu of
629 discipline to require the licensee to agree not to
630 practice in other member states while participating in
631 the program, unless authorized by the member state;
632 authorizing member states to investigate violations by
633 licensees in other member states; authorizing member
634 states to take adverse action against compact
635 privileges issued in their respective states;
636 providing for joint investigations of licensees under
637 the compact; establishing the Physical Therapy Compact
638 Commission; providing for the venue and jurisdiction
639 for court proceedings by or against the commission;
640 providing construction; providing for commission
641 membership, voting, and meetings; authorizing the
642 commission to convene closed, nonpublic meetings under
643 certain circumstances; specifying duties and powers of
644 the commission; providing for membership and duties of
645 the executive board of the commission; providing for
646 financing of the commission; providing for qualified
647 immunity, defense, and indemnification of the
648 commission; requiring the commission to develop and
649 maintain a coordinated database and reporting system
650 for certain information about licensees under the

651 compact; requiring member states to submit specified
652 information to the system; requiring that information
653 contained in the system be available only to member
654 states; requiring the commission to promptly notify
655 all member states of reported adverse action taken
656 against licensees or applicants for licensure;
657 authorizing member states to designate reported
658 information as exempt from public disclosure;
659 providing for the removal of submitted information
660 from the system under certain circumstances; providing
661 for commission rulemaking; providing construction;
662 providing for state enforcement of the compact;
663 providing for the default and termination of compact
664 membership; providing for appeals and costs; providing
665 procedures for the resolution of certain disputes;
666 providing for enforcement against a defaulting state;
667 providing construction; providing for implementation
668 and administration of the compact and associated
669 rules; providing that compact states that join after
670 initial adoption of the commission's rules are subject
671 to such rules; specifying procedures for compact
672 states to withdraw from the compact; providing
673 construction; providing for amendment of the compact;
674 providing construction and severability; specifying
675 that the provisions of the Physical Therapy Licensure

676 Compact do not authorize the Department of Health or
677 the Board of Physical Therapy to collect a compact
678 privilege fee, but rather state that fees of that kind
679 are allowable under the compact; amending s. 486.023,
680 F.S.; requiring the Board of Physical Therapy Practice
681 to appoint a person to serve as the state's delegate
682 on the Physical Therapy Compact Commission; amending
683 s. 486.125, F.S.; authorizing the board to take
684 adverse action against the compact privilege of
685 physical therapists and physical therapist assistants
686 for specified prohibited acts; amending s. 624.27,
687 F.S.; revising the definition of the term "health care
688 provider"; amending s. 95.11, F.S.; establishing a 3-
689 year statute of limitations for an action to collect
690 medical debt for services rendered by a health care
691 provider or facility; creating s. 222.26, F.S.;
692 providing additional personal property exemptions from
693 legal process for medical debts resulting from
694 services provided in certain licensed facilities;
695 creating s. 627.446, F.S.; providing a definition;
696 requiring each health insurer to provide an insured
697 with an advanced explanation of benefits after
698 receiving a patient estimate from a facility for
699 scheduled services; providing requirements for the
700 advanced explanation of benefits; amending s. 627.447,

701 F.S.; prohibiting a health insurer from disclosing
702 specified information relating to discounted cash
703 prices to certain persons; defining the term
704 "discounted cash price"; amending s. 627.6387, F.S.;
705 revising definitions; requiring, rather than
706 authorizing, a health insurer to offer a shared
707 savings incentive program for specified purposes;
708 requiring a health insurer to notify an insured that
709 participation in such program is voluntary and
710 optional; amending ss. 627.6648 and 641.31076, F.S.;
711 providing that a shared savings incentive offered by a
712 health insurer or health maintenance organization
713 constitutes a medical expense for rate development and
714 rate filing purposes; amending s. 766.1115, F.S.;
715 revising the definition of the term "low-income" for
716 purposes of certain government contracts for health
717 care services; amending s. 768.28, F.S.; designating
718 the state delegates and other members or employees of
719 the Interstate Medical Licensure Compact Commission,
720 the Audiology and Speech-Language Pathology Interstate
721 Compact Commission, and the Physical Therapy Compact
722 Commission as state agents for the purpose of applying
723 sovereign immunity and waivers of sovereign immunity;
724 requiring the commission to pay certain claims or
725 judgments; authorizing the commission to maintain

726 insurance coverage to pay such claims or judgments;
727 amending s. 1002.32, F.S.; requiring developmental
728 research schools to develop programs for a specified
729 purpose; requiring schools to offer technical
730 assistance to any school district seeking to replicate
731 the school's programs; requiring schools, beginning on
732 a date certain, to annually report to the Legislature
733 on the development of such programs and the results,
734 when available; amending s. 1004.015, F.S.; requiring
735 the Commission for Independent Education and the
736 Independent Colleges and Universities of Florida to
737 annually report specified data for each medical school
738 graduate; amending s. 1009.8962, F.S.; revising the
739 definition of the term "institution" for purposes of
740 the Linking Industry to Nursing Education (LINE) Fund;
741 requiring the Board of Governors and the Department of
742 Education to submit to the Governor and the
743 Legislature a specified report; amending ss. 486.025,
744 486.0715, and 486.1065, F.S.; conforming cross-
745 references; amending ss. 395.602, 458.316, 458.3165,
746 468.209, 468.511, 475.01, 475.611, 517.191, and
747 787.061, F.S.; conforming provisions to changes made
748 by the act; providing appropriations; providing a
749 directive to the department; providing effective
750 dates.

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

Section 1. Paragraph (f) of subsection (3) of section 381.4018, Florida Statutes, is amended, and subsection (5) is added to that section, to read:

381.4018 Physician workforce assessment and development.—

(3) GENERAL FUNCTIONS.—The department shall maximize the use of existing programs under the jurisdiction of the department and other state agencies and coordinate governmental and nongovernmental stakeholders and resources in order to develop a state strategic plan and assess the implementation of such strategic plan. In developing the state strategic plan, the department shall:

(f) Develop strategies to maximize federal and state programs that provide for the use of incentives to attract physicians to this state or retain physicians within the state. Such strategies should explore and maximize federal-state partnerships that provide incentives for physicians to practice in federally designated shortage areas, in otherwise medically underserved areas, or in rural areas. Strategies shall also consider the use of state programs, such as the Florida Reimbursement Assistance for Medical Education ~~Reimbursement and Loan Repayment~~ Program pursuant to s. 381.402 ~~s. 1009.65~~, which provide for education loan repayment or loan forgiveness and

776 provide monetary incentives for physicians to relocate to
777 underserved areas of the state.

778

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

783 (5) DATA COLLECTION.—To facilitate ongoing monitoring and
784 analyses of the state's graduate medical education system, the
785 department shall require physician licensees to provide the
786 following information:

787 (a) For each licensed resident and physician, the state in
788 which he or she attended medical school, the state in which he
789 or she was trained in graduate medical education programs, his
790 or her graduate medical education specialty, and the beginning
791 date and completion date of his or her graduate medical
792 education training.

793 (b) For each licensed resident and physician who received
794 graduate medical education in Florida, the name of the medical
795 school, accredited program, and sponsoring institution.

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797 The department shall collect and compile the information
798 required by this subsection in consultation with the Office of
799 Program Policy Analysis and Government Accountability.

800 Section 2. Section 381.4019, Florida Statutes, is amended

HB 1549

2024

801 to read:

802 381.4019 Dental Student Loan Repayment Program.—The Dental
803 Student Loan Repayment Program is established to support the
804 state Medicaid program and promote access to dental care by
805 supporting qualified dentists and dental hygienists who treat
806 medically underserved populations in dental health professional
807 shortage areas or medically underserved areas.

808 (1) As used in this section, the term:

809 (a) "Dental health professional shortage area" means a
810 geographic area designated as such by the Health Resources and
811 Services Administration of the United States Department of
812 Health and Human Services.

813 (b) "Department" means the Department of Health.

814 (c) "Free clinic" means a provider that meets the
815 description of a clinic specified in s. 766.1115(3)(d)14.

816 (d)-(e) "Loan program" means the Dental Student Loan
817 Repayment Program.

818 (e)-(d) "Medically underserved area" means a geographic
819 area, an area having a special population, or a facility which
820 is designated by department rule as a health professional
821 shortage area as defined by federal regulation and which has a
822 shortage of dental health professionals who serve Medicaid
823 recipients and other low-income patients.

824 (f)-(e) "Public health program" means a county health
825 department, the Children's Medical Services program, a federally

HB 1549

2024

826 funded community health center, a federally funded migrant
827 health center, or other publicly funded or nonprofit health care
828 program designated by the department.

829 (2) The department shall establish a dental student loan
830 repayment program to benefit Florida-licensed dentists and
831 dental hygienists who:

832 (a) Demonstrate, as required by department rule, active
833 employment in a public health program or private practice that
834 serves Medicaid recipients and other low-income patients and is
835 located in a dental health professional shortage area or a
836 medically underserved area.

837 (b) Volunteer 25 hours per year providing dental services
838 in a free clinic that is located in a dental health professional
839 shortage area or a medically underserved area or through another
840 volunteer program operated by the state pursuant to part IV of
841 chapter 110. In order to meet the requirements of this
842 paragraph, the volunteer hours must be verifiable in a manner
843 determined by the department.

844 (3) The department shall award funds from the loan program
845 to repay the student loans of a dentist or dental hygienist who
846 meets the requirements of subsection (2).

847 (a) An award shall be 20 percent of a dentist's or dental
848 hygienist's principal loan amount at the time he or she applies
849 for the program but may not exceed \$50,000 per year per eligible
850 dentist or \$7,500 per year per eligible dental hygienist.

851 (b) Only loans to pay the costs of tuition, books, dental
 852 equipment and supplies, uniforms, and living expenses may be
 853 covered.

854 (c) All repayments are contingent upon continued proof of
 855 eligibility and must be made directly to the holder of the loan.
 856 The state bears no responsibility for the collection of any
 857 interest charges or other remaining balances.

858 (d) A dentist or dental hygienist may receive funds under
 859 the loan program for at least 1 year, up to a maximum of 5
 860 years.

861 ~~(e) The department shall limit the number of new dentists~~
 862 ~~participating in the loan program to not more than 10 per fiscal~~
 863 ~~year.~~

864 (4) A dentist or dental hygienist is not ~~is no longer~~
 865 eligible to receive funds under the loan program if the dentist
 866 or dental hygienist:

867 (a) Is no longer employed by a public health program or
 868 private practice that meets the requirements of subsection (2)
 869 or does not verify, in a manner determined by the department,
 870 that he or she has volunteered his or her dental services for
 871 the required number of hours.

872 (b) Ceases to participate in the Florida Medicaid program.

873 (c) Has disciplinary action taken against his or her
 874 license by the Board of Dentistry for a violation of s. 466.028.

875 (5) A dentist or dental hygienist who receives payment

876 under the program shall furnish information requested by the
 877 department for the purpose of the department's duties under s.
 878 381.4021.

879 (6)~~(5)~~ The department shall adopt rules to administer the
 880 loan program.

881 (7)~~(6)~~ Implementation of the loan program is subject to
 882 legislative appropriation.

883 (8) The Agency for Health Care Administration shall seek
 884 federal authority to use Title XIX matching funds for this
 885 program.

886 (9) This section is repealed on July 1, 2034.

887 Section 3. Section 1009.65, Florida Statutes, is amended,
 888 transferred, and renumbered as section 381.402, Florida
 889 Statutes, and amended, to read:

890 381.402 ~~1009.65~~ Florida Reimbursement Assistance for
 891 Medical Education Reimbursement and Loan Repayment Program.—

892 (1) To support the state Medicaid program and to encourage
 893 qualified medical professionals to practice in underserved
 894 locations where there are shortages of such personnel, there is
 895 established the Florida Reimbursement Assistance for Medical
 896 Education Reimbursement and Loan Repayment Program. The function
 897 of the program is to make payments that offset loans and
 898 educational expenses incurred by students for studies leading to
 899 a medical or nursing degree, medical or nursing licensure, or
 900 advanced practice registered nurse licensure or physician

HB 1549

2024

901 assistant licensure.

902 (2) The following licensed or certified health care
903 ~~practitioners professionals~~ are eligible to participate in the
904 ~~this~~ program:

905 (a) Medical doctors and doctors of osteopathic medicine
906 practicing in ~~with~~ primary care specialties, ~~doctors of~~
907 ~~osteopathic medicine with primary care specialties~~

908 (b) Advanced practice registered nurses practicing in
909 primary care specialties, ~~physician assistants, licensed~~
910 ~~practical nurses and registered nurses, and advanced practice~~
911 ~~registered nurses with primary care specialties such as~~
912 ~~certified nurse midwives.~~

913 (c) Physician assistants.

914 (d) Mental health professionals, including licensed
915 clinical social workers, licensed marriage and family
916 therapists, licensed mental health counselors, and licensed
917 psychologists.

918 (e) Licensed practical nurses and registered nurses.

919
920 Primary care ~~medical~~ specialties for physicians include
921 obstetrics, gynecology, general and family practice, geriatrics,
922 internal medicine, pediatrics, psychiatry, and other specialties
923 that ~~which~~ may be identified by the Department of Health.

924 Primary care specialties for advanced practice registered nurses
925 include family practice, general pediatrics, general internal

HB 1549

2024

926 medicine, midwifery, and psychiatric nursing.

927 (3) From the funds available, the Department of Health
928 shall make payments as follows:

929 (a)1- For a 4-year period of continued proof of practice
930 in a setting specified in paragraph (b), up to \$150,000 for
931 physicians, up to \$90,000 for advanced practice registered
932 nurses registered to engage in autonomous practice under s.
933 464.0123, up to \$75,000 for advanced practice registered nurses,
934 physician assistants, and mental health professionals, and up to
935 \$45,000 up to \$4,000 per year for licensed practical nurses and
936 registered nurses. Each practitioner is eligible to receive an
937 award for only one 4-year period of continued proof of practice.
938 At the end of each year that a practitioner participates in the
939 program, the department shall award 25 percent of a
940 practitioner's principal loan amount at the time he or she
941 applied for the program, up to \$10,000 per year for advanced
942 practice registered nurses and physician assistants, and up to
943 \$20,000 per year for physicians. Penalties for noncompliance are
944 shall be the same as those in the National Health Services Corps
945 Loan Repayment Program. Educational expenses include costs for
946 tuition, matriculation, registration, books, laboratory and
947 other fees, other educational costs, and reasonable living
948 expenses as determined by the Department of Health.

949 (b)2- All payments are contingent on continued proof of:

950 1.a. Primary care practice in a rural hospital as an area

951 defined in s. 395.602(2)(b) ~~7~~ or an underserved area designated
 952 by the Department of Health, provided the practitioner accepts
 953 Medicaid reimbursement if eligible for such reimbursement; or

954 b. For practitioners other than physicians and advanced
 955 practice registered nurses, practice in other settings,
 956 including, but not limited to, a nursing home facility as
 957 defined in s. 400.021, a home health agency as defined in s.
 958 400.462, or an intermediate care facility for the
 959 developmentally disabled as defined in s. 400.960. Any such
 960 setting must be located in, or serve residents or patients in,
 961 an underserved area designated by the Department of Health and
 962 must provide services to Medicaid patients.

963 2. Providing 25 hours annually of volunteer primary care
 964 services in a free clinic as specified in s. 766.1115(3)(d)14.
 965 or through another volunteer program operated by the state
 966 pursuant to part IV of chapter 110. In order to meet the
 967 requirements of this subparagraph, the volunteer hours must be
 968 verifiable in a manner determined by the department.

969 (c) Correctional facilities, state hospitals, and other
 970 state institutions that employ medical personnel must ~~shall~~ be
 971 designated by the Department of Health as underserved locations.
 972 Locations with high incidences of infant mortality, high
 973 morbidity, or low Medicaid participation by health care
 974 professionals may be designated as underserved.

975 ~~(b) Advanced practice registered nurses registered to~~

976 ~~engage in autonomous practice under s. 464.0123 and practicing~~
977 ~~in the primary care specialties of family medicine, general~~
978 ~~pediatrics, general internal medicine, or midwifery. From the~~
979 ~~funds available, the Department of Health shall make payments of~~
980 ~~up to \$15,000 per year to advanced practice registered nurses~~
981 ~~registered under s. 464.0123 who demonstrate, as required by~~
982 ~~department rule, active employment providing primary care~~
983 ~~services in a public health program, an independent practice, or~~
984 ~~a group practice that serves Medicaid recipients and other low-~~
985 ~~income patients and that is located in a primary care health~~
986 ~~professional shortage area. Only loans to pay the costs of~~
987 ~~tuition, books, medical equipment and supplies, uniforms, and~~
988 ~~living expenses may be covered. For the purposes of this~~
989 ~~paragraph:~~

990 ~~1. "Primary care health professional shortage area" means~~
991 ~~a geographic area, an area having a special population, or a~~
992 ~~facility with a score of at least 18, as designated and~~
993 ~~calculated by the Federal Health Resources and Services~~
994 ~~Administration or a rural area as defined by the Federal Office~~
995 ~~of Rural Health Policy.~~

996 ~~2. "Public health program" means a county health~~
997 ~~department, the Children's Medical Services program, a federally~~
998 ~~funded community health center, a federally funded migrant~~
999 ~~health center, or any other publicly funded or nonprofit health~~
1000 ~~care program designated by the department.~~

HB 1549

2024

1001 ~~(4)-(2)~~ The Department of Health may use funds appropriated
 1002 for the ~~Medical Education Reimbursement and Loan Repayment~~
 1003 program as matching funds for federal loan repayment programs
 1004 such as the National Health Service Corps State Loan Repayment
 1005 Program.

1006 (5) A health care practitioner who receives payment under
 1007 the program shall furnish information requested by the
 1008 department for the purpose of the department's duties under s.
 1009 381.4021.

1010 ~~(6)-(3)~~ The Department of Health may adopt any rules
 1011 necessary for the administration of the ~~Medical Education~~
 1012 ~~Reimbursement and Loan Repayment~~ program. The department may
 1013 also solicit technical advice regarding conduct of the program
 1014 from the Department of Education and Florida universities and
 1015 Florida College System institutions. The Department of Health
 1016 shall submit a budget request for an amount sufficient to fund
 1017 medical education reimbursement, loan repayments, and program
 1018 administration.

1019 (7) The Agency for Health Care Administration shall seek
 1020 federal authority to use Title XIX matching funds for this
 1021 program.

1022 (8) This section is repealed on July 1, 2034.

1023 Section 4. Section 381.4021, Florida Statutes, is created
 1024 to read:

1025 381.4021 Student loan repayment programs reporting.-

1026 (1) Beginning July 1, 2024, the department shall provide
 1027 to the Governor, the President of the Senate, and the Speaker of
 1028 the House of Representatives an annual report for the student
 1029 loan repayment programs established in ss. 381.4019 and 381.402,
 1030 which, at a minimum, details all of the following:

1031 (a) The number of applicants for loan repayment.

1032 (b) The number of loan payments made under each program.

1033 (c) The amounts for each loan payment made.

1034 (d) The type of practitioner to whom each loan payment was
 1035 made.

1036 (e) The number of loan payments each practitioner has
 1037 received under either program.

1038 (f) The practice setting in which each practitioner who
 1039 received a loan payment practices.

1040 (2)(a) The department shall contract with an independent
 1041 third party to develop and conduct a design study to evaluate
 1042 the impact of the student loan repayment programs established in
 1043 ss. 381.4019 and 381.402, including, but not limited to, the
 1044 effectiveness of the programs in recruiting and retaining health
 1045 care professionals in geographic and practice areas experiencing
 1046 shortages. The department shall begin collecting data for the
 1047 study by January 1, 2025, and shall submit to the Governor, the
 1048 President of the Senate, and the Speaker of the House of
 1049 Representatives the results of the study by January 1, 2030.

1050 (b) The department shall participate in a provider

HB 1549

2024

1051 retention and information system management multistate
1052 collaborative that collects data to measure outcomes of
1053 education debt support-for-service programs.

1054 (3) This section is repealed on July 1, 2034.

1055 Section 5. Section 381.9855, Florida Statutes, is created
1056 to read:

1057 381.9855 Health care screening and services grant program;
1058 portal.—

1059 (1)(a) The Department of Health shall implement a health
1060 care screening and services grant program. The purpose of the
1061 program is to expand access to no-cost health care screenings or
1062 services for the general public facilitated by nonprofit
1063 entities. The department shall do all of the following:

1064 1. Publicize the availability of funds and enlist the aid
1065 of county health departments for outreach to potential
1066 applicants at the local level.

1067 2. Establish an application process for submitting a grant
1068 proposal and eligibility criteria for applicants.

1069 3. Develop guidelines a grant recipient must follow for
1070 the expenditure of grant funds and uniform data reporting
1071 requirements for the purpose of evaluating the performance of
1072 grant recipients.

1073 (b) A nonprofit entity may apply for grant funds in order
1074 to implement a new health care screening or service program that
1075 the entity has not previously implemented.

HB 1549

2024

1076 (c) A nonprofit entity that has previously implemented a
1077 specific health care screening or services program at one or
1078 more specific locations may apply for grant funds in order to
1079 provide the same or similar screenings or services at a new
1080 location or through a mobile health clinic or mobile unit in
1081 order to expand the program's delivery capabilities.

1082 (d) An entity that receives a grant under this section
1083 must:

1084 1. Follow Department of Health guidelines for reporting on
1085 expenditure of grant funds and measures to evaluate the
1086 effectiveness of the entity's health care screening or services
1087 program.

1088 2. Publicize to the general public and encourage the use
1089 of the health care screening portal created under subsection
1090 (2).

1091 (e) The Department of Health may adopt rules for the
1092 implementation of this subsection.

1093 (2)(a) The Department of Health shall create and maintain
1094 an Internet-based portal to direct the general public to events,
1095 organizations, and venues in this state from which health
1096 screenings or services may be obtained at no cost or at a
1097 reduced cost and for the purpose of directing a licensed health
1098 care practitioner to opportunities for volunteering his or her
1099 services to conduct, administer, or facilitate such health
1100 screenings or services. The department may contract for the

1101 creation or maintenance of the portal with a third-party vendor.

1102 (b) The portal must be easily accessible by the public,
 1103 not require a sign up or login, and include the ability for a
 1104 member of the public to enter his or her address and obtain
 1105 localized and current data on opportunities for screenings and
 1106 services and volunteer opportunities for health care
 1107 practitioners. The portal must include, but is not limited to,
 1108 all statutorily created screening programs that are funded and
 1109 operational under the department's authority. The department
 1110 shall coordinate with county health departments so that the
 1111 portal includes information on such health screenings and
 1112 services provided by county health departments or by nonprofit
 1113 entities in partnership with county health departments.

1114 (c) The department shall include a clear and conspicuous
 1115 link to the portal on the homepage of its website. The
 1116 department shall publicize the portal to, and encourage the use
 1117 of the portal by, the general public and shall enlist the aid of
 1118 county health departments for such outreach.

1119 Section 6. Section 383.2163, Florida Statutes, is amended
 1120 to read:

1121 383.2163 Telehealth minority maternity care program. ~~—pilot~~
 1122 ~~programs.—By July 1, 2022,~~ The department shall establish a
 1123 statewide telehealth minority maternity care ~~pilot~~ program that
 1124 ~~in Duval County and Orange County which~~ uses telehealth to
 1125 expand the capacity for positive maternal health outcomes in

1126 racial and ethnic minority populations. The department shall
 1127 direct and assist ~~the~~ county health departments ~~in Duval County~~
 1128 ~~and Orange County~~ to implement the program ~~programs~~.

1129 (1) DEFINITIONS.—As used in this section, the term:

1130 (a) "Department" means the Department of Health.

1131 (b) "Eligible pregnant woman" means a pregnant woman who
 1132 is receiving, or is eligible to receive, maternal or infant care
 1133 services from the department under chapter 381 or this chapter.

1134 (c) "Health care practitioner" has the same meaning as in
 1135 s. 456.001.

1136 (d) "Health professional shortage area" means a geographic
 1137 area designated as such by the Health Resources and Services
 1138 Administration of the United States Department of Health and
 1139 Human Services.

1140 (e) "Indigenous population" means any Indian tribe, band,
 1141 or nation or other organized group or community of Indians
 1142 recognized as eligible for services provided to Indians by the
 1143 United States Secretary of the Interior because of their status
 1144 as Indians, including any Alaskan native village as defined in
 1145 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,
 1146 as that definition existed on the effective date of this act.

1147 (f) "Maternal mortality" means a death occurring during
 1148 pregnancy or the postpartum period which is caused by pregnancy
 1149 or childbirth complications.

1150 (g) "Medically underserved population" means the

1151 population of an urban or rural area designated by the United
1152 States Secretary of Health and Human Services as an area with a
1153 shortage of personal health care services or a population group
1154 designated by the United States Secretary of Health and Human
1155 Services as having a shortage of such services.

1156 (h) "Perinatal professionals" means doulas, personnel from
1157 Healthy Start and home visiting programs, childbirth educators,
1158 community health workers, peer supporters, certified lactation
1159 consultants, nutritionists and dietitians, social workers, and
1160 other licensed and nonlicensed professionals who assist women
1161 through their prenatal or postpartum periods.

1162 (i) "Postpartum" means the 1-year period beginning on the
1163 last day of a woman's pregnancy.

1164 (j) "Severe maternal morbidity" means an unexpected
1165 outcome caused by a woman's labor and delivery which results in
1166 significant short-term or long-term consequences to the woman's
1167 health.

1168 (k) "Technology-enabled collaborative learning and
1169 capacity building model" means a distance health care education
1170 model that connects health care professionals, particularly
1171 specialists, with other health care professionals through
1172 simultaneous interactive videoconferencing for the purpose of
1173 facilitating case-based learning, disseminating best practices,
1174 and evaluating outcomes in the context of maternal health care.

1175 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is

1176 to:

1177 (a) Expand the use of technology-enabled collaborative
 1178 learning and capacity building models to improve maternal health
 1179 outcomes for the following populations and demographics:

- 1180 1. Ethnic and minority populations.
- 1181 2. Health professional shortage areas.
- 1182 3. Areas with significant racial and ethnic disparities in
 1183 maternal health outcomes and high rates of adverse maternal
 1184 health outcomes, including, but not limited to, maternal
 1185 mortality and severe maternal morbidity.
- 1186 4. Medically underserved populations.
- 1187 5. Indigenous populations.

1188 (b) Provide for the adoption of and use of telehealth
 1189 services that allow for screening and treatment of common
 1190 pregnancy-related complications, including, but not limited to,
 1191 anxiety, depression, substance use disorder, hemorrhage,
 1192 infection, amniotic fluid embolism, thrombotic pulmonary or
 1193 other embolism, hypertensive disorders relating to pregnancy,
 1194 diabetes, cerebrovascular accidents, cardiomyopathy, and other
 1195 cardiovascular conditions.

1196 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~
 1197 ~~programs~~ shall adopt the use of telehealth or coordinate with
 1198 prenatal home visiting programs to provide all of the following
 1199 services and education to eligible pregnant women up to the last
 1200 day of their postpartum periods, as applicable:

1201 (a) Referrals to Healthy Start's coordinated intake and
 1202 referral program to offer families prenatal home visiting
 1203 services.

1204 (b) Services and education addressing social determinants
 1205 of health, including, but not limited to, all of the following:

- 1206 1. Housing placement options.
- 1207 2. Transportation services or information on how to access
- 1208 such services.
- 1209 3. Nutrition counseling.
- 1210 4. Access to healthy foods.
- 1211 5. Lactation support.
- 1212 6. Lead abatement and other efforts to improve air and
- 1213 water quality.
- 1214 7. Child care options.
- 1215 8. Car seat installation and training.
- 1216 9. Wellness and stress management programs.
- 1217 10. Coordination across safety net and social support
- 1218 services and programs.

1219 (c) Evidence-based health literacy and pregnancy,
 1220 childbirth, and parenting education for women in the prenatal
 1221 and postpartum periods.

1222 (d) For women during their pregnancies through the
 1223 postpartum periods, connection to support from doulas and other
 1224 perinatal health workers.

1225 (e) Tools for prenatal women to conduct key components of

1226 maternal wellness checks, including, but not limited to, all of
 1227 the following:

1228 1. A device to measure body weight, such as a scale.

1229 2. A device to measure blood pressure which has a verbal
 1230 reader to assist the pregnant woman in reading the device and to
 1231 ensure that the health care practitioner performing the wellness
 1232 check through telehealth is able to hear the reading.

1233 3. A device to measure blood sugar levels with a verbal
 1234 reader to assist the pregnant woman in reading the device and to
 1235 ensure that the health care practitioner performing the wellness
 1236 check through telehealth is able to hear the reading.

1237 4. Any other device that the health care practitioner
 1238 performing wellness checks through telehealth deems necessary.

1239 (4) TRAINING.—The program ~~pilot programs~~ shall provide
 1240 training to participating health care practitioners and other
 1241 perinatal professionals on all of the following:

1242 (a) Implicit and explicit biases, racism, and
 1243 discrimination in the provision of maternity care and how to
 1244 eliminate these barriers to accessing adequate and competent
 1245 maternity care.

1246 (b) The use of remote patient monitoring tools for
 1247 pregnancy-related complications.

1248 (c) How to screen for social determinants of health risks
 1249 in the prenatal and postpartum periods, such as inadequate
 1250 housing, lack of access to nutritional foods, environmental

1251 risks, transportation barriers, and lack of continuity of care.

1252 (d) Best practices in screening for and, as needed,
 1253 evaluating and treating maternal mental health conditions and
 1254 substance use disorders.

1255 (e) Information collection, recording, and evaluation
 1256 activities to:

- 1257 1. Study the impact of the ~~pilot~~ program;
- 1258 2. Ensure access to and the quality of care;
- 1259 3. Evaluate patient outcomes as a result of the ~~pilot~~
 1260 program;
- 1261 4. Measure patient experience; and
- 1262 5. Identify best practices for the future expansion of the
 1263 ~~pilot~~ program.

1264 (5) REPORT.—By October 31, 2025, and each October 31
 1265 thereafter, the department shall submit to the Governor, the
 1266 President of the Senate, and the Speaker of the House of
 1267 Representatives a program report that includes, at a minimum,
 1268 all of the following for the previous fiscal year:

1269 (a) The total number of clients served and the demographic
 1270 information for the population served, including race,
 1271 ethnicity, age, education level, and geographic location.

1272 (b) The total number of screenings performed, by type.

1273 (c) The number of participants identified as having
 1274 experienced pregnancy-related complications, the number of
 1275 participants who received treatments for such complications, and

1276 the final outcome of the pregnancy for such participants.

1277 (d) The number of referrals made to the Healthy Start
1278 program or other prenatal home visiting programs and the number
1279 of participants who subsequently received services from such
1280 programs.

1281 (e) The number of referrals made to doulas and other
1282 perinatal professionals and the number of participants who
1283 subsequently received services from doulas and other perinatal
1284 professionals.

1285 (f) The number and types of devices given to participants
1286 to conduct maternal wellness checks.

1287 (g) The average length of participation by program
1288 participants.

1289 (h) Composite results of a participant survey that
1290 measures the participants' experience with the program.

1291 (i) The total number of health care practitioners trained,
1292 by provider type and specialty.

1293 (j) The results of a survey of the health care
1294 practitioners trained under the program. The survey must address
1295 the quality and impact of the training provided, the health care
1296 practitioners' experiences using remote patient monitoring
1297 tools, the best practices provided in the training, and any
1298 suggestions for improvements.

1299 (k) Aggregate data on the maternal and infant health
1300 outcomes of program participants.

1301 (1) For the initial report, all available quantifiable
 1302 data related to the telehealth minority maternity care pilot
 1303 programs.

1304 ~~(6)(5) FUNDING.—The pilot programs shall be funded using~~
 1305 ~~funds appropriated by the Legislature for the Closing the Gap~~
 1306 ~~grant program.~~ The department's Division of Community Health
 1307 Promotion and Office of Minority Health and Health Equity shall
 1308 ~~also~~ work in partnership to apply for federal funds that are
 1309 available to assist the department in accomplishing the
 1310 program's purpose and successfully implementing the program
 1311 ~~pilot programs.~~

1312 ~~(7)(6) RULES.—~~The department may adopt rules to implement
 1313 this section.

1314 Section 7. Subsections (1) through (8), (9), and (10) of
 1315 section 383.302, Florida Statutes, are renumbered as subsections
 1316 (2) through (9), (11), and (12), respectively, present
 1317 subsection (4) is amended, and new subsections (1) and (10) are
 1318 added to that section, to read:

1319 383.302 Definitions of terms used in ss. 383.30–383.332.—
 1320 As used in ss. 383.30–383.332, the term:

1321 (1) "Advanced birth center" means a licensed birth center
 1322 designated as an advanced birth center which may perform trial
 1323 of labor after cesarean deliveries for screened patients who
 1324 qualify, planned low-risk cesarean deliveries, and anticipated
 1325 vaginal deliveries for laboring patients from the beginning of

1326 the 37th week of gestation through the end of the 41st week of
 1327 gestation.

1328 ~~(5)-(4)~~ "Consultant" means a physician licensed pursuant to
 1329 chapter 458 or chapter 459 who agrees to provide advice and
 1330 services to a birth center or an advanced birth center and who
 1331 either:

1332 (a) Is certified or eligible for certification by the
 1333 American Board of Obstetrics and Gynecology or the American
 1334 Osteopathic Board of Obstetrics and Gynecology;~~7~~ or

1335 (b) Has hospital obstetrical privileges.

1336 ~~(10)~~ "Medical director" means a person who holds an active
 1337 unrestricted license as a physician under chapter 458 or chapter
 1338 459.

1339 Section 8. Section 383.3081, Florida Statutes, is created
 1340 to read:

1341 383.3081 Advanced birth center designation.—

1342 (1) To be designated as an advanced birth center, a birth
 1343 center must, in addition to maintaining compliance with all of
 1344 the requirements under ss. 383.30-383.332 applicable to birth
 1345 centers and advanced birth centers, meet all of the following
 1346 criteria:

1347 (a) Be operated and staffed 24 hours per day, 7 days per
 1348 week.

1349 (b) Employ two medical directors to oversee the activities
 1350 of the center, one of whom must be a board-certified

1351 obstetrician and one of whom must be a board-certified
1352 anesthesiologist.

1353 (c) Have at least one properly equipped, dedicated
1354 surgical suite for the performance of cesarean deliveries.

1355 (d) Employ at least one registered nurse and ensure that
1356 at least one registered nurse is present in the center at all
1357 times and has the ability to stabilize and facilitate the
1358 transfer of patients and newborn infants when appropriate.

1359 (e) Enter into a written agreement with a blood bank for
1360 emergency blood bank services and have written protocols for the
1361 management of obstetrical hemorrhage which include provisions
1362 for emergency blood transfusions. If a patient admitted to an
1363 advanced birth center receives an emergency blood transfusion at
1364 the center, the patient must immediately thereafter be
1365 transferred to a hospital for further care.

1366 (f) Meet all standards adopted by rule for birth centers,
1367 unless specified otherwise, and advanced birth centers pursuant
1368 to s. 383.309.

1369 (g) Comply with the Florida Building Code and Florida Fire
1370 Prevention Code standards for ambulatory surgical centers.

1371 (h) Qualify for, enter into, and maintain a Medicaid
1372 provider agreement with the agency pursuant to s. 409.907 and
1373 provide services to Medicaid recipients according to the terms
1374 of the provider agreement.

1375 (2) The agency shall establish by rule a process for

1376 designating a birth center that meets the requirements of this
 1377 section as an advanced birth center.

1378 Section 9. Subsection (2) of section 383.309, Florida
 1379 Statutes, is renumbered as subsection (3), and a new subsection
 1380 (2) is added to that section, to read:

1381 383.309 Minimum standards for birth centers and advanced
 1382 birth centers; rules and enforcement.—

1383 (2) The standards adopted by rule for designating a birth
 1384 center as an advanced birth center must, at a minimum, be
 1385 equivalent to the minimum standards adopted for ambulatory
 1386 surgical centers pursuant to s. 395.1055 and must include
 1387 standards for quality of care, blood transfusions, and sanitary
 1388 conditions for food handling and food service.

1389 Section 10. Section 383.313, Florida Statutes, is amended
 1390 to read:

1391 383.313 Birth center performance of laboratory and
 1392 surgical services; use of anesthetic and chemical agents.—

1393 (1) LABORATORY SERVICES.—A birth center may collect
 1394 specimens for those tests that are requested under protocol. A
 1395 birth center must obtain and continuously maintain certification
 1396 by the Centers for Medicare and Medicaid Services under the
 1397 federal Clinical Laboratory Improvement Amendments and the
 1398 federal rules adopted thereunder in order to perform laboratory
 1399 tests specified by rule of the agency, and which are appropriate
 1400 to meet the needs of the patient.

1401 (2) SURGICAL SERVICES.—Except for advanced birth centers
 1402 authorized to provide surgical services under s. 383.3131, only
 1403 those surgical procedures that are ~~shall be limited to those~~
 1404 normally performed during uncomplicated childbirths, such as
 1405 episiotomies and repairs, may be performed at a birth center.
 1406 ~~and shall not include~~ Operative obstetrics or caesarean sections
 1407 may not be performed at a birth center.

1408 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General
 1409 and conduction anesthesia may not be administered at a birth
 1410 center. Systemic analgesia may be administered, and local
 1411 anesthesia for pudendal block and episiotomy repair may be
 1412 performed if procedures are outlined by the clinical staff and
 1413 performed by personnel who have the ~~with~~ statutory authority to
 1414 do so.

1415 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be
 1416 inhibited, stimulated, or augmented with chemical agents during
 1417 the first or second stage of labor unless prescribed by
 1418 personnel who have the ~~with~~ statutory authority to do so and
 1419 unless in connection with and before ~~prior to~~ emergency
 1420 transport.

1421 Section 11. Section 383.3131, Florida Statutes, is created
 1422 to read:

1423 383.3131 Advanced birth center performance of laboratory
 1424 and surgical services; use of anesthetic and chemical agents.—

1425 (1) LABORATORY SERVICES.—An advanced birth center shall

1426 have a clinical laboratory on site. The clinical laboratory
1427 must, at a minimum, be capable of providing laboratory testing
1428 for hematology, metabolic screening, liver function, and
1429 coagulation studies. An advanced birth center may collect
1430 specimens for those tests that are requested under protocol. An
1431 advanced birth center may perform laboratory tests as defined by
1432 rule of the agency. Laboratories located in advanced birth
1433 centers must be appropriately certified by the Centers for
1434 Medicare and Medicaid Services under the federal Clinical
1435 Laboratory Improvement Amendments and the federal rules adopted
1436 thereunder.

1437 (2) SURGICAL SERVICES.—In addition to surgical procedures
1438 authorized under s. 383.313(2), surgical procedures for low-risk
1439 cesarean deliveries and surgical management of immediate
1440 complications may also be performed at an advanced birth center.
1441 Postpartum sterilization may be performed before discharge of
1442 the patient who has given birth during that admission.
1443 Circumcisions may be performed before discharge of the newborn
1444 infant.

1445 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General,
1446 conduction, and local anesthesia may be administered at an
1447 advanced birth center if administered by personnel who have the
1448 statutory authority to do so. All general anesthesia must be
1449 administered by an anesthesiologist or a certified registered
1450 nurse anesthetist in accordance with s. 464.012. When general

1451 anesthesia is administered, a physician or a certified
 1452 registered nurse anesthetist must be present in the advanced
 1453 birth center during the anesthesia and postanesthesia recovery
 1454 period until the patient is fully alert. Each advanced birth
 1455 center shall comply with s. 395.0191(2)(b).

1456 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be
 1457 inhibited, stimulated, or augmented with chemical agents during
 1458 the first or second stage of labor at an advanced birth center
 1459 if prescribed by personnel who have the statutory authority to
 1460 do so. Labor may be electively induced beginning at the 39th
 1461 week of gestation for a patient with a documented Bishop score
 1462 of 8 or greater.

1463 Section 12. Subsection (3) is added to section 383.315,
 1464 Florida Statutes, to read:

1465 383.315 Agreements with consultants for advice or
 1466 services; maintenance.—

1467 (3) An advanced birth center shall employ or maintain an
 1468 agreement with an obstetrician who must be present in the center
 1469 at all times during which a patient is in active labor in the
 1470 center to attend deliveries, available to respond to
 1471 emergencies, and, when necessary, available to perform cesarean
 1472 deliveries.

1473 Section 13. Section 383.316, Florida Statutes, is amended
 1474 to read:

1475 383.316 Transfer and transport of clients to hospitals.—

1476 (1) If unforeseen complications arise during labor,
 1477 delivery, or postpartum recovery, the client must ~~shall~~ be
 1478 transferred to a hospital.

1479 (2) Each birth center ~~licensed facility~~ shall make
 1480 arrangements with a local ambulance service licensed under
 1481 chapter 401 for the transport of emergency patients to a
 1482 hospital. Such arrangements must ~~shall~~ be documented in the
 1483 center's policy and procedures manual ~~of the facility~~ if the
 1484 birth center does not own or operate a licensed ambulance. The
 1485 policy and procedures manual ~~shall~~ also must contain specific
 1486 protocols for the transfer of any patient to a licensed
 1487 hospital.

1488 (3) Each advanced birth center shall enter into a written
 1489 transfer agreement with a local hospital licensed under chapter
 1490 395 for the transfer and admission of emergency patients to the
 1491 hospital or a written agreement with an obstetrician who has
 1492 hospital privileges to provide coverage at all times and who has
 1493 agreed to accept the transfer of the advanced birth center's
 1494 patients.

1495 (4)-(3) A birth center ~~licensed facility~~ shall identify
 1496 neonatal-specific transportation services, including ground and
 1497 air ambulances; list their particular qualifications; and have
 1498 the telephone numbers for access to these services clearly
 1499 listed and immediately available.

1500 (5)-(4) The birth center shall assess and document ~~Annual~~

1501 ~~assessments of the transportation services and transfer~~
 1502 ~~protocols annually shall be made and documented.~~

1503 Section 14. Subsections (2) and (3) of section 383.318,
 1504 Florida Statutes, are renumbered as subsections (3) and (4),
 1505 respectively, subsection (1) is amended, and a new subsection
 1506 (2) is added to that section, to read:

1507 383.318 Postpartum care for birth center and advanced
 1508 birth center clients and infants.—

1509 (1) Except at an advanced birth center that must adhere to
 1510 the requirements of subsection (2), a mother and her infant must
 1511 ~~shall~~ be dismissed from a ~~the~~ birth center within 24 hours after
 1512 the birth of the infant, except in unusual circumstances as
 1513 defined by rule of the agency. If a mother or an infant is
 1514 retained at the birth center for more than 24 hours after the
 1515 birth, a report must ~~shall~~ be filed with the agency within 48
 1516 hours after ~~of~~ the birth and must describe ~~describing~~ the
 1517 circumstances and the reasons for the decision.

1518 (2) (a) A mother and her infant must be dismissed from an
 1519 advanced birth center within 48 hours after a vaginal delivery
 1520 or within 72 hours after a delivery by cesarean section, except
 1521 in unusual circumstances as defined by rule of the agency.

1522 (b) If a mother or an infant is retained at the advanced
 1523 birth center for more than the timeframes set forth in paragraph
 1524 (a), a report must be filed with the agency within 48 hours
 1525 after the scheduled discharge time and must describe the

1526 | circumstances and the reasons for the decision.

1527 | Section 15. Subsections (5), (31), and (36) of section
 1528 | 394.455, Florida Statutes, are amended to read:

1529 | 394.455 Definitions.—As used in this part, the term:

1530 | (5) "Clinical psychologist" means a person licensed to
 1531 | practice psychology under chapter 490 ~~a psychologist as defined~~
 1532 | ~~in s. 490.003(7) with 3 years of postdoctoral experience in the~~
 1533 | ~~practice of clinical psychology, inclusive of the experience~~
 1534 | ~~required for licensure,~~ or a psychologist employed by a facility
 1535 | operated by the United States Department of Veterans Affairs
 1536 | that qualifies as a receiving or treatment facility under this
 1537 | part.

1538 | (31) "Mobile crisis response service" or "mobile response
 1539 | team" means a nonresidential mental and behavioral health crisis
 1540 | service available 24 hours per day, 7 days per week which
 1541 | provides immediate intensive assessments and interventions,
 1542 | including screening for admission into a mental health receiving
 1543 | facility, an addictions receiving facility, or a detoxification
 1544 | facility, for the purpose of identifying appropriate treatment
 1545 | services.

1546 | (36) "Psychiatric nurse" means an advanced practice
 1547 | registered nurse licensed under s. 464.012 who has a master's or
 1548 | doctoral degree in psychiatric nursing and ~~and~~ holds a national
 1549 | advanced practice certification as a psychiatric mental health
 1550 | advanced practice nurse, and has 1 year ~~2 years~~ of post-master's

1551 clinical experience under the supervision of a physician.

1552 Section 16. Paragraph (c) of subsection (5) of section
1553 394.457, Florida Statutes, is amended to read:

1554 394.457 Operation and administration.—

1555 (5) RULES.—

1556 (c) The department shall adopt rules establishing minimum
1557 standards for services provided by a mental health overlay
1558 program or a mobile crisis response service. Minimum standards
1559 for mobile crisis response services must:

1560 1. Include child, adolescent, and young adult mobile
1561 response teams established under s. 394.495(7) and ensure
1562 coverage of all counties by these specified teams.

1563 2. Create a structure for general mobile response teams
1564 which focuses on emergency room diversion and the reduction of
1565 involuntary commitment under this chapter. The structure must
1566 require, but need not be limited to, the following:

1567 a. Triage and rapid crisis intervention within 60 minutes.

1568 b. Provision of and referral to evidence-based services
1569 that are responsive to the needs of the individual and the
1570 individual's family.

1571 c. Screening, assessment, early identification, and care
1572 coordination.

1573 d. Followup at 90 and 180 days to gather outcome data on a
1574 mobile crisis response encounter to determine efficacy of the
1575 mobile crisis response service.

1576 Section 17. Subsections (1) and (3) of section 394.4598,
 1577 Florida Statutes, are amended to read:

1578 394.4598 Guardian advocate.—

1579 (1) The administrator may petition the court for the
 1580 appointment of a guardian advocate based upon the opinion of a
 1581 psychiatrist or psychiatric nurse practicing within the
 1582 framework of an established protocol with a psychiatrist that
 1583 the patient is incompetent to consent to treatment. If the court
 1584 finds that a patient is incompetent to consent to treatment and
 1585 has not been adjudicated incapacitated and had a guardian with
 1586 the authority to consent to mental health treatment appointed,
 1587 the court must ~~it shall~~ appoint a guardian advocate. The patient
 1588 has the right to have an attorney represent him or her at the
 1589 hearing. If the person is indigent, the court must ~~shall~~ appoint
 1590 the office of the public defender to represent him or her at the
 1591 hearing. The patient has the right to testify, cross-examine
 1592 witnesses, and present witnesses. The proceeding must ~~shall~~ be
 1593 recorded, either electronically or stenographically, and
 1594 testimony must ~~shall~~ be provided under oath. One of the
 1595 professionals authorized to give an opinion in support of a
 1596 petition for involuntary placement, as described in s. 394.4655
 1597 or s. 394.467, must testify. A guardian advocate must meet the
 1598 qualifications of a guardian contained in part IV of chapter
 1599 744, except that a professional referred to in this part, an
 1600 employee of the facility providing direct services to the

HB 1549

2024

1601 patient under this part, a departmental employee, a facility
1602 administrator, or member of the Florida local advocacy council
1603 shall not be appointed. A person ~~who is~~ appointed as a guardian
1604 advocate must agree to the appointment.

1605 (3) A facility requesting appointment of a guardian
1606 advocate must, before ~~prior to~~ the appointment, provide the
1607 prospective guardian advocate with information about the duties
1608 and responsibilities of guardian advocates, including the
1609 information about the ethics of medical decisionmaking. Before
1610 asking a guardian advocate to give consent to treatment for a
1611 patient, the facility shall provide to the guardian advocate
1612 sufficient information so that the guardian advocate can decide
1613 whether to give express and informed consent to the treatment,
1614 including information that the treatment is essential to the
1615 care of the patient, and that the treatment does not present an
1616 unreasonable risk of serious, hazardous, or irreversible side
1617 effects. Before giving consent to treatment, the guardian
1618 advocate must meet and talk with the patient and the patient's
1619 physician or psychiatric nurse practicing within the framework
1620 of an established protocol with a psychiatrist in person, if at
1621 all possible, and by telephone, if not. The decision of the
1622 guardian advocate may be reviewed by the court, upon petition of
1623 the patient's attorney, the patient's family, or the facility
1624 administrator.

1625 Section 18. Subsection (11) of section 394.4615, Florida

1626 Statutes, is amended to read:

1627 394.4615 Clinical records; confidentiality.—

1628 (11) Patients must ~~shall~~ have reasonable access to their
 1629 clinical records, unless such access is determined by the
 1630 patient's physician or the patient's psychiatric nurse to be
 1631 harmful to the patient. If the patient's right to inspect his or
 1632 her clinical record is restricted by the facility, written
 1633 notice of such restriction must ~~shall~~ be given to the patient
 1634 and the patient's guardian, guardian advocate, attorney, and
 1635 representative. In addition, the restriction must ~~shall~~ be
 1636 recorded in the clinical record, together with the reasons for
 1637 it. The restriction of a patient's right to inspect his or her
 1638 clinical record expires ~~shall expire~~ after 7 days but may be
 1639 renewed, after review, for subsequent 7-day periods.

1640 Section 19. Paragraph (f) of subsection (1) and subsection
 1641 (5) of section 394.4625, Florida Statutes, are amended to read:

1642 394.4625 Voluntary admissions.—

1643 (1) AUTHORITY TO RECEIVE PATIENTS.—

1644 (f) Within 24 hours after admission of a voluntary
 1645 patient, the treating ~~admitting~~ physician or psychiatric nurse
 1646 practicing within the framework of an established protocol with
 1647 a psychiatrist shall document in the patient's clinical record
 1648 that the patient is able to give express and informed consent
 1649 for admission. If the patient is not able to give express and
 1650 informed consent for admission, the facility must ~~shall~~ either

HB 1549

2024

1651 discharge the patient or transfer the patient to involuntary
1652 status pursuant to subsection (5).

1653 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
1654 patient, or an authorized person on the patient's behalf, makes
1655 a request for discharge, the request for discharge, unless
1656 freely and voluntarily rescinded, must be communicated to a
1657 physician, clinical psychologist with at least 3 years of
1658 postdoctoral experience in the practice of clinical psychology,
1659 or psychiatrist as quickly as possible, but not later than 12
1660 hours after the request is made. If the patient meets the
1661 criteria for involuntary placement, the administrator of the
1662 facility must file with the court a petition for involuntary
1663 placement, within 2 court working days after the request for
1664 discharge is made. If the petition is not filed within 2 court
1665 working days, the patient must ~~shall~~ be discharged. Pending the
1666 filing of the petition, the patient may be held and emergency
1667 treatment rendered in the least restrictive manner, upon the
1668 written order of a physician or a psychiatric nurse practicing
1669 within the framework of an established protocol with a
1670 psychiatrist, if it is determined that such treatment is
1671 necessary for the safety of the patient or others.

1672 Section 20. Paragraph (f) of subsection (2) of section
1673 394.463, Florida Statutes, is amended to read:

1674 394.463 Involuntary examination.—

1675 (2) INVOLUNTARY EXAMINATION.—

HB 1549

2024

1676 (f) A patient must ~~shall~~ be examined by a physician or a
1677 clinical psychologist, or by a psychiatric nurse performing
1678 within the framework of an established protocol with a
1679 psychiatrist at a facility without unnecessary delay to
1680 determine if the criteria for involuntary services are met.
1681 Emergency treatment may be provided upon the order of a
1682 physician or a psychiatric nurse practicing within the framework
1683 of an established protocol with a psychiatrist if the physician
1684 or psychiatric nurse determines that such treatment is necessary
1685 for the safety of the patient or others. The patient may not be
1686 released by the receiving facility or its contractor without the
1687 documented approval of a psychiatrist or a clinical psychologist
1688 with at least 3 years of postdoctoral experience in the practice
1689 of clinical psychology or, if the receiving facility is owned or
1690 operated by a hospital, health system, or nationally accredited
1691 community mental health center, the release may also be approved
1692 by a psychiatric nurse performing within the framework of an
1693 established protocol with a psychiatrist, or an attending
1694 emergency department physician with experience in the diagnosis
1695 and treatment of mental illness after completion of an
1696 involuntary examination pursuant to this subsection. A
1697 psychiatric nurse may not approve the release of a patient if
1698 the involuntary examination was initiated by a psychiatrist
1699 unless the release is approved by the initiating psychiatrist.
1700 The release may be approved through telehealth.

1701 Section 21. Paragraphs (a) and (b) of subsection (3),
1702 paragraph (b) of subsection (7), and paragraph (a) of subsection
1703 (8) of section 394.4655, Florida Statutes, are amended to read:

1704 394.4655 Involuntary outpatient services.—

1705 (3) INVOLUNTARY OUTPATIENT SERVICES.—

1706 (a)1. A patient who is being recommended for involuntary
1707 outpatient services by the administrator of the facility where
1708 the patient has been examined may be retained by the facility
1709 after adherence to the notice procedures provided in s.
1710 394.4599. The recommendation must be supported by the opinion of
1711 a psychiatrist and the second opinion of a clinical psychologist
1712 with at least 3 years of clinical experience ~~or~~ another
1713 psychiatrist, or a psychiatric nurse practicing within the
1714 framework of an established protocol with a psychiatrist, both
1715 of whom have personally examined the patient within the
1716 preceding 72 hours, that the criteria for involuntary outpatient
1717 services are met. However, if the administrator certifies that a
1718 psychiatrist or clinical psychologist with at least 3 years of
1719 clinical experience is not available to provide the second
1720 opinion, the second opinion may be provided by a licensed
1721 physician who has postgraduate training and experience in
1722 diagnosis and treatment of mental illness, a physician assistant
1723 who has at least 3 years' experience and is supervised by such
1724 licensed physician or a psychiatrist, a clinical social worker,
1725 a clinical psychologist, or by a psychiatric nurse. Any second

1726 opinion authorized in this subparagraph may be conducted through
1727 a face-to-face examination, in person or by electronic means.
1728 Such recommendation must be entered on an involuntary outpatient
1729 services certificate that authorizes the facility to retain the
1730 patient pending completion of a hearing. The certificate must be
1731 made a part of the patient's clinical record.

1732 2. If the patient has been stabilized and no longer meets
1733 the criteria for involuntary examination pursuant to s.
1734 394.463(1), the patient must be released from the facility while
1735 awaiting the hearing for involuntary outpatient services. Before
1736 filing a petition for involuntary outpatient services, the
1737 administrator of the facility or a designated department
1738 representative must identify the service provider that will have
1739 primary responsibility for service provision under an order for
1740 involuntary outpatient services, unless the person is otherwise
1741 participating in outpatient psychiatric treatment and is not in
1742 need of public financing for that treatment, in which case the
1743 individual, if eligible, may be ordered to involuntary treatment
1744 pursuant to the existing psychiatric treatment relationship.

1745 3. The service provider shall prepare a written proposed
1746 treatment plan in consultation with the patient or the patient's
1747 guardian advocate, if appointed, for the court's consideration
1748 for inclusion in the involuntary outpatient services order that
1749 addresses the nature and extent of the mental illness and any
1750 co-occurring substance use disorder that necessitate involuntary

1751 outpatient services. The treatment plan must specify the likely
1752 level of care, including the use of medication, and anticipated
1753 discharge criteria for terminating involuntary outpatient
1754 services. Service providers may select and supervise other
1755 individuals to implement specific aspects of the treatment plan.
1756 The services in the plan must be deemed clinically appropriate
1757 by a physician, clinical psychologist, psychiatric nurse, mental
1758 health counselor, marriage and family therapist, or clinical
1759 social worker who consults with, or is employed or contracted
1760 by, the service provider. The service provider must certify to
1761 the court in the proposed plan whether sufficient services for
1762 improvement and stabilization are currently available and
1763 whether the service provider agrees to provide those services.
1764 If the service provider certifies that the services in the
1765 proposed treatment plan are not available, the petitioner may
1766 not file the petition. The service provider must notify the
1767 managing entity if the requested services are not available. The
1768 managing entity must document such efforts to obtain the
1769 requested services.

1770 (b) If a patient in involuntary inpatient placement meets
1771 the criteria for involuntary outpatient services, the
1772 administrator of the facility may, before the expiration of the
1773 period during which the facility is authorized to retain the
1774 patient, recommend involuntary outpatient services. The
1775 recommendation must be supported by the opinion of a

1776 psychiatrist and the second opinion of a clinical psychologist
1777 with at least 3 years of clinical experience, ~~or~~ another
1778 psychiatrist, or a psychiatric nurse practicing within the
1779 framework of an established protocol with a psychiatrist, both
1780 of whom have personally examined the patient within the
1781 preceding 72 hours, that the criteria for involuntary outpatient
1782 services are met. However, if the administrator certifies that a
1783 psychiatrist or clinical psychologist with at least 3 years of
1784 clinical experience is not available to provide the second
1785 opinion, the second opinion may be provided by a licensed
1786 physician who has postgraduate training and experience in
1787 diagnosis and treatment of mental illness, a physician assistant
1788 who has at least 3 years' experience and is supervised by such
1789 licensed physician or a psychiatrist, a clinical social worker,
1790 a clinical psychologist, or by a psychiatric nurse. Any second
1791 opinion authorized in this subparagraph may be conducted through
1792 a face-to-face examination, in person or by electronic means.
1793 Such recommendation must be entered on an involuntary outpatient
1794 services certificate, and the certificate must be made a part of
1795 the patient's clinical record.

1796 (7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—

1797 (b)1. If the court concludes that the patient meets the
1798 criteria for involuntary outpatient services pursuant to
1799 subsection (2), the court must ~~shall~~ issue an order for
1800 involuntary outpatient services. The court order must ~~shall~~ be

1801 for a period of up to 90 days. The order must specify the nature
1802 and extent of the patient's mental illness. The order of the
1803 court and the treatment plan must be made part of the patient's
1804 clinical record. The service provider shall discharge a patient
1805 from involuntary outpatient services when the order expires or
1806 any time the patient no longer meets the criteria for
1807 involuntary placement. Upon discharge, the service provider
1808 shall send a certificate of discharge to the court.

1809 2. The court may not order the department or the service
1810 provider to provide services if the program or service is not
1811 available in the patient's local community, if there is no space
1812 available in the program or service for the patient, or if
1813 funding is not available for the program or service. The service
1814 provider must notify the managing entity if the requested
1815 services are not available. The managing entity must document
1816 such efforts to obtain the requested services. A copy of the
1817 order must be sent to the managing entity by the service
1818 provider within 1 working day after it is received from the
1819 court. The order may be submitted electronically through
1820 existing data systems. After the order for involuntary services
1821 is issued, the service provider and the patient may modify the
1822 treatment plan. For any material modification of the treatment
1823 plan to which the patient or, if one is appointed, the patient's
1824 guardian advocate agrees, the service provider shall send notice
1825 of the modification to the court. Any material modifications of

HB 1549

2024

1826 the treatment plan which are contested by the patient or the
1827 patient's guardian advocate, if applicable, must be approved or
1828 disapproved by the court consistent with subsection (3).

1829 3. If, in the clinical judgment of a physician or a
1830 psychiatric nurse practicing within the framework of an
1831 established protocol with a psychiatrist, the patient has failed
1832 or has refused to comply with the treatment ordered by the
1833 court, and, in the clinical judgment of the physician or
1834 psychiatric nurse, efforts were made to solicit compliance and
1835 the patient may meet the criteria for involuntary examination, a
1836 person may be brought to a receiving facility pursuant to s.
1837 394.463. If, after examination, the patient does not meet the
1838 criteria for involuntary inpatient placement pursuant to s.
1839 394.467, the patient must be discharged from the facility. The
1840 involuntary outpatient services order must ~~shall~~ remain in
1841 effect unless the service provider determines that the patient
1842 no longer meets the criteria for involuntary outpatient services
1843 or until the order expires. The service provider must determine
1844 whether modifications should be made to the existing treatment
1845 plan and must attempt to continue to engage the patient in
1846 treatment. For any material modification of the treatment plan
1847 to which the patient or the patient's guardian advocate, if
1848 applicable, agrees, the service provider shall send notice of
1849 the modification to the court. Any material modifications of the
1850 treatment plan which are contested by the patient or the

1851 patient's guardian advocate, if applicable, must be approved or
1852 disapproved by the court consistent with subsection (3).

1853 (8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
1854 SERVICES.—

1855 (a)1. If the person continues to meet the criteria for
1856 involuntary outpatient services, the service provider must
1857 ~~shall~~, at least 10 days before the expiration of the period
1858 during which the treatment is ordered for the person, file in
1859 the court that issued the order for involuntary outpatient
1860 services a petition for continued involuntary outpatient
1861 services. The court shall immediately schedule a hearing on the
1862 petition to be held within 15 days after the petition is filed.

1863 2. The existing involuntary outpatient services order
1864 remains in effect until disposition on the petition for
1865 continued involuntary outpatient services.

1866 3. A certificate must ~~shall~~ be attached to the petition
1867 which includes a statement from the person's physician or
1868 clinical psychologist with at least 3 years of postdoctoral
1869 experience in the practice of clinical psychology justifying the
1870 request, a brief description of the patient's treatment during
1871 the time he or she was receiving involuntary services, and an
1872 individualized plan of continued treatment.

1873 4. The service provider shall develop the individualized
1874 plan of continued treatment in consultation with the patient or
1875 the patient's guardian advocate, if applicable. When the

1876 petition has been filed, the clerk of the court shall provide
 1877 copies of the certificate and the individualized plan of
 1878 continued services to the department, the patient, the patient's
 1879 guardian advocate, the state attorney, and the patient's private
 1880 counsel or the public defender.

1881 Section 22. Subsection (2) of section 394.467, Florida
 1882 Statutes, is amended to read:

1883 394.467 Involuntary inpatient placement.—

1884 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
 1885 retained by a facility or involuntarily placed in a treatment
 1886 facility upon the recommendation of the administrator of the
 1887 facility where the patient has been examined and after adherence
 1888 to the notice and hearing procedures provided in s. 394.4599.
 1889 The recommendation must be supported by the opinion of a
 1890 psychiatrist and the second opinion of a clinical psychologist
 1891 with at least 3 years of clinical experience, ~~or~~ another
 1892 psychiatrist, or a psychiatric nurse practicing within the
 1893 framework of an established protocol with a psychiatrist, both
 1894 of whom have personally examined the patient within the
 1895 preceding 72 hours, that the criteria for involuntary inpatient
 1896 placement are met. However, if the administrator certifies that
 1897 a psychiatrist or clinical psychologist with at least 3 years of
 1898 clinical experience is not available to provide the second
 1899 opinion, the second opinion may be provided by a licensed
 1900 physician who has postgraduate training and experience in

1901 diagnosis and treatment of mental illness, a clinical
 1902 psychologist, or ~~by~~ a psychiatric nurse. Any opinion authorized
 1903 in this subsection may be conducted through a face-to-face
 1904 examination, in person, or by electronic means. Such
 1905 recommendation must ~~shall~~ be entered on a petition for
 1906 involuntary inpatient placement certificate that authorizes the
 1907 facility to retain the patient pending transfer to a treatment
 1908 facility or completion of a hearing.

1909 Section 23. Subsection (1) of section 394.4781, Florida
 1910 Statutes, is amended to read:

1911 394.4781 Residential care for psychotic and emotionally
 1912 disturbed children.—

1913 (1) DEFINITIONS.—As used in this section, the term:

1914 (a) ~~(b)~~ "Department" means the Department of Children and
 1915 Families.

1916 (b) ~~(a)~~ "Psychotic or severely emotionally disturbed child"
 1917 means a child so diagnosed by a psychiatrist or a clinical
 1918 psychologist with at least 3 years of postdoctoral experience in
 1919 the practice of clinical psychology, who must have ~~who has~~
 1920 specialty training and experience with children. Such a severely
 1921 emotionally disturbed child or psychotic child shall be
 1922 considered by this diagnosis to benefit by and require
 1923 residential care as contemplated by this section.

1924 Section 24. Subsection (2) of section 394.4785, Florida
 1925 Statutes, is amended to read:

1926 394.4785 Children and adolescents; admission and placement
1927 in mental facilities.—

1928 (2) A person under the age of 14 who is admitted to any
1929 hospital licensed pursuant to chapter 395 may not be admitted to
1930 a bed in a room or ward with an adult patient in a mental health
1931 unit or share common areas with an adult patient in a mental
1932 health unit. However, a person 14 years of age or older may be
1933 admitted to a bed in a room or ward in the mental health unit
1934 with an adult if the admitting physician or psychiatric nurse
1935 documents in the case record that such placement is medically
1936 indicated or for reasons of safety. Such placement must ~~shall~~ be
1937 reviewed by the attending physician or a designee or on-call
1938 physician each day and documented in the case record.

1939 Section 25. Effective upon this act becoming a law, the
1940 Agency for Health Care Administration shall seek federal
1941 approval for coverage and reimbursement authority for mobile
1942 crisis response services pursuant to 42 U.S.C. s. 1396w-6. The
1943 Department of Children and Families must coordinate with the
1944 Agency for Health Care Administration to educate contracted
1945 providers of child, adolescent, and young adult mobile response
1946 team services on the process to enroll as a Medicaid provider,
1947 encourage and incentivize enrollment as a Medicaid provider, and
1948 reduce barriers to maximizing federal reimbursement for
1949 community-based mobile crisis response services.

1950 Section 26. Paragraph (a) of subsection (1) of section

1951 394.875, Florida Statutes, is amended to read:

1952 394.875 Crisis stabilization units, residential treatment
 1953 facilities, and residential treatment centers for children and
 1954 adolescents; authorized services; license required.—

1955 (1)(a) The purpose of a crisis stabilization unit is to
 1956 stabilize and redirect a client to the most appropriate and
 1957 least restrictive community setting available, consistent with
 1958 the client's needs. Crisis stabilization units may screen,
 1959 assess, and admit for stabilization persons who present
 1960 themselves to the unit and persons who are brought to the unit
 1961 under s. 394.463. Clients may be provided 24-hour observation,
 1962 medication prescribed by a physician, ~~or~~ psychiatrist, or
 1963 psychiatric nurse performing within the framework of an
 1964 established protocol with a psychiatrist, and other appropriate
 1965 services. Crisis stabilization units shall provide services
 1966 regardless of the client's ability to pay and shall be limited
 1967 in size to a maximum of 30 beds.

1968 Section 27. Paragraphs (i) and (j) are added to subsection
 1969 (1) of section 395.1055, Florida Statutes, to read:

1970 395.1055 Rules and enforcement.—

1971 (1) The agency shall adopt rules pursuant to ss.
 1972 120.536(1) and 120.54 to implement the provisions of this part,
 1973 which shall include reasonable and fair minimum standards for
 1974 ensuring that:

1975 (i) A hospital does not accept any payment from a medical

1976 school in exchange for, or directly or indirectly related to,
1977 allowing students from the medical school to obtain clinical
1978 hours or instruction at that hospital.

1979 (j) Each hospital with an emergency department, including
1980 a hospital-based off-campus emergency department, submits to the
1981 agency for approval a plan for assisting a patient with gaining
1982 access to appropriate care settings when the patient either
1983 presents at the emergency department with nonemergent health
1984 care needs or indicates, when receiving triage or treatment at
1985 the hospital, that the patient lacks regular access to primary
1986 care, in order to divert such patient from presenting at the
1987 emergency department for future nonemergent care. Effective July
1988 1, 2025, such emergency department diversion plan must be
1989 approved by the agency before the hospital may receive initial
1990 licensure or licensure renewal occurring after that date. A
1991 hospital with an approved emergency department diversion plan
1992 must submit data to the agency demonstrating the effectiveness
1993 of the hospital's plan on an annual basis and must update the
1994 plan as necessary, or as directed by the agency, before each
1995 licensure renewal. An emergency department diversion plan must
1996 include at least one of the following:

1997 1. A partnership agreement with one or more nearby
1998 federally qualified health centers or other primary care
1999 settings. The goals of such partnership agreement must include,
2000 but need not be limited to, identifying patients who present at

2001 the emergency department for nonemergent care, care that would
2002 be best provided in a primary care setting, or emergency care
2003 that could potentially have been avoided through the regular
2004 provision of primary care; and establishing a relationship
2005 between the patient and the federally qualified health center or
2006 other primary care setting so that the patient develops a
2007 medical home at such setting for nonemergent and preventative
2008 health care services.

2009 2. The establishment, construction, and operation of a
2010 hospital-owned urgent care center adjacent to the hospital
2011 emergency department location or an agreement with an urgent
2012 care center within 3 miles of the emergency department if
2013 located in an urban area as defined in s. 189.041(1)(b) and
2014 within 10 miles of the emergency department if located in a
2015 rural community as defined in s. 288.0656(2). Under the
2016 hospital's emergency department diversion plan, and as
2017 appropriate for the patients' needs, the hospital shall seek to
2018 divert to the urgent care center those patients who present at
2019 the emergency department needing nonemergent health care
2020 services and subsequently assist the patient in obtaining
2021 primary care.

2022
2023 For such patients who are enrolled in the Medicaid program and
2024 are members of a Medicaid managed care plan, the hospital's
2025 emergency department diversion plan must include outreach to the

HB 1549

2024

2026 patients' Medicaid managed care plan and coordination with the
2027 managed care plan for establishing a relationship between the
2028 patient and a primary care setting as appropriate for the
2029 patient, which may include a federally qualified health center
2030 or other primary care setting with which the hospital has a
2031 partnership agreement. For such Medicaid enrollee, the agency
2032 shall establish a process for hospitals to share updated contact
2033 information for such patients, if in the hospital's possession,
2034 with the patient's managed care plan.

2035 Section 28. Paragraphs (b), (c), and (d) of subsection (1)
2036 of section 395.301, Florida Statutes, are redesignated as
2037 paragraphs (c), (d), and (e), respectively, subsection (6) is
2038 renumbered as subsection (8), present paragraph (b) of
2039 subsection (1) is amended, a new paragraph (b) is added to
2040 subsection (1), and a new subsection (6) and subsection (7) are
2041 added to that section, to read:

2042 395.301 Price transparency; itemized patient statement or
2043 bill; patient admission status notification.—

2044 (1) A facility licensed under this chapter shall provide
2045 timely and accurate financial information and quality of service
2046 measures to patients and prospective patients of the facility,
2047 or to patients' survivors or legal guardians, as appropriate.
2048 Such information shall be provided in accordance with this
2049 section and rules adopted by the agency pursuant to this chapter
2050 and s. 408.05. Licensed facilities operating exclusively as

2051 state facilities are exempt from this subsection.

2052 (b) Each licensed facility shall post on its website a
 2053 consumer-friendly list of standard charges for at least 300
 2054 shoppable health care services. If a facility provides fewer
 2055 than 300 distinct shoppable health care services, it shall make
 2056 available on its website the standard charges for each service
 2057 it provides. As used in this paragraph, the term:

2058 1. "Shoppable health care service" means a service that
 2059 can be scheduled by a healthcare consumer in advance. The term
 2060 includes, but is not limited to, the services described in s.
 2061 627.6387(2)(e) and any services defined in regulations or
 2062 guidance issued by the United States Department of Health and
 2063 Human Services.

2064 2. "Standard charge" has the same meaning as that term is
 2065 defined in regulations or guidance issued by the United States
 2066 Department of Health and Human Services for purposes of hospital
 2067 price transparency.

2068 (c)(b)1. Upon request, and Before providing any
 2069 nonemergency medical services, each licensed facility shall
 2070 provide in writing or by electronic means a good faith estimate
 2071 of reasonably anticipated charges by the facility for the
 2072 treatment of a ~~the~~ patient's or prospective patient's specific
 2073 condition. Such estimate must be provided to the patient or
 2074 prospective patient upon scheduling a medical service. The
 2075 ~~facility must provide the estimate to the patient or prospective~~

HB 1549

2024

2076 ~~patient within 7 business days after the receipt of the request~~
2077 ~~and~~ is not required to adjust the estimate for any potential
2078 insurance coverage. The facility must provide the estimate to
2079 the patient's health insurer, as defined in s. 627.446(1), and
2080 the patient at least 3 business days before a service is to be
2081 provided, but no later than 1 business day after the service is
2082 scheduled or, in the case of a service scheduled at least 10
2083 business days in advance, no later than 3 business days after
2084 the service is scheduled. The estimate may be based on the
2085 descriptive service bundles developed by the agency under s.
2086 408.05(3)(c) unless the patient or prospective patient requests
2087 a more personalized and specific estimate that accounts for the
2088 specific condition and characteristics of the patient or
2089 prospective patient. The facility shall inform the patient or
2090 prospective patient that he or she may contact his or her health
2091 insurer ~~or health maintenance organization~~ for additional
2092 information concerning cost-sharing responsibilities.

2093 2. In the estimate, the facility shall provide to the
2094 patient or prospective patient information on the facility's
2095 financial assistance policy, including the application process,
2096 payment plans, and discounts and the facility's charity care
2097 policy and collection procedures.

2098 3. The estimate shall clearly identify any facility fees
2099 and, if applicable, include a statement notifying the patient or
2100 prospective patient that a facility fee is included in the

2101 estimate, the purpose of the fee, and that the patient may pay
 2102 less for the procedure or service at another facility or in
 2103 another health care setting.

2104 4. ~~Upon request,~~ The facility shall notify the patient or
 2105 prospective patient of any revision to the estimate.

2106 5. In the estimate, the facility must notify the patient
 2107 or prospective patient that services may be provided in the
 2108 health care facility by the facility as well as by other health
 2109 care providers that may separately bill the patient, if
 2110 applicable.

2111 ~~6. The facility shall take action to educate the public~~
 2112 ~~that such estimates are available upon request.~~

2113 ~~6.7.~~ Failure to timely provide the estimate pursuant to
 2114 this paragraph shall result in a daily fine of \$1,000 until the
 2115 estimate is provided to the patient or prospective patient and
 2116 the health insurer. The total fine per patient estimate may not
 2117 exceed \$10,000.

2118
 2119 ~~The provision of an estimate does not preclude the actual~~
 2120 ~~charges from exceeding the estimate.~~

2121 (6) Each facility shall establish an internal process for
 2122 reviewing and responding to grievances from patients. Such
 2123 process must allow patients to dispute charges that appear on
 2124 the patient's itemized statement or bill. The facility shall
 2125 prominently post on its website and indicate in bold print on

2126 each itemized statement or bill the instructions for initiating
 2127 a grievance and the direct contact information required to
 2128 initiate the grievance process. The facility must provide an
 2129 initial response to a patient grievance within 7 business days
 2130 after the patient formally files a grievance disputing all or a
 2131 portion of an itemized statement or bill.

2132 (7) Each licensed facility shall disclose to a patient,
 2133 prospective patient, or a patient's legal guardian whether a
 2134 cost-sharing obligation for a particular covered health care
 2135 service or item exceeds the charge that applies to an individual
 2136 who pays cash or the cash equivalent, for the same health care
 2137 service or item in the absence of health insurance coverage.
 2138 Failure to provide a disclosure in compliance with this
 2139 subsection may result in a fine not to exceed \$500 per incident.

2140 Section 29. Section 395.3011, Florida Statutes, is created
 2141 to read:

2142 395.3011 Billing and collection activities.—

2143 (1) As used in this section, the term "extraordinary
 2144 collection action" means any of the following actions taken by a
 2145 licensed facility against an individual in relation to obtaining
 2146 payment of a bill for care covered under the facility's
 2147 financial assistance policy:

2148 (a) Selling the individual's debt to another party.

2149 (b) Reporting adverse information about the individual to
 2150 consumer credit reporting agencies or credit bureaus.

2151 (c) Deferring, denying, or requiring a payment before
 2152 providing medically necessary care because of the individual's
 2153 nonpayment of one or more bills for previously provided care
 2154 covered under the facility's financial assistance policy.

2155 (d) Actions that require a legal or judicial process,
 2156 including, but not limited to:

- 2157 1. Placing a lien on the individual's property;
- 2158 2. Foreclosing on the individual's real property;
- 2159 3. Attaching or seizing the individual's bank account or
 2160 any other personal property;
- 2161 4. Commencing a civil action against the individual;
- 2162 5. Causing the individual's arrest; or
- 2163 6. Garnishing the individual's wages.

2164 (2) A facility may not engage in an extraordinary
 2165 collection action against an individual to obtain payment for
 2166 services:

2167 (a) Before the facility has made reasonable efforts to
 2168 determine whether the individual is eligible for assistance
 2169 under its financial assistance policy for the care provided and,
 2170 if eligible, before a decision is made by the facility on the
 2171 patient's application for such financial assistance.

2172 (b) Before the facility has provided the individual with
 2173 an itemized statement or bill.

2174 (c) During an ongoing grievance process as described in s.
 2175 395.301(6) or an ongoing appeal of a claim adjudication.

HB 1549

2024

2176 (d) Before billing any applicable insurer and allowing the
 2177 insurer to adjudicate a claim.

2178 (e) For 30 days after notifying the patient in writing, by
 2179 certified mail, or by other traceable delivery method, that a
 2180 collection action will commence absent additional action by the
 2181 patient.

2182 (f) While the individual:

2183 1. Negotiates in good faith the final amount of a bill for
 2184 services rendered; or

2185 2. Complies with all terms of a payment plan with the
 2186 facility.

2187 Section 30. Subsections (5) and (6) of section 408.051,
 2188 Florida Statutes, are renumbered as subsections (6) and (7),
 2189 respectively, and a new subsection (5) is added to that section,
 2190 to read:

2191 408.051 Florida Electronic Health Records Exchange Act.—

2192 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002(12)
 2193 which maintains certified electronic health record technology
 2194 must make available admission, transfer, and discharge data to
 2195 the agency's Florida Health Information Exchange program for the
 2196 purpose of supporting public health data registries and patient
 2197 care coordination. The agency may adopt rules to implement this
 2198 subsection.

2199 Section 31. Subsection (8) of section 409.909, Florida
 2200 Statutes, is renumbered as subsection (10), paragraph (a) of

2201 subsection (6) is amended, and a new subsection (8) and
 2202 subsection (9) are added to that section, to read:

2203 409.909 Statewide Medicaid Residency Program.—

2204 (6) The Slots for Doctors Program is established to
 2205 address the physician workforce shortage by increasing the
 2206 supply of highly trained physicians through the creation of new
 2207 resident positions, which will increase access to care and
 2208 improve health outcomes for Medicaid recipients.

2209 (a)1. Notwithstanding subsection (4), the agency shall
 2210 annually allocate \$100,000 to hospitals and qualifying
 2211 institutions for each newly created resident position that is
 2212 first filled on or after June 1, 2023, and filled thereafter,
 2213 and that is accredited by the Accreditation Council for Graduate
 2214 Medical Education or the Osteopathic Postdoctoral Training
 2215 Institution in an initial or established accredited training
 2216 program which is in a physician specialty or subspecialty in a
 2217 statewide supply-and-demand deficit.

2218 2. Notwithstanding the requirement that a new resident
 2219 position be created to receive funding under this subsection,
 2220 the agency may allocate \$100,000 to hospitals and qualifying
 2221 institutions, pursuant to subparagraph 1., for up to 200
 2222 resident positions that existed before July 1, 2023, if such
 2223 resident position:

2224 a. Is in a physician specialty or subspecialty
 2225 experiencing a statewide supply-and-demand deficit.

2226 b. Has been unfilled for a period of 3 or more years.
 2227 c. Is subsequently filled on or after June 1, 2024, and
 2228 remains filled thereafter.
 2229 d. Is accredited by the Accreditation Council for Graduate
 2230 Medical Education or the Osteopathic Postdoctoral Training
 2231 Institution in an initial or established accredited training
 2232 program.
 2233 3. If applications for resident positions under this
 2234 paragraph exceed the number of authorized resident positions or
 2235 the available funding allocated, the agency shall prioritize
 2236 applications for resident positions that are in a primary care
 2237 specialty as specified in paragraph (2)(a).
 2238 (8) A hospital or qualifying institution that receives
 2239 state funds, including, but not limited to, intergovernmental
 2240 transfers, for a graduate medical education program under any of
 2241 the programs established under this chapter or under the General
 2242 Appropriations Act, must annually report data to the agency in a
 2243 format established by the agency. To facilitate ongoing analysis
 2244 of the performance of the state's graduate medical education
 2245 system, the agency shall consult with the Office of Program
 2246 Policy Analysis and Government Accountability regarding the
 2247 content of the data reported, the manner of reporting, and
 2248 compilation of the data by the agency.
 2249 (a) Hospitals and qualifying institutions must report, at
 2250 a minimum, the following:

2251 1. For each program, the sponsoring institution, the
2252 program level, specialty and subspecialty as applicable, the
2253 number of approved and filled positions, and the location. As
2254 used in this section, the term "sponsoring institution" means an
2255 organization that oversees, supports, and administers one or
2256 more resident positions.

2257 2. For each position, the year the position was created,
2258 whether the position is currently filled and whether there has
2259 been any period of time when the position was not filled, each
2260 state and federal funding source used to create or maintain the
2261 position, and the general purpose for which the funds were used.

2262 3. For each filled position, the current program year of
2263 the resident who is filling the position, the specialty or
2264 subspecialty for which the position is accredited, and whether
2265 the position is a fellowship position.

2266 4. For each sponsoring institution, the number of
2267 programs, number of approved and filled positions, and
2268 sponsoring institution location.

2269 (b) Specific to funds allocated pursuant to subsection (5)
2270 on or after July 1, 2021, the data must include, but is not
2271 limited to, all of the following:

2272 1. The date on which the hospital or qualifying
2273 institution applied for funds under the program.

2274 2. The date on which the position funded by the program
2275 became accredited.

2276 3. The date on which the position was first filled and
 2277 whether it has remained filled.

2278 4. The specialty of the position created.

2279 (c) Beginning on July 1, 2025, each hospital or qualifying
 2280 institution shall annually produce detailed financial records no
 2281 later than 30 days after the end of its fiscal year, detailing
 2282 the manner in which state funds allocated under this section
 2283 were expended. This requirement does not apply to funds
 2284 allocated before July 1, 2025. The agency may also require that
 2285 any hospital or qualifying institution submit to an audit of its
 2286 financial records related to funds allocated under this section
 2287 after July 1, 2025.

2288 (d) If a hospital or qualifying institution fails to
 2289 produce records as required by this section, such hospital or
 2290 qualifying institution is no longer eligible to participate in
 2291 any program established under this section until the hospital or
 2292 qualifying institution has met the agency's requirements for
 2293 producing the required records.

2294 (e) Upon completion of a residency, each hospital or
 2295 qualifying institution must request that the resident fill out
 2296 an exit survey on a form developed by the agency. The completed
 2297 exit surveys must be provided to the agency annually. The exit
 2298 survey must include, but need not be limited to, questions on
 2299 all of the following:

2300 1. Whether the exiting resident has procured employment.

2301 2. Whether the exiting resident plans to leave the state
 2302 and, if so, for which reasons.

2303 3. Where and in which specialty the exiting resident
 2304 intends to practice.

2305 4. Whether the exiting resident envisions himself or
 2306 herself working in the medical field as a long-term career.

2307 (9) The Graduate Medical Education Committee is created
 2308 within the agency.

2309 (a) The committee shall be composed of the following
 2310 members:

2311 1. Three deans, or the deans' designees, from medical
 2312 schools in the state, appointed by the chair of the Council of
 2313 Florida Medical School Deans.

2314 2. Four members appointed by the Governor, one of whom is
 2315 a representative of the Florida Medical Association or the
 2316 Florida Osteopathic Medical Association who has supervised or is
 2317 currently supervising residents, one of whom is a member of the
 2318 Florida Hospital Association, one of whom is a member of the
 2319 Safety Net Hospital Alliance, and one of whom is a physician
 2320 licensed under chapter 458 or chapter 459 practicing at a
 2321 qualifying institution.

2322 3. Two members appointed by the Secretary of Health Care
 2323 Administration, one of whom represents a statutory teaching
 2324 hospital as defined in s. 408.07(46) and one of whom is a
 2325 physician who has supervised or is currently supervising

2326 residents.

2327 4. Two members appointed by the State Surgeon General, one
 2328 of whom must represent a teaching hospital as defined in s.
 2329 408.07 and one of whom is a physician who has supervised or is
 2330 currently supervising residents or interns.

2331 5. Two members, one appointed by the President of the
 2332 Senate and one appointed by the Speaker of the House of the
 2333 Representatives.

2334 (b)1. The members of the committee appointed under
 2335 subparagraph (a)1. shall serve 4-year terms. When such members'
 2336 terms expire, the chair of the Council of Florida Medical School
 2337 Deans shall appoint new members as detailed in paragraph (a)1.
 2338 from different medical schools on a rotating basis and may not
 2339 reappoint a dean from a medical school that has been represented
 2340 on the committee until all medical schools in the state have had
 2341 an opportunity to be represented on the committee.

2342 2. The members of the committee appointed under
 2343 subparagraphs (a)2., 3., and 4. shall serve 4-year terms, with
 2344 the initial term being 3 years for members appointed under
 2345 subparagraph (a)4. and 2 years for members appointed under
 2346 subparagraph (a)3. The committee shall elect a chair to serve
 2347 for a 1-year term.

2348 (c) Members shall serve without compensation but are
 2349 entitled to reimbursement for per diem and travel expenses
 2350 pursuant to s. 112.061.

2351 (d) The committee shall convene its first meeting by July
2352 1, 2024, and shall meet as often as necessary to conduct its
2353 business, but at least twice annually, at the call of the chair.
2354 The committee may conduct its meetings through teleconference or
2355 other electronic means. A majority of the members of the
2356 committee constitutes a quorum, and a meeting may not be held
2357 with less than a quorum present. The affirmative vote of a
2358 majority of the members of the committee present is necessary
2359 for any official action by the committee.

2360 (e) Beginning on July 1, 2025, the committee shall submit
2361 to the Governor, the President of the Senate, and the Speaker of
2362 the House of Representatives an annual report that must, at a
2363 minimum, detail all of the following:

2364 1. The role of residents and medical faculty in the
2365 provision of health care.

2366 2. The relationship of graduate medical education to the
2367 state's physician workforce.

2368 3. The typical workload for residents and the role such
2369 workload plays in retaining physicians in the long-term
2370 workforce.

2371 4. The costs of training medical residents for hospitals
2372 and qualifying institutions.

2373 5. The availability and adequacy of all sources of revenue
2374 available to support graduate medical education.

2375 6. The use of state funds, including, but not limited to,

2376 intergovernmental transfers, for graduate medical education for
 2377 each hospital or qualifying institution receiving such funds.

2378 (f) The agency shall provide reasonable and necessary
 2379 support staff and materials to assist the committee in the
 2380 performance of its duties. The agency shall also provide the
 2381 information obtained pursuant to subsection (8) to the committee
 2382 and assist the committee, as requested, in obtaining any other
 2383 information deemed necessary by the committee to produce its
 2384 report.

2385 Section 32. Section 409.91256, Florida Statutes, is
 2386 created to read:

2387 409.91256 Training, Education, and Clinicals in Health
 2388 (TEACH) Funding Program.—

2389 (1) PURPOSE AND INTENT.—The Training, Education, and
 2390 Clinicals in Health (TEACH) Funding Program is created to
 2391 provide a high-quality educational experience while supporting
 2392 participating qualified health centers, community mental health
 2393 centers, rural health clinics, and certified community
 2394 behavioral health clinics by offsetting administrative costs and
 2395 loss of revenue associated with training residents and students
 2396 to become licensed health care practitioners. Further, it is the
 2397 intent of the Legislature to use the program to support the
 2398 state Medicaid program and underserved populations by expanding
 2399 the available health care workforce.

2400 (2) DEFINITIONS.—As used in this section, the term:

HB 1549

2024

2401 (a) "Agency" means the Agency for Health Care
2402 Administration.

2403 (b) "Preceptor" means a Florida-licensed health care
2404 practitioner who directs, teaches, supervises, and evaluates the
2405 learning experience of a resident or student during a clinical
2406 rotation.

2407 (c) "Primary care specialty" means general internal
2408 medicine, family medicine, obstetrics and gynecology,
2409 pediatrics, psychiatry, geriatric medicine, or any other
2410 specialty the agency identifies as primary care.

2411 (d) "Qualified facility" means a federally qualified
2412 health center, a community mental health center, rural health
2413 clinic, or a certified community behavioral health clinic.

2414 (3) APPLICATION FOR REIMBURSEMENT; AGREEMENTS;
2415 PARTICIPATION REQUIREMENTS.—The agency shall develop an
2416 application process for qualified facilities to apply for funds
2417 to offset the administrative costs and loss of revenue
2418 associated with establishing, maintaining, or expanding a
2419 clinical training program. Upon approving an application, the
2420 agency shall enter into an agreement with the qualified facility
2421 which, at minimum, must require each qualified facility to do
2422 all of the following:

2423 (a) Agree to provide appropriate supervision or precepting
2424 for one or more of the following categories of residents or
2425 students:

HB 1549

2024

- 2426 1. Allopathic or osteopathic residents pursuing a primary
2427 care specialty.
- 2428 2. Advanced practice registered nursing students pursuing
2429 a primary care specialty.
- 2430 3. Nursing students.
- 2431 4. Allopathic or osteopathic medical students.
- 2432 5. Dental students.
- 2433 6. Physician assistant students.
- 2434 7. Behavioral health students, including students studying
2435 psychology, clinical social work, marriage and family therapy,
2436 or mental health counseling.
- 2437 (b) Meet and maintain all requirements to operate an
2438 accredited residency program if the qualified facility operates
2439 a residency program.
- 2440 (c) Obtain and maintain accreditation from an
2441 accreditation body approved by the agency if the qualified
2442 facility provides clinical rotations.
- 2443 (d) Ensure that clinical preceptors meet agency standards
2444 for precepting students, including the completion of any
2445 training required by the agency.
- 2446 (e) Submit to the agency quarterly reports by the first
2447 day of the second month following the end of a quarter to obtain
2448 reimbursement. At a minimum, the report must include all of the
2449 following:
- 2450 1. The type of residency or clinical rotation offered by

HB 1549

2024

2451 the qualified facility, the number of residents or students
2452 participating in each type of clinical rotation or residency,
2453 and the number of hours worked by each resident or student each
2454 month.

2455 2. Evaluations by the residents and student participants
2456 of the clinical experience on an evaluation form developed by
2457 the agency.

2458 3. An itemized list of administrative costs associated
2459 with the operation of the clinical training program, including
2460 accreditation costs and other costs relating to the creation,
2461 implementation, and maintenance of the program.

2462 4. A calculation of lost revenue associated with operating
2463 the clinical training program.

2464 (4) TRAINING.—The agency, in consultation with the
2465 Department of Health, shall develop, or contract for the
2466 development of, training for preceptors and make such training
2467 available in either a live or electronic format. The agency
2468 shall also provide technical support for preceptors.

2469 (5) REIMBURSEMENT.—A qualified facility may be reimbursed
2470 under this section only to offset the administrative costs or
2471 lost revenue associated with training students, allopathic
2472 residents, or osteopathic residents who are enrolled in an
2473 accredited educational or residency program based in the state.

2474 (a) Subject to an appropriation, the agency may reimburse
2475 a qualified facility based on the number of clinical training

2476 hours reported under subparagraph (3) (e)1. The allowed
 2477 reimbursement per student is as follows:
 2478 1. A medical resident at a rate of \$50 per hour.
 2479 2. A first-year medical student at a rate of \$27 per hour.
 2480 3. A second-year medical student at a rate of \$27 per
 2481 hour.
 2482 4. A third-year medical student at a rate of \$29 per hour.
 2483 5. A fourth-year medical student at a rate of \$29 per
 2484 hour.
 2485 6. A dental student at a rate of \$22 per hour.
 2486 7. An advanced practice registered nursing student at a
 2487 rate of \$22 per hour.
 2488 8. A physician assistant student at a rate of \$22 per
 2489 hour.
 2490 9. A behavioral health student at a rate of \$15 per hour.
 2491 (b) A qualified facility may not be reimbursed more than
 2492 \$75,000 per fiscal year; however, if it operates a residency
 2493 program, it may be reimbursed up to \$100,000 each fiscal year.
 2494 (6) DATA.—A qualified facility that receives payment under
 2495 the program shall furnish information requested by the agency
 2496 for the purpose of the agency's duties under subsections (7) and
 2497 (8).
 2498 (7) REPORTS.—By December 1, 2025, and each December 1
 2499 thereafter, the agency shall submit to the Governor, the
 2500 President of the Senate, and the Speaker of the House of

2501 Representatives a report detailing the effects of the program
 2502 for the prior fiscal year, including, but not limited to, all of
 2503 the following:

2504 (a) The number of students trained in the program, by
 2505 school, area of study, and clinical hours earned.

2506 (b) The number of students trained and the amount of
 2507 program funds received by each participating qualified facility.

2508 (c) The number of program participants found to be
 2509 employed by a qualified facility or in a federally designated
 2510 health professional shortage area upon completion of such
 2511 participants' education and training.

2512 (d) Any other data the agency deems useful for determining
 2513 the effectiveness of the program.

2514 (8) EVALUATION.—The agency shall contract with an
 2515 independent third party to develop and conduct a design study to
 2516 evaluate the impact of the TEACH funding program, including, but
 2517 not limited to, the program's effectiveness in both of the
 2518 following areas:

2519 (a) Enabling qualified facilities to provide clinical
 2520 rotations and residency opportunities to students and medical
 2521 school graduates, as applicable.

2522 (b) Enabling the recruitment and retention of health care
 2523 professionals in geographic and practice areas experiencing
 2524 shortages.

2525

HB 1549

2024

2526 The agency shall begin collecting data for the study by January
2527 1, 2025, and shall submit the results of the study to the
2528 Governor, the President of the Senate, and the Speaker of the
2529 House of Representatives by January 1, 2030.

2530 (9) RULES.—The agency may adopt rules to implement this
2531 section.

2532 (10) FEDERAL FUNDING.—The agency shall seek federal
2533 approval to use Title XIX matching funds for the program.

2534 (11) REPEAL.—This section is repealed on July 1, 2034.

2535 Section 33. Paragraph (e) of subsection (2) of section
2536 409.967, Florida Statutes, is amended to read:

2537 409.967 Managed care plan accountability.—

2538 (2) The agency shall establish such contract requirements
2539 as are necessary for the operation of the statewide managed care
2540 program. In addition to any other provisions the agency may deem
2541 necessary, the contract must require:

2542 (e) *Encounter data*.—The agency shall maintain and operate
2543 a Medicaid Encounter Data System to collect, process, store, and
2544 report on covered services provided to all Medicaid recipients
2545 enrolled in prepaid plans.

2546 1. Each prepaid plan must comply with the agency's
2547 reporting requirements for the Medicaid Encounter Data System.
2548 Prepaid plans must submit encounter data electronically in a
2549 format that complies with the Health Insurance Portability and
2550 Accountability Act provisions for electronic claims and in

2551 accordance with deadlines established by the agency. Prepaid
2552 plans must certify that the data reported is accurate and
2553 complete.

2554 2. The agency is responsible for validating the data
2555 submitted by the plans. The agency shall develop methods and
2556 protocols for ongoing analysis of the encounter data that
2557 adjusts for differences in characteristics of prepaid plan
2558 enrollees to allow comparison of service utilization among plans
2559 and against expected levels of use. The analysis shall be used
2560 to identify possible cases of systemic underutilization or
2561 denials of claims and inappropriate service utilization such as
2562 higher-than-expected emergency department encounters. The
2563 analysis shall provide periodic feedback to the plans and enable
2564 the agency to establish corrective action plans when necessary.
2565 One of the focus areas for the analysis shall be the use of
2566 prescription drugs.

2567 3. The agency shall make encounter data available to those
2568 plans accepting enrollees who are assigned to them from other
2569 plans leaving a region.

2570 4. The agency shall annually produce a report entitled
2571 "Analysis of Potentially Preventable Health Care Events of
2572 Florida Medicaid Enrollees." The report must include, but need
2573 not be limited to, an analysis of the potentially preventable
2574 hospital emergency department visits, hospital admissions, and
2575 hospital readmissions that occurred during the previous state

2576 fiscal year which may have been prevented with better access to
2577 primary care, improved medication management, or better
2578 coordination of care, reported by age, eligibility group,
2579 managed care plan, and region, including conditions contributing
2580 to each potentially preventable event or category of potentially
2581 preventable events. The agency may include any other data or
2582 analysis parameters to augment the report that it deems
2583 pertinent to the analysis. The report must demonstrate trends
2584 using applicable historical data. The agency shall submit the
2585 report to the Governor, the President of the Senate, and the
2586 Speaker of the House of Representatives by October 1, 2024, and
2587 each October 1 thereafter. The agency may contract with a third-
2588 party vendor to produce the report required under this
2589 subparagraph.

2590 Section 34. Subsection (4) of section 409.973, Florida
2591 Statutes, is amended to read:

2592 409.973 Benefits.—

2593 (4) PRIMARY CARE INITIATIVE.—Each plan operating in the
2594 managed medical assistance program shall establish a program to
2595 encourage enrollees to establish a relationship with their
2596 primary care provider. Each plan shall:

2597 (a) Provide information to each enrollee on the importance
2598 of and procedure for selecting a primary care provider, and
2599 thereafter automatically assign to a primary care provider any
2600 enrollee who fails to choose a primary care provider.

HB 1549

2024

2601 (b) If the enrollee was not a Medicaid recipient before
2602 enrollment in the plan, assist the enrollee in scheduling an
2603 appointment with the primary care provider. If possible, the
2604 appointment should be made within 30 days after enrollment in
2605 the plan. If an appointment is not made within such 30-day
2606 period, the plan must continue assisting the enrollee to
2607 schedule an initial appointment.

2608 (c) Report to the agency the number of enrollees assigned
2609 to each primary care provider within the plan's network.

2610 (d) Report to the agency the number of enrollees who have
2611 not had an appointment with their primary care provider within
2612 their first year of enrollment.

2613 (e) Report to the agency the number of emergency room
2614 visits by enrollees who have not had at least one appointment
2615 with their primary care provider.

2616 (f) Coordinate with a hospital that contacts the plan
2617 under the requirements of s. 395.1055(1)(j) for the purpose of
2618 establishing the appropriate delivery of primary care services
2619 for the plan's members who present at the hospital's emergency
2620 department for nonemergent care or emergency care that could
2621 potentially have been avoided through the regular provision of
2622 primary care. The plan shall coordinate with such member and the
2623 member's primary care provider for such purpose.

2624 Section 35. The Agency for Health Care Administration
2625 shall seek federal approval necessary to implement an acute

2626 hospital care at home program in the state Medicaid program
 2627 which is substantially consistent with the parameters specified
 2628 in 42 U.S.C. s. 1395cc-7(a)(2)-(3).

2629 Section 36. Section 456.0145, Florida Statutes, is created
 2630 to read:

2631 456.0145 Mobile Opportunity by Interstate Licensure
 2632 Endorsement (MOBILE) Act.—

2633 (1) SHORT TITLE.—This section may be cited as the "Mobile
 2634 Opportunity by Interstate Licensure Endorsement Act" or the
 2635 "MOBILE Act."

2636 (2) LICENSURE BY ENDORSEMENT.—

2637 (a) An applicable board, or the department if there is no
 2638 board, shall issue a license to practice in this state to an
 2639 applicant who:

2640 1. Submits a complete application.

2641 2. Holds an active, unencumbered license issued by another
 2642 state, the District of Columbia, or a possession or territory of
 2643 the United States in a profession with a similar scope of
 2644 practice, as determined by the board or department, as
 2645 applicable. "Scope of practice" means the full spectrum of
 2646 functions, procedures, actions, and services that a health care
 2647 practitioner is deemed competent and authorized to perform under
 2648 a license issued in this state.

2649 3. Has obtained a passing score on a national licensure
 2650 examination, or national certification, as applicable, for which

2651 profession the applicant is seeking licensure in this state, or
 2652 meets the requirements of paragraph (b).

2653 4. Has actively practiced the profession for which the
 2654 applicant is applying for at least 2 of the 4 years preceding
 2655 the date of submission of the application.

2656 5. Attests that he or she is not, at the time of
 2657 submission of the application, the subject of a disciplinary
 2658 proceeding in a jurisdiction in which he or she holds a license
 2659 or by the United States Department of Defense for reasons
 2660 related to the practice of the profession for which he or she is
 2661 applying.

2662 6. Has not had disciplinary action taken against him or
 2663 her in the 5 years preceding the date of submission of the
 2664 application

2665 7. Meets the financial responsibility requirements of s.
 2666 456.048 or the applicable practice act, if required for the
 2667 profession for which the applicant is seeking licensure.

2668 8. Submits a set of fingerprints for a background
 2669 screening pursuant to s. 456.0135, if required for the
 2670 profession for which he or she is applying.

2671
 2672 The department shall verify information submitted by the
 2673 applicant under this subsection using the National Practitioner
 2674 Data Bank.

2675 (b) An applicant for a profession that does not require a

2676 national examination or national certification is eligible for
2677 licensure if an applicable board or the department determines
2678 that the jurisdiction in which the applicant currently holds an
2679 active, unencumbered license meets established minimum education
2680 requirements and, if applicable, examination, work experience,
2681 and clinical supervision requirements that are substantially
2682 similar to the requirements for licensure in that profession in
2683 this state.

2684 (c) An applicant is ineligible for a license pursuant to
2685 this section if he or she:

2686 1. Has a complaint, allegation, or investigation pending
2687 before a licensing entity in another state, the District of
2688 Columbia, or a possession or territory of the United States;

2689 2. Has been convicted of or pled nolo contendere to,
2690 regardless of adjudication, any felony or misdemeanor related to
2691 the practice of a health care profession;

2692 3. Has had a health care provider license revoked or
2693 suspended in another state of the United States, the District of
2694 Columbia, or a United States territory or has voluntarily
2695 surrendered any such license; or

2696 4. Has been reported to the National Practitioner Data
2697 Bank, unless the applicant has successfully appealed to have his
2698 or her name removed from the data bank.

2699 (d) The board, or the department if there is no board, may
2700 revoke a license upon finding that the applicant provided false

2701 or misleading material information or intentionally omitted
2702 material information in an application for licensure.

2703 (e) The board, or the department if there is no board,
2704 shall issue a license within 7 days after receipt of all
2705 required documentation for an application.

2706 (f) The board, or the department if there is no board,
2707 shall comply with the requirements of s. 456.025.

2708 (3) STATE EXAMINATION.—The board, or the department if
2709 there is no board, may require the applicant to successfully
2710 complete a jurisprudential examination specific to relevant
2711 state laws that regulate the profession, if this chapter or the
2712 applicable practice act requires such examination.

2713 (4) ANNUAL REPORT.—By December 31 of each year, the
2714 department shall submit to the Governor, the President of the
2715 Senate, and the Speaker of the House of Representatives a report
2716 that provides all of the following information for the previous
2717 fiscal year:

2718 (a) The number of applications for licensure or
2719 certification received under this section, distinguished by
2720 profession.

2721 (b) The number of licenses or certifications issued under
2722 this section.

2723 (c) The number of applications submitted under this
2724 section which were denied and the reason for such denials.

2725 (d) The number of complaints, investigations, or other

2726 disciplinary actions taken against health care practitioners who
 2727 are licensed or certified under this section.

2728 (5) RULES.—By December 1, 2024, each applicable board, or
 2729 the department if there is no board, shall adopt rules to
 2730 implement this section.

2731 Section 37. Subsection (10) of section 456.073, Florida
 2732 Statutes, is amended to read:

2733 456.073 Disciplinary proceedings.—Disciplinary proceedings
 2734 for each board shall be within the jurisdiction of the
 2735 department.

2736 (10) (a) The complaint and all information obtained
 2737 pursuant to the investigation by the department are confidential
 2738 and exempt from s. 119.07(1) until 10 days after probable cause
 2739 has been found to exist by the probable cause panel or by the
 2740 department, or until the regulated professional or subject of
 2741 the investigation waives his or her privilege of
 2742 confidentiality, whichever occurs first.

2743 (b) The department shall report any significant
 2744 investigation information relating to a nurse holding a
 2745 multistate license to the coordinated licensure information
 2746 system pursuant to s. 464.0095; any investigative information
 2747 relating to an audiologist or a speech-language pathologist
 2748 holding a compact privilege under the Practice of Audiology and
 2749 Speech-Language Pathology Interstate Compact to the data system
 2750 pursuant to s. 468.1335; any significant investigatory

2751 information relating to a psychologist practicing under the
2752 Psychology Interjurisdictional Compact to the coordinated
2753 licensure information system pursuant to s. 490.0075;~~7~~ and any
2754 significant investigatory information relating to a health care
2755 practitioner practicing under the Professional Counselors
2756 Licensure Compact to the data system pursuant to s. 491.017,~~7~~ and
2757 ~~any significant investigatory information relating to a~~
2758 ~~psychologist practicing under the Psychology Interjurisdictional~~
2759 ~~Compact to the coordinated licensure information system pursuant~~
2760 ~~to s. 490.0075.~~

2761 (c) Upon completion of the investigation and a
2762 recommendation by the department to find probable cause, and
2763 pursuant to a written request by the subject or the subject's
2764 attorney, the department shall provide the subject an
2765 opportunity to inspect the investigative file or, at the
2766 subject's expense, forward to the subject a copy of the
2767 investigative file. Notwithstanding s. 456.057, the subject may
2768 inspect or receive a copy of any expert witness report or
2769 patient record connected with the investigation if the subject
2770 agrees in writing to maintain the confidentiality of any
2771 information received under this subsection until 10 days after
2772 probable cause is found and to maintain the confidentiality of
2773 patient records pursuant to s. 456.057. The subject may file a
2774 written response to the information contained in the
2775 investigative file. Such response must be filed within 20 days

2776 of mailing by the department, unless an extension of time has
 2777 been granted by the department.

2778 (d) This subsection does not prohibit the department from
 2779 providing the complaint and any information obtained pursuant to
 2780 the department's investigation ~~such information~~ to any law
 2781 enforcement agency or to any other regulatory agency.

2782 Section 38. Subsection (5) of section 456.076, Florida
 2783 Statutes, is amended to read:

2784 456.076 Impaired practitioner programs.—

2785 (5) A consultant shall enter into a participant contract
 2786 with an impaired practitioner and shall establish the terms of
 2787 monitoring and shall include the terms in a participant
 2788 contract. In establishing the terms of monitoring, the
 2789 consultant may consider the recommendations of one or more
 2790 approved evaluators, treatment programs, or treatment providers.
 2791 A consultant may modify the terms of monitoring if the
 2792 consultant concludes, through the course of monitoring, that
 2793 extended, additional, or amended terms of monitoring are
 2794 required for the protection of the health, safety, and welfare
 2795 of the public. If the impaired practitioner is a physical
 2796 therapist or physical therapist assistant practicing under the
 2797 Physical Therapy Licensure Compact pursuant to s. 486.112, a
 2798 psychologist practicing under the Psychology Interjurisdictional
 2799 Compact pursuant to s. 490.0075, or a health care practitioner
 2800 practicing under the Professional Counselors Licensure Compact

2801 pursuant to s. 491.017, the terms of the monitoring contract
 2802 must include the impaired practitioner's withdrawal from all
 2803 practice under the compact. If the impaired practitioner is a
 2804 physical therapist or physical therapist assistant practicing
 2805 under the Physical Therapy Licensure Compact pursuant to s.
 2806 486.112 ~~psychologist practicing under the Psychology~~
 2807 ~~Interjurisdictional Compact pursuant to s. 490.0075~~, the terms
 2808 of the monitoring contract must include the impaired
 2809 practitioner's withdrawal from all practice under the compact
 2810 unless authorized by a member state.

2811 Section 39. Section 456.4501, Florida Statutes, is created
 2812 to read:

2813 456.4501 Interstate Medical Licensure Compact.—The
 2814 Interstate Medical Licensure Compact is hereby enacted into law
 2815 and entered into by this state with all other jurisdictions
 2816 legally joining therein in the form substantially as follows:

2817
 2818 SECTION 1

2819 PURPOSE

2820
 2821 In order to strengthen access to health care, and in
 2822 recognition of the advances in the delivery of health care, the
 2823 member states of the Interstate Medical Licensure Compact have
 2824 allied in common purpose to develop a comprehensive process that
 2825 complements the existing licensing and regulatory authority of

2826 state medical boards and provides a streamlined process that
2827 allows physicians to become licensed in multiple states, thereby
2828 enhancing the portability of a medical license and ensuring the
2829 safety of patients. The compact creates another pathway for
2830 licensure and does not otherwise change a state's existing
2831 medical practice act. The compact also adopts the prevailing
2832 standard for licensure and affirms that the practice of medicine
2833 occurs where the patient is located at the time of the
2834 physician-patient encounter, and therefore, requires the
2835 physician to be under the jurisdiction of the state medical
2836 board where the patient is located. State medical boards that
2837 participate in the compact retain the jurisdiction to impose an
2838 adverse action against a license to practice medicine in that
2839 state issued to a physician through the procedures in the
2840 compact.

2841
2842 SECTION 2
2843 DEFINITIONS

2844
2845 As used in this compact, the term:

2846 (1) "Bylaws" means those bylaws established by the
2847 Interstate Commission pursuant to Section 11 for its governance,
2848 or for directing and controlling its actions and conduct.

2849 (2) "Commissioner" means the voting representative
2850 appointed by each member board pursuant to Section 11.

2851 (3) "Convicted" means a finding by a court that an
2852 individual is guilty of a criminal offense through adjudication
2853 or entry of a plea of guilt or no contest to the charge by the
2854 offender. Evidence of an entry of a conviction of a criminal
2855 offense by the court shall be considered final for purposes of
2856 disciplinary action by a member board.

2857 (4) "Expedited license" means a full and unrestricted
2858 medical license granted by a member state to an eligible
2859 physician through the process set forth in the compact.

2860 (5) "Interstate Commission" means the Interstate Medical
2861 Licensure Compact Commission created pursuant to Section 11.

2862 (6) "License" means authorization by a state for a
2863 physician to engage in the practice of medicine, which would be
2864 unlawful without the authorization.

2865 (7) "Medical practice act" means laws and regulations
2866 governing the practice of allopathic and osteopathic medicine
2867 within a member state.

2868 (8) "Member board" means a state agency in a member state
2869 that acts in the sovereign interests of the state by protecting
2870 the public through licensure, regulation, and education of
2871 physicians as directed by the state government.

2872 (9) "Member state" means a state that has enacted the
2873 Compact.

2874 (10) "Offense" means a felony, high court misdemeanor, or
2875 crime of moral turpitude.

2876

2877 (11) "Physician" means any person who:

2878 (a) Is a graduate of a medical school accredited by the

2879 Liaison Committee on Medical Education, the Commission on

2880 Osteopathic College Accreditation, or a medical school listed in

2881 the International Medical Education Directory or its equivalent;

2882 (b) Passed each component of the United States Medical

2883 Licensing Examination (USMLE) or the Comprehensive Osteopathic

2884 Medical Licensing Examination (COMLEX-USA) within three

2885 attempts, or any of its predecessor examinations accepted by a

2886 state medical board as an equivalent examination for licensure

2887 purposes;

2888 (c) Successfully completed graduate medical education

2889 approved by the Accreditation Council for Graduate Medical

2890 Education or the American Osteopathic Association;

2891 (d) Holds specialty certification or a time-unlimited

2892 specialty certificate recognized by the American Board of

2893 Medical Specialties or the American Osteopathic Association's

2894 Bureau of Osteopathic Specialists; however, the specialty

2895 certification or a time-unlimited specialty certificate does not

2896 have to be maintained once a physician is initially determined

2897 to be eligible for expedited licensure through the Compact;

2898 (e) Possesses a full and unrestricted license to engage in

2899 the practice of medicine issued by a member board;

2900 (f) Has never been convicted, received adjudication,

2901 deferred adjudication, community supervision, or deferred
 2902 disposition for any offense by a court of appropriate
 2903 jurisdiction;

2904 (g) Has never held a license authorizing the practice of
 2905 medicine subjected to discipline by a licensing agency in any
 2906 state, federal, or foreign jurisdiction, excluding any action
 2907 related to nonpayment of fees related to a license;

2908 (h) Has never had a controlled substance license or permit
 2909 suspended or revoked by a state or the United States Drug
 2910 Enforcement Administration; and

2911 (i) Is not under active investigation by a licensing
 2912 agency or law enforcement authority in any state, federal, or
 2913 foreign jurisdiction.

2914 (12) "Practice of medicine" means the diagnosis,
 2915 treatment, prevention, cure, or relieving of a human disease,
 2916 ailment, defect, complaint, or other physical or mental
 2917 condition by attendance, advice, device, diagnostic test, or
 2918 other means, or offering, undertaking, attempting to do, or
 2919 holding oneself out as able to do any of these acts.

2920 (13) "Rule" means a written statement by the Interstate
 2921 Commission adopted pursuant to section 12 of the compact which
 2922 is of general applicability; implements, interprets, or
 2923 prescribes a policy or provision of the compact, or an
 2924 organizational, procedural, or practice requirement of the
 2925 Interstate Commission; and has the force and effect of statutory

2926 law in a member state, if the rule is not inconsistent with the
 2927 laws of the member state. The term includes the amendment,
 2928 repeal, or suspension of an existing rule.

2929 (14) "State" means any state, commonwealth, district, or
 2930 territory of the United States.

2931 (15) "State of principal license" means a member state
 2932 where a physician holds a license to practice medicine and which
 2933 has been designated as such by the physician for purposes of
 2934 registration and participation in the Compact.

2935
 2936 SECTION 3

2937 ELIGIBILITY

2938
 2939 (1) A physician must meet the eligibility requirements as
 2940 provided in subsection (11) of section 2 to receive an expedited
 2941 license under the terms and provisions of the Compact.

2942 (2) A physician who does not meet the requirements as
 2943 provided in subsection (11) of section 2 may obtain a license to
 2944 practice medicine in a member state if the individual complies
 2945 with all laws and requirements, other than the Compact, relating
 2946 to the issuance of a license to practice medicine in that state.

2947
 2948 SECTION 4

2949 DESIGNATION OF STATE OF PRINCIPAL LICENSE

2950

HB 1549

2024

2951 (1) A physician shall designate a member state as the
2952 state of principal license for purposes of registration for
2953 expedited licensure through the compact if the physician
2954 possesses a full and unrestricted license to practice medicine
2955 in that state, and the state is:

2956 (a) The state of primary residence for the physician, or

2957 (b) The state where at least 25 percent of the physician's
2958 practice of medicine occurs, or

2959 (c) The location of the physician's employer, or

2960 (d) If no state qualifies under paragraph (a), paragraph
2961 (b), or paragraph (c), the state designated as the state of
2962 residence for purpose of federal income tax.

2963 (2) A physician may redesignate a member state as the
2964 state of principal license at any time, as long as the state
2965 meets one of the descriptions under subsection (1).

2966 (3) The Interstate Commission may develop rules to
2967 facilitate redesignation of another member state as the state of
2968 principal license.

2970 SECTION 5

2971 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

2972
2973 (1) A physician seeking licensure through the compact must
2974 file an application for an expedited license with the member
2975 board of the state selected by the physician as the state of

HB 1549

2024

2976 principal license.

2977 (2) Upon receipt of an application for an expedited
2978 license, the member board within the state selected as the state
2979 of principal license shall evaluate whether the physician is
2980 eligible for expedited licensure and issue a letter of
2981 qualification, verifying or denying the physician's eligibility,
2982 to the Interstate Commission.

2983 (a) Static qualifications, which include verification of
2984 medical education, graduate medical education, results of any
2985 medical or licensing examination, and other qualifications as
2986 determined by the Interstate Commission through rule, are not
2987 subject to additional primary source verification if already
2988 primary source verified by the state of principal license.

2989 (b) The member board within the state selected as the
2990 state of principal license shall, in the course of verifying
2991 eligibility, perform a criminal background check of an
2992 applicant, including the use of the results of fingerprint or
2993 other biometric data checks compliant with the requirements of
2994 the Federal Bureau of Investigation, with the exception of
2995 federal employees who have a suitability determination in
2996 accordance with U.S. 5 C.F.R. s. 731.202.

2997 (c) Appeal on the determination of eligibility must be
2998 made to the member state where the application was filed and is
2999 subject to the law of that state.

3000 (3) Upon verification in subsection (2), physicians

3001 eligible for an expedited license must complete the registration
3002 process established by the Interstate Commission to receive a
3003 license in a member state selected pursuant to subsection (1),
3004 including the payment of any applicable fees.

3005 (4) After receiving verification of eligibility under
3006 subsection (2) and upon an applicant's completion of any
3007 registration process, including the payment of any applicable
3008 fees, required under subsection (3), a member board shall issue
3009 an expedited license to the physician. This license authorizes
3010 the physician to practice medicine in the issuing state
3011 consistent with the medical practice act and all applicable laws
3012 and regulations of the issuing member board and member state.

3013 (5) An expedited license is valid for a period consistent
3014 with the licensure period in the member state and in the same
3015 manner as required for other physicians holding a full and
3016 unrestricted license within the member state.

3017 (6) An expedited license obtained through the compact must
3018 be terminated if a physician fails to maintain a license in the
3019 state of principal licensure for a nondisciplinary reason,
3020 without redesignation of a new state of principal licensure.

3021 (7) The Interstate Commission may develop rules regarding
3022 the application process, including payment of any applicable
3023 fees, and the issuance of an expedited license.

3024

3025

SECTION 6

F E E S F O R E X P E D I A T E D L I C E N S U R E

(1) A member state issuing an expediated license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the compact.

(2) The Interstate Commission is authorized to develop rules regarding fees for expediated licenses.

S E C T I O N 7

R E N E W A L A N D C O N T I N U E D P A R T I C I P A T I O N

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

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

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

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

(d) Has not had a controlled substance license or permit

3051 suspended or revoked by a state or the United States Drug
3052 Enforcement Administration.

3053 (2) Physicians shall comply with all continuing
3054 professional development or continuing medical education
3055 requirements for renewal of a license issued by a member state.

3056 (3) The Interstate Commission shall collect any renewal
3057 fees charged for the renewal of a license and distribute the
3058 fees to the applicable member board.

3059 (4) Upon receipt of any renewal fees collected in
3060 subsection (3), a member board shall renew the physician's
3061 license.

3062 (5) Physician information collected by the Interstate
3063 Commission during the renewal process must distributed to all
3064 member boards.

3065 (6) The Interstate Commission may develop rules to address
3066 renewal of licenses obtained through the Compact.

3067

3068 SECTION 8

3069 COORDINATED INFORMATION SYSTEM

3070

3071 (1) The Interstate Commission shall establish a database
3072 of all physicians licensed, or who have applied for licensure,
3073 under Section 5.

3074 (2) Notwithstanding any other provision of law, member
3075 boards shall report to the Interstate Commission any public

3076 action or complaints against a licensed physician who has
 3077 applied or received an expedited license through the Compact.

3078 (3) Member boards shall report to the Interstate
 3079 Commission disciplinary or investigatory information determined
 3080 as necessary and proper by rule of the Interstate Commission.

3081 (4) Member boards may report to the Interstate Commission
 3082 any nonpublic complaint, disciplinary, or investigatory
 3083 information not required by subsection (3) to the Interstate
 3084 Commission.

3085 (5) Member boards shall share complaint or disciplinary
 3086 information about a physician upon request of another member
 3087 board.

3088 (6) All information provided to the Interstate Commission
 3089 or distributed by member boards shall be confidential, filed
 3090 under seal, and used only for investigatory or disciplinary
 3091 matters.

3092 (g) The Interstate Commission may develop rules for
 3093 mandated or discretionary sharing of information by member
 3094 boards.

3095
 3096 SECTION 9

3097 JOINT INVESTIGATIONS

3098
 3099 (1) Licensure and disciplinary records of physicians are
 3100 deemed investigative.

3101 (2) In addition to the authority granted to a member board
 3102 by its respective medical practice act or other applicable state
 3103 law, a member board may participate with other member boards in
 3104 joint investigations of physicians licensed by the member
 3105 boards.

3106 (3) A subpoena issued by a member state is enforceable in
 3107 other member states.

3108 (4) Member boards may share any investigative, litigation,
 3109 or compliance materials in furtherance of any joint or
 3110 individual investigation initiated under the compact.

3111 (5) Any member state may investigate actual or alleged
 3112 violations of the statutes authorizing the practice of medicine
 3113 in any other member state in which a physician holds a license
 3114 to practice medicine.

3116 SECTION 10

3117 DISCIPLINARY ACTIONS

3118
 3119 (1) Any disciplinary action taken by any member board
 3120 against a physician licensed through the compact is deemed
 3121 unprofessional conduct which may be subject to discipline by
 3122 other member boards, in addition to any violation of the medical
 3123 practice act or regulations in that state.

3124 (2) If a license granted to a physician by the member
 3125 board in the state of principal license is revoked, surrendered

HB 1549

2024

3126 or relinquished in lieu of discipline, or suspended, then all
3127 licenses issued to the physician by member boards shall
3128 automatically be placed, without further action necessary by any
3129 member board, on the same status. If the member board in the
3130 state of principal license subsequently reinstates the
3131 physician's license, a license issued to the physician by any
3132 other member board must remain encumbered until that respective
3133 member board takes action to reinstate the license in a manner
3134 consistent with the medical practice act of that state.

3135 (3) If disciplinary action is taken against a physician by
3136 a member board not in the state of principal license, any other
3137 member board may deem the action conclusive as to matter of law
3138 and fact decided, and:

3139 (a) Impose the same or lesser sanctions against the
3140 physician so long as such sanctions are consistent with the
3141 medical practice act of that state; or

3142 (b) Pursue separate disciplinary action against the
3143 physician under its respective medical practice act, regardless
3144 of the action taken in other member states.

3145 (4) If a license granted to a physician by a member board
3146 is revoked, surrendered or relinquished in lieu of discipline,
3147 or suspended, any licenses issued to the physician by any other
3148 member boards, for 90 days after entry of the order by the
3149 disciplining board, to permit the member boards to investigate
3150 the basis for the action under the medical practice act of that

3151 state. A member board may terminate the automatic suspension of
 3152 the license it issued before the completion of the ninety (90)
 3153 day suspension period in a manner consistent with the medical
 3154 practice act of that state.

3155
 3156 SECTION 11

3157 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
 3158

3159 (1) The member states hereby create the "Interstate
 3160 Medical Licensure Compact Commission."

3161 (2) The purpose of the Interstate Commission is the
 3162 administration of the compact, which is a discretionary state
 3163 function.

3164 (3) The Interstate Commission is a body corporate and
 3165 joint agency of the member states and has all the
 3166 responsibilities, powers, and duties set forth in the compact,
 3167 and such additional powers as may be conferred upon it by a
 3168 subsequent concurrent action of the respective legislatures of
 3169 the member states in accordance with the terms of the compact.

3170 (4) The Interstate Commission shall consist of two voting
 3171 representatives appointed by each member state who shall serve
 3172 as commissioners. In states where allopathic and osteopathic
 3173 physicians are regulated by separate member boards, or if the
 3174 licensing and disciplinary authority is split between multiple
 3175 member boards within a member state, the member state shall

3176 appoint one representative from each member board. Each
3177 commissioner must be one of the following:

3178 (a) An allopathic or osteopathic physician appointed to a
3179 member board;

3180 (b) An executive director, an executive secretary, or a
3181 similar executive of a member board; or

3182 (c) A member of the public appointed to a member board.

3183 (5) The Interstate Commission shall meet at least once
3184 each calendar year. A portion of this meeting must be a business
3185 meeting to address such matters as may properly come before the
3186 Commission, including the election of officers. The chairperson
3187 may call additional meetings and shall call for a meeting upon
3188 the request of a majority of the member states.

3189 (6) The bylaws may provide for meetings of the Interstate
3190 Commission to be conducted by telecommunication or other
3191 electronic means.

3192 (7) Each commissioner participating at a meeting of the
3193 Interstate Commission is entitled to one vote. A majority of
3194 commissioners constitutes a quorum for the transaction of
3195 business, unless a larger quorum is required by the bylaws of
3196 the Interstate Commission. A commissioner may not delegate a
3197 vote to another commissioner. In the absence of its
3198 commissioner, a member state may delegate voting authority for a
3199 specified meeting to another person from that state who must
3200 meet the qualification requirements specified in subsection (4).

3201 (h) The Interstate Commission shall provide public notice
 3202 of all meetings, and all meetings must be open to the public.
 3203 The Interstate Commission may close a meeting, in full or in
 3204 portion, where it determines by a two-thirds vote of the
 3205 Commissioners present that an open meeting would be likely to:
 3206 (a) Relate solely to the internal personnel practices and
 3207 procedures of the Interstate Commission;
 3208 (b) Discuss matters specifically exempted from disclosure
 3209 by federal statute;
 3210 (c) Discuss trade secrets or commercial or financial
 3211 information that is privileged or confidential;
 3212 (d) Involve accusing a person of a crime, or formally
 3213 censuring a person;
 3214 (e) Discuss information of a personal nature where
 3215 disclosure of which would constitute a clearly unwarranted
 3216 invasion of personal privacy;
 3217 (f) Discuss investigative records compiled for law
 3218 enforcement purposes; or
 3219 (g) Specifically relate to the participation in a civil
 3220 action or other legal proceeding.
 3221 (9) The Interstate Commission shall keep minutes that
 3222 fully describe all matters discussed in a meeting and shall
 3223 provide a full and accurate summary of actions taken, including
 3224 a record of any roll call votes.
 3225 (10) The Interstate Commission shall make its information

HB 1549

2024

3226 and official records, to the extent not otherwise designated in
3227 the compact or by its rules, available to the public for
3228 inspection.

3229 (11) The Interstate Commission shall establish an
3230 executive committee, which shall include officers, members, and
3231 others as determined by the bylaws. The executive committee has
3232 the power to act on behalf of the Interstate Commission, with
3233 the exception of rulemaking, during periods when the Interstate
3234 Commission is not in session. When acting on behalf of the
3235 Interstate Commission, the executive committee shall oversee the
3236 administration of the compact, including enforcement and
3237 compliance with the compact, its bylaws and rules, and other
3238 such duties as necessary.

3239 (12) The Interstate Commission may establish other
3240 committees for governance and administration of the compact.

3241

3242 SECTION 12

3243 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

3244

3245 The Interstate Commission has all of the following powers
3246 and duties:

3247 (1) Overseeing and maintaining the administration of the
3248 compact.

3249 (2) Adopting rules which shall be binding to the extent
3250 and in the manner provided for in the compact.

3251 (3) Issuing, upon the request of a member state or member
3252 board, advisory opinions concerning the meaning or
3253 interpretation of the compact, its bylaws, rules, and actions.

3254 (4) Enforcing compliance with the compact, the rules
3255 adopted by the Interstate Commission, and the bylaws, using all
3256 necessary and proper means, including but not limited to the use
3257 of judicial process.

3258 (5) Establishing and appointing committees, including, but
3259 not limited to, an executive committee as required by section
3260 10, which shall have the power to act on behalf of the
3261 Interstate Commission in carrying out its powers and duties.

3262 (6) Paying for, or providing for the payment of the
3263 expenses related to the establishment, organization, and ongoing
3264 activities of the Interstate Commission.

3265 (7) Establishing and maintaining one or more offices;

3266 (8) Borrowing, accepting, hiring, or contracting for
3267 services of personnel.

3268 (9) Purchasing and maintaining insurance and bonds.

3269 (10) Employing an executive director who shall have such
3270 powers to employ, select or appoint employees, agents, or
3271 consultants, and to determine their qualifications, define their
3272 duties, and fix their compensation.

3273 (11) Establishing personnel policies and programs relating
3274 to conflicts of interest, rates of compensation, and
3275 qualifications of personnel.

3276 (12) Accepting donations and grants of money, equipment,
 3277 supplies, materials and services, and receiving, using, and
 3278 disposing of it in a manner consistent with the conflict of
 3279 interest policies established by the Interstate Commission.

3280 (13) Leasing, purchasing, accepting contributions or
 3281 donations of, or otherwise to owning, holding, improving, or
 3282 using, any property, real, personal, or mixed.

3283 (14) Selling, conveying, mortgaging, pledging, leasing,
 3284 exchanging, abandoning, or otherwise disposing of any property,
 3285 real, personal, or mixed.

3286 (15) Establishing a budget and making expenditures.

3287 (16) Adopting a seal and bylaws governing the management
 3288 and operation of the Interstate Commission.

3289 (17) Reporting annually to the legislatures and governors
 3290 of the member states concerning the activities of the Interstate
 3291 Commission during the preceding year. Such reports must also
 3292 include reports of financial audits and any recommendations that
 3293 may have been adopted by the Interstate Commission.

3294 (18) Coordinating education, training, and public
 3295 awareness regarding the compact and its implementation and
 3296 operation;

3297 (19) Maintaining records in accordance with the bylaws.

3298 (20) Seeking and obtaining trademarks, copyrights, and
 3299 patents.

3300 (21) Performing any other functions necessary or

3301 appropriate to achieve the purposes of the compact.

3302

3303 SECTION 13

3304 FINANCE POWERS

3305

3306 (1) The Interstate Commission may levy on and collect an
 3307 annual assessment from each member state to cover the cost of
 3308 the operations and activities of the Interstate Commission and
 3309 its staff. The total assessment, subject to appropriation, must
 3310 be sufficient to cover the annual budget approved each year for
 3311 which revenue is not provided by other sources. The aggregate
 3312 annual assessment amount must be allocated upon a formula to be
 3313 determined by the Interstate Commission, which shall adopt a
 3314 rule binding upon all member states.

3315 (2) The Interstate Commission may not incur obligations of
 3316 any kind prior to securing the funds adequate to meet the same.

3317 (3) The Interstate Commission may not pledge the credit of
 3318 any of the member states, except by, and with the authority of,
 3319 the member state.

3320 (4) The Interstate Commission is subject to an annual
 3321 financial audit conducted by a certified or licensed public
 3322 accountant and the report of the audit must be included in the
 3323 annual report of the Interstate Commission.

3324

3325 SECTION 14

ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

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

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

(3) Officers selected pursuant to subsection (2) shall serve without remuneration from the Interstate Commission.

(4) The officers and employees of the Interstate Commission are immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person is not protected from suit or

3351 liability for damage, loss, injury, or liability caused by the
3352 intentional or willful and wanton misconduct of such person.

3353 (a) The liability of the executive director and employees
3354 of the Interstate Commission or representatives of the
3355 Interstate Commission, acting within the scope of such person's
3356 employment or duties for acts, errors, or omissions occurring
3357 within such person's state, may not exceed the limits of
3358 liability set forth under the constitution and laws of that
3359 state for state officials, employees, and agents. The Interstate
3360 Commission is considered to be an instrumentality of the states
3361 for the purposes of any such action. This subsection does not
3362 protect such person from suit or liability for damage, loss,
3363 injury, or liability caused by the intentional or willful and
3364 wanton misconduct of such person.

3365 (b) The Interstate Commission shall defend the executive
3366 director and its employees, and subject to the approval of the
3367 attorney general or other appropriate legal counsel of the
3368 member state represented by an Interstate Commission
3369 representative, shall defend such persons in any civil action
3370 seeking to impose liability arising out of an actual or alleged
3371 act, error or omission that occurred within the scope of
3372 Interstate Commission employment, duties, or responsibilities,
3373 or that the defendant had a reasonable basis for believing
3374 occurred within the scope of Interstate Commission employment,
3375 duties, or responsibilities, provided that the actual or alleged

3376 act, error, or omission did not result from intentional or
3377 willful and wanton misconduct on the part of such person.

3378 (c) To the extent not covered by the state involved, the
3379 member state, or the Interstate Commission, the representatives
3380 or employees of the Interstate Commission must be held harmless
3381 in the amount of a settlement or judgment, including attorney
3382 fees and costs, obtained against such persons arising out of an
3383 actual or alleged act, error, or omission that occurred within
3384 the scope of Interstate Commission employment, duties, or
3385 responsibilities, or that such persons had a reasonable basis
3386 for believing occurred within the scope of Interstate Commission
3387 employment, duties, or responsibilities, provided that the
3388 actual or alleged act, error, or omission did not result from
3389 intentional or willful and wanton misconduct on the part of such
3390 persons.

3391
3392 SECTION 15

3393 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

3394
3395 (1) The Interstate Commission shall adopt reasonable rules
3396 in order to effectively and efficiently achieve the purposes of
3397 the compact. However, in the event the Interstate Commission
3398 exercises its rulemaking authority in a manner that is beyond
3399 the scope of the purposes of the compact, or the powers granted
3400 hereunder, then such an action by the Interstate Commission is

3401 invalid and has no force or effect.

3402 (2) Rules deemed appropriate for the operations of the
3403 Interstate Commission must be made pursuant to a rulemaking
3404 process that substantially conforms to the "Model State
3405 Administrative Procedure Act" of 2010, and subsequent amendments
3406 thereto.

3407 (3) Not later than 30 days after a rule is adopted, any
3408 person may file a petition for judicial review of the rule in
3409 the United States District Court for the District of Columbia or
3410 the federal district where the Interstate Commission has its
3411 principal offices, provided that the filing of such a petition
3412 does not stay or otherwise prevent the rule from becoming
3413 effective unless the court finds that the petitioner has a
3414 substantial likelihood of success. The court must give deference
3415 to the actions of the Interstate Commission consistent with
3416 applicable law and does not find the rule to be unlawful if the
3417 rule represents a reasonable exercise of the authority granted
3418 to the Interstate Commission.

3419
3420 SECTION 16

3421 OVERSIGHT OF INTERSTATE COMPACT

3422
3423 (1) The executive, legislative, and judicial branches of
3424 state government in each member state shall enforce the Compact
3425 and shall take all actions necessary and appropriate to

3426 effectuate the compact's purposes and intent. The compact and
3427 the rules adopted hereunder has standing as statutory law but
3428 may not override existing state authority to regulate the
3429 practice of medicine.

3430 (2) All courts shall take judicial notice of the compact
3431 and the rules in any judicial or administrative proceeding in a
3432 member state pertaining to the subject matter of the compact
3433 which may affect the powers, responsibilities or actions of the
3434 Interstate Commission.

3435 (3) The Interstate Commission is entitled to receive all
3436 service of process in any such proceeding, and shall have
3437 standing to intervene in the proceeding for all purposes.
3438 Failure to provide service of process to the Interstate
3439 Commission shall render a judgment or order void as to the
3440 Interstate Commission, the compact, or adopted rules, as
3441 applicable.

3442
3443 SECTION 17

3444 ENFORCEMENT OF INTERSTATE COMPACT

3445
3446 (1) The Interstate Commission, in the reasonable exercise
3447 of its discretion, shall enforce the provisions and rules of the
3448 Compact.

3449 (2) The Interstate Commission may, by majority vote of the
3450 commissioners, initiate legal action in the United States

3451 District Court for the District of Columbia, or, at the
 3452 discretion of the Interstate Commission, in the federal district
 3453 where the Interstate Commission has its principal offices, to
 3454 enforce compliance with the provisions of the compact, and its
 3455 adopted rules and bylaws, against a member state in default. The
 3456 relief sought may include both injunctive relief and damages. In
 3457 the event judicial enforcement is necessary, the prevailing
 3458 party must be awarded all costs of such litigation including
 3459 reasonable attorney fees.

3460 (3) The remedies herein are not the exclusive remedies of
 3461 the Interstate Commission. The Interstate Commission may avail
 3462 itself of any other remedies available under state law or the
 3463 regulation of a profession.

3464

3465 SECTION 18
 3466 DEFAULT PROCEDURES

3467

3468 (1) The grounds for default include, but are not limited
 3469 to, failure of a member state to perform such obligations or
 3470 responsibilities imposed upon it by the compact, or the rules
 3471 and bylaws of the Interstate Commission adopted under the
 3472 compact.

3473 (2) If the Interstate Commission determines that a member
 3474 state has defaulted in the performance of its obligations or
 3475 responsibilities under the compact, or the bylaws or adopted

3476 rules, the Interstate Commission shall:

3477 (a) Provide written notice to the defaulting state and
 3478 other member states, of the nature of the default, the means of
 3479 curing the default, and any action taken by the Interstate
 3480 Commission. The Interstate Commission shall specify the
 3481 conditions by which the defaulting state must cure its default;
 3482 and

3483 (b) Provide remedial training and specific technical
 3484 assistance regarding the default.

3485 (3) If the defaulting state fails to cure the default, the
 3486 defaulting state may be terminated from the compact upon an
 3487 affirmative vote of a majority of the commissioners and all
 3488 rights, privileges, and benefits conferred by the compact shall
 3489 terminate on the effective date of the termination. A cure of
 3490 the default does not relieve the offending state of obligations
 3491 or liabilities incurred during the period of the default.

3492 (4) Termination of membership in the compact must be
 3493 imposed only after all other means of securing compliance have
 3494 been exhausted. Notice of intent to terminate must be given by
 3495 the Interstate Commission to the governor, the majority and
 3496 minority leaders of the defaulting state's legislature, and each
 3497 of the member states.

3498 (5) The Interstate Commission shall establish rules and
 3499 procedures to address licenses and physicians that are
 3500 materially impacted by the termination of a member state, or the

3501 withdrawal of a member state.

3502 (6) The member state which has been terminated is
3503 responsible for all dues, obligations, and liabilities incurred
3504 through the effective date of termination, including
3505 obligations, the performance of which extends beyond the
3506 effective date of termination.

3507 (7) The Interstate Commission shall not bear any costs
3508 relating to any state that has been found to be in default or
3509 which has been terminated from the compact, unless otherwise
3510 mutually agreed upon in writing between the Interstate
3511 Commission and the defaulting state.

3512 (8) The defaulting state may appeal the action of the
3513 Interstate Commission by petitioning the United States District
3514 Court for the District of Columbia or the federal district where
3515 the Interstate Commission has its principal offices. The
3516 prevailing party must be awarded all costs of such litigation
3517 including reasonable attorney's fees.

3518

3519 SECTION 19

3520 DISPUTE RESOLUTION

3521

3522 (1) The Interstate Commission shall attempt, upon the
3523 request of a member state, to resolve disputes that are subject
3524 to the compact and that may arise among member states or member
3525 boards.

HB 1549

2024

3526 (2) The Interstate Commission shall adopt rules providing
3527 for both mediation and binding dispute resolution as
3528 appropriate.

3529
3530 SECTION 20

3531 MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

3532
3533 (1) Any state is eligible to become a member state of the
3534 compact.

3535 (2) The Compact shall become effective and binding upon
3536 legislative enactment of the compact into law by no less than 7
3537 states. Thereafter, it becomes effective and binding on a state
3538 upon enactment of the compact into law by that state.

3539 (3) The governors of nonmember states, or their designees,
3540 must be invited to participate in the activities of the
3541 Interstate Commission on a nonvoting basis before adoption of
3542 the compact by all states.

3543 (4) The Interstate Commission may propose amendments to
3544 the compact for enactment by the member states. An amendment
3545 does not become effective and binding upon the Interstate
3546 Commission and the member states unless and until it is enacted
3547 into law by unanimous consent of the member states.

3548
3549 SECTION 21

3550 WITHDRAWAL

Page 142 of 315

3551
3552 (1) Once effective, the compact shall continue in force
3553 and remain binding upon each and every member state. However, a
3554 member state may withdraw from the compact by specifically
3555 repealing the statute which enacted the Compact into law.

3556 (2) Withdrawal from the compact must be made by the
3557 enactment of a statute repealing the same, but the withdrawal
3558 may not take effect until one year after the effective date of
3559 such statute and until written notice of the withdrawal has been
3560 given by the withdrawing state to the governor of each other
3561 member state.

3562 (3) The withdrawing state shall immediately notify the
3563 chairperson of the Interstate Commission in writing upon the
3564 introduction of legislation repealing the compact in the
3565 withdrawing state.

3566 (4) The Interstate Commission shall notify the other
3567 member states of the withdrawing state's intent to withdraw
3568 within 60 days after the receipt of notice provided under
3569 subsection (3).

3570 (5) The withdrawing state is responsible for all dues,
3571 obligations, and liabilities incurred through the effective date
3572 of withdrawal, including obligations, the performance of which
3573 extend beyond the effective date of withdrawal.

3574 (6) Reinstatement following withdrawal of a member state
3575 shall occur upon the withdrawing state reenacting the compact or

3576 upon such later date as determined by the Interstate Commission.

3577 (7) The Interstate Commission may develop rules to address
3578 the impact of the withdrawal of a member state on licenses
3579 granted in other member states to physicians who designated the
3580 withdrawing member state as the state of principal license.

3581
3582 SECTION 22

3583 DISSOLUTION

3584
3585 (1) The compact shall dissolve effective upon the date of
3586 the withdrawal or default of the member state which reduces the
3587 membership in the compact to one member state.

3588 (2) Upon the dissolution of the compact, the compact
3589 becomes null and void and shall be of no further force or
3590 effect, and the business and affairs of the Interstate
3591 Commission must be concluded, and surplus funds of the
3592 Interstate Commission must be distributed in accordance with the
3593 bylaws.

3594
3595 SECTION 23

3596 SEVERABILITY AND CONSTRUCTION

3597
3598 (1) The provisions of the compact are be severable, and if
3599 any phrase, clause, sentence, or provision is deemed
3600 unenforceable, the remaining provisions of the compact remain

3601 enforceable.

3602 (2) The provisions of the compact must be liberally
 3603 construed to effectuate its purposes.

3604 (3) The compact does not prohibit the applicability of
 3605 other interstate compacts to which the states are members.

3606

3607 SECTION 24

3608 BINDING EFFECT OF COMPACT AND OTHER LAWS

3609

3610 (1) Nothing herein prevents the enforcement of any other
 3611 law of a member state which is not inconsistent with the
 3612 Compact.

3613 (2) All laws in a member state in conflict with the
 3614 Compact are superseded to the extent of the conflict.

3615 (3) All lawful actions of the Interstate Commission,
 3616 including all rules and bylaws adopted by the commission, are
 3617 binding upon the member states.

3618 (4) All agreements between the Interstate Commission and
 3619 the member states are binding in accordance with their terms.

3620 (5) In the event any provision of the compact exceeds the
 3621 constitutional limits imposed on the legislature of any member
 3622 state, such provision is ineffective to the extent of the
 3623 conflict with the constitutional provision in question in that
 3624 member state.

3625 Section 40. Section 456.4502, Florida Statutes, is created

3626 to read:

3627 456.4502 Interstate Medical Licensure Compact;
3628 disciplinary proceedings.—A physician licensed pursuant to
3629 chapter 458, chapter 459, or s. 456.4501 whose license is
3630 suspended or revoked by this state pursuant to the Interstate
3631 Medical Licensure Compact as a result of disciplinary action
3632 taken against the physician's license in another state must be
3633 granted a formal hearing before an administrative law judge from
3634 the Division of Administrative Hearings held pursuant to chapter
3635 120 if there are any disputed issues of material fact. In such
3636 proceedings:

3637 (1) Notwithstanding s. 120.569(2), the department shall
3638 notify the division within 45 days after receipt of a petition
3639 or request for a formal hearing.

3640 (2) The determination of whether the physician has
3641 violated the laws and rules regulating the practice of medicine
3642 or osteopathic medicine, as applicable, including a
3643 determination of the reasonable standard of care, is a
3644 conclusion of law that is to be determined by appropriate board,
3645 and is not a finding of fact to be determined by an
3646 administrative law judge.

3647 (3) The administrative law judge shall issue a recommended
3648 order pursuant to chapter 120.

3649 (4) The Board of Medicine or the Board of Osteopathic
3650 Medicine, as applicable, shall determine and issue the final

3651 order in each disciplinary case. Such order shall constitute
 3652 final agency action.

3653 (5) Any consent order or agreed-upon settlement is subject
 3654 to the approval of the department.

3655 (6) The department shall have standing to seek judicial
 3656 review of any final order of the board, pursuant to s. 120.68.

3657 Section 41. Section 456.4504, Florida Statutes, is created
 3658 to read:

3659 456.4504 Interstate Medical Licensure Compact Rules.—The
 3660 department may adopt rules to implement the Interstate Medical
 3661 Licensure Compact.

3662 Section 42. The provisions of the Interstate Medical
 3663 Licensure Compact do not authorize the Department of Health, the
 3664 Board of Medicine, or the Board of Osteopathic Medicine to
 3665 collect a fee for expedited licensure, but rather state that
 3666 such fees are allowable under the compact. The Department of
 3667 Health, the Board of Medicine, and the Board of Osteopathic
 3668 Medicine must comply with the requirements of s. 456.025.

3669 Section 43. Paragraph (c) of subsection (2) of section
 3670 457.105, Florida Statutes, is amended to read:

3671 457.105 Licensure qualifications and fees.—

3672 (2) A person may become licensed to practice acupuncture
 3673 if the person applies to the department and:

3674 (c) Has successfully completed a board-approved national
 3675 certification process, meets the requirements for licensure by

3676 endorsement in s. 456.0145 ~~is actively licensed in a state that~~
 3677 ~~has examination requirements that are substantially equivalent~~
 3678 ~~to or more stringent than those of this state,~~ or passes an
 3679 examination administered by the department, which examination
 3680 tests the applicant's competency and knowledge of the practice
 3681 of acupuncture and oriental medicine. At the request of any
 3682 applicant, oriental nomenclature for the points shall be used in
 3683 the examination. The examination shall include a practical
 3684 examination of the knowledge and skills required to practice
 3685 modern and traditional acupuncture and oriental medicine,
 3686 covering diagnostic and treatment techniques and procedures; and

3687 Section 44. Subsections (3) through (8) of section
 3688 458.311, Florida Statutes, are renumbered as subsections (4)
 3689 through (9), respectively, paragraph (f) of subsection (1) and
 3690 present subsections (3) and (5) are amended, and a new
 3691 subsection (3) is added to that section, to read:

3692 458.311 Licensure by examination; requirements; fees.—

3693 (1) Any person desiring to be licensed as a physician, who
 3694 does not hold a valid license in any state, shall apply to the
 3695 department on forms furnished by the department. The department
 3696 shall license each applicant who the board certifies:

3697 (f) Meets one of the following medical education and
 3698 postgraduate training requirements:

3699 1.a. Is a graduate of an allopathic medical school or
 3700 allopathic college recognized and approved by an accrediting

3701 agency recognized by the United States Office of Education or is
 3702 a graduate of an allopathic medical school or allopathic college
 3703 within a territorial jurisdiction of the United States

3704 recognized by the accrediting agency of the governmental body of
 3705 that jurisdiction;

3706 b. If the language of instruction of the medical school is
 3707 other than English, has demonstrated competency in English
 3708 through presentation of a satisfactory grade on the Test of
 3709 Spoken English of the Educational Testing Service or a similar
 3710 test approved by rule of the board; and

3711 c. Has completed an approved residency of at least 1 year.

3712 2.a. Is a graduate of an allopathic foreign medical school
 3713 registered with the World Health Organization and certified
 3714 pursuant to s. 458.314 as having met the standards required to
 3715 accredit medical schools in the United States or reasonably
 3716 comparable standards;

3717 b. If the language of instruction of the foreign medical
 3718 school is other than English, has demonstrated competency in
 3719 English through presentation of the Educational Commission for
 3720 Foreign Medical Graduates English proficiency certificate or by
 3721 a satisfactory grade on the Test of Spoken English of the
 3722 Educational Testing Service or a similar test approved by rule
 3723 of the board; and

3724 c. Has completed an approved residency of at least 1 year.

3725 3.a. Is a graduate of an allopathic foreign medical school

HB 1549

2024

3726 | which has not been certified pursuant to s. 458.314 and has not
3727 | been excluded from consideration under s. 458.314(8);

3728 | b. Has had his or her medical credentials evaluated by the
3729 | Educational Commission for Foreign Medical Graduates, holds an
3730 | active, valid certificate issued by that commission, and has
3731 | passed the examination utilized by that commission; and

3732 | c. Has completed an approved residency of at least 1 year;
3733 | however, after October 1, 1992, the applicant shall have
3734 | completed an approved residency or fellowship of at least 2
3735 | years in one specialty area. However, to be acceptable, the
3736 | fellowship experience and training must be counted toward
3737 | regular or subspecialty certification by a board recognized and
3738 | certified by the American Board of Medical Specialties.

3739 | (3) Notwithstanding sub-subparagraphs (1)(f)2.c. and 3.c.,
3740 | a graduate of a foreign medical school that has not been
3741 | excluded from consideration under s. 458.314(8) is not required
3742 | to complete an approved residency if he or she meets all of the
3743 | following criteria:

3744 | (a) Has an active, unencumbered license to practice
3745 | medicine in a foreign country.

3746 | (b) Has actively practiced medicine in the 4-year period
3747 | preceding the date of the submission of a licensure application.

3748 | (c) Has completed a residency or substantially similar
3749 | postgraduate medical training in a country recognized by his or
3750 | her licensing jurisdiction.

3751 (d) Has an offer for full-time employment as a physician
 3752 from a health care provider that operates in this state.

3753
 3754 A physician licensed after meeting the requirements of this
 3755 subsection must maintain his or her employment with the original
 3756 employer under paragraph (d) or with another health care
 3757 provider that operates in this state, at a location within this
 3758 state, for at least 2 consecutive years after licensure, in
 3759 accordance with rules adopted by the board. Such physician must
 3760 notify the board within 5 business days after any change of
 3761 employer.

3762 (4)-(3) Notwithstanding the provisions of subparagraph
 3763 (1)(f)3., a graduate of a foreign medical school that has not
 3764 been excluded from consideration under s. 458.314(8) need not
 3765 present the certificate issued by the Educational Commission for
 3766 Foreign Medical Graduates or pass the examination utilized by
 3767 that commission if the graduate:

3768 (a) Has received a bachelor's degree from an accredited
 3769 United States college or university.

3770 (b) Has studied at a medical school which is recognized by
 3771 the World Health Organization.

3772 (c) Has completed all of the formal requirements of the
 3773 foreign medical school, except the internship or social service
 3774 requirements, and has passed part I of the National Board of
 3775 Medical Examiners examination or the Educational Commission for

3776 Foreign Medical Graduates examination equivalent.

3777 (d) Has completed an academic year of supervised clinical
 3778 training in a hospital affiliated with a medical school approved
 3779 by the Council on Medical Education of the American Medical
 3780 Association and upon completion has passed part II of the
 3781 National Board of Medical Examiners examination or the
 3782 Educational Commission for Foreign Medical Graduates examination
 3783 equivalent.

3784 (6)~~(5)~~ The board may not certify to the department for
 3785 licensure any applicant who is under investigation in another
 3786 jurisdiction for an offense which would constitute a violation
 3787 of this chapter until such investigation is completed. Upon
 3788 completion of the investigation, ~~the provisions of~~ s. 458.331
 3789 shall apply. Furthermore, the department may not issue an
 3790 unrestricted license to any individual who has committed any act
 3791 or offense in any jurisdiction which would constitute the basis
 3792 for disciplining a physician pursuant to s. 458.331. When the
 3793 board finds that an individual has committed an act or offense
 3794 in any jurisdiction which would constitute the basis for
 3795 disciplining a physician pursuant to s. 458.331, ~~then~~ the board
 3796 may enter an order imposing one or more of the terms set forth
 3797 in subsection (9) ~~(8)~~.

3798 Section 45. Section 458.3124, Florida Statutes, is
 3799 repealed.

3800 Section 46. Section 458.313, Florida Statutes, is amended

3801 to read:

3802 458.313 Licensure by endorsement; requirements; fees.—

3803 ~~(1)~~ The department shall issue a license by endorsement to
 3804 any applicant who, upon applying to the department on forms
 3805 furnished by the department and remitting a fee set by the board
 3806 not to exceed \$500, the board certifies has met the requirements
 3807 for licensure by endorsement in s. 456.0145.÷

3808 ~~(a) Has met the qualifications for licensure in s.~~
 3809 ~~458.311(1)(b)-(g) or in s. 458.311(1)(b)-(c) and (g) and (3);~~

3810 ~~(b) Prior to January 1, 2000, has obtained a passing~~
 3811 ~~score, as established by rule of the board, on the licensure~~
 3812 ~~examination of the Federation of State Medical Boards of the~~
 3813 ~~United States, Inc. (FLEX), on the United States Medical~~
 3814 ~~Licensing Examination (USMLE), or on the examination of the~~
 3815 ~~National Board of Medical Examiners, or on a combination~~
 3816 ~~thereof, and on or after January 1, 2000, has obtained a passing~~
 3817 ~~score on the United States Medical Licensing Examination~~
 3818 ~~(USMLE); and~~

3819 ~~(c) Has submitted evidence of the active licensed practice~~
 3820 ~~of medicine in another jurisdiction, for at least 2 of the~~
 3821 ~~immediately preceding 4 years, or evidence of successful~~
 3822 ~~completion of either a board-approved postgraduate training~~
 3823 ~~program within 2 years preceding filing of an application or a~~
 3824 ~~board-approved clinical competency examination within the year~~
 3825 ~~preceding the filing of an application for licensure. For~~

3826 ~~purposes of this paragraph, "active licensed practice of~~
3827 ~~medicine" means that practice of medicine by physicians,~~
3828 ~~including those employed by any governmental entity in community~~
3829 ~~or public health, as defined by this chapter, medical directors~~
3830 ~~under s. 641.495(11) who are practicing medicine, and those on~~
3831 ~~the active teaching faculty of an accredited medical school.~~

3832 ~~(2) The board may require an applicant for licensure by~~
3833 ~~endorsement to take and pass the appropriate licensure~~
3834 ~~examination prior to certifying the applicant as eligible for~~
3835 ~~licensure.~~

3836 ~~(3) The department and the board shall ensure that~~
3837 ~~applicants for licensure by endorsement meet applicable criteria~~
3838 ~~in this chapter through an investigative process. When the~~
3839 ~~investigative process is not completed within the time set out~~
3840 ~~in s. 120.60(1) and the department or board has reason to~~
3841 ~~believe that the applicant does not meet the criteria, the State~~
3842 ~~Surgeon General or the State Surgeon General's designee may~~
3843 ~~issue a 90-day licensure delay which shall be in writing and~~
3844 ~~sufficient to notify the applicant of the reason for the delay.~~
3845 ~~The provisions of this subsection shall control over any~~
3846 ~~conflicting provisions of s. 120.60(1).~~

3847 ~~(4) The board may promulgate rules and regulations, to be~~
3848 ~~applied on a uniform and consistent basis, which may be~~
3849 ~~necessary to carry out the provisions of this section.~~

3850 ~~(5) Upon certification by the board, the department shall~~

3851 ~~impose conditions, limitations, or restrictions on a license by~~
3852 ~~endorsement if the applicant is on probation in another~~
3853 ~~jurisdiction for an act which would constitute a violation of~~
3854 ~~this chapter.~~

3855 ~~(6) The department shall not issue a license by~~
3856 ~~endorsement to any applicant who is under investigation in any~~
3857 ~~jurisdiction for an act or offense which would constitute a~~
3858 ~~violation of this chapter until such time as the investigation~~
3859 ~~is complete, at which time the provisions of s. 458.331 shall~~
3860 ~~apply. Furthermore, the department may not issue an unrestricted~~
3861 ~~license to any individual who has committed any act or offense~~
3862 ~~in any jurisdiction which would constitute the basis for~~
3863 ~~disciplining a physician pursuant to s. 458.331. When the board~~
3864 ~~finds that an individual has committed an act or offense in any~~
3865 ~~jurisdiction which would constitute the basis for disciplining a~~
3866 ~~physician pursuant to s. 458.331, the board may enter an order~~
3867 ~~imposing one or more of the terms set forth in subsection (7).~~

3868 ~~(7) When the board determines that any applicant for~~
3869 ~~licensure by endorsement has failed to meet, to the board's~~
3870 ~~satisfaction, each of the appropriate requirements set forth in~~
3871 ~~this section, it may enter an order requiring one or more of the~~
3872 ~~following terms:~~

3873 ~~(a) Refusal to certify to the department an application~~
3874 ~~for licensure, certification, or registration;~~

3875 ~~(b) Certification to the department of an application for~~

3876 ~~licensure, certification, or registration with restrictions on~~
 3877 ~~the scope of practice of the licensee; or~~
 3878 ~~(c) Certification to the department of an application for~~
 3879 ~~licensure, certification, or registration with placement of the~~
 3880 ~~physician on probation for a period of time and subject to such~~
 3881 ~~conditions as the board may specify, including, but not limited~~
 3882 ~~to, requiring the physician to submit to treatment, attend~~
 3883 ~~continuing education courses, submit to reexamination, or work~~
 3884 ~~under the supervision of another physician.~~

3885 Section 47. Subsection (8) of section 458.314, Florida
 3886 Statutes, is amended to read:

3887 458.314 Certification of foreign educational
 3888 institutions.—

3889 (8) If a foreign medical school does not seek
 3890 certification under this section, the board may, at its
 3891 discretion, exclude the foreign medical school from
 3892 consideration as an institution that provides medical education
 3893 that is reasonably comparable to that of similar accredited
 3894 institutions in the United States and that adequately prepares
 3895 its students for the practice of medicine in this state.
 3896 However, a license or medical faculty certificate issued to a
 3897 physician under this chapter before July 1, 2024, is not
 3898 affected by this subsection ~~Each institution which has been~~
 3899 ~~surveyed before October 1, 1986, by the Commission to Evaluate~~
 3900 ~~Foreign Medical Schools or the Commission on Foreign Medical~~

3901 ~~Education of the Federation of State Medical Boards, Inc., and~~
 3902 ~~whose survey and supporting documentation demonstrates that it~~
 3903 ~~provides an educational program, including curriculum,~~
 3904 ~~reasonably comparable to that of similar accredited institutions~~
 3905 ~~in the United States shall be considered fully certified, for~~
 3906 ~~purposes of chapter 86-245, Laws of Florida.~~

3907 Section 48. Subsections (5) and (6) of section 458.3145,
 3908 Florida Statutes, are renumbered as subsections (4) and (5),
 3909 respectively, and subsection (1) and present subsection (4) of
 3910 that section are amended, to read:

3911 458.3145 Medical faculty certificate.—

3912 (1) A medical faculty certificate may be issued without
 3913 examination to an individual who meets all of the following
 3914 criteria:

3915 (a) Is a graduate of an accredited medical school or its
 3916 equivalent, or is a graduate of a foreign medical school listed
 3917 with the World Health Organization which has not been excluded
 3918 from consideration under s. 458.314(8).†

3919 (b) Holds a valid, current license to practice medicine in
 3920 another jurisdiction.†

3921 (c) Has completed the application form and remitted a
 3922 nonrefundable application fee not to exceed \$500.†

3923 (d) Has completed an approved residency or fellowship of
 3924 at least 1 year or has received training that ~~which~~ has been
 3925 determined by the board to be equivalent to the 1-year residency

3926 requirement.~~†~~
 3927 (e) Is at least 21 years of age.~~†~~
 3928 (f) Is of good moral character.~~†~~
 3929 (g) Has not committed any act in this or any other
 3930 jurisdiction which would constitute the basis for disciplining a
 3931 physician under s. 458.331.~~†~~
 3932 (h) For any applicant who has graduated from medical
 3933 school after October 1, 1992, has completed, before entering
 3934 medical school, the equivalent of 2 academic years of
 3935 preprofessional, postsecondary education, as determined by rule
 3936 of the board, which must include, at a minimum, courses in such
 3937 fields as anatomy, biology, and chemistry.~~†~~ ~~and~~
 3938 (i) Has been offered and has accepted a full-time faculty
 3939 appointment to teach in a program of medicine at any of the
 3940 following institutions:
 3941 1. The University of Florida.~~†~~
 3942 2. The University of Miami.~~†~~
 3943 3. The University of South Florida.~~†~~
 3944 4. The Florida State University.~~†~~
 3945 5. The Florida International University.~~†~~
 3946 6. The University of Central Florida.~~†~~
 3947 7. The Mayo Clinic College of Medicine and Science in
 3948 Jacksonville, Florida.~~†~~
 3949 8. The Florida Atlantic University.~~†~~
 3950 9. The Johns Hopkins All Children's Hospital in St.

3951 Petersburg, Florida.~~;~~

3952 10. Nova Southeastern University.~~;~~~~or~~

3953 11. Lake Erie College of Osteopathic Medicine.

3954 ~~(4) In any year, the maximum number of extended medical~~
 3955 ~~faculty certificateholders as provided in subsection (2) may not~~
 3956 ~~exceed 30 persons at each institution named in subparagraphs~~
 3957 ~~(1)(i)1.-6., 8., and 9. and at the facility named in s. 1004.43~~
 3958 ~~and may not exceed 10 persons at the institution named in~~
 3959 ~~subparagraph (1)(i)7.~~

3960 Section 49. Section 458.315, Florida Statutes, is amended
 3961 to read:

3962 458.315 Temporary certificate for practice in areas of
 3963 critical need.—

3964 (1) A physician or physician assistant who is licensed to
 3965 practice in any jurisdiction of the United States and, whose
 3966 license is currently valid, ~~and who pays an application fee of~~
 3967 ~~\$300~~ may be issued a temporary certificate for practice in areas
 3968 of critical need. A physician seeking such certificate must pay
 3969 an application fee of \$300.

3970 (2) A temporary certificate may be issued under this
 3971 section to a physician or physician assistant who will:

3972 (a) ~~Will~~ Practice in an area of critical need;

3973 (b) ~~Will~~ Be employed by or practice in a county health
 3974 department; correctional facility; Department of Veterans'
 3975 Affairs clinic; community health center funded by s. 329, s.

3976 330, or s. 340 of the United States Public Health Services Act;
 3977 or other agency or institution that is approved by the State
 3978 Surgeon General and provides health care services to meet the
 3979 needs of underserved populations in this state; or

3980 (c) ~~Will~~ Practice for a limited time to address critical
 3981 physician-specialty, demographic, or geographic needs for this
 3982 state's physician workforce as determined by the State Surgeon
 3983 General.

3984 (3) The board ~~of Medicine~~ may issue a ~~this~~ temporary
 3985 certificate under this section subject to ~~with~~ the following
 3986 restrictions:

3987 (a) The State Surgeon General shall determine the areas of
 3988 critical need. Such areas include, but are not limited to,
 3989 health professional shortage areas designated by the United
 3990 States Department of Health and Human Services.

3991 1. A recipient of a temporary certificate for practice in
 3992 areas of critical need may use the certificate to work for any
 3993 approved entity in any area of critical need or as authorized by
 3994 the State Surgeon General.

3995 2. The recipient of a temporary certificate for practice
 3996 in areas of critical need shall, within 30 days after accepting
 3997 employment, notify the board of all approved institutions in
 3998 which the licensee practices and of all approved institutions
 3999 where practice privileges have been denied, as applicable.

4000 (b) The board may administer an abbreviated oral

HB 1549

2024

4001 examination to determine the physician's or physician
4002 assistant's competency, but a written regular examination is not
4003 required. Within 60 days after receipt of an application for a
4004 temporary certificate, the board shall review the application
4005 and issue the temporary certificate, notify the applicant of
4006 denial, or notify the applicant that the board recommends
4007 additional assessment, training, education, or other
4008 requirements as a condition of certification. If the applicant
4009 has not actively practiced during the 3-year period immediately
4010 preceding the application ~~prior 3 years~~ and the board determines
4011 that the applicant may lack clinical competency, possess
4012 diminished or inadequate skills, lack necessary medical
4013 knowledge, or exhibit patterns of deficits in clinical
4014 decisionmaking, the board may:

- 4015 1. Deny the application;
- 4016 2. Issue a temporary certificate having reasonable
4017 restrictions that may include, but are not limited to, a
4018 requirement for the applicant to practice under the supervision
4019 of a physician approved by the board; or
- 4020 3. Issue a temporary certificate upon receipt of
4021 documentation confirming that the applicant has met any
4022 reasonable conditions of the board which may include, but are
4023 not limited to, completing continuing education or undergoing an
4024 assessment of skills and training.

4025 (c) Any certificate issued under this section is valid

4026 only so long as the State Surgeon General determines that the
 4027 reason for which it was issued remains a critical need to the
 4028 state. The board ~~of Medicine~~ shall review each temporary
 4029 certificateholder at least not less than annually to ascertain
 4030 that the certificateholder is complying with the minimum
 4031 requirements of the Medical Practice Act and its adopted rules,
 4032 as applicable to the certificateholder ~~are being complied with~~.
 4033 If it is determined that the certificateholder is not meeting
 4034 such minimum requirements ~~are not being met~~, the board must
 4035 ~~shall~~ revoke such certificate or ~~shall~~ impose restrictions or
 4036 conditions, or both, as a condition of continued practice under
 4037 the certificate.

4038 (d) The board may not issue a temporary certificate for
 4039 practice in an area of critical need to any physician or
 4040 physician assistant who is under investigation in any
 4041 jurisdiction in the United States for an act that would
 4042 constitute a violation of this chapter until such time as the
 4043 investigation is complete, at which time ~~the provisions of s.~~
 4044 458.331 applies ~~apply~~.

4045 (4) The application fee and all licensure fees, including
 4046 neurological injury compensation assessments, are ~~shall be~~
 4047 waived for those persons obtaining a temporary certificate to
 4048 practice in areas of critical need for the purpose of providing
 4049 volunteer, uncompensated care for low-income residents. The
 4050 applicant must submit an affidavit from the employing agency or

HB 1549

2024

4051 institution stating that the physician or physician assistant
4052 will not receive any compensation for any health care services
4053 provided by the applicant ~~service involving the practice of~~
4054 ~~medicine.~~

4055 Section 50. Section 458.317, Florida Statutes, is amended
4056 to read:

4057 458.317 Limited licenses.—

4058 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

4059 (a) Any person desiring to obtain a limited license under
4060 this subsection shall submit to the board an application and fee
4061 not to exceed \$300 and demonstrate that he or she has been
4062 licensed to practice medicine in any jurisdiction in the United
4063 States for at least 10 years and intends to practice only
4064 pursuant to the restrictions of a limited license granted
4065 pursuant to this subsection ~~section~~. However, a physician who is
4066 not fully retired in all jurisdictions may use a limited license
4067 only for noncompensated practice. If the person applying for a
4068 limited license submits a statement from the employing agency or
4069 institution stating that he or she will not receive compensation
4070 for any service involving the practice of medicine, the
4071 application fee and all licensure fees shall be waived. However,
4072 any person who receives a waiver of fees for a limited license
4073 shall pay such fees if the person receives compensation for the
4074 practice of medicine.

4075 (b) If it has been more than 3 years since active practice

4076 | was conducted by the applicant, the full-time director of the
 4077 | county health department or a licensed physician, approved by
 4078 | the board, must ~~shall~~ supervise the applicant for a period of 6
 4079 | months after he or she is granted a limited license under this
 4080 | subsection ~~for practice~~, unless the board determines that a
 4081 | shorter period of supervision will be sufficient to ensure that
 4082 | the applicant is qualified for licensure. Procedures for such
 4083 | supervision must ~~shall~~ be established by the board.

4084 | (c) The recipient of a limited license under this
 4085 | subsection may practice only in the employ of public agencies or
 4086 | institutions or nonprofit agencies or institutions meeting the
 4087 | requirements of s. 501(c) (3) of the Internal Revenue Code, which
 4088 | agencies or institutions are located in the areas of critical
 4089 | medical need as determined by the board. Determination of
 4090 | medically underserved areas shall be made by the board after
 4091 | consultation with the department ~~of Health~~ and statewide medical
 4092 | organizations; however, such determination shall include, but
 4093 | not be limited to, health professional shortage areas designated
 4094 | by the United States Department of Health and Human Services. A
 4095 | recipient of a limited license under this subsection may use the
 4096 | license to work for any approved employer in any area of
 4097 | critical need approved by the board.

4098 | (d) The recipient of a limited license shall, within 30
 4099 | days after accepting employment, notify the board of all
 4100 | approved institutions in which the licensee practices and of all

HB 1549

2024

4101 approved institutions where practice privileges have been
4102 denied.

4103 (e) This subsection does not limit ~~Nothing herein limits~~
4104 ~~in any way~~ any policy by the board, otherwise authorized by law,
4105 to grant licenses to physicians duly licensed in other states
4106 under conditions less restrictive than the requirements of this
4107 subsection ~~section~~. Notwithstanding the other provisions of this
4108 subsection ~~section~~, the board may refuse to authorize a
4109 physician otherwise qualified to practice in the employ of any
4110 agency or institution otherwise qualified if the agency or
4111 institution has caused or permitted violations of the provisions
4112 of this chapter which it knew or should have known were
4113 occurring.

4114 (f) ~~(2)~~ The board shall notify the director of the full-
4115 time local county health department of any county in which a
4116 licensee intends to practice under ~~the provisions of this~~
4117 subsection ~~act~~. The director of the full-time county health
4118 department shall assist in the supervision of any licensee
4119 within the county and shall notify the board ~~which issued the~~
4120 ~~licensee his or her license~~ if he or she becomes aware of any
4121 actions by the licensee which would be grounds for revocation of
4122 the limited license. The board shall establish procedures for
4123 such supervision.

4124 (g) ~~(3)~~ The board shall review the practice of each
4125 licensee biennially to verify compliance with the restrictions

4126 | prescribed in this subsection ~~section~~ and other applicable
 4127 | provisions of this chapter.

4128 | (h)-(4) Any person holding an active license to practice
 4129 | medicine in this ~~the~~ state may convert that license to a limited
 4130 | license under this subsection for the purpose of providing
 4131 | volunteer, uncompensated care for low-income Floridians. The
 4132 | applicant must submit a statement from the employing agency or
 4133 | institution stating that he or she will not receive compensation
 4134 | for any service involving the practice of medicine. The
 4135 | application fee and all licensure fees, including neurological
 4136 | injury compensation assessments, are ~~shall be~~ waived for such
 4137 | applicant.

4138 | (2) GRADUATE ASSISTANT PHYSICIANS.— A graduate assistant
 4139 | physician is a medical school graduate who meets the
 4140 | requirements of this subsection and has obtained a limited
 4141 | license from the board for the purpose of practicing temporarily
 4142 | under the direct supervision of a physician who has a full,
 4143 | active, and unencumbered license issued under this chapter,
 4144 | pending the graduate's entrance into a residency under the
 4145 | National Resident Match Program.

4146 | (a) Any person desiring to obtain a limited license as a
 4147 | graduate assistant physician must submit to the board an
 4148 | application and demonstrate that he or she meets all of the
 4149 | following criteria:

4150 | 1. Is a graduate of an allopathic medical school or

4151 allopathic college approved by an accrediting agency recognized
4152 by the United States Department of Education.

4153 2. Has successfully passed all parts of the United States
4154 Medical Licensing Examination.

4155 3. Has not received and accepted a residency match from
4156 the National Resident Matching Program within the first year
4157 following graduation from medical school.

4158 (b) The board shall issue a graduate assistant physician
4159 limited license for a duration of 2 years to an applicant who
4160 meets the requirements of paragraph (a) and all of the following
4161 criteria:

4162 1. Is at least 21 years of age.

4163 2. Is of good moral character.

4164 3. Submits documentation that the applicant has agreed to
4165 enter into a written protocol drafted by a physician with a
4166 full, active, and unencumbered license issued under this chapter
4167 upon the board's issuance of a limited license to the applicant
4168 and submits a copy of the protocol. The board shall establish by
4169 rule specific provisions that must be included in a physician-
4170 drafted protocol.

4171 4. Has not committed any act or offense in this or any
4172 other jurisdiction which would constitute the basis for
4173 disciplining a physician under s. 458.331.

4174 5. Has submitted to the department a set of fingerprints
4175 on a form and under procedures specified by the department.

4176 6. The board may not certify to the department for limited
4177 licensure under this subsection any applicant who is under
4178 investigation in another jurisdiction for an offense which would
4179 constitute a violation of this chapter or chapter 456 until such
4180 investigation is completed. Upon completion of the
4181 investigation, s. 458.331 applies. Furthermore, the department
4182 may not issue a limited license to any individual who has
4183 committed any act or offense in any jurisdiction which would
4184 constitute the basis for disciplining a physician under s.
4185 458.331. If the board finds that an individual has committed an
4186 act or offense in any jurisdiction which would constitute the
4187 basis for disciplining a physician under s. 458.331, the board
4188 may enter an order imposing one of the following terms:
4189 a. Refusal to certify to the department an application for
4190 a graduate assistant physician limited license; or
4191 b. Certification to the department of an application for a
4192 graduate assistant physician limited license with restrictions
4193 on the scope of practice of the licensee.
4194 (c) A graduate assistant physician limited licensee may
4195 apply for a one-time renewal of his or her limited license by
4196 submitting a board-approved application, documentation of actual
4197 practice under the required protocol during the initial limited
4198 licensure period, and documentation of applications he or she
4199 has submitted for accredited graduate medical education training
4200 programs. The one-time renewal terminates after 1 year.

4201 (d) A limited licensed graduate assistant physician may
4202 provide health care services only under the direct supervision
4203 of a physician with a full, active, and unencumbered license
4204 issued under this chapter.

4205 (e) A physician must be approved by the board to supervise
4206 a limited licensed graduate assistant physician.

4207 (f) A physician may supervise no more than two graduate
4208 assistant physicians with limited licenses.

4209 (g) Supervision of limited licensed graduate assistant
4210 physicians requires the physical presence of the supervising
4211 physician at the location where the services are rendered.

4212 (h) A physician-drafted protocol must specify the duties
4213 and responsibilities of the limited licensed graduate assistant
4214 physician according to criteria adopted by board rule.

4215 (i) Each protocol that applies to a limited licensed
4216 graduate assistant physician and his or her supervising
4217 physician must ensure that:

4218 1. There is a process for the evaluation of the limited
4219 licensed graduate assistant physicians' performance; and

4220 2. The delegation of any medical task or procedure is
4221 within the supervising physician's scope of practice and
4222 appropriate for the graduate assistant physician's level of
4223 competency.

4224 (j) A limited licensed graduate assistant physician's
4225 prescriptive authority is governed by the physician-drafted

HB 1549

2024

4226 protocol and criteria adopted by the board and may not exceed
4227 that of his or her supervising physician. Any prescriptions and
4228 orders issued by the graduate assistant physician must identify
4229 both the graduate assistant physician and the supervising
4230 physician.

4231 (k) A physician who supervises a graduate assistant
4232 physician is liable for any acts or omissions of the graduate
4233 assistant physician acting under the physician's supervision and
4234 control. Third-party payors may reimburse employers of graduate
4235 assistant physicians for covered services rendered by graduate
4236 assistant physicians.

4237 (3) RULES.—The board may adopt rules to implement this
4238 section.

4239 Section 51. Section 459.0075, Florida Statutes, is amended
4240 to read:

4241 459.0075 Limited licenses.—

4242 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

4243 (a) Any person desiring to obtain a limited license under
4244 this subsection must ~~shall~~:

4245 1.(a) Submit to the board a licensure application and fee
4246 required by this chapter. However, an osteopathic physician who
4247 is not fully retired in all jurisdictions may use a limited
4248 license only for noncompensated practice. If the person applying
4249 for a limited license submits a statement from the employing
4250 agency or institution stating that she or he will not receive

4251 monetary compensation for any service involving the practice of
4252 osteopathic medicine, the application fee and all licensure fees
4253 shall be waived. However, any person who receives a waiver of
4254 fees for a limited license must ~~shall~~ pay such fees if the
4255 person receives compensation for the practice of osteopathic
4256 medicine.

4257 2. ~~(b)~~ Submit proof that such osteopathic physician has
4258 been licensed to practice osteopathic medicine in any
4259 jurisdiction in the United States in good standing and pursuant
4260 to law for at least 10 years.

4261 3. ~~(e)~~ Complete an amount of continuing education
4262 established by the board.

4263 (b) ~~(2)~~ If it has been more than 3 years since active
4264 practice was conducted by the applicant, the full-time director
4265 of the local county health department must ~~shall~~ supervise the
4266 applicant for a period of 6 months after the applicant is
4267 granted a limited license under this subsection ~~to practice,~~
4268 unless the board determines that a shorter period of supervision
4269 will be sufficient to ensure that the applicant is qualified for
4270 licensure under this subsection ~~pursuant to this section.~~
4271 Procedures for such supervision must ~~shall~~ be established by the
4272 board.

4273 (c) ~~(3)~~ The recipient of a limited license under this
4274 subsection may practice only in the employ of public agencies or
4275 institutions or nonprofit agencies or institutions meeting the

HB 1549

2024

4276 requirements of s. 501(c)(3) of the Internal Revenue Code, which
4277 agencies or institutions are located in areas of critical
4278 medical need or in medically underserved areas as determined
4279 pursuant to 42 U.S.C. s. 300e-1(7).

4280 (d)(4) The board shall notify the director of the full-
4281 time local county health department of any county in which a
4282 licensee intends to practice under the provisions of this
4283 subsection ~~section~~. The director of the full-time county health
4284 department shall assist in the supervision of any licensee
4285 within the ~~her or his~~ county and shall notify the board if she
4286 or he becomes aware of any action by the licensee which would be
4287 a ground for revocation of the limited license. The board shall
4288 establish procedures for such supervision.

4289 (e)(5) The ~~State~~ board of ~~Osteopathic Medicine~~ shall
4290 review the practice of each licensee under this subsection
4291 ~~section~~ biennially to verify compliance with the restrictions
4292 prescribed in this subsection ~~section~~ and other provisions of
4293 this chapter.

4294 (f)(6) Any person holding an active license to practice
4295 osteopathic medicine in this ~~the~~ state may convert that license
4296 to a limited license under this subsection for the purpose of
4297 providing volunteer, uncompensated care for low-income
4298 Floridians. The applicant must submit a statement from the
4299 employing agency or institution stating that she or he ~~or she~~
4300 will not receive compensation for any service involving the

4301 practice of osteopathic medicine. The application fee and all
 4302 licensure fees, including neurological injury compensation
 4303 assessments, ~~are shall be~~ waived for such applicant.

4304 (2) GRADUATE ASSISTANT PHYSICIANS.— A graduate assistant
 4305 physician is a medical school graduate who meets the
 4306 requirements of this subsection and has obtained a limited
 4307 license from the board for the purpose of practicing temporarily
 4308 under the direct supervision of a physician who has a full,
 4309 active, and unencumbered license issued under this chapter,
 4310 pending the graduate's entrance into a residency under the
 4311 National Resident Match Program.

4312 (a) Any person desiring to obtain a limited license as a
 4313 graduate assistant physician must submit to the board an
 4314 application and demonstrate that she or he meets all of the
 4315 following criteria:

4316 1. Is a graduate of a school or college of osteopathic
 4317 medicine approved by an accrediting agency recognized by the
 4318 United States Department of Education.

4319 2. Has successfully passed all parts of the examination
 4320 conducted by the National Board of Osteopathic Medical Examiners
 4321 or other examination approved by the board.

4322 3. Has not received and accepted a residency match from
 4323 the National Resident Matching Program within the first year
 4324 following graduation from medical school.

4325 (b) The board shall issue a graduate assistant physician

4326 limited license for a duration of 2 years to an applicant who
4327 meets the requirements of paragraph (a) and all of the following
4328 criteria:

4329 1. Is at least 21 years of age.

4330 2. Is of good moral character.

4331 3. Submits documentation that the applicant has agreed to
4332 enter into a written protocol drafted by a physician with a
4333 full, active, and unencumbered license issued under this chapter
4334 upon the board's issuance of a limited license to the applicant,
4335 and submits a copy of the protocol. The board shall establish by
4336 rule specific provisions that must be included in a physician-
4337 drafted protocol.

4338 4. Has not committed any act or offense in this or any
4339 other jurisdiction which would constitute the basis for
4340 disciplining a physician under s. 459.015.

4341 5. Has submitted to the department a set of fingerprints
4342 on a form and under procedures specified by the department.

4343 6. The board may not certify to the department for limited
4344 licensure under this subsection any applicant who is under
4345 investigation in another jurisdiction for an offense which would
4346 constitute a violation of this chapter or chapter 456 until such
4347 investigation is completed. Upon completion of the
4348 investigation, s. 459.015 applies. Furthermore, the department
4349 may not issue a limited license to any individual who has
4350 committed any act or offense in any jurisdiction which would

4351 constitute the basis for disciplining a physician under s.
4352 459.015. If the board finds that an individual has committed an
4353 act or offense in any jurisdiction which would constitute the
4354 basis for disciplining a physician under s. 459.015, the board
4355 may enter an order imposing one of the following terms:

4356 a. Refusal to certify to the department an application for
4357 a graduate assistant physician limited license; or

4358 b. Certification to the department of an application for a
4359 graduate assistant physician limited license with restrictions
4360 on the scope of practice of the licensee.

4361 (c) A graduate assistant physician limited licensee may
4362 apply for a one-time renewal of his or her limited license by
4363 submitting a board-approved application, documentation of actual
4364 practice under the required protocol during the initial limited
4365 licensure period, and documentation of applications he or she
4366 has submitted for accredited graduate medical education training
4367 programs. The one-time renewal terminates after 1 year.

4368 (d) A limited licensed graduate assistant physician may
4369 provide health care services only under the direct supervision
4370 of a physician with a full, active, and unencumbered license
4371 issued under this chapter.

4372 (e) A physician must be approved by the board to supervise
4373 a limited licensed graduate assistant physician.

4374 (f) A physician may supervise no more than two graduate
4375 assistant physicians with limited licenses.

4376 (g) Supervision of limited licensed graduate assistant
4377 physicians requires the physical presence of the supervising
4378 physician at the location where the services are rendered.

4379 (h) A physician-drafted protocol must specify the duties
4380 and responsibilities of the limited licensed graduate assistant
4381 physician according to criteria adopted by board rule.

4382 (i) Each protocol that applies to a limited licensed
4383 graduate assistant physician and his or her supervising
4384 physician must ensure that:

4385 1. There is a process for the evaluation of the limited
4386 licensed graduate assistant physicians' performance; and

4387 2. The delegation of any medical task or procedure is
4388 within the supervising physician's scope of practice and
4389 appropriate for the graduate assistant physician's level of
4390 competency.

4391 (j) A limited licensed graduate assistant physician's
4392 prescriptive authority is governed by the physician-drafted
4393 protocol and criteria adopted by the board and may not exceed
4394 that of his or her supervising physician. Any prescriptions and
4395 orders issued by the graduate assistant physician must identify
4396 both the graduate assistant physician and the supervising
4397 physician.

4398 (k) A physician who supervises a graduate assistant
4399 physician is liable for any acts or omissions of the graduate
4400 assistant physician acting under the physician's supervision and

4401 control. Third-party payors may reimburse employers of graduate
 4402 assistant physicians for covered services rendered by graduate
 4403 assistant physicians.

4404 (3) RULES.—The board may adopt rules to implement this
 4405 section.

4406 Section 52. Section 459.0076, Florida Statutes, is amended
 4407 to read:

4408 459.0076 Temporary certificate for practice in areas of
 4409 critical need.—

4410 (1) A physician or physician assistant who holds a valid
 4411 license ~~is licensed~~ to practice in any jurisdiction of the
 4412 United States, ~~whose license is currently valid, and who pays an~~
 4413 ~~application fee of \$300~~ may be issued a temporary certificate
 4414 for practice in areas of critical need. A physician seeking such
 4415 certificate must pay an application fee of \$300.

4416 (2) A temporary certificate may be issued under this
 4417 section to a physician or physician assistant who will:

4418 (a) ~~Will~~ Practice in an area of critical need;

4419 (b) ~~Will~~ Be employed by or practice in a county health
 4420 department; correctional facility; Department of Veterans'
 4421 Affairs clinic; community health center funded by s. 329, s.
 4422 330, or s. 340 of the United States Public Health Services Act;
 4423 or other agency or institution that is approved by the State
 4424 Surgeon General and provides health care to meet the needs of
 4425 underserved populations in this state; or

HB 1549

2024

4426 (c) ~~Will~~ Practice for a limited time to address critical
4427 physician-specialty, demographic, or geographic needs for this
4428 state's physician workforce as determined by the State Surgeon
4429 General.

4430 (3) The board ~~of Osteopathic Medicine~~ may issue a this
4431 temporary certificate subject to ~~with~~ the following
4432 restrictions:

4433 (a) The State Surgeon General shall determine the areas of
4434 critical need. Such areas include, but are not limited to,
4435 health professional shortage areas designated by the United
4436 States Department of Health and Human Services.

4437 1. A recipient of a temporary certificate for practice in
4438 areas of critical need may use the certificate to work for any
4439 approved entity in any area of critical need or as authorized by
4440 the State Surgeon General.

4441 2. The recipient of a temporary certificate for practice
4442 in areas of critical need shall, within 30 days after accepting
4443 employment, notify the board of all approved institutions in
4444 which the licensee practices and of all approved institutions
4445 where practice privileges have been denied, as applicable.

4446 (b) The board may administer an abbreviated oral
4447 examination to determine the physician's or physician
4448 assistant's competency, but a written regular examination is not
4449 required. Within 60 days after receipt of an application for a
4450 temporary certificate, the board shall review the application

HB 1549

2024

4451 and issue the temporary certificate, notify the applicant of
4452 denial, or notify the applicant that the board recommends
4453 additional assessment, training, education, or other
4454 requirements as a condition of certification. If the applicant
4455 has not actively practiced during the 3-year period immediately
4456 preceding the application ~~prior 3 years~~ and the board determines
4457 that the applicant may lack clinical competency, possess
4458 diminished or inadequate skills, lack necessary medical
4459 knowledge, or exhibit patterns of deficits in clinical
4460 decisionmaking, the board may:

- 4461 1. Deny the application;
- 4462 2. Issue a temporary certificate having reasonable
4463 restrictions that may include, but are not limited to, a
4464 requirement for the applicant to practice under the supervision
4465 of a physician approved by the board; or
- 4466 3. Issue a temporary certificate upon receipt of
4467 documentation confirming that the applicant has met any
4468 reasonable conditions of the board which may include, but are
4469 not limited to, completing continuing education or undergoing an
4470 assessment of skills and training.

4471 (c) Any certificate issued under this section is valid
4472 only so long as the State Surgeon General determines that the
4473 reason for which it was issued remains a critical need to the
4474 state. The board ~~of Osteopathic Medicine~~ shall review each
4475 temporary certificateholder at least ~~not less than~~ annually to

HB 1549

2024

4476 ascertain that the certificateholder is complying with the
4477 minimum requirements of the Osteopathic Medical Practice Act and
4478 its adopted rules, as applicable to the certificateholder ~~are~~
4479 ~~being complied with~~. If it is determined that the
4480 certificateholder is not meeting such minimum requirements ~~are~~
4481 ~~not being met~~, the board must ~~shall~~ revoke such certificate or
4482 ~~shall~~ impose restrictions or conditions, or both, as a condition
4483 of continued practice under the certificate.

4484 (d) The board may not issue a temporary certificate for
4485 practice in an area of critical need to any physician or
4486 physician assistant who is under investigation in any
4487 jurisdiction in the United States for an act that would
4488 constitute a violation of this chapter until such time as the
4489 investigation is complete, at which time ~~the provisions of s.~~
4490 459.015 applies ~~apply~~.

4491 (4) The application fee and all licensure fees, including
4492 neurological injury compensation assessments, are ~~shall be~~
4493 waived for those persons obtaining a temporary certificate to
4494 practice in areas of critical need for the purpose of providing
4495 volunteer, uncompensated care for low-income residents. The
4496 applicant must submit an affidavit from the employing agency or
4497 institution stating that the physician or physician assistant
4498 will not receive any compensation for any health care services
4499 that he or she provides ~~service involving the practice of~~
4500 ~~medicine~~.

4501 Section 53. Section 464.009, Florida Statutes, is amended
 4502 to read:

4503 464.009 Licensure by endorsement.—

4504 ~~(1)~~ The department shall issue the appropriate license by
 4505 endorsement to practice professional or practical nursing to an
 4506 applicant who, upon applying to the department and remitting a
 4507 fee set by the board not to exceed \$100, demonstrates to the
 4508 board that he or she meets the requirements for licensure by
 4509 endorsement in s. 456.0145.÷

4510 ~~(a) Holds a valid license to practice professional or~~
 4511 ~~practical nursing in another state or territory of the United~~
 4512 ~~States, provided that, when the applicant secured his or her~~
 4513 ~~original license, the requirements for licensure were~~
 4514 ~~substantially equivalent to or more stringent than those~~
 4515 ~~existing in Florida at that time;~~

4516 ~~(b) Meets the qualifications for licensure in s. 464.008~~
 4517 ~~and has successfully completed a state, regional, or national~~
 4518 ~~examination which is substantially equivalent to or more~~
 4519 ~~stringent than the examination given by the department; or~~

4520 ~~(c) Has actively practiced nursing in another state,~~
 4521 ~~jurisdiction, or territory of the United States for 2 of the~~
 4522 ~~preceding 3 years without having his or her license acted~~
 4523 ~~against by the licensing authority of any jurisdiction.~~
 4524 Applicants who become licensed pursuant to this paragraph must
 4525 complete within 6 months after licensure a Florida laws and

HB 1549

2024

4526 ~~rules course that is approved by the board. Once the department~~
4527 ~~has received the results of the national criminal history check~~
4528 ~~and has determined that the applicant has no criminal history,~~
4529 ~~the appropriate license by endorsement shall be issued to the~~
4530 ~~applicant.~~

4531 ~~(2) Such examinations and requirements from other states~~
4532 ~~and territories of the United States shall be presumed to be~~
4533 ~~substantially equivalent to or more stringent than those in this~~
4534 ~~state. Such presumption shall not arise until January 1, 1980.~~
4535 ~~However, the board may, by rule, specify states and territories~~
4536 ~~the examinations and requirements of which shall not be presumed~~
4537 ~~to be substantially equivalent to those of this state.~~

4538 ~~(3) An applicant for licensure by endorsement who is~~
4539 ~~relocating to this state pursuant to his or her military-~~
4540 ~~connected spouse's official military orders and who is licensed~~
4541 ~~in another state that is a member of the Nurse Licensure Compact~~
4542 ~~shall be deemed to have satisfied the requirements of subsection~~
4543 ~~(1) and shall be issued a license by endorsement upon submission~~
4544 ~~of the appropriate application and fees and completion of the~~
4545 ~~criminal background check required under subsection (4).~~

4546 ~~(4) The applicant must submit to the department a set of~~
4547 ~~fingerprints on a form and under procedures specified by the~~
4548 ~~department, along with a payment in an amount equal to the costs~~
4549 ~~incurred by the Department of Health for the criminal background~~
4550 ~~check of the applicant. The Department of Health shall submit~~

HB 1549

2024

4551 ~~the fingerprints provided by the applicant to the Florida~~
4552 ~~Department of Law Enforcement for a statewide criminal history~~
4553 ~~check, and the Florida Department of Law Enforcement shall~~
4554 ~~forward the fingerprints to the Federal Bureau of Investigation~~
4555 ~~for a national criminal history check of the applicant. The~~
4556 ~~Department of Health shall review the results of the criminal~~
4557 ~~history check, issue a license to an applicant who has met all~~
4558 ~~of the other requirements for licensure and has no criminal~~
4559 ~~history, and shall refer all applicants with criminal histories~~
4560 ~~back to the board for determination as to whether a license~~
4561 ~~should be issued and under what conditions.~~

4562 ~~(5) The department shall not issue a license by~~
4563 ~~endorsement to any applicant who is under investigation in~~
4564 ~~another state, jurisdiction, or territory of the United States~~
4565 ~~for an act which would constitute a violation of this part or~~
4566 ~~chapter 456 until such time as the investigation is complete, at~~
4567 ~~which time the provisions of s. 464.018 shall apply.~~

4568 ~~(6) The department shall develop an electronic applicant~~
4569 ~~notification process and provide electronic notification when~~
4570 ~~the application has been received and when background screenings~~
4571 ~~have been completed, and shall issue a license within 30 days~~
4572 ~~after completion of all required data collection and~~
4573 ~~verification. This 30-day period to issue a license shall be~~
4574 ~~tolled if the applicant must appear before the board due to~~
4575 ~~information provided on the application or obtained through~~

4576 ~~screening and data collection and verification procedures.~~

4577 ~~(7) A person holding an active multistate license in~~
 4578 ~~another state pursuant to s. 464.0095 is exempt from the~~
 4579 ~~requirements for licensure by endorsement in this section.~~

4580 Section 54. Section 464.0121, Florida Statutes, is created
 4581 to read:

4582 464.0121 Temporary certificate for practice in areas of
 4583 critical need.—

4584 (1) An advanced practice registered nurse who is licensed
 4585 to practice in any jurisdiction of the United States, whose
 4586 license is currently valid, and who meets educational and
 4587 training requirements established by the board may be issued a
 4588 temporary certificate for practice in areas of critical need.

4589 (2) A temporary certificate may be issued under this
 4590 section to an advanced practice registered nurse who will:

4591 (a) Practice in an area of critical need;

4592 (b) Be employed by or practice in a county health
 4593 department; correctional facility; Department of Veterans'
 4594 Affairs clinic; community health center funded by s. 329, s.
 4595 330, or s. 340 of the United States Public Health Services Act;
 4596 or another agency or institution that is approved by the State
 4597 Surgeon General and that provides health care services to meet
 4598 the needs of underserved populations in this state; or

4599 (c) Practice for a limited time to address critical health
 4600 care specialty, demographic, or geographic needs relating to

4601 this state's accessibility of health care services as determined
4602 by the State Surgeon General.

4603 (3) The board may issue a temporary certificate under this
4604 section subject to the following restrictions:

4605 (a) The State Surgeon General shall determine the areas of
4606 critical need. Such areas include, but are not limited to,
4607 health professional shortage areas designated by the United
4608 States Department of Health and Human Services.

4609 1. A recipient of a temporary certificate for practice in
4610 areas of critical need may use the certificate to work for any
4611 approved entity in any area of critical need or as authorized by
4612 the State Surgeon General.

4613 2. The recipient of a temporary certificate for practice
4614 in areas of critical need shall, within 30 days after accepting
4615 employment, notify the board of all approved institutions in
4616 which the licensee practices as part of his or her employment.

4617 (b) The board may administer an abbreviated oral
4618 examination to determine the advanced practice registered
4619 nurse's competency, but may not require a written regular
4620 examination. Within 60 days after receipt of an application for
4621 a temporary certificate, the board shall review the application
4622 and issue the temporary certificate, notify the applicant of
4623 denial, or notify the applicant that the board recommends
4624 additional assessment, training, education, or other
4625 requirements as a condition of certification. If the applicant

4626 has not actively practiced during the 3-year period immediately
4627 preceding the application and the board determines that the
4628 applicant may lack clinical competency, possess diminished or
4629 inadequate skills, lack necessary medical knowledge, or exhibit
4630 patterns of deficits in clinical decisionmaking, the board may:

- 4631 1. Deny the application;
- 4632 2. Issue a temporary certificate imposing reasonable
4633 restrictions that may include, but are not limited to, a
4634 requirement that the applicant practice under the supervision of
4635 a physician approved by the board; or
- 4636 3. Issue a temporary certificate upon receipt of
4637 documentation confirming that the applicant has met any
4638 reasonable conditions of the board, which may include, but are
4639 not limited to, completing continuing education or undergoing an
4640 assessment of skills and training.

4641 (c) Any certificate issued under this section is valid
4642 only so long as the State Surgeon General maintains the
4643 determination that the critical need that supported the issuance
4644 of the temporary certificate remains a critical need to the
4645 state. The board shall review each temporary certificateholder
4646 at least annually to ascertain that the certificateholder is
4647 complying with the minimum requirements of the Nurse Practice
4648 Act and its adopted rules, as applicable to the
4649 certificateholder. If it is determined that the
4650 certificateholder is not meeting such minimum requirements, the

HB 1549

2024

4651 board must revoke such certificate or impose restrictions or
4652 conditions, or both, as a condition of continued practice under
4653 the certificate.

4654 (d) The board may not issue a temporary certificate for
4655 practice in an area of critical need to any advanced practice
4656 registered nurse who is under investigation in any jurisdiction
4657 in the United States for an act that would constitute a
4658 violation of this part until such time as the investigation is
4659 complete, at which time s. 464.018 applies.

4660 (4) All licensure fees, including neurological injury
4661 compensation assessments, are waived for those persons obtaining
4662 a temporary certificate to practice in areas of critical need
4663 for the purpose of providing volunteer, uncompensated care for
4664 low-income residents. The applicant must submit an affidavit
4665 from the employing agency or institution stating that the
4666 advanced practice registered nurse will not receive any
4667 compensation for any health care services that he or she
4668 provides.

4669 Section 55. Paragraph (b) of subsection (3) of section
4670 464.0123, Florida Statutes, is amended to read:

4671 464.0123 Autonomous practice by an advanced practice
4672 registered nurse.—

4673 (3) PRACTICE REQUIREMENTS.—

4674 (b)1. In order to provide out-of-hospital intrapartum
4675 care, a certified nurse midwife engaged in the autonomous

4676 practice of nurse midwifery must maintain a written policy for
4677 the transfer of patients needing a higher acuity of care or
4678 emergency services. The policy must prescribe and require the
4679 use of an emergency plan-of-care form, which must be signed by
4680 the patient before admission to intrapartum care. At a minimum,
4681 the form must include all of the following:

4682 a. The name and address of the closest hospital that
4683 provides maternity and newborn services.

4684 b. Reasons for which transfer of care would be necessary,
4685 including the transfer-of-care conditions prescribed by board
4686 rule.

4687 c. Ambulances or other emergency medical services that
4688 would be used to transport the patient in the event of an
4689 emergency.

4690 2. If transfer of care is determined necessary by the
4691 certified nurse midwife or under the terms of the written
4692 policy, the certified nurse midwife must document all of the
4693 following information on the patient's emergency plan-of-care
4694 form:

4695 a. The name, date of birth, and condition of the patient.

4696 b. The gravidity and parity of the patient and the
4697 gestational age and condition of the fetus or newborn infant.

4698 c. The reasons that necessitated the transfer of care.

4699 d. A description of the situation, relevant clinical
4700 background, assessment, and recommendations.

4701 e. The planned mode of transporting the patient to the
4702 receiving facility.

4703 f. The expected time of arrival at the receiving facility.

4704 3. Before transferring the patient, or as soon as possible
4705 during or after an emergency transfer, the certified nurse
4706 midwife shall provide the receiving provider with a verbal
4707 summary of the information specified in subparagraph 2. and make
4708 himself or herself immediately available for consultation. Upon
4709 transfer of the patient to the receiving facility, the certified
4710 nurse midwife must provide the receiving provider with the
4711 patient's emergency plan-of-care form as soon as practicable.

4712 4. The certified nurse midwife shall provide the receiving
4713 provider, as soon as practicable, with the patient's prenatal
4714 records, including patient history, prenatal laboratory results,
4715 sonograms, prenatal care flow sheets, maternal fetal medical
4716 reports, and labor flow charting and current notations.

4717 5. The board shall adopt rules to prescribe transfer-of-
4718 care conditions, monitor for excessive transfers, conduct
4719 reviews of adverse maternal and neonatal outcomes, and monitor
4720 the licensure of certified nurse midwives engaged in autonomous
4721 practice must have a written patient transfer agreement with a
4722 hospital and a written referral agreement with a physician
4723 licensed under chapter 458 or chapter 459 to engage in nurse
4724 midwifery.

4725 Section 56. Subsection (10) of section 464.019, Florida

4726 Statutes, is amended to read:

4727 464.019 Approval of nursing education programs.—

4728 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing
 4729 shall study the administration of this section and submit
 4730 reports to the Governor, the President of the Senate, and the
 4731 Speaker of the House of Representatives annually by January 30,
 4732 ~~through January 30, 2025~~. The annual reports shall address the
 4733 previous academic year; provide data on the measures specified
 4734 in paragraphs (a) and (b), as such data becomes available; and
 4735 include an evaluation of such data for purposes of determining
 4736 whether this section is increasing the availability of nursing
 4737 education programs and the production of quality nurses. The
 4738 department and each approved program or accredited program shall
 4739 comply with requests for data from the Florida Center for
 4740 Nursing.

4741 (a) The Florida Center for Nursing shall evaluate program-
 4742 specific data for each approved program and accredited program
 4743 conducted in the state, including, but not limited to:

- 4744 1. The number of programs and student slots available.
- 4745 2. The number of student applications submitted, the
 4746 number of qualified applicants, and the number of students
 4747 accepted.
- 4748 3. The number of program graduates.
- 4749 4. Program retention rates of students tracked from
 4750 program entry to graduation.

HB 1549

2024

4751 5. Graduate passage rates on the National Council of State
4752 Boards of Nursing Licensing Examination.

4753 6. The number of graduates who become employed as
4754 practical or professional nurses in the state.

4755 (b) The Florida Center for Nursing shall evaluate the
4756 board's implementation of the:

4757 1. Program application approval process, including, but
4758 not limited to, the number of program applications submitted
4759 under subsection (1), the number of program applications
4760 approved and denied by the board under subsection (2), the
4761 number of denials of program applications reviewed under chapter
4762 120, and a description of the outcomes of those reviews.

4763 2. Accountability processes, including, but not limited
4764 to, the number of programs on probationary status, the number of
4765 approved programs for which the program director is required to
4766 appear before the board under subsection (5), the number of
4767 approved programs terminated by the board, the number of
4768 terminations reviewed under chapter 120, and a description of
4769 the outcomes of those reviews.

4770 (c) The Florida Center for Nursing shall complete an
4771 annual assessment of compliance by programs with the
4772 accreditation requirements of subsection (11), include in the
4773 assessment a determination of the accreditation process status
4774 for each program, and submit the assessment as part of the
4775 reports required by this subsection.

4776 Section 57. Section 465.0075, Florida Statutes, is amended
 4777 to read:

4778 465.0075 Licensure by endorsement; requirements; fee.—

4779 ~~(1)~~ The department shall issue a license by endorsement to
 4780 any applicant who applies to the department and remits a
 4781 nonrefundable fee of not more than \$100, as set by the board,
 4782 and whom the board certifies has met the requirements for
 4783 licensure by endorsement in s. 456.0145.÷

4784 ~~(a) Has met the qualifications for licensure in s.~~
 4785 ~~465.007(1) (b) and (c);~~

4786 ~~(b) Has obtained a passing score, as established by rule~~
 4787 ~~of the board, on the licensure examination of the National~~
 4788 ~~Association of Boards of Pharmacy or a similar nationally~~
 4789 ~~recognized examination, if the board certifies that the~~
 4790 ~~applicant has taken the required examination;~~

4791 ~~(c)1. Has submitted evidence of the active licensed~~
 4792 ~~practice of pharmacy, including practice in community or public~~
 4793 ~~health by persons employed by a governmental entity, in another~~
 4794 ~~jurisdiction for at least 2 of the immediately preceding 5 years~~
 4795 ~~or evidence of successful completion of board-approved~~
 4796 ~~postgraduate training or a board-approved clinical competency~~
 4797 ~~examination within the year immediately preceding application~~
 4798 ~~for licensure; or~~

4799 2. ~~Has completed an internship meeting the requirements of~~
 4800 ~~s. 465.007(1) (c) within the 2 years immediately preceding~~

4801 application; and

4802 ~~(d) Has obtained a passing score on the pharmacy~~
 4803 ~~jurisprudence portions of the licensure examination, as required~~
 4804 ~~by board rule.~~

4805 ~~(2) An applicant licensed in another state for a period in~~
 4806 ~~excess of 2 years from the date of application for licensure in~~
 4807 ~~this state shall submit a total of at least 30 hours of board-~~
 4808 ~~approved continuing education for the 2 calendar years~~
 4809 ~~immediately preceding application.~~

4810 ~~(3) The department may not issue a license by endorsement~~
 4811 ~~to any applicant who is under investigation in any jurisdiction~~
 4812 ~~for an act or offense that would constitute a violation of this~~
 4813 ~~chapter until the investigation is complete, at which time the~~
 4814 ~~provisions of s. 465.016 apply.~~

4815 ~~(4) The department may not issue a license by endorsement~~
 4816 ~~to any applicant whose license to practice pharmacy has been~~
 4817 ~~suspended or revoked in another state or who is currently the~~
 4818 ~~subject of any disciplinary proceeding in another state.~~

4819 Section 58. Subsection (1) of section 467.0125, Florida
 4820 Statutes, is amended to read:

4821 467.0125 Licensed midwives; qualifications; endorsement;
 4822 temporary certificates.—

4823 (1) The department shall issue a license by endorsement to
 4824 practice midwifery to an applicant who, ~~upon applying to the~~
 4825 ~~department,~~ demonstrates to the department that she or he meets

4826 ~~all of the requirements for licensure by endorsement in s.~~
 4827 ~~456.0145 and submits following criteria:~~

4828 ~~(a) Holds an active, unencumbered license to practice~~
 4829 ~~midwifery in another state, jurisdiction, or territory, provided~~
 4830 ~~the licensing requirements of that state, jurisdiction, or~~
 4831 ~~territory at the time the license was issued were substantially~~
 4832 ~~equivalent to or exceeded those established under this chapter~~
 4833 ~~and the rules adopted hereunder.~~

4834 ~~(b) Has successfully completed a prelicensure course~~
 4835 ~~conducted by an accredited and approved midwifery program.~~

4836 ~~(c) Submits an application for licensure on a form~~
 4837 ~~approved by the department and pays the appropriate fee.~~

4838 Section 59. Subsection (4) of section 468.1705, Florida
 4839 Statutes, is renumbered as subsection (3) and subsections (1),
 4840 (2), and (3) of that section are amended, to read:

4841 468.1705 Licensure by endorsement; temporary license.—

4842 (1) The department shall issue a license by endorsement to
 4843 any applicant who, upon applying to the department and remitting
 4844 a fee set by the board not to exceed \$500, demonstrates to the
 4845 board that he or she meets the requirements for licensure by
 4846 endorsement in s. 456.0145;

4847 ~~(a) Meets one of the following requirements:~~

4848 ~~1. Holds a valid active license to practice nursing home~~
 4849 ~~administration in another state of the United States, provided~~
 4850 ~~that the current requirements for licensure in that state are~~

HB 1549

2024

4851 ~~substantially equivalent to, or more stringent than, current~~
 4852 ~~requirements in this state; or~~
 4853 ~~2. Meets the qualifications for licensure in s. 468.1695;~~
 4854 ~~and~~
 4855 ~~(b)1. Has successfully completed a national examination~~
 4856 ~~which is substantially equivalent to, or more stringent than,~~
 4857 ~~the examination given by the department;~~
 4858 ~~2. Has passed an examination on the laws and rules of this~~
 4859 ~~state governing the administration of nursing homes; and~~
 4860 ~~3. Has worked as a fully licensed nursing home~~
 4861 ~~administrator for 2 years within the 5-year period immediately~~
 4862 ~~preceding the application by endorsement.~~
 4863 ~~(2) National examinations for licensure as a nursing home~~
 4864 ~~administrator shall be presumed to be substantially equivalent~~
 4865 ~~to, or more stringent than, the examination and requirements in~~
 4866 ~~this state, unless found otherwise by rule of the board.~~
 4867 ~~(2)(3) The department may shall not issue a license by~~
 4868 ~~endorsement or a temporary license to any applicant who is under~~
 4869 ~~investigation in this or another state for any act which would~~
 4870 ~~constitute a violation of this part until such time as the~~
 4871 ~~investigation is complete and disciplinary proceedings have been~~
 4872 ~~terminated.~~
 4873 Section 60. Section 468.213, Florida Statutes, is
 4874 repealed.
 4875 Section 61. Section 468.3065, Florida Statutes, is amended

4876 to read:

4877 468.3065 Certification by endorsement.—

4878 (1) The department may issue a certificate by endorsement
 4879 to practice as a radiologist assistant to an applicant who, upon
 4880 applying to the department and remitting a nonrefundable fee not
 4881 to exceed \$50, demonstrates to the department that he or she
 4882 meets the requirements for licensure by endorsement in s.
 4883 456.0145 ~~holds a current certificate or registration as a~~
 4884 ~~radiologist assistant granted by the American Registry of~~
 4885 ~~Radiologic Technologists.~~

4886 (2) The department may issue a certificate by endorsement
 4887 to practice radiologic technology to an applicant who, upon
 4888 applying to the department and remitting a nonrefundable fee not
 4889 to exceed \$50, demonstrates to the department that he or she
 4890 meets the requirements for licensure by endorsement in s.
 4891 456.0145 ~~holds a current certificate, license, or registration~~
 4892 ~~to practice radiologic technology, provided that the~~
 4893 ~~requirements for such certificate, license, or registration are~~
 4894 ~~deemed by the department to be substantially equivalent to those~~
 4895 ~~established under this part and rules adopted under this part.~~

4896 (3) The department may issue a certificate by endorsement
 4897 to practice as a specialty technologist to an applicant who,
 4898 upon applying to the department and remitting a nonrefundable
 4899 fee not to exceed \$100, demonstrates to the department that he
 4900 or she meets the requirements for licensure by endorsement in s.

HB 1549

2024

4901 ~~456.0145 holds a current certificate or registration from a~~
 4902 ~~national organization in a particular advanced, postprimary, or~~
 4903 ~~specialty area of radiologic technology, such as computed~~
 4904 ~~tomography or positron emission tomography.~~

4905 Section 62. Section 468.358, Florida Statutes, is
 4906 repealed.

4907 Section 63. Section 478.47, Florida Statutes, is amended
 4908 to read:

4909 478.47 Licensure by endorsement.—The department shall
 4910 issue a license by endorsement to any applicant who, upon
 4911 submitting ~~submits~~ an application and the required fees as set
 4912 forth in s. 478.55, demonstrates to the board that he or she
 4913 meets the requirements for licensure by endorsement in s.
 4914 ~~456.0145 and who holds an active license or other authority to~~
 4915 ~~practice electrology in a jurisdiction whose licensure~~
 4916 ~~requirements are determined by the board to be equivalent to the~~
 4917 ~~requirements for licensure in this state.~~

4918 Section 64. Paragraph (c) of subsection (5) of section
 4919 480.041, Florida Statutes, is amended to read:

4920 480.041 Massage therapists; qualifications; licensure;
 4921 endorsement.—

4922 (5) The board shall adopt rules:

4923 (c) Specifying licensing procedures for practitioners
 4924 desiring to be licensed in this state who meet the requirements
 4925 for licensure by endorsement in section 456.0145 or hold an

4926 active license and have practiced in ~~any other state, territory,~~
 4927 ~~or jurisdiction of the United States or~~ any foreign national
 4928 jurisdiction which has licensing standards substantially similar
 4929 to, equivalent to, or more stringent than the standards of this
 4930 state.

4931 Section 65. Section 486.081, Florida Statutes, is amended
 4932 to read:

4933 486.081 Physical therapist; endorsement; ~~issuance of~~
 4934 ~~license without examination to person passing examination of~~
 4935 ~~another authorized examining board; fee.-~~

4936 (1) The board may cause a license by endorsement to be
 4937 issued through the department ~~without examination to any~~
 4938 applicant who presents evidence satisfactory to the board of
 4939 meeting the requirements for licensure by endorsement in s.
 4940 456.0145 ~~having passed the American Registry Examination prior~~
 4941 ~~to 1971 or an examination in physical therapy before a similar~~
 4942 ~~lawfully authorized examining board of another state, the~~
 4943 ~~District of Columbia, a territory, or a foreign country, if the~~
 4944 ~~standards for licensure in physical therapy in such other state,~~
 4945 ~~district, territory, or foreign country are determined by the~~
 4946 ~~board to be as high as those of this state, as established by~~
 4947 ~~rules adopted pursuant to this chapter.~~ Any person who holds a
 4948 license pursuant to this section may use the words "physical
 4949 therapist" or "physiotherapist" or the letters "P.T." in
 4950 connection with her or his name or place of business to denote

4951 her or his licensure hereunder. A person who holds a license
 4952 pursuant to this section and obtains a doctoral degree in
 4953 physical therapy may use the letters "D.P.T." and "P.T." A
 4954 physical therapist who holds a degree of Doctor of Physical
 4955 Therapy may not use the title "doctor" without also clearly
 4956 informing the public of his or her profession as a physical
 4957 therapist.

4958 (2) At the time of making application for licensure by
 4959 endorsement under ~~without examination pursuant to the terms of~~
 4960 this section, the applicant shall pay to the department a fee
 4961 not to exceed \$175 as fixed by the board, no part of which will
 4962 be returned.

4963 Section 66. Section 491.006, Florida Statutes, is amended
 4964 to read:

4965 491.006 Licensure or certification by endorsement.-

4966 (1) The department shall license or grant a certificate to
 4967 a person in a profession regulated by this chapter who, upon
 4968 applying to the department and remitting the appropriate fee,
 4969 demonstrates to the board that he or she meets the requirements
 4970 for licensure by endorsement in s. 456.0145÷

4971 ~~(a) Has demonstrated, in a manner designated by rule of~~
 4972 ~~the board, knowledge of the laws and rules governing the~~
 4973 ~~practice of clinical social work, marriage and family therapy,~~
 4974 ~~and mental health counseling.~~

4975 ~~(b)1. Holds an active valid license to practice and has~~

HB 1549

2024

4976 ~~actively practiced the licensed profession in another state for~~
4977 ~~3 of the last 5 years immediately preceding licensure;~~

4978 ~~2. Has passed a substantially equivalent licensing~~
4979 ~~examination in another state or has passed the licensure~~
4980 ~~examination in this state in the profession for which the~~
4981 ~~applicant seeks licensure; and~~

4982 ~~3. Holds a license in good standing, is not under~~
4983 ~~investigation for an act that would constitute a violation of~~
4984 ~~this chapter, and has not been found to have committed any act~~
4985 ~~that would constitute a violation of this chapter.~~

4986
4987 The fees paid by any applicant for certification as a master
4988 social worker under this section are nonrefundable.

4989 ~~(2) The department shall not issue a license or~~
4990 ~~certificate by endorsement to any applicant who is under~~
4991 ~~investigation in this or another jurisdiction for an act which~~
4992 ~~would constitute a violation of this chapter until such time as~~
4993 ~~the investigation is complete, at which time the provisions of~~
4994 ~~s. 491.009 shall apply.~~

4995 (2)~~(3)~~ A person licensed as a clinical social worker,
4996 marriage and family therapist, or mental health counselor in
4997 another state who is practicing under the Professional
4998 Counselors Licensure Compact pursuant to s. 491.017, and only
4999 within the scope provided therein, is exempt from the licensure
5000 requirements of this section, as applicable.

HB 1549

2024

5001 Section 67. Section 458.3129, Florida Statutes, is created
 5002 to read:

5003 458.3129 Interstate Medical Licensure Compact.—A physician
 5004 licensed to practice allopathic medicine under s. 456.4501 is
 5005 deemed to also be licensed under this chapter.

5006 Section 68. Section 459.074, Florida Statutes, is created
 5007 to read:

5008 459.074 Interstate Medical Licensure Compact.—A physician
 5009 licensed to practice osteopathic medicine under s. 456.4501 is
 5010 deemed to also be licensed under this chapter.

5011 Section 69. Subsections (4), (5), and (6) of section
 5012 468.1135, Florida Statutes, are renumbered as subsections (5),
 5013 (6), and (7), respectively, and a new subsection (4) is added to
 5014 that section, to read:

5015 468.1135 Board of Speech-Language Pathology and
 5016 Audiology.—

5017 (4) The board shall appoint two of its members to serve as
 5018 the state's delegates on the Speech-Language Pathology
 5019 Interstate Compact Commission, pursuant to s. 468.1335, one of
 5020 whom must be an audiologist and one of whom must be a speech-
 5021 language pathologist.

5022 Section 70. Subsection (5) section 468.1185, Florida
 5023 Statutes, is renumbered as subsection (3), subsections (3) and
 5024 (4) are amended, and a new subsection (4) is added to that
 5025 section, to read:

5026 468.1185 Licensure.—

5027 ~~(3) The board shall certify as qualified for a license by~~
 5028 ~~endorsement as a speech-language pathologist or audiologist an~~
 5029 ~~applicant who:~~

5030 ~~(a) Holds a valid license or certificate in another state~~
 5031 ~~or territory of the United States to practice the profession for~~
 5032 ~~which the application for licensure is made, if the criteria for~~
 5033 ~~issuance of such license were substantially equivalent to or~~
 5034 ~~more stringent than the licensure criteria which existed in this~~
 5035 ~~state at the time the license was issued; or~~

5036 ~~(b) Holds a valid certificate of clinical competence of~~
 5037 ~~the American Speech-Language and Hearing Association or board~~
 5038 ~~certification in audiology from the American Board of Audiology.~~

5039 (4) A person licensed as an audiologist or a speech-
 5040 language pathologist in another state who is practicing under
 5041 the Audiology and Speech-Language Pathology Interstate Compact
 5042 pursuant to s. 468.1335, and only within the scope provided
 5043 therein, is exempt from the licensure requirements of this
 5044 section.

5045 ~~(4) The board may refuse to certify any applicant who is~~
 5046 ~~under investigation in any jurisdiction for an act which would~~
 5047 ~~constitute a violation of this part or chapter 456 until the~~
 5048 ~~investigation is complete and disciplinary proceedings have been~~
 5049 ~~terminated.~~

5050 Section 71. Subsections (1) and (2) of section 468.1295,

5051 Florida Statutes, are amended to read:
 5052 468.1295 Disciplinary proceedings.—
 5053 (1) The following acts constitute grounds for denial of a
 5054 license or disciplinary action, as specified in s. 456.072(2) or
 5055 s. 468.1335:
 5056 (a) Procuring, or attempting to procure, a license by
 5057 bribery, by fraudulent misrepresentation, or through an error of
 5058 the department or the board.
 5059 (b) Having a license revoked, suspended, or otherwise
 5060 acted against, including denial of licensure, by the licensing
 5061 authority of another state, territory, or country.
 5062 (c) Being convicted or found guilty of, or entering a plea
 5063 of nolo contendere to, regardless of adjudication, a crime in
 5064 any jurisdiction which directly relates to the practice of
 5065 speech-language pathology or audiology.
 5066 (d) Making or filing a report or record which the licensee
 5067 knows to be false, intentionally or negligently failing to file
 5068 a report or records required by state or federal law, willfully
 5069 impeding or obstructing such filing, or inducing another person
 5070 to impede or obstruct such filing. Such report or record shall
 5071 include only those reports or records which are signed in one's
 5072 capacity as a licensed speech-language pathologist or
 5073 audiologist.
 5074 (e) Advertising goods or services in a manner which is
 5075 fraudulent, false, deceptive, or misleading in form or content.

5076 (f) Being proven guilty of fraud or deceit or of
5077 negligence, incompetency, or misconduct in the practice of
5078 speech-language pathology or audiology.

5079 (g) Violating a lawful order of the board or department
5080 previously entered in a disciplinary hearing, or failing to
5081 comply with a lawfully issued subpoena of the board or
5082 department.

5083 (h) Practicing with a revoked, suspended, inactive, or
5084 delinquent license.

5085 (i) Using, or causing or promoting the use of, any
5086 advertising matter, promotional literature, testimonial,
5087 guarantee, warranty, label, brand, insignia, or other
5088 representation, however disseminated or published, which is
5089 misleading, deceiving, or untruthful.

5090 (j) Showing or demonstrating or, in the event of sale,
5091 delivery of a product unusable or impractical for the purpose
5092 represented or implied by such action.

5093 (k) Failing to submit to the board on an annual basis, or
5094 such other basis as may be provided by rule, certification of
5095 testing and calibration of such equipment as designated by the
5096 board and on the form approved by the board.

5097 (l) Aiding, assisting, procuring, employing, or advising
5098 any licensee or business entity to practice speech-language
5099 pathology or audiology contrary to this part, chapter 456, or
5100 any rule adopted pursuant thereto.

HB 1549

2024

5101 (m) Misrepresenting the professional services available in
5102 the fitting, sale, adjustment, service, or repair of a hearing
5103 aid, or using any other term or title which might connote the
5104 availability of professional services when such use is not
5105 accurate.

5106 (n) Representing, advertising, or implying that a hearing
5107 aid or its repair is guaranteed without providing full
5108 disclosure of the identity of the guarantor; the nature, extent,
5109 and duration of the guarantee; and the existence of conditions
5110 or limitations imposed upon the guarantee.

5111 (o) Representing, directly or by implication, that a
5112 hearing aid utilizing bone conduction has certain specified
5113 features, such as the absence of anything in the ear or leading
5114 to the ear, or the like, without disclosing clearly and
5115 conspicuously that the instrument operates on the bone
5116 conduction principle and that in many cases of hearing loss this
5117 type of instrument may not be suitable.

5118 (p) Stating or implying that the use of any hearing aid
5119 will improve or preserve hearing or prevent or retard the
5120 progression of a hearing impairment or that it will have any
5121 similar or opposite effect.

5122 (q) Making any statement regarding the cure of the cause
5123 of a hearing impairment by the use of a hearing aid.

5124 (r) Representing or implying that a hearing aid is or will
5125 be "custom-made," "made to order," or "prescription-made," or in

5126 | any other sense specially fabricated for an individual, when
 5127 | such is not the case.

5128 | (s) Canvassing from house to house or by telephone, either
 5129 | in person or by an agent, for the purpose of selling a hearing
 5130 | aid, except that contacting persons who have evidenced an
 5131 | interest in hearing aids, or have been referred as in need of
 5132 | hearing aids, shall not be considered canvassing.

5133 | (t) Failing to notify the department in writing of a
 5134 | change in current mailing and place-of-practice address within
 5135 | 30 days after such change.

5136 | (u) Failing to provide all information as described in ss.
 5137 | 468.1225(5)(b), 468.1245(1), and 468.1246.

5138 | (v) Exercising influence on a client in such a manner as
 5139 | to exploit the client for financial gain of the licensee or of a
 5140 | third party.

5141 | (w) Practicing or offering to practice beyond the scope
 5142 | permitted by law or accepting and performing professional
 5143 | responsibilities the licensee or certificateholder knows, or has
 5144 | reason to know, the licensee or certificateholder is not
 5145 | competent to perform.

5146 | (x) Aiding, assisting, procuring, or employing any
 5147 | unlicensed person to practice speech-language pathology or
 5148 | audiology.

5149 | (y) Delegating or contracting for the performance of
 5150 | professional responsibilities by a person when the licensee

5151 delegating or contracting for performance of such
 5152 responsibilities knows, or has reason to know, such person is
 5153 not qualified by training, experience, and authorization to
 5154 perform them.

5155 (z) Committing any act upon a patient or client which
 5156 would constitute sexual battery or which would constitute sexual
 5157 misconduct as defined pursuant to s. 468.1296.

5158 (aa) Being unable to practice the profession for which he
 5159 or she is licensed or certified under this chapter with
 5160 reasonable skill or competence as a result of any mental or
 5161 physical condition or by reason of illness, drunkenness, or use
 5162 of drugs, narcotics, chemicals, or any other substance. In
 5163 enforcing this paragraph, upon a finding by the State Surgeon
 5164 General, his or her designee, or the board that probable cause
 5165 exists to believe that the licensee or certificateholder is
 5166 unable to practice the profession because of the reasons stated
 5167 in this paragraph, the department shall have the authority to
 5168 compel a licensee or certificateholder to submit to a mental or
 5169 physical examination by a physician, psychologist, clinical
 5170 social worker, marriage and family therapist, or mental health
 5171 counselor designated by the department or board. If the licensee
 5172 or certificateholder refuses to comply with the department's
 5173 order directing the examination, such order may be enforced by
 5174 filing a petition for enforcement in the circuit court in the
 5175 circuit in which the licensee or certificateholder resides or

HB 1549

2024

5176 does business. The department shall be entitled to the summary
5177 procedure provided in s. 51.011. A licensee or certificateholder
5178 affected under this paragraph shall at reasonable intervals be
5179 afforded an opportunity to demonstrate that he or she can resume
5180 the competent practice for which he or she is licensed or
5181 certified with reasonable skill and safety to patients.

5182 (bb) Violating any provision of this chapter or chapter
5183 456, or any rules adopted pursuant thereto.

5184 (2) (a) The board may enter an order denying licensure or
5185 imposing any of the penalties in s. 456.072(2) against any
5186 applicant for licensure or licensee who is found guilty of
5187 violating any provision of subsection (1) of this section or who
5188 is found guilty of violating any provision of s. 456.072(1).

5189 (b) The board may take adverse action against an
5190 audiologist's or a speech-language pathologist's compact
5191 privilege under the Audiology and Speech-Language Pathology
5192 Interstate Compact pursuant to s. 468.1335 and may impose any of
5193 the penalties in s. 456.072(2), if an audiologist or a speech-
5194 language pathologist commits an act specified in subsection (1)
5195 or s. 456.072(1).

5196 Section 72. Section 468.1335, Florida Statutes, is created
5197 to read:

5198 468.1335 Practice of Audiology and Speech-language
5199 Pathology Interstate Compact.—The Practice of Audiology and
5200 Speech-language Pathology Interstate Compact is hereby enacted

5201 into law and entered into by this state with all other states
5202 legally joining therein in the form substantially as follows:

5203

5204 ARTICLE I

5205 PURPOSE

5206

5207 (1) The purpose of the compact is to facilitate the
5208 interstate practice of audiology and speech-language pathology
5209 with the goal of improving public access to audiology and
5210 speech-language pathology services.

5211 (2) The practice of audiology and speech-language
5212 pathology occurs in the state where the patient, client, or
5213 student is located at the time the services are provided.

5214 (3) The compact preserves the regulatory authority of
5215 states to protect public health and safety through the current
5216 system of state licensure.

5217 (4) The compact is designed to achieve all of the
5218 following objectives:

5219 (a) Increase public access to audiology and speech-
5220 language pathology services by providing for the mutual
5221 recognition of other member state licenses.

5222 (b) Enhance the states' abilities to protect public health
5223 and safety.

5224 (c) Encourage the cooperation of member states in
5225 regulating multistate audiology and speech-language pathology

5226 | practices.

5227 | (d) Support spouses of relocating active duty military
 5228 | personnel.

5229 | (e) Enhance the exchange of licensure, investigative, and
 5230 | disciplinary information between member states.

5231 | (f) Allow a remote state to hold a licensee with compact
 5232 | privilege in that state accountable to that state's practice
 5233 | standards.

5234 | (g) Allow for the use of telehealth technology to
 5235 | facilitate increased access to audiology and speech-language
 5236 | pathology services.

5237 |

5238 | ARTICLE II

5239 | DEFINITIONS

5240 |

5241 | (1) As used in this section, the term:

5242 | (2) "Active duty military" means full-time duty status in
 5243 | the active uniformed service of the United States, including
 5244 | members of the National Guard and Reserve on active duty orders
 5245 | pursuant to 10 U.S.C. chapters 1209 and 1211.

5246 | (3) "Adverse action" means any administrative, civil,
 5247 | equitable, or criminal action permitted by a state's laws which
 5248 | is imposed by a licensing board against a licensee, including
 5249 | actions against an individual's license or privilege to practice
 5250 | such as revocation, suspension, probation, monitoring of the

5251 licensee, or restriction on the licensee's practice.

5252 (4) "Alternative program" means a nondisciplinary
5253 monitoring process approved by an audiology licensing board or a
5254 speech-language pathology licensing board to address impaired
5255 licensees.

5256 (5) "Audiologist" means an individual who is licensed by a
5257 state to practice audiology.

5258 (6) "Audiology" means the care and services provided by a
5259 licensed audiologist as provided in the member state's rules and
5260 regulations.

5261 (7) "Audiology and Speech-language Pathology Interstate
5262 Compact Commission" or "commission" means the national
5263 administrative body whose membership consists of all states that
5264 have enacted the compact.

5265 (8) "Audiology licensing board" means the agency of a
5266 state that is responsible for the licensing and regulation of
5267 audiologists.

5268 (9) "Compact privilege" means the authorization granted by
5269 a remote state to allow a licensee from another member state to
5270 practice as an audiologist or speech-language pathologist in the
5271 remote state under its rules and regulations. The practice of
5272 audiology or speech-language pathology occurs in the member
5273 state where the patient, client, or student is located at the
5274 time the services are provided.

5275 (10) "Current significant investigative information,"

5276 "investigative materials," "investigative records," or
 5277 "investigative reports" means information that a licensing
 5278 board, after an inquiry or investigation that includes
 5279 notification and an opportunity for the audiologist or speech-
 5280 language pathologist to respond, if required by state law, has
 5281 reason to believe is not groundless and, if proved true, would
 5282 indicate more than a minor infraction.

5283 (11) "Data system" means a repository of information
 5284 relating to licensees, including, but not limited to, continuing
 5285 education, examination, licensure, investigative, compact
 5286 privilege, and adverse action information.

5287 (12) "Encumbered license" means a license in which an
 5288 adverse action restricts the practice of audiology or speech-
 5289 language pathology by the licensee and the adverse action has
 5290 been reported to the National Practitioner Data Bank (NPDB).

5291 (13) "Executive committee" means a group of directors
 5292 elected or appointed to act on behalf of, and within the powers
 5293 granted to them by, the commission.

5294 (14) "Home state" means the member state that is the
 5295 licensee's primary state of residence.

5296 (15) "Impaired licensee" means a licensee whose
 5297 professional practice is adversely affected by substance abuse,
 5298 addiction, or other health-related conditions.

5299 (16) "Licensee" means a person who is licensed by his or
 5300 her home state to practice as an audiologist or speech-language

5301 pathologist.

5302 (17) "Licensing board" means the agency of a state that is
 5303 responsible for the licensing and regulation of audiologists or
 5304 speech-language pathologists.

5305 (18) "Member state" means a state that has enacted the
 5306 compact.

5307 (19) "Privilege to practice" means the legal authorization
 5308 to practice audiology or speech-language pathology in a remote
 5309 state.

5310 (20) "Remote state" means a member state other than the
 5311 home state where a licensee is exercising or seeking to exercise
 5312 his or her compact privilege.

5313 (21) "Rule" means a regulation, principle, or directive
 5314 adopted by the commission that has the force of law.

5315 (22) "Single-state license" means an audiology or speech-
 5316 language pathology license issued by a member state that
 5317 authorizes practice only within the issuing state and does not
 5318 include a privilege to practice in any other member state.

5319 (23) "Speech-language pathologist" means an individual who
 5320 is licensed to practice speech-language pathology.

5321 (24) "Speech-language pathology" means the care and
 5322 services provided by a licensed speech-language pathologist as
 5323 provided in the member state's rules and regulations.

5324 (25) "Speech-language pathology licensing board" means the
 5325 agency of a state that is responsible for the licensing and

5326 regulation of speech-language pathologists.

5327 (26) "State" means any state, commonwealth, district, or
 5328 territory of the United States of America that regulates the
 5329 practice of audiology and speech-language pathology.

5330 (27) "State practice laws" means a member state's laws,
 5331 rules, and regulations that govern the practice of audiology or
 5332 speech-language pathology, define the scope of audiology or
 5333 speech-language pathology practice, and create the methods and
 5334 grounds for imposing discipline.

5335 (28) "Telehealth" means the application of
 5336 telecommunication technology to deliver audiology or speech-
 5337 language pathology services at a distance for assessment,
 5338 intervention, or consultation.

5340 ARTICLE III
 5341 STATE PARTICIPATION

5343 (1) A license issued to an audiologist or speech-language
 5344 pathologist by a home state to a resident in that state must be
 5345 recognized by each member state as authorizing an audiologist or
 5346 speech-language pathologist to practice audiology or speech-
 5347 language pathology, under a privilege to practice, in each
 5348 member state.

5349 (2) A state must implement procedures for considering the
 5350 criminal history records of applicants for initial privilege to

5351 practice. These procedures must include the submission of
5352 fingerprints or other biometric-based information by applicants
5353 for the purpose of obtaining an applicant's criminal history
5354 records from the Federal Bureau of Investigation and the agency
5355 responsible for retaining that state's criminal history records.

5356 (a) A member state must fully implement a criminal history
5357 records check procedure, within a timeframe established by rule,
5358 which requires the member state to receive an applicant's
5359 criminal history records from the Federal Bureau of
5360 Investigation and the agency responsible for retaining the
5361 member state's criminal history records and use such records in
5362 making licensure decisions.

5363 (b) Communication between a member state, the commission,
5364 and other member states regarding the verification of
5365 eligibility for licensure through the compact may not include
5366 any information received from the Federal Bureau of
5367 Investigation relating to a criminal history records check
5368 performed by a member state under Pub. L. No. 92-544.

5369 (3) Upon application for a privilege to practice, the
5370 licensing board in the issuing remote state must determine,
5371 through the data system, whether the applicant has ever held, or
5372 is the holder of, a license issued by any other state, whether
5373 there are any encumbrances on any license or privilege to
5374 practice held by the applicant, and whether any adverse action
5375 has been taken against any license or privilege to practice held

5376 by the applicant.

5377 (4) Each member state must require an applicant to obtain
5378 or retain a license in his or her home state and meet the home
5379 state's qualifications for licensure or renewal of licensure and
5380 all other applicable state laws.

5381 (5) Each member state must require that an applicant meet
5382 all of the following criteria to receive the privilege to
5383 practice as an audiologist in the member state:

5384 (a) One of the following educational requirements:

5385 1. On or before December 31, 2007, has graduated with a
5386 master's degree or doctoral degree in audiology, or an
5387 equivalent degree, regardless of the name of such degree, from a
5388 program that is accredited by an accrediting agency recognized
5389 by the Council for Higher Education Accreditation, or its
5390 successor, or by the United States Department of Education and
5391 operated by a college or university accredited by a regional or
5392 national accrediting organization recognized by the board; or

5393 2. On or after January 1, 2008, has graduated with a
5394 doctoral degree in audiology, or an equivalent degree,
5395 regardless of the name of such degree, from a program that is
5396 accredited by an accrediting agency recognized by the Council
5397 for Higher Education Accreditation, or its successor, or by the
5398 United States Department of Education and operated by a college
5399 or university accredited by a regional or national accrediting
5400 organization recognized by the board; or

5401 3. Has graduated from an audiology program that is housed
5402 in an institution of higher education outside of the United
5403 States for which the degree program and institution have been
5404 approved by the authorized accrediting body in the applicable
5405 country and the degree program has been verified by an
5406 independent credentials review agency to be comparable to a
5407 state licensing board-approved program.

5408 (b) Has completed a supervised clinical practicum
5409 experience from an accredited educational institution or its
5410 cooperating programs as required by the commission.

5411 (c) Has successfully passed a national examination
5412 approved by the commission.

5413 (d) Holds an active, unencumbered license.

5414 (e) Has not been convicted or found guilty of, or entered
5415 a plea of guilty or nolo contendere to, regardless of
5416 adjudication, a felony in any jurisdiction which directly
5417 relates to the practice of his or her profession or the ability
5418 to practice his or her profession.

5419 (f) Has a valid United States social security number or a
5420 national provider identifier number.

5421 (6) Each member state must require that an applicant meet
5422 all of the following criteria to receive the privilege to
5423 practice as a speech-language pathologist in the member state:

5424 (a) One of the following educational requirements:

5425 1. Has graduated with a master's degree from a speech-

5426 language pathology program that is accredited by an organization
5427 recognized by the United States Department of Education and
5428 operated by a college or university accredited by a regional or
5429 national accrediting organization recognized by the board; or

5430 2. Has graduated from a speech-language pathology program
5431 that is housed in an institution of higher education outside of
5432 the United States for which the degree program and institution
5433 have been approved by the authorized accrediting body in the
5434 applicable country and the degree program has been verified by
5435 an independent credentials review agency to be comparable to a
5436 state licensing board-approved program.

5437 (b) Has completed a supervised clinical practicum
5438 experience from an educational institution or its cooperating
5439 programs as required by the commission.

5440 (c) Has completed a supervised postgraduate professional
5441 experience as required by the commission.

5442 (d) Has successfully passed a national examination
5443 approved by the commission.

5444 (e) Holds an active, unencumbered license.

5445 (f) Has not been convicted or found guilty of, or entered
5446 a plea of guilty or nolo contendere to, regardless of
5447 adjudication, a felony in any jurisdiction which directly
5448 relates to the practice of his or her profession or the ability
5449 to practice his or her profession.

5450 (g) Has a valid United States social security number or

HB 1549

2024

5451 national provider identifier number.

5452 (7) The privilege to practice is derived from the home
5453 state license.

5454 (8) An audiologist or speech-language pathologist
5455 practicing in a member state must comply with the state practice
5456 laws of the member state where the client is located at the time
5457 service is provided. The practice of audiology and speech-
5458 language pathology includes all audiology and speech-language
5459 pathology practices as defined by the state practice laws of the
5460 member state where the client is located. The practice of
5461 audiology and speech-language pathology in a member state under
5462 a privilege to practice subjects an audiologist or speech-
5463 language pathologist to the jurisdiction of the licensing
5464 boards, courts, and laws of the member state where the client is
5465 located at the time service is provided.

5466 (9) Individuals not residing in a member state shall
5467 continue to be able to apply for a member state's single-state
5468 license as provided under the laws of each member state.
5469 However, the single-state license granted to these individuals
5470 may not be recognized as granting the privilege to practice
5471 audiology or speech-language pathology in any other member
5472 state. The compact does not affect the requirements established
5473 by a member state for the issuance of a single-state license.

5474 (10) Member states may charge a fee for granting a compact
5475 privilege.

5476 (11) Member states must comply with the bylaws and rules
 5477 of the commission.

5478

5479 ARTICLE IV

5480 COMPACT PRIVILEGE

5481

5482 (1) To exercise compact privilege under the compact, the
 5483 audiologist or speech-language pathologist must meet all of the
 5484 following criteria:

5485 (a) Hold an active license in the home state.

5486 (b) Have no encumbrance on any state license.

5487 (c) Be eligible for compact privilege in any member state
 5488 in accordance with Article III.

5489 (d) Not have any adverse action against any license or
 5490 compact privilege within the 2 years preceding the date of
 5491 application.

5492 (e) Notify the commission that he or she is seeking
 5493 compact privilege within a remote state or states.

5494 (f) Pay any applicable fees, including any state fee, for
 5495 the compact privilege.

5496 (g) Report to the commission any adverse action taken by
 5497 any nonmember state within 30 days after the date the adverse
 5498 action is taken.

5499 (2) For the purposes of compact privilege, an audiologist
 5500 or speech-language pathologist may only hold one home state

HB 1549

2024

5501 license at a time.

5502 (3) Except as provided in Article VI, if an audiologist or
5503 speech-language pathologist changes his or her primary state of
5504 residence by moving between two member states, the audiologist
5505 or speech-language pathologist must apply for licensure in the
5506 new home state, and the license issued by the prior home state
5507 shall be deactivated in accordance with applicable rules adopted
5508 by the commission.

5509 (4) The audiologist or speech-language pathologist may
5510 apply for licensure in advance of a change in his or her primary
5511 state of residence.

5512 (5) A license may not be issued by the new home state
5513 until the audiologist or speech-language pathologist provides
5514 satisfactory evidence of a change in his or her primary state of
5515 residence to the new home state and satisfies all applicable
5516 requirements to obtain a license from the new home state.

5517 (6) If an audiologist or speech-language pathologist
5518 changes his or her primary state of residence by moving from a
5519 member state to a nonmember state, the license issued by the
5520 prior home state shall convert to a single-state license, valid
5521 only in the former home state.

5522 (7) Compact privilege is valid until the expiration date
5523 of the home state license. The licensee must comply with the
5524 requirements of subsection (1) to maintain compact privilege in
5525 the remote state.

5526 (8) A licensee providing audiology or speech-language
 5527 pathology services in a remote state under compact privilege
 5528 shall function within the laws and regulations of the remote
 5529 state.

5530 (9) A remote state may, in accordance with due process and
 5531 state law, remove a licensee's compact privilege in the remote
 5532 state for a specific period of time, impose fines, or take any
 5533 other necessary actions to protect the health and safety of its
 5534 residents.

5535 (10) If a home state license is encumbered, the licensee
 5536 shall lose compact privilege in all remote states until both of
 5537 the following occur:

5538 (a) The home state license is no longer encumbered.

5539 (b) Two years have lapsed from the date of the adverse
 5540 action.

5541 (11) Once an encumbered license in the home state is
 5542 restored to good standing, the licensee must meet the
 5543 requirements of subsection (1) to obtain compact privilege in
 5544 any remote state.

5545 (12) Once the requirements of subsection (10) have been
 5546 met, the licensee must meet the requirements in subsection (1)
 5547 to obtain compact privilege in a remote state.

5548
 5549 ARTICLE V

5550 COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

5551
5552 Member states shall recognize the right of an audiologist
5553 or speech-language pathologist, licensed by a home state in
5554 accordance with Article III and under rules adopted by the
5555 commission, to practice audiology or speech-language pathology
5556 in any member state through the use of telehealth under
5557 privilege to practice as provided in the compact and rules
5558 adopted by the commission.

5559
5560 ARTICLE VI

5561 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

5562
5563 Active duty military personnel, or their spouses, as
5564 applicable, shall designate a home state where the individual
5565 has a current license in good standing. The individual may
5566 retain the home state designation during the period the
5567 servicemember is on active duty. Subsequent to designating a
5568 home state, the individual shall only change his or her home
5569 state only through application for licensure in the new state.

5570
5571 ARTICLE VII

5572 ADVERSE ACTIONS

5573
5574 (1) In addition to the other powers conferred by state
5575 law, a remote state may:

5576 (a) Take adverse action against an audiologist's or
5577 speech-language pathologist's privilege to practice within that
5578 member state.

5579 1. Only the home state has the power to take adverse
5580 action against an audiologist's or a speech-language
5581 pathologist's license issued by the home state.

5582 2. For purposes of taking adverse action, the home state
5583 shall give the same priority and effect to reported conduct
5584 received from a member state as it would if the conduct had
5585 occurred within the home state. In so doing, the home state
5586 shall apply its own state laws to determine appropriate action.

5587 (b) Issue subpoenas for both hearings and investigations
5588 that require the attendance and testimony of witnesses as well
5589 as the production of evidence. Subpoenas issued by a licensing
5590 board in a member state for the attendance and testimony of
5591 witnesses or the production of evidence from another member
5592 state must be enforced in the latter state by any court of
5593 competent jurisdiction according to the practice and procedure
5594 of that court applicable to subpoenas issued in proceedings
5595 pending before it. The issuing authority shall pay any witness
5596 fees, travel expenses, mileage, and other fees required by the
5597 service statutes of the state in which the witnesses or evidence
5598 are located.

5599 (c) Complete any pending investigations of an audiologist
5600 or speech-language pathologist who changes his or her primary

5601 state of residence during the course of the investigations. The
5602 home state also has the authority to take appropriate actions
5603 and shall promptly report to the administrator of the data
5604 system the conclusions of the investigations. The administrator
5605 of the data system shall promptly notify the new home state of
5606 any adverse actions.

5607 (d) If otherwise allowed by state law, recover from the
5608 affected audiologist or speech-language pathologist the costs of
5609 investigations and disposition of cases resulting from any
5610 adverse action taken against that audiologist or speech-
5611 language pathologist.

5612 (e) Take adverse action based on the factual findings of
5613 the remote state, provided that the member state follows the
5614 member state's own procedures for taking the adverse action.

5615 (2) (a) In addition to the authority granted to a member
5616 state by its respective audiology or speech-language pathology
5617 practice act or other applicable state law, any member state may
5618 participate with other member states in joint investigations of
5619 licensees.

5620 (b) Member states shall share any investigative,
5621 litigation, or compliance materials in furtherance of any joint
5622 or individual investigation initiated under the compact.

5623 (3) If adverse action is taken by the home state against
5624 an audiologist's or a speech language pathologist's license, the
5625 audiologist's or speech-language pathologist's privilege to

5626 practice in all other member states shall be deactivated until
5627 all encumbrances have been removed from the home state license.
5628 All home state disciplinary orders that impose adverse action
5629 against an audiologist's or a speech language pathologist's
5630 license must include a statement that the audiologist's or
5631 speech-language pathologist's privilege to practice is
5632 deactivated in all member states during the pendency of the
5633 order.

5634 (4) If a member state takes adverse action, it must
5635 promptly notify the administrator of the data system. The
5636 administrator of the data system shall promptly notify the home
5637 state of any adverse actions by remote states.

5638 (5) The compact does not override a member state's
5639 decision that participation in an alternative program may be
5640 used in lieu of adverse action.

5641

5642 ARTICLE VIII

5643 ESTABLISHMENT OF THE AUDIOLOGY

5644 AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT COMMISSION

5645

5646 (1) The member states hereby create and establish a joint
5647 public agency known as the Audiology and Speech-language
5648 Pathology Interstate Compact Commission.

5649 (a) The commission is an instrumentality of the compact
5650 states.

5651 (b) Venue is proper, and judicial proceedings by or
5652 against the commission must be brought solely and exclusively in
5653 a court of competent jurisdiction where the principal office of
5654 the commission is located. The commission may waive venue and
5655 jurisdictional defenses to the extent it adopts or consents to
5656 participate in alternative dispute resolution proceedings.

5657 (c) This compact does not waive sovereign immunity except
5658 to the extent sovereign immunity is waived in the member states.

5659 (2)(a) Each member state must have two delegates selected
5660 by that member state's licensing boards. The delegates must be
5661 current members of the licensing boards. One delegate must be an
5662 audiologist and one delegate must be a speech-language
5663 pathologist.

5664 (b) An additional five delegates, who are either public
5665 members or board administrators from licensing boards, must be
5666 chosen by the executive committee from a pool of nominees
5667 provided by the commission at large.

5668 (c) A delegate may be removed or suspended from office as
5669 provided by the state law from which the delegate is appointed.

5670 (d) The member state board shall fill any vacancy
5671 occurring on the commission within 90 days after the vacancy
5672 occurs.

5673 (e) Each delegate is entitled to one vote with regard to
5674 the adoption of rules and creation of bylaws and shall otherwise
5675 have an opportunity to participate in the business and affairs

5676 of the commission.

5677 (f) A delegate shall vote in person or by other means as
5678 provided in the bylaws. The bylaws may provide for delegates'
5679 participation in meetings by telephone or other means of
5680 communication.

5681 (g) The commission shall meet at least once during each
5682 calendar year. Additional meetings must be held as provided in
5683 the bylaws and rules.

5684 (3) The commission has the following powers and duties:

5685 (a) Establish the commission's fiscal year.

5686 (b) Establish bylaws.

5687 (c) Establish a code of ethics.

5688 (d) Maintain its financial records in accordance with the
5689 bylaws.

5690 (e) Meet and take actions as are consistent with the
5691 compact and the bylaws.

5692 (f) Adopt uniform rules to facilitate and coordinate
5693 implementation and administration of the compact. The rules
5694 shall have the force and effect of law and are binding on all
5695 member states.

5696 (g) Bring and prosecute legal proceedings or actions in
5697 the name of the commission, provided that the standing of an
5698 audiology licensing board or a speech-language pathology
5699 licensing board to sue or be sued under applicable law is not
5700 affected.

- 5701 (h) Purchase and maintain insurance and bonds.
- 5702 (i) Borrow, accept, or contract for services of personnel,
 5703 including, but not limited to, employees of a member state.
- 5704 (j) Hire employees, elect or appoint officers, fix
 5705 compensation, define duties, grant individuals appropriate
 5706 authority to carry out the purposes of the compact, and
 5707 establish the commission's personnel policies and programs
 5708 relating to conflicts of interest, qualifications of personnel,
 5709 and other related personnel matters.
- 5710 (k) Accept any appropriate donations and grants of money,
 5711 equipment, supplies, and materials and services, and receive,
 5712 use, and dispose of the same, provided that at all times the
 5713 commission must avoid any appearance of impropriety or conflict
 5714 of interest.
- 5715 (l) Lease, purchase, accept appropriate gifts or donations
 5716 of, or otherwise own, hold, improve, or use any property, real,
 5717 personal, or mixed, provided that at all times the commission
 5718 shall avoid any appearance of impropriety.
- 5719 (m) Sell, convey, mortgage, pledge, lease, exchange,
 5720 abandon, or otherwise dispose of any property real, personal, or
 5721 mixed.
- 5722 (n) Establish a budget and make expenditures.
- 5723 (o) Borrow money.
- 5724 (p) Appoint committees, including standing committees
 5725 composed of members, and other interested persons as may be

HB 1549

2024

5726 designated in the compact and the bylaws.

5727 (q) Provide and receive information from, and cooperate
5728 with, law enforcement agencies.

5729 (r) Establish and elect an executive committee.

5730 (s) Perform other functions as may be necessary or
5731 appropriate to achieve the purposes of the compact consistent
5732 with the state regulation of audiology and speech-language
5733 pathology licensure and practice.

5734 (4) The executive committee shall have the power to act on
5735 behalf of the commission according to the terms of the compact.

5736 (a) The executive committee must be composed of 10 members
5737 as follows:

5738 1. Seven voting members who are elected by the commission
5739 from the current membership of the commission.

5740 2. Two ex officio members, consisting of one nonvoting
5741 member from a recognized national audiology professional
5742 association and one nonvoting member from a recognized national
5743 speech-language pathology association.

5744 3. One ex-officio, nonvoting member from the recognized
5745 membership organization of the audiology licensing and speech-
5746 language pathology licensing boards.

5747 (b) The ex officio members must be selected by their
5748 respective organizations.

5749 (c) The commission may remove any member of the executive
5750 committee as provided in the bylaws.

- 5751 (d) The executive committee shall meet at least annually.
- 5752 (e) The executive committee has the following duties and
- 5753 responsibilities:
- 5754 1. Recommend to the entire commission changes to the rules
- 5755 or bylaws and changes to this compact legislation, fees paid by
- 5756 member states such as annual dues, and any commission compact
- 5757 fee charged to licensees for the compact privilege.
- 5758 2. Ensure compact administration services are
- 5759 appropriately provided, contractual or otherwise.
- 5760 3. Prepare and recommend the budget.
- 5761 4. Maintain financial records on behalf of the commission.
- 5762 5. Monitor compact compliance of member states and provide
- 5763 compliance reports to the commission.
- 5764 6. Establish additional committees as necessary.
- 5765 7. Other duties as provided by rule or bylaw.
- 5766 (f) All meetings must be open to the public, and public
- 5767 notice of meetings must be given in the same manner as required
- 5768 under the rulemaking provisions in Article X.
- 5769 (g) If a meeting or any portion of a meeting is closed
- 5770 under this subsection, the commission's legal counsel or
- 5771 designee must certify that the meeting may be closed and must
- 5772 reference each relevant exempting provision.
- 5773 (h) The commission shall keep minutes that fully and
- 5774 clearly describe all matters discussed in a meeting and shall
- 5775 provide a full and accurate summary of actions taken, and the

5776 reasons therefore, including a description of the views
5777 expressed. All documents considered in connection with an action
5778 must be identified in minutes. All minutes and documents of a
5779 closed meeting must remain under seal, subject to release by a
5780 majority vote of the commission or order of a court of competent
5781 jurisdiction.

5782 (5) Relating to the financing of the commission, the
5783 commission:

5784 (a) Shall pay, or provide for the payment of, the
5785 reasonable expenses of its establishment, organization, and
5786 ongoing activities.

5787 (b) May accept any and all appropriate revenue sources,
5788 donations, and grants of money, equipment, supplies, materials,
5789 and services.

5790 (c) May levy on and collect an annual assessment from each
5791 member state or impose fees on other parties to cover the cost
5792 of the operations and activities of the commission and its
5793 staff, which must be in a total amount sufficient to cover its
5794 annual budget as approved each year for which revenue is not
5795 provided by other sources. The aggregate annual assessment
5796 amount shall be allocated based upon a formula to be determined
5797 by the commission, which shall promulgate a rule binding upon
5798 all member states.

5799 (d) May not incur obligations of any kind before securing
5800 the funds adequate to meet the same and may not pledge the

5801 credit of any of the member states, except by and with the
5802 authority of the member state.

5803 (e) Shall keep accurate accounts of all receipts and
5804 disbursements of funds. The receipts and disbursements of funds
5805 of the commission are subject to the audit and accounting
5806 procedures established under its bylaws. However, all receipts
5807 and disbursements of funds handled by the commission must be
5808 audited yearly by a certified or licensed public accountant, and
5809 the report of the audit must be included in and become part of
5810 the annual report of the commission.

5811 (6) Relating to qualified immunity, defense, and
5812 indemnification:

5813 (a) The members, officers, executive director, employees,
5814 and representatives of the commission are immune from suit and
5815 liability, either personally or in their official capacity, for
5816 any claim for damage to or loss of property or personal injury
5817 or other civil liability caused by or arising out of any actual
5818 or alleged act, error, or omission that occurred, or that the
5819 person against whom the claim is made had a reasonable basis for
5820 believing occurred within the scope of commission employment,
5821 duties, or responsibilities; provided that this paragraph does
5822 not protect any person from suit or liability for any damage,
5823 loss, injury, or liability caused by the intentional or willful
5824 or wanton misconduct of that person.

5825 (b) The commission shall defend any member, officer,

5826 executive director, employee, or representative of the
5827 commission in any civil action seeking to impose liability
5828 arising out of any actual or alleged act, error, or omission
5829 that occurred within the scope of commission employment, duties,
5830 or responsibilities, or that the person against whom the claim
5831 is made had a reasonable basis for believing occurred within the
5832 scope of commission employment, duties, or responsibilities;
5833 provided that this paragraph may not be construed to prohibit
5834 that person from retaining his or her own counsel; and provided
5835 further that the actual or alleged act, error, or omission did
5836 not result from that person's intentional or willful or wanton
5837 misconduct.

5838 (c) The commission shall indemnify and hold harmless any
5839 member, officer, executive director, employee, or representative
5840 of the commission for the amount of any settlement or judgment
5841 obtained against that person arising out of any actual or
5842 alleged act, error, or omission that occurred within the scope
5843 of commission employment, duties, or responsibilities, or that
5844 the person had a reasonable basis for believing occurred within
5845 the scope of commission employment, duties, or responsibilities,
5846 provided that the actual or alleged act, error, or omission did
5847 not result from the intentional or willful or wanton misconduct
5848 of that person.

5849

5850

ARTICLE IX

DATA SYSTEM

5851
5852
5853 (1) The commission shall provide for the development,
5854 maintenance, and use of a coordinated database and reporting
5855 system containing licensure, adverse action, and current
5856 significant investigative information on all licensed
5857 individuals in member states.

5858 (2) Notwithstanding any other law to the contrary, a
5859 member state shall submit a uniform data set to the data system
5860 on all individuals to whom the compact is applicable as required
5861 by the rules of the commission, including all of the following
5862 information:

5863 (a) Identifying information.

5864 (b) Licensure data.

5865 (c) Adverse actions against a license or compact
5866 privilege.

5867 (d) Nonconfidential information related to alternative
5868 program participation.

5869 (e) Any denial of application for licensure, and the
5870 reason for such denial.

5871 (f) Other information that may facilitate the
5872 administration of the compact, as determined by the rules of the
5873 commission.

5874 (3) Current significant investigative information
5875 pertaining to a licensee in a member state must be available

5876 only to other member states.

5877 (4) The commission shall promptly notify all member states
 5878 of any adverse action taken against a licensee or an individual
 5879 applying for a license. Adverse action information pertaining to
 5880 a licensee or an individual applying for a license in any member
 5881 state must be available to any other member state.

5882 (5) Member states contributing information to the data
 5883 system may designate information that may not be shared with the
 5884 public without the express permission of the contributing state.

5885 (6) Any information submitted to the data system that is
 5886 subsequently required to be expunged by the laws of the member
 5887 state contributing the information must be removed from the data
 5888 system.

5890 ARTICLE X

5891 RULEMAKING

5892
 5893 (1) The commission shall exercise its rulemaking powers
 5894 pursuant to the criteria provided in this article and the rules
 5895 adopted thereunder. Rules and amendments become binding as of
 5896 the date specified in each rule or amendment.

5897 (2) If a majority of the legislatures of the member states
 5898 rejects a rule, by enactment of a statute or resolution in the
 5899 same manner used to adopt the compact within 4 years after the
 5900 date of adoption of the rule, the rule has no further force and

5901 effect in any member state.

5902 (3) Rules or amendments to the rules must be adopted at a
5903 regular or special meeting of the commission.

5904 (4) Before adoption of a final rule or rules by the
5905 commission, and at least 30 days before the meeting at which the
5906 rule shall be considered and voted upon, the commission shall
5907 file a notice of proposed rulemaking:

5908 (a) On the website of the commission or other publicly
5909 accessible platform; and

5910 (b) On the website of each member state audiology
5911 licensing board and speech-language pathology licensing board or
5912 other publicly accessible platform or the publication where each
5913 state would otherwise publish proposed rules.

5914 (5) The notice of proposed rulemaking must include all of
5915 the following:

5916 (a) The proposed time, date, and location of the meeting
5917 in which the rule will be considered and voted upon.

5918 (b) The text of and reason for the proposed rule or
5919 amendment.

5920 (c) A request for comments on the proposed rule from any
5921 interested person.

5922 (d) The manner in which interested persons may submit
5923 notice to the commission of their intention to attend the public
5924 hearing and any written comments.

5925 (6) Before the adoption of a proposed rule, the commission

5926 shall allow persons to submit written data, facts, opinions, and
 5927 arguments, which shall be made available to the public.

5928 (a) The commission shall grant an opportunity for a public
 5929 hearing before it adopts a rule or amendment if a hearing is
 5930 requested by:

5931 1. At least 25 persons;

5932 2. A state or federal governmental subdivision or agency;

5933 or

5934 3. An association having at least 25 members.

5935 (b) If a hearing is held on the proposed rule or
 5936 amendment, the commission must publish the place, time, and date
 5937 of the scheduled public hearing. If the hearing is held via
 5938 electronic means, the commission must publish the mechanism for
 5939 access to the electronic hearing.

5940 (c) All persons wishing to be heard at the hearing shall
 5941 notify the executive director of the commission or other
 5942 designated member in writing of their desire to appear and
 5943 testify at the hearing not less than 5 business days before the
 5944 scheduled date of the hearing.

5945 (d) Hearings must be conducted in a manner providing each
 5946 person who wishes to comment a fair and reasonable opportunity
 5947 to comment orally or in writing.

5948 (e) All hearings must be recorded. A copy of the recording
 5949 must be made available on request.

5950 (7) This article does not require a separate hearing on

5951 each rule. Rules may be grouped for the convenience of the
 5952 commission at hearings required by this article.

5953 (8) Following the scheduled hearing date, or by the close
 5954 of business on the scheduled hearing date if the hearing was not
 5955 held, the commission shall consider all written and oral
 5956 comments received.

5957 (9) If no written notice of intent to attend the public
 5958 hearing by interested parties is received, the commission may
 5959 proceed with adoption of the proposed rule without a public
 5960 hearing.

5961 (10) The commission shall, by majority vote of all
 5962 members, take final action on the proposed rule and shall
 5963 determine the effective date of the rule, if any, based on the
 5964 rulemaking record and the full text of the rule.

5965 (11) Upon determination that an emergency exists, the
 5966 commission may consider and adopt an emergency rule without
 5967 prior notice, opportunity for comment, or hearing, provided that
 5968 the usual rulemaking procedures provided in the compact and in
 5969 this article retroactively apply to the rule as soon as
 5970 reasonably possible, but in no event later than 90 days after
 5971 the effective date of the rule. For purposes of this subsection,
 5972 an emergency rule is one that must be adopted immediately in
 5973 order to:

5974 (a) Meet an imminent threat to public health, safety, or
 5975 welfare;

5976 (b) Prevent a loss of commission or member state funds; or
 5977 (c) Meet a deadline for the promulgation of an
 5978 administrative rule that is established by federal law or rule.
 5979 (12) The commission or an authorized committee of the
 5980 commission may direct revisions to a previously adopted rule or
 5981 amendment for purposes of correcting typographical errors,
 5982 errors in format, errors in consistency, or grammatical errors.
 5983 Public notice of any revisions must be posted on the website of
 5984 the commission. The revisions are subject to challenge by any
 5985 person for a period of 30 days after posting. A revision may be
 5986 challenged only on grounds that it results in a material change
 5987 to a rule. A challenge must be made in writing and delivered to
 5988 the chair of the commission before the end of the notice period.
 5989 If no challenge is made, the revision takes effect without
 5990 further action. If the revision is challenged, the revision may
 5991 not take effect without the approval of the commission.

5992
 5993 ARTICLE XI
 5994 DISPUTE RESOLUTION
 5995 AND ENFORCEMENT
 5996

5997 (1)(a) Upon request by a member state, the commission
 5998 shall attempt to resolve disputes related to the compact that
 5999 arise among member states and between member and nonmember
 6000 states.

6001 (b) The commission shall adopt a rule providing for both
 6002 mediation and binding dispute resolution for disputes as
 6003 appropriate.

6004 (2)(a) The commission, in the reasonable exercise of its
 6005 discretion, shall enforce the compact.

6006 (b) By majority vote, the commission may initiate legal
 6007 action in the United States District Court for the District of
 6008 Columbia or the federal district where the commission has its
 6009 principal offices against a member state in default to enforce
 6010 compliance with the compact and its adopted rules and bylaws.
 6011 The relief sought may include both injunctive relief and
 6012 damages. In the event judicial enforcement is necessary, the
 6013 prevailing member must be awarded all costs of litigation,
 6014 including reasonable attorney fees.

6015 (c) The remedies provided in this subsection are not the
 6016 exclusive remedies of the commission. The commission may pursue
 6017 any other remedies available under federal or state law.

6018
 6019 ARTICLE XII

6020 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

6021
 6022 (1) The compact becomes effective and binding on the date
 6023 of legislative enactment of the compact by no fewer than 10
 6024 member states. The provisions, which become effective at that
 6025 time, shall be limited to the powers granted to the commission

6026 relating to assembly and the adoption of rules. Thereafter, the
6027 commission shall meet and exercise rulemaking powers necessary
6028 to implement and administer the compact.

6029 (2) Any state that joins the compact subsequent to the
6030 commission's initial adoption of the rules is subject to the
6031 rules as they exist on the date on which the compact becomes law
6032 in that state. Any rule that has been previously adopted by the
6033 commission has the full force and effect of law on the day the
6034 compact becomes law in that state.

6035 (3) A member state may withdraw from the compact by
6036 enacting a statute repealing the compact.

6037 (a) A member state's withdrawal does not take effect until
6038 6 months after enactment of the repealing statute.

6039 (b) Withdrawal does not affect the continuing requirement
6040 of the withdrawing state's audiology licensing board or speech-
6041 language pathology licensing board to comply with the
6042 investigative and adverse action reporting requirements of the
6043 compact before the effective date of withdrawal.

6044 (4) The compact does not invalidate or prevent any
6045 audiology or speech-language pathology licensure agreement or
6046 other cooperative arrangement between a member state and a
6047 nonmember state that does not conflict with the provisions of
6048 this compact.

6049 (5) The compact may be amended by the member states. An
6050 amendment to the compact does not become effective and binding

6051 upon any member state until it is enacted into the laws of all
 6052 member states.

6053

6054 ARTICLE XIII

6055 CONSTRUCTION AND SEVERABILITY

6056

6057 The compact must be liberally construed so as to effectuate
 6058 its purposes. The provisions of the compact are severable and if
 6059 any phrase, clause, sentence, or provision of this compact is
 6060 declared to be contrary to the constitution of any member state
 6061 or of the United States or the applicability thereof to any
 6062 government, agency, person, or circumstance is held invalid, the
 6063 validity of the remainder of the compact and the applicability
 6064 thereof to any government, agency, person, or circumstance is
 6065 not affected. If the compact is held contrary to the
 6066 constitution of any member state, the compact shall remain in
 6067 full force and effect as to the remaining member states and in
 6068 full force and effect as to the member state affected as to all
 6069 severable matters.

6070

6071 ARTICLE XIV

6072 BINDING EFFECT OF COMPACT AND OTHER LAWS

6073

6074 (1) The compact does not prevent the enforcement of any
 6075 other law of a member state that is not inconsistent with the

6076 compact.

6077 (2) All laws of a member state in conflict with the
 6078 compact are superseded to the extent of the conflict.

6079 (3) All lawful actions of the commission, including all
 6080 rules and bylaws adopted by the commission, are binding upon the
 6081 member states.

6082 (4) All agreements between the commission and the member
 6083 states are binding in accordance with their terms.

6084 (5) In the event any provision of the compact exceeds the
 6085 constitutional limits imposed on the legislature of any member
 6086 state, the provision is ineffective to the extent of the
 6087 conflict with the constitutional provision in question in that
 6088 member state.

6089 Section 73. The provisions of the Audiology and Speech-
 6090 Language Pathology Interstate Compact do not authorize the
 6091 Department of Health or the Board of Speech-Language Pathology
 6092 and Audiology to collect a compact privilege fee, but rather
 6093 state that fees of this kind are allowable under the compact.
 6094 The Department of Health and the Board of Speech-Language
 6095 Pathology and Audiology must comply with the requirements of s.
 6096 456.025.

6097 Section 74. Section 486.028, Florida Statutes, is amended
 6098 to read:

6099 486.028 License to practice physical therapy required.—A
 6100 ~~No~~ person may not ~~shall~~ practice, or hold herself or himself out

HB 1549

2024

6101 as being able to practice, physical therapy in this state unless
 6102 she or he is licensed under ~~in accordance with the provisions of~~
 6103 this chapter or holds a compact privilege in this state under
 6104 the Physical Therapy Licensure Compact as specified in s.
 6105 486.112.; ~~however, Nothing in~~ This chapter does not shall
 6106 prohibit any person licensed in this state under any other law
 6107 from engaging in the practice for which she or he is licensed.

6108 Section 75. Section 486.031, Florida Statutes, is amended
 6109 to read:

6110 486.031 Physical therapist; licensing requirements;
 6111 exemption.-

6112 (1) To be eligible for licensing as a physical therapist,
 6113 an applicant must:

6114 (a)~~(1)~~ Be at least 18 years old;

6115 (b)~~(2)~~ Be of good moral character; and

6116 (c)1.~~(3)(a)~~ Have ~~been~~ graduated from a school of physical
 6117 therapy which has been approved for the educational preparation
 6118 of physical therapists by the appropriate accrediting agency
 6119 recognized by the Council for Higher Education Accreditation or
 6120 its successor ~~Commission on Recognition of Postsecondary~~
 6121 ~~Accreditation~~ or the United States Department of Education at
 6122 the time of her or his graduation and have passed, to the
 6123 satisfaction of the board, the American Registry Examination
 6124 before ~~prior to~~ 1971 or a national examination approved by the
 6125 board to determine her or his fitness for practice as a physical

6126 therapist under this chapter ~~as hereinafter provided~~;

6127 2.~~(b)~~ Have received a diploma from a program in physical
 6128 therapy in a foreign country and have educational credentials
 6129 deemed equivalent to those required for the educational
 6130 preparation of physical therapists in this country, as
 6131 recognized by the appropriate agency as identified by the board,
 6132 and have passed to the satisfaction of the board an examination
 6133 to determine her or his fitness for practice as a physical
 6134 therapist under this chapter ~~as hereinafter provided~~; or

6135 3.~~(e)~~ Be entitled to licensure without examination as
 6136 provided in s. 486.081.

6137 (2) A person licensed as a physical therapist in another
 6138 state who is practicing under the Physical Therapy Licensure
 6139 Compact pursuant to s. 486.112, and only within the scope
 6140 provided therein, is exempt from the licensure requirements of
 6141 this section.

6142 Section 76. Section 486.102, Florida Statutes, is amended
 6143 to read:

6144 486.102 Physical therapist assistant; licensing
 6145 requirements; exemption.-

6146 (1) To be eligible for licensing by the board as a
 6147 physical therapist assistant, an applicant must:

6148 (a)~~(1)~~ Be at least 18 years old;

6149 (b)~~(2)~~ Be of good moral character; and

6150 (c)1.~~(3)~~~~(a)~~ Have ~~been~~ graduated from a school providing

6151 ~~giving~~ a course of at least ~~not less than~~ 2 years for physical
6152 therapist assistants, which has been approved for the
6153 educational preparation of physical therapist assistants by the
6154 appropriate accrediting agency recognized by the Council for
6155 Higher Education Accreditation or its successor ~~Commission on~~
6156 ~~Recognition of Postsecondary Accreditation~~ or the United States
6157 Department of Education, at the time of her or his graduation
6158 and have passed to the satisfaction of the board an examination
6159 to determine her or his fitness for practice as a physical
6160 therapist assistant under this chapter ~~as hereinafter provided~~;

6161 2.(b) Have ~~been~~ graduated from a school providing ~~giving~~ a
6162 course for physical therapist assistants in a foreign country
6163 and have educational credentials deemed equivalent to those
6164 required for the educational preparation of physical therapist
6165 assistants in this country, as recognized by the appropriate
6166 agency as identified by the board, and passed to the
6167 satisfaction of the board an examination to determine her or his
6168 fitness for practice as a physical therapist assistant under
6169 this chapter ~~as hereinafter provided~~;

6170 3.(e) Be entitled to licensure without examination as
6171 provided in s. 486.107; or

6172 4.(d) Have been enrolled between July 1, 2014, and July 1,
6173 2016, in a physical therapist assistant school in this state
6174 which was accredited at the time of enrollment; and

6175 a.1. Have ~~been~~ graduated or be eligible to graduate from

HB 1549

2024

6176 such school no later than July 1, 2018; and

6177 ~~b.2.~~ Have passed to the satisfaction of the board an
6178 examination to determine his or her fitness for practice as a
6179 physical therapist assistant as provided in s. 486.104.

6180 (2) A person licensed as a physical therapist assistant in
6181 another state who is practicing under the Physical Therapy
6182 Licensure Compact pursuant to s. 486.112, and only within the
6183 scope provided therein, is exempt from the licensure
6184 requirements of this section.

6185 Section 77. Section 486.107, Florida Statutes, is amended
6186 to read:

6187 486.107 Physical therapist assistant; endorsement issuance
6188 ~~of license without examination to person licensed in another~~
6189 ~~jurisdiction; fee.-~~

6190 (1) The board may cause a license by endorsement to be
6191 issued through the department ~~without examination~~ to any
6192 applicant who presents evidence to the board, under oath, of
6193 meeting the requirements for licensure by endorsement in s.
6194 ~~456.0145 licensure in another state, the District of Columbia,~~
6195 ~~or a territory, if the standards for registering as a physical~~
6196 ~~therapist assistant or licensing of a physical therapist~~
6197 ~~assistant, as the case may be, in such other state are~~
6198 ~~determined by the board to be as high as those of this state, as~~
6199 ~~established by rules adopted pursuant to this chapter. Any~~
6200 person who holds a license pursuant to this section may use the

6201 words "physical therapist assistant," or the letters "P.T.A.,"
 6202 in connection with her or his name to denote licensure
 6203 hereunder.

6204 (2) At the time of filing an ~~making~~ application for
 6205 licensing by endorsement under ~~without examination pursuant to~~
 6206 ~~the terms of~~ this section, the applicant shall pay to the
 6207 department a nonrefundable fee not to exceed \$175, as determined
 6208 ~~fixed~~ by the board, ~~no part of which will be returned.~~

6209 (3) A person licensed as a physical therapist assistant in
 6210 another state who is practicing under the Physical Therapy
 6211 Licensure Compact pursuant to s. 486.112, and only within the
 6212 scope provided therein, is exempt from the licensure
 6213 requirements of this section.

6214 Section 78. Section 490.006, Florida Statutes, is amended
 6215 to read:

6216 490.006 Licensure by endorsement.—

6217 (1) The department shall license a person as a
 6218 psychologist or school psychologist who, upon applying to the
 6219 department and remitting the appropriate fee, demonstrates to
 6220 the department or, in the case of psychologists, to the board
 6221 that the applicant meets the requirements for licensure by
 6222 endorsement in s. 456.0145.÷

6223 ~~(a) Is a diplomate in good standing with the American~~
 6224 ~~Board of Professional Psychology, Inc.; or~~

6225 ~~(b) Possesses a doctoral degree in psychology and has at~~

6226 ~~least 10 years of experience as a licensed psychologist in any~~
6227 ~~jurisdiction or territory of the United States within the 25~~
6228 ~~years preceding the date of application.~~

6229 ~~(2) In addition to meeting the requirements for licensure~~
6230 ~~set forth in subsection (1), an applicant must pass that portion~~
6231 ~~of the psychology or school psychology licensure examinations~~
6232 ~~pertaining to the laws and rules related to the practice of~~
6233 ~~psychology or school psychology in this state before the~~
6234 ~~department may issue a license to the applicant.~~

6235 ~~(3) The department shall not issue a license by~~
6236 ~~endorsement to any applicant who is under investigation in this~~
6237 ~~or another jurisdiction for an act which would constitute a~~
6238 ~~violation of this chapter until such time as the investigation~~
6239 ~~is complete, at which time the provisions of s. 490.009 shall~~
6240 ~~apply.~~

6241 (2)~~(4)~~ A person licensed as a psychologist in another
6242 state who is practicing pursuant to the Psychology
6243 Interjurisdictional Compact under s. 490.0075, and only within
6244 the scope provided therein, is exempt from the licensure
6245 requirements of this section.

6246 Section 79. Section 486.112, Florida Statutes, is created
6247 to read:

6248 486.112 Physical Therapy Licensure Compact.—The Physical
6249 Therapy Licensure Compact is hereby enacted into law and entered
6250 into by this state with all other jurisdictions legally joining

6251 therein in the form substantially as follows:

6252

6253

ARTICLE I

6254

PURPOSE AND OBJECTIVES

6255

6256 (1) The purpose of the compact is to facilitate interstate
6257 practice of physical therapy with the goal of improving public
6258 access to physical therapy services. The compact preserves the
6259 regulatory authority of member states to protect public health
6260 and safety through their current systems of state licensure. For
6261 purposes of state regulation under the compact, the practice of
6262 physical therapy is deemed to have occurred in the state where
6263 the patient is located at the time physical therapy is provided
6264 to the patient.

6265

6266

(2) The compact is designed to achieve all of the
following objectives:

6267

6268

6269

(a) Increase public access to physical therapy services by
providing for the mutual recognition of other member state
licenses.

6270

6271

(b) Enhance the states' ability to protect the public's
health and safety.

6272

6273

(c) Encourage the cooperation of member states in
regulating multistate physical therapy practice.

6274

6275

(d) Support spouses of relocating military members.

(e) Enhance the exchange of licensure, investigative, and

6276 disciplinary information between member states.

6277 (f) Allow a remote state to hold a provider of services
6278 with a compact privilege in that state accountable to that
6279 state's practice standards.

6280

6281 ARTICLE II

6282 DEFINITIONS

6283

6284 As used in the compact, and except as otherwise provided,
6285 the term:

6286 (1) "Active duty military" means full-time duty status in
6287 the active uniformed service of the United States, including
6288 members of the National Guard and Reserve on active duty orders
6289 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

6290 (2) "Adverse action" means disciplinary action taken by a
6291 physical therapy licensing board based upon misconduct,
6292 unacceptable performance, or a combination of both.

6293 (3) "Alternative program" means a nondisciplinary
6294 monitoring or practice remediation process approved by a state's
6295 physical therapy licensing board. The term includes, but is not
6296 limited to, programs that address substance abuse issues.

6297 (4) "Compact privilege" means the authorization granted by
6298 a remote state to allow a licensee from another member state to
6299 practice as a physical therapist or physical therapist assistant
6300 in the remote state under its laws and rules.

HB 1549

2024

6301 (5) "Continuing competence" means a requirement, as a
6302 condition of license renewal, to provide evidence of
6303 participation in, and completion of, educational and
6304 professional activities relevant to the practice of physical
6305 therapy.

6306 (6) "Data system" means the coordinated database and
6307 reporting system created by the Physical Therapy Compact
6308 Commission for the exchange of information between member states
6309 relating to licensees or applicants under the compact, including
6310 identifying information, licensure data, investigative
6311 information, adverse actions, nonconfidential information
6312 related to alternative program participation, any denials of
6313 applications for licensure, and other information as specified
6314 by commission rule.

6315 (7) "Encumbered license" means a license that a physical
6316 therapy licensing board has limited in any way.

6317 (8) "Executive board" means a group of directors elected
6318 or appointed to act on behalf of, and within the powers granted
6319 to them by, the commission.

6320 (9) "Home state" means the member state that is the
6321 licensee's primary state of residence.

6322 (10) "Investigative information" means information,
6323 records, and documents received or generated by a physical
6324 therapy licensing board pursuant to an investigation.

6325 (11) "Jurisprudence requirement" means the assessment of

6326 an individual's knowledge of the laws and rules governing the
 6327 practice of physical therapy in a specific state.

6328 (12) "Licensee" means an individual who currently holds an
 6329 authorization from a state to practice as a physical therapist
 6330 or physical therapist assistant.

6331 (13) "Member state" means a state that has enacted the
 6332 compact.

6333 (14) "Physical therapist" means an individual licensed by
 6334 a state to practice physical therapy.

6335 (15) "Physical therapist assistant" means an individual
 6336 licensed by a state to assist a physical therapist in specified
 6337 areas of physical therapy.

6338 (16) "Physical therapy" or "the practice of physical
 6339 therapy" means the care and services provided by or under the
 6340 direction and supervision of a licensed physical therapist.

6341 (17) "Physical Therapy Compact Commission" or "commission"
 6342 means the national administrative body whose membership consists
 6343 of all states that have enacted the compact.

6344 (18) "Physical therapy licensing board" means the agency
 6345 of a state which is responsible for the licensing and regulation
 6346 of physical therapists and physical therapist assistants.

6347 (19) "Remote state" means a member state other than the
 6348 home state where a licensee is exercising or seeking to exercise
 6349 the compact privilege.

6350 (20) "Rule" means a regulation, principle, or directive

6351 adopted by the commission which has the force of law.

6352 (21) "State" means any state, commonwealth, district, or
 6353 territory of the United States of America which regulates the
 6354 practice of physical therapy.

6355
 6356 ARTICLE III

6357 STATE PARTICIPATION IN THE COMPACT

6358
 6359 (1) To participate in the compact, a state must do all of
 6360 the following:

6361 (a) Participate fully in the commission's data system,
 6362 including using the commission's unique identifier, as defined
 6363 by commission rule.

6364 (b) Have a mechanism in place for receiving and
 6365 investigating complaints about licensees.

6366 (c) Notify the commission, in accordance with the terms of
 6367 the compact and rules, of any adverse action or the availability
 6368 of investigative information regarding a licensee.

6369 (d) Fully implement a criminal background check
 6370 requirement, within a timeframe established by commission rule,
 6371 which uses results from the Federal Bureau of Investigation
 6372 record search on criminal background checks to make licensure
 6373 decisions in accordance with subsection (2).

6374 (e) Comply with the commission's rules.

6375 (f) Use a recognized national examination as a requirement

6376 for licensure pursuant to the commission's rules.
 6377 (g) Have continuing competence requirements as a condition
 6378 for license renewal.
 6379 (2) Upon adoption of the compact, a member state has the
 6380 authority to obtain biometric-based information from each
 6381 licensee applying for a compact privilege and submit this
 6382 information to the Federal Bureau of Investigation for a
 6383 criminal background check in accordance with 28 U.S.C. s. 534
 6384 and 34 U.S.C. s. 40316.
 6385 (3) A member state must grant the compact privilege to a
 6386 licensee holding a valid unencumbered license in another member
 6387 state in accordance with the terms of the compact and rules.
 6388 (4) Member states may charge a fee for granting a compact
 6389 privilege.

6391 ARTICLE IV
 6392 COMPACT PRIVILEGE

6394 (1) To exercise the compact privilege under the compact, a
 6395 licensee must satisfy all of the following conditions:
 6396 (a) Hold a license in the home state.
 6397 (b) Not have an encumbrance on any state license.
 6398 (c) Be eligible for a compact privilege in all member
 6399 states in accordance with subsections (4), (7), and (8).
 6400 (d) Not have had an adverse action against any license or

HB 1549

2024

6401 compact privilege within the preceding 2 years.

6402 (e) Notify the commission that the licensee is seeking the
6403 compact privilege within a remote state.

6404 (f) Pay any applicable fees, including any state fee, for
6405 the compact privilege.

6406 (g) Meet any jurisprudence requirements established by the
6407 remote state in which the licensee is seeking a compact
6408 privilege.

6409 (h) Report to the commission adverse action taken by any
6410 nonmember state within 30 days after the date the adverse action
6411 is taken.

6412 (2) The compact privilege is valid until the expiration
6413 date of the home license. The licensee must continue to meet the
6414 requirements of subsection (1) to maintain the compact privilege
6415 in a remote state.

6416 (3) A licensee providing physical therapy in a remote
6417 state under the compact privilege must comply with the laws and
6418 rules of the remote state.

6419 (4) A licensee providing physical therapy in a remote
6420 state is subject to that state's regulatory authority. A remote
6421 state may, in accordance with due process and that state's laws,
6422 remove a licensee's compact privilege in the remote state for a
6423 specific period of time, impose fines, and take any other
6424 necessary actions to protect the health and safety of its
6425 citizens. The licensee is not eligible for a compact privilege

6426 in any member state until the specific period of time for
 6427 removal has ended and all fines are paid.

6428 (5) If a home state license is encumbered, the licensee
 6429 loses the compact privilege in any remote state until the
 6430 following conditions are met:

6431 (a) The home state license is no longer encumbered.

6432 (b) Two years have elapsed from the date of the adverse
 6433 action.

6434 (6) Once an encumbered license in the home state is
 6435 restored to good standing, the licensee must meet the
 6436 requirements of subsection (1) to obtain a compact privilege in
 6437 any remote state.

6438 (7) If a licensee's compact privilege in any remote state
 6439 is removed, the licensee loses the compact privilege in all
 6440 remote states until all of the following conditions are met:

6441 (a) The specific period of time for which the compact
 6442 privilege was removed has ended.

6443 (b) All fines have been paid.

6444 (c) Two years have elapsed from the date of the adverse
 6445 action.

6446 (8) Once the requirements of subsection (7) have been met,
 6447 the licensee must meet the requirements of subsection (1) to
 6448 obtain a compact privilege in a remote state.

6449

6450 ARTICLE V

ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may choose any of the following locations to designate his or her home state:

(1) Home of record.

(2) Permanent change of station location.

(3) State of current residence, if it is different from the home of record or permanent change of station location.

ARTICLE VI

ADVERSE ACTIONS

(1) A home state has exclusive power to impose adverse action against a license issued by the home state.

(2) A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

(3) The compact does not override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation remain nonpublic if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without

6476 prior authorization from such other member state.

6477 (4) A member state may investigate actual or alleged
6478 violations of the laws and rules for the practice of physical
6479 therapy committed in any other member state by a physical
6480 therapist or physical therapist assistant practicing under the
6481 compact who holds a license or compact privilege in such other
6482 member state.

6483 (5) A remote state may do any of the following:

6484 (a) Take adverse actions as set forth in subsection (4) of
6485 article IV against a licensee's compact privilege in the state.

6486 (b) Issue subpoenas for both hearings and investigations
6487 which require the attendance and testimony of witnesses and the
6488 production of evidence. Subpoenas issued by a physical therapy
6489 licensing board in a member state for the attendance and
6490 testimony of witnesses or for the production of evidence from
6491 another member state must be enforced in the latter state by any
6492 court of competent jurisdiction, according to the practice and
6493 procedure of that court applicable to subpoenas issued in
6494 proceedings pending before it. The issuing authority shall pay
6495 any witness fees, travel expenses, mileage, and other fees
6496 required by the service laws of the state where the witnesses or
6497 evidence is located.

6498 (c) If otherwise permitted by state law, recover from the
6499 licensee the costs of investigations and disposition of cases
6500 resulting from any adverse action taken against that licensee.

6501 (6) (a) In addition to the authority granted to a member
 6502 state by its respective physical therapy practice act or other
 6503 applicable state law, a member state may participate with other
 6504 member states in joint investigations of licensees.

6505 (b) Member states shall share any investigative,
 6506 litigation, or compliance materials in furtherance of any joint
 6507 or individual investigation initiated under the compact.

6509 ARTICLE VII

6510 ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

6512 (1) COMMISSION CREATED.—The member states hereby create
 6513 and establish a joint public agency known as the Physical
 6514 Therapy Compact Commission:

6515 (a) The commission is an instrumentality of the member
 6516 states.

6517 (b) Venue is proper, and judicial proceedings by or
 6518 against the commission shall be brought solely and exclusively
 6519 in a court of competent jurisdiction where the principal office
 6520 of the commission is located. The commission may waive venue and
 6521 jurisdictional defenses to the extent it adopts or consents to
 6522 participate in alternative dispute resolution proceedings.

6523 (c) The compact may not be construed to be a waiver of
 6524 sovereign immunity.

6525 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

6526 (a) Each member state has and is limited to one delegate
6527 selected by that member state's physical therapy licensing board
6528 to serve on the commission. The delegate must be a current
6529 member of the physical therapy licensing board who is a physical
6530 therapist, a physical therapist assistant, a public member, or
6531 the board administrator.

6532 (b) A delegate may be removed or suspended from office as
6533 provided by the law of the state from which the delegate is
6534 appointed. Any vacancy occurring on the commission must be
6535 filled by the physical therapy licensing board of the member
6536 state for which the vacancy exists.

6537 (c) Each delegate is entitled to one vote with regard to
6538 the adoption of rules and bylaws and shall otherwise have an
6539 opportunity to participate in the business and affairs of the
6540 commission.

6541 (d) A delegate shall vote in person or by such other means
6542 as provided in the bylaws. The bylaws may provide for delegates'
6543 participation in meetings by telephone or other means of
6544 communication.

6545 (e) The commission shall meet at least once during each
6546 calendar year. Additional meetings may be held as set forth in
6547 the bylaws.

6548 (f) All meetings must be open to the public, and public
6549 notice of meetings must be given in the same manner as required
6550 under the rulemaking provisions in article IX.

6551 (g) The commission or the executive board or other
6552 committees of the commission may convene in a closed, nonpublic
6553 meeting if the commission or executive board or other committees
6554 of the commission must discuss any of the following:

6555 1. Noncompliance of a member state with its obligations
6556 under the compact.

6557 2. The employment, compensation, or discipline of, or
6558 other matters, practices, or procedures related to, specific
6559 employees or other matters related to the commission's internal
6560 personnel practices and procedures.

6561 3. Current, threatened, or reasonably anticipated
6562 litigation against the commission, executive board, or other
6563 committees of the commission.

6564 4. Negotiation of contracts for the purchase, lease, or
6565 sale of goods, services, or real estate.

6566 5. An accusation of any person of a crime or a formal
6567 censure of any person.

6568 6. Information disclosing trade secrets or commercial or
6569 financial information that is privileged or confidential.

6570 7. Information of a personal nature where disclosure would
6571 constitute a clearly unwarranted invasion of personal privacy.

6572 8. Investigatory records compiled for law enforcement
6573 purposes.

6574 9. Information related to any investigative reports
6575 prepared by or on behalf of or for use of the commission or

HB 1549

2024

6576 other committee charged with responsibility for investigation or
6577 determination of compliance issues pursuant to the compact.

6578 10. Matters specifically exempted from disclosure by
6579 federal or member state statute.

6580 (h) If a meeting, or portion of a meeting, is closed
6581 pursuant to this subsection, the commission's legal counsel or
6582 designee must certify that the meeting may be closed and must
6583 reference each relevant exempting provision.

6584 (i) The commission shall keep minutes that fully and
6585 clearly describe all matters discussed in a meeting and shall
6586 provide a full and accurate summary of actions taken and the
6587 reasons therefore, including a description of the views
6588 expressed. All documents considered in connection with an action
6589 must be identified in the minutes. All minutes and documents of
6590 a closed meeting must remain under seal, subject to release only
6591 by a majority vote of the commission or order of a court of
6592 competent jurisdiction.

6593 (3) DUTIES.—The commission shall do all of the following:

6594 (a) Establish the fiscal year of the commission.

6595 (b) Establish bylaws.

6596 (c) Maintain its financial records in accordance with the
6597 bylaws.

6598 (d) Meet and take such actions as are consistent with the
6599 provisions of the compact and the bylaws.

6600 (4) POWERS.—The commission may do any of the following:

6601 (a) Adopt uniform rules to facilitate and coordinate
6602 implementation and administration of the compact. The rules have
6603 the force and effect of law and are be binding in all member
6604 states.

6605 (b) Bring and prosecute legal proceedings or actions in
6606 the name of the commission, provided that the standing of any
6607 state physical therapy licensing board to sue or be sued under
6608 applicable law is not affected.

6609 (c) Purchase and maintain insurance and bonds.

6610 (d) Borrow, accept, or contract for services of personnel,
6611 including, but not limited to, employees of a member state.

6612 (e) Hire employees and elect or appoint officers; fix
6613 compensation of, define duties of, and grant appropriate
6614 authority to such individuals to carry out the purposes of the
6615 compact; and establish the commission's personnel policies and
6616 programs relating to conflicts of interest, qualifications of
6617 personnel, and other related personnel matters.

6618 (f) Accept any appropriate donations and grants of money,
6619 equipment, supplies, materials, and services and receive, use,
6620 and dispose of the same, provided that at all times the
6621 commission avoids any appearance of impropriety or conflict of
6622 interest.

6623 (g) Lease, purchase, accept appropriate gifts or donations
6624 of, or otherwise own, hold, improve, or use any property, real,
6625 personal, or mixed, provided that at all times the commission

6626 | avoids any appearance of impropriety or conflict of interest.
 6627 | (h) Sell, convey, mortgage, pledge, lease, exchange,
 6628 | abandon, or otherwise dispose of any property, real, personal,
 6629 | or mixed.
 6630 | (i) Establish a budget and make expenditures.
 6631 | (j) Borrow money.
 6632 | (k) Appoint committees, including standing committees
 6633 | composed of members, state regulators, state legislators or
 6634 | their representatives, and consumer representatives, and such
 6635 | other interested persons as may be designated in the compact and
 6636 | the bylaws.
 6637 | (l) Provide information to, receive information from, and
 6638 | cooperate with law enforcement agencies.
 6639 | (m) Establish and elect an executive board.
 6640 | (n) Perform such other functions as may be necessary or
 6641 | appropriate to achieve the purposes of the compact consistent
 6642 | with the state regulation of physical therapy licensure and
 6643 | practice.
 6644 | (5) THE EXECUTIVE BOARD.—
 6645 | (a) The executive board may act on behalf of the
 6646 | commission according to the terms of the compact.
 6647 | (b) The executive board shall consist of the following
 6648 | nine members:
 6649 | 1. Seven voting members who are elected by the commission
 6650 | from the current membership of the commission.

HB 1549

2024

- 6651 2. One ex-officio, nonvoting member from the recognized
6652 national physical therapy professional association.
- 6653 3. One ex-officio, nonvoting member from the recognized
6654 membership organization of the physical therapy licensing
6655 boards.
- 6656 (c) The ex officio members shall be selected by their
6657 respective organizations.
- 6658 (d) The commission may remove any member of the executive
6659 board as provided in its bylaws.
- 6660 (e) The executive board shall meet at least annually.
- 6661 (f) The executive board shall do all of the following:
- 6662 1. Recommend to the entire commission changes to the rules
6663 or bylaws, compact legislation, fees paid by compact member
6664 states, such as annual dues, and any commission compact fee
6665 charged to licensees for the compact privilege.
- 6666 2. Ensure compact administration services are
6667 appropriately provided, contractually or otherwise.
- 6668 3. Prepare and recommend the budget.
- 6669 4. Maintain financial records on behalf of the commission.
- 6670 5. Monitor compact compliance of member states and provide
6671 compliance reports to the commission.
- 6672 6. Establish additional committees as necessary.
- 6673 7. Perform other duties as provided in the rules or
6674 bylaws.
- 6675 (6) FINANCING OF THE COMMISSION.—

6676 (a) The commission shall pay, or provide for the payment
6677 of, the reasonable expenses of its establishment, organization,
6678 and ongoing activities.

6679 (b) The commission may accept any appropriate revenue
6680 sources, donations, and grants of money, equipment, supplies,
6681 materials, and services.

6682 (c) The commission may levy and collect an annual
6683 assessment from each member state or impose fees on other
6684 parties to cover the cost of the operations and activities of
6685 the commission and its staff. Such assessments and fees must be
6686 in a total amount sufficient to cover its annual budget as
6687 approved each year for which revenue is not provided by other
6688 sources. The aggregate annual assessment amount must be
6689 allocated based upon a formula to be determined by the
6690 commission, which shall adopt a rule binding upon all member
6691 states.

6692 (d) The commission may not incur obligations of any kind
6693 before securing the funds adequate to meet such obligations; nor
6694 may the commission pledge the credit of any of the member
6695 states, except by and with the authority of the member state.

6696 (e) The commission shall keep accurate accounts of all
6697 receipts and disbursements. The receipts and disbursements of
6698 the commission are subject to the audit and accounting
6699 procedures established under its bylaws. However, all receipts
6700 and disbursements of funds handled by the commission must be

6701 audited yearly by a certified or licensed public accountant, and
 6702 the report of the audit must be included in and become part of
 6703 the annual report of the commission.

6704 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

6705 (a) The members, officers, executive director, employees,
 6706 and representatives of the commission are immune from suit and
 6707 liability, either personally or in their official capacity, for
 6708 any claim for damage to or loss of property or personal injury
 6709 or other civil liability caused by or arising out of any actual
 6710 or alleged act, error, or omission that occurred, or that the
 6711 person against whom the claim is made had a reasonable basis for
 6712 believing occurred, within the scope of commission employment,
 6713 duties, or responsibilities. However, this paragraph may not be
 6714 construed to protect any such person from suit or liability for
 6715 any damage, loss, injury, or liability caused by the
 6716 intentional, willful, or wanton misconduct of that person.

6717 (b) The commission shall defend any member, officer,
 6718 executive director, employee, or representative of the
 6719 commission in any civil action seeking to impose liability
 6720 arising out of any actual or alleged act, error, or omission
 6721 that occurred within the scope of commission employment, duties,
 6722 or responsibilities, or that the person against whom the claim
 6723 is made had a reasonable basis for believing occurred within the
 6724 scope of commission employment, duties, or responsibilities.
 6725 However, this subsection may not be construed to prohibit any

6726 member, officer, executive director, employee, or representative
6727 of the commission from retaining his or her own counsel or to
6728 require the commission to defend such person if the actual or
6729 alleged act, error, or omission resulted from that person's
6730 intentional, willful, or wanton misconduct.

6731 (c) The commission shall indemnify and hold harmless any
6732 member, officer, executive director, employee, or representative
6733 of the commission for the amount of any settlement or judgment
6734 obtained against that person arising out of any actual or
6735 alleged act, error, or omission that occurred within the scope
6736 of commission employment, duties, or responsibilities, or that
6737 such person had a reasonable basis for believing occurred within
6738 the scope of commission employment, duties, or responsibilities,
6739 provided that the actual or alleged act, error, or omission did
6740 not result from the intentional, willful, or wanton misconduct
6741 of that person.

6742
6743 ARTICLE VIII

6744 DATA SYSTEM

6745 (1) The commission shall provide for the development,
6746 maintenance, and use of a coordinated database and reporting
6747 system containing licensure, adverse action, and investigative
6748 information on all licensees in member states.

6749 (2) Notwithstanding any other provision of state law to
6750 the contrary, a member state shall submit a uniform data set to

6751 the data system on all individuals to whom the compact is
6752 applicable as required by the rules of the commission, including
6753 all of the following:

6754 (a) Identifying information.

6755 (b) Licensure data.

6756 (c) Investigative information.

6757 (d) Adverse actions against a license or compact
6758 privilege.

6759 (e) Nonconfidential information related to alternative
6760 program participation.

6761 (f) Any denial of application for licensure and the reason
6762 for such denial.

6763 (g) Other information that may facilitate the
6764 administration of the compact, as determined by the rules of the
6765 commission.

6766 (3) Investigative information in the system pertaining to
6767 a licensee in any member state must be available only to other
6768 member states.

6769 (4) The commission shall promptly notify all member states
6770 of any adverse action taken against a licensee or an individual
6771 applying for a license in a member state. Adverse action
6772 information pertaining to a licensee in any member state must be
6773 available to all other member states.

6774 (5) Member states contributing information to the data
6775 system may designate information that may not be shared with the

6776 public without the express permission of the contributing state.

6777 (6) Any information submitted to the data system which is
6778 subsequently required to be expunged by the laws of the member
6779 state contributing the information must be removed from the data
6780 system.

6781
6782 ARTICLE IX

6783 RULEMAKING

6784 (1) The commission shall exercise its rulemaking powers
6785 pursuant to the criteria set forth in this article and the rules
6786 adopted thereunder. Rules and amendments become binding as of
6787 the date specified in each rule or amendment.

6788 (2) If a majority of the legislatures of the member states
6789 rejects a rule by enactment of a statute or resolution in the
6790 same manner used to adopt the compact within 4 years after the
6791 date of adoption of the rule, such rule does not have further
6792 force and effect in any member state.

6793 (3) Rules or amendments to the rules must be adopted at a
6794 regular or special meeting of the commission.

6795 (4) Before adoption of a final rule or rules by the
6796 commission, and at least 30 days before the meeting at which the
6797 rule will be considered and voted upon, the commission must file
6798 a notice of proposed rulemaking on all of the following:

6799 (a) The website of the commission or another publicly
6800 accessible platform.

6801 (b) The website of each member state physical therapy
6802 licensing board or another publicly accessible platform or the
6803 publication in which each state would otherwise publish proposed
6804 rules.

6805 (5) The notice of proposed rulemaking must include all of
6806 the following:

6807 (a) The proposed date, time, and location of the meeting
6808 in which the rule will be considered and voted upon.

6809 (b) The text of the proposed rule or amendment and the
6810 reason for the proposed rule.

6811 (c) A request for comments on the proposed rule from any
6812 interested person.

6813 (d) The manner in which interested persons may submit
6814 notice to the commission of their intention to attend the public
6815 hearing and any written comments.

6816 (6) Before adoption of a proposed rule, the commission
6817 must allow persons to submit written data, facts, opinions, and
6818 arguments, which must be made available to the public.

6819 (7) The commission must grant an opportunity for a public
6820 hearing before it adopts a rule or an amendment if a hearing is
6821 requested by any of the following:

6822 (a) At least 25 persons.

6823 (b) A state or federal governmental subdivision or agency.

6824 (c) An association having at least 25 members.

6825 (8) If a scheduled public hearing is held on the proposed

6826 rule or amendment, the commission must publish the date, time,
6827 and location of the hearing. If the hearing is held through
6828 electronic means, the commission must publish the mechanism for
6829 access to the electronic hearing.

6830 (a) All persons wishing to be heard at the hearing must
6831 notify the executive director of the commission or another
6832 designated member in writing of their desire to appear and
6833 testify at the hearing at least 5 business days before the
6834 scheduled date of the hearing.

6835 (b) Hearings must be conducted in a manner providing each
6836 person who wishes to comment a fair and reasonable opportunity
6837 to comment orally or in writing.

6838 (c) All hearings must be recorded. A copy of the recording
6839 must be made available on request.

6840 (d) This section may not be construed to require a
6841 separate hearing on each rule. Rules may be grouped for the
6842 convenience of the commission at hearings required by this
6843 section.

6844 (9) Following the scheduled hearing date, or by the close
6845 of business on the scheduled hearing date if the hearing was not
6846 held, the commission shall consider all written and oral
6847 comments received.

6848 (10) If no written notice of intent to attend the public
6849 hearing by interested parties is received, the commission may
6850 proceed with adoption of the proposed rule without a public

6851 hearing.

6852 (11) The commission shall, by majority vote of all
 6853 members, take final action on the proposed rule and shall
 6854 determine the effective date of the rule, if any, based on the
 6855 rulemaking record and the full text of the rule.

6856 (12) Upon determination that an emergency exists, the
 6857 commission may consider and adopt an emergency rule without
 6858 prior notice, opportunity for comment, or hearing, provided that
 6859 the usual rulemaking procedures provided in the compact and in
 6860 this section are retroactively applied to the rule as soon as
 6861 reasonably possible, in no event later than 90 days after the
 6862 effective date of the rule. For the purposes of this subsection,
 6863 an emergency rule is one that must be adopted immediately in
 6864 order to do any of the following:

6865 (a) Meet an imminent threat to public health, safety, or
 6866 welfare.

6867 (b) Prevent a loss of commission or member state funds.

6868 (c) Meet a deadline for the adoption of an administrative
 6869 rule established by federal law or rule.

6870 (d) Protect public health and safety.

6871 (13) The commission or an authorized committee of the
 6872 commission may direct revisions to a previously adopted rule or
 6873 amendment for purposes of correcting typographical errors,
 6874 errors in format, errors in consistency, or grammatical errors.
 6875 Public notice of any revisions must be posted on the website of

6876 the commission. The revision is subject to challenge by any
6877 person for a period of 30 days after posting. The revision may
6878 be challenged only on grounds that the revision results in a
6879 material change to a rule. A challenge must be made in writing
6880 and delivered to the chair of the commission before the end of
6881 the notice period. If a challenge is not made, the revision
6882 takes effect without further action. If the revision is
6883 challenged, the revision may not take effect without the
6884 approval of the commission.

6885
6886 ARTICLE X

6887 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

6888 (1) OVERSIGHT.—

6889 (a) The executive, legislative, and judicial branches of
6890 state government in each member state shall enforce the compact
6891 and take all actions necessary and appropriate to carry out the
6892 compact's purposes and intent. The provisions of the compact and
6893 the rules adopted pursuant thereto shall have standing as
6894 statutory law.

6895 (b) All courts shall take judicial notice of the compact
6896 and the rules in any judicial or administrative proceeding in a
6897 member state pertaining to the subject matter of the compact
6898 which may affect the powers, responsibilities, or actions of the
6899 commission.

6900 (c) The commission is entitled to receive service of

HB 1549

2024

6901 process in any such proceeding and has standing to intervene in
6902 such a proceeding for all purposes. Failure to provide service
6903 of process to the commission renders a judgment or an order void
6904 as to the commission, the compact, or the adopted rules.

6905 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.-

6906 (a) If the commission determines that a member state has
6907 defaulted in the performance of its obligations or
6908 responsibilities under the compact or the adopted rules, the
6909 commission must do all of the following:

6910 1. Provide written notice to the defaulting state and
6911 other member states of the nature of the default, the proposed
6912 means of curing the default, and any other action to be taken by
6913 the commission.

6914 2. Provide remedial training and specific technical
6915 assistance regarding the default.

6916 (b) If a state in default fails to cure the default, the
6917 defaulting state may be terminated from the compact upon an
6918 affirmative vote of a majority of the member states, and all
6919 rights, privileges, and benefits conferred by the compact may be
6920 terminated on the effective date of termination. A cure of the
6921 default does not relieve the offending state of obligations or
6922 liabilities incurred during the period of default.

6923 (c) Termination of membership in the compact may be
6924 imposed only after all other means of securing compliance have
6925 been exhausted. The commission shall give notice of intent to

6926 suspend or terminate a defaulting member state to the governor
6927 and majority and minority leaders of the defaulting state's
6928 legislature and to each of the member states.

6929 (d) A state that has been terminated from the compact is
6930 responsible for all assessments, obligations, and liabilities
6931 incurred through the effective date of termination, including
6932 obligations that extend beyond the effective date of
6933 termination.

6934 (e) The commission does not bear any costs related to a
6935 state that is found to be in default or that has been terminated
6936 from the compact, unless agreed upon in writing between the
6937 commission and the defaulting state.

6938 (f) The defaulting state may appeal the action of the
6939 commission by petitioning the U.S. District Court for the
6940 District of Columbia or the federal district where the
6941 commission has its principal offices. The prevailing member
6942 shall be awarded all costs of such litigation, including
6943 reasonable attorney fees.

6944 (3) DISPUTE RESOLUTION.—

6945 (a) Upon request by a member state, the commission must
6946 attempt to resolve disputes related to the compact which arise
6947 among member states and between member and nonmember states.

6948 (b) The commission shall adopt a rule providing for both
6949 mediation and binding dispute resolution for disputes as
6950 appropriate.

6951 (4) ENFORCEMENT.—

6952 (a) The commission, in the reasonable exercise of its
 6953 discretion, shall enforce the compact and the commission's
 6954 rules.

6955 (b) By majority vote, the commission may initiate legal
 6956 action in the United States District Court for the District of
 6957 Columbia or the federal district where the commission has its
 6958 principal offices against a member state in default to enforce
 6959 compliance with the provisions of the compact and its adopted
 6960 rules and bylaws. The relief sought may include both injunctive
 6961 relief and damages. In the event judicial enforcement is
 6962 necessary, the prevailing member shall be awarded all costs of
 6963 such litigation, including reasonable attorney fees.

6964 (c) The remedies under this article are not the exclusive
 6965 remedies of the commission. The commission may pursue any other
 6966 remedies available under federal or state law.

6967
 6968 ARTICLE XI

6969 DATE OF IMPLEMENTATION OF THE PHYSICAL THERAPY COMPACT AND
 6970 ASSOCIATED RULES; WITHDRAWAL; AND AMENDMENTS

6971 (1) The compact becomes effective on the date that the
 6972 compact statute is enacted into law in the tenth member state.
 6973 The provisions that become effective at that time are limited to
 6974 the powers granted to the commission relating to assembly and
 6975 the adoption of rules. Thereafter, the commission shall meet and

6976 exercise rulemaking powers necessary for the implementation and
6977 administration of the compact.

6978 (2) Any state that joins the compact subsequent to the
6979 commission's initial adoption of the rules is subject to the
6980 rules as they exist on the date that the compact becomes law in
6981 that state. Any rule that has been previously adopted by the
6982 commission has the full force and effect of law on the day the
6983 compact becomes law in that state.

6984 (3) Any member state may withdraw from the compact by
6985 enacting a statute repealing the same.

6986 (a) A member state's withdrawal does not take effect until
6987 6 months after enactment of the repealing statute.

6988 (b) Withdrawal does not affect the continuing requirement
6989 of the withdrawing state's physical therapy licensing board to
6990 comply with the investigative and adverse action reporting
6991 requirements of this act before the effective date of
6992 withdrawal.

6993 (4) The compact may not be construed to invalidate or
6994 prevent any physical therapy licensure agreement or other
6995 cooperative arrangement between a member state and a nonmember
6996 state which does not conflict with the provisions of the
6997 compact.

6998 (5) The compact may be amended by the member states. An
6999 amendment to the compact does not become effective and binding
7000 upon any member state until it is enacted into the laws of all

7001 member states.

7002

7003 ARTICLE XII

7004 CONSTRUCTION AND SEVERABILITY

7005 The compact must be liberally construed so as to carry out
 7006 the purposes thereof. The provisions of the compact are
 7007 severable, and if any phrase, clause, sentence, or provision of
 7008 the compact is declared to be contrary to the constitution of
 7009 any member state or of the United States or the applicability
 7010 thereof to any government, agency, person, or circumstance is
 7011 held invalid, the validity of the remainder of the compact and
 7012 the applicability thereof to any government, agency, person, or
 7013 circumstance is not affected thereby. If the compact is held
 7014 contrary to the constitution of any member state, the compact
 7015 remains in full force and effect as to the remaining member
 7016 states and in full force and effect as to the member state
 7017 affected as to all severable matters.

7018 Section 80. The provisions of the Physical Therapy
 7019 Licensure Compact do not authorize the Department of Health or
 7020 the Board of Physical Therapy to collect a compact privilege
 7021 fee, but rather state that fees of this kind are allowable under
 7022 the compact. The Department of Health and the Board of Physical
 7023 Therapy must comply with the requirements of s. 456.025.

7024 Section 81. Subsection (5) is added to section 486.023,
 7025 Florida Statutes, to read:

7026 486.023 Board of Physical Therapy Practice.—
 7027 (5) The board shall appoint a person to serve as the
 7028 state's delegate on the Physical Therapy Compact Commission, as
 7029 required under s. 486.112.
 7030 Section 82. Section 486.125, Florida Statutes, is amended
 7031 to read:
 7032 486.125 Refusal, revocation, or suspension of license;
 7033 administrative fines and other disciplinary measures.—
 7034 (1) The following acts constitute grounds for denial of a
 7035 license or disciplinary action, as specified in s. 456.072(2) or
 7036 s. 486.112:
 7037 (a) Being unable to practice physical therapy with
 7038 reasonable skill and safety to patients by reason of illness or
 7039 use of alcohol, drugs, narcotics, chemicals, or any other type
 7040 of material or as a result of any mental or physical condition.
 7041 1. In enforcing this paragraph, upon a finding of the
 7042 State Surgeon General or the State Surgeon General's designee
 7043 that probable cause exists to believe that the licensee is
 7044 unable to practice physical therapy due to the reasons stated in
 7045 this paragraph, the department shall have the authority to
 7046 compel a physical therapist or physical therapist assistant to
 7047 submit to a mental or physical examination by a physician
 7048 designated by the department. If the licensee refuses to comply
 7049 with such order, the department's order directing such
 7050 examination may be enforced by filing a petition for enforcement

HB 1549

2024

7051 in the circuit court where the licensee resides or serves as a
7052 physical therapy practitioner. The licensee against whom the
7053 petition is filed may ~~shall~~ not be named or identified by
7054 initials in any public court records or documents, and the
7055 proceedings must ~~shall~~ be closed to the public. The department
7056 shall be entitled to the summary procedure provided in s.
7057 51.011.

7058 2. A physical therapist or physical therapist assistant
7059 whose license is suspended or revoked pursuant to this
7060 subsection shall, at reasonable intervals, be given an
7061 opportunity to demonstrate that she or he can resume the
7062 competent practice of physical therapy with reasonable skill and
7063 safety to patients.

7064 3. Neither the record of proceeding nor the orders entered
7065 by the board in any proceeding under this subsection may be used
7066 against a physical therapist or physical therapist assistant in
7067 any other proceeding.

7068 (b) Having committed fraud in the practice of physical
7069 therapy or deceit in obtaining a license as a physical therapist
7070 or as a physical therapist assistant.

7071 (c) Being convicted or found guilty regardless of
7072 adjudication, of a crime in any jurisdiction which directly
7073 relates to the practice of physical therapy or to the ability to
7074 practice physical therapy. The entry of any plea of nolo
7075 contendere is ~~shall be~~ considered a conviction for purpose of

7076 | this chapter.

7077 | (d) Having treated or undertaken to treat human ailments
7078 | by means other than by physical therapy, as defined in this
7079 | chapter.

7080 | (e) Failing to maintain acceptable standards of physical
7081 | therapy practice as set forth by the board in rules adopted
7082 | pursuant to this chapter.

7083 | (f) Engaging directly or indirectly in the dividing,
7084 | transferring, assigning, rebating, or refunding of fees received
7085 | for professional services, or having been found to profit by
7086 | means of a credit or other valuable consideration, such as an
7087 | unearned commission, discount, or gratuity, with any person
7088 | referring a patient or with any relative or business associate
7089 | of the referring person. ~~Nothing in~~ This chapter may not ~~shall~~
7090 | be construed to prohibit the members of any regularly and
7091 | properly organized business entity which is comprised of
7092 | physical therapists and which is recognized under the laws of
7093 | this state from making any division of their total fees among
7094 | themselves as they determine necessary.

7095 | (g) Having a license revoked or suspended; having had
7096 | other disciplinary action taken against her or him; or having
7097 | had her or his application for a license refused, revoked, or
7098 | suspended by the licensing authority of another state,
7099 | territory, or country.

7100 | (h) Violating a lawful order of the board or department

7101 | previously entered in a disciplinary hearing.

7102 | (i) Making or filing a report or record which the licensee
7103 | knows to be false. Such reports or records shall include only
7104 | those which are signed in the capacity of a physical therapist.

7105 | (j) Practicing or offering to practice beyond the scope
7106 | permitted by law or accepting and performing professional
7107 | responsibilities which the licensee knows or has reason to know
7108 | that she or he is not competent to perform, including, but not
7109 | limited to, specific spinal manipulation.

7110 | (k) Violating any provision of this chapter or chapter
7111 | 456, or any rules adopted pursuant thereto.

7112 | (2) (a) The board may enter an order denying licensure or
7113 | imposing any of the penalties in s. 456.072(2) against any
7114 | applicant for licensure or licensee who is found guilty of
7115 | violating any provision of subsection (1) ~~of this section~~ or who
7116 | is found guilty of violating any provision of s. 456.072(1).

7117 | (b) The board may take adverse action against a physical
7118 | therapist's or a physical therapist assistant's compact
7119 | privilege under the Physical Therapy Licensure Compact pursuant
7120 | to s. 486.112, and may impose any of the penalties in s.
7121 | 456.072(2), if a physical therapist or physical therapist
7122 | assistant commits an act specified in subsection (1) or s.
7123 | 456.072(1).

7124 | (3) The board may ~~shall~~ not reinstate the license of a
7125 | physical therapist or physical therapist assistant or approve

HB 1549

2024

7126 ~~cause~~ a license to be issued to a person it has deemed
7127 unqualified until such time as it is satisfied that she or he
7128 has complied with all the terms and conditions set forth in the
7129 final order and that such person is capable of safely engaging
7130 in the practice of physical therapy.

7131 Section 83. Paragraph (b) of subsection (1) of section
7132 624.27, Florida Statutes, is amended to read:

7133 624.27 Direct health care agreements; exemption from
7134 code.—

7135 (1) As used in this section, the term:

7136 (b) "Health care provider" means a health care provider
7137 licensed under chapter 458, chapter 459, chapter 460, chapter
7138 461, chapter 464, ~~or~~ chapter 466, chapter 490, or chapter 491,
7139 or a health care group practice, who provides health care
7140 services to patients.

7141 Section 84. Subsections (4) through (12) of section 95.11,
7142 Florida Statutes, are renumbered as subsections (5) through
7143 (13), respectively, paragraph (b) of subsection (2), paragraph
7144 (n) of subsection (3), paragraphs (f) and (g) of present
7145 subsection (5), and present subsection (10) are amended, and a
7146 new subsection (4) is added to that section, to read:

7147 95.11 Limitations other than for the recovery of real
7148 property.—Actions other than for recovery of real property shall
7149 be commenced as follows:

7150 (2) WITHIN FIVE YEARS.—

HB 1549

2024

7151 (b) A legal or equitable action on a contract, obligation,
7152 or liability founded on a written instrument, except for an
7153 action to enforce a claim against a payment bond, which shall be
7154 governed by the applicable provisions of paragraph (6) (e)
7155 ~~paragraph (5) (e)~~, s. 255.05(10), s. 337.18(1), or s.
7156 713.23(1) (e), and except for an action for a deficiency judgment
7157 governed by paragraph (6) (h) ~~paragraph (5) (h)~~.

7158 (3) WITHIN FOUR YEARS.—

7159 (n) An action for assault, battery, false arrest,
7160 malicious prosecution, malicious interference, false
7161 imprisonment, or any other intentional tort, except as provided
7162 in subsections (5), (6), and (8) ~~subsections (4), (5), and (7)~~.

7163 (4) WITHIN THREE YEARS.—An action to collect medical debt
7164 for services rendered by a facility licensed under chapter 395,
7165 provided that the period of limitations shall run from the date
7166 on which the facility refers the medical debt to a third party
7167 for collection.

7168 (6)-(5) WITHIN ONE YEAR.—

7169 (f) Except for actions described in subsection (9)-(8), a
7170 petition for extraordinary writ, other than a petition
7171 challenging a criminal conviction, filed by or on behalf of a
7172 prisoner as defined in s. 57.085.

7173 (g) Except for actions described in subsection (9)-(8), an
7174 action brought by or on behalf of a prisoner, as defined in s.
7175 57.085, relating to the conditions of the prisoner's

HB 1549

2024

7176 confinement.

7177 ~~(11)-(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM
7178 ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding
7179 paragraph (5)(e) ~~paragraph (4)(e)~~, an action for wrongful death
7180 seeking damages authorized under s. 768.21 brought against a
7181 natural person for an intentional tort resulting in death from
7182 acts described in s. 782.04 or s. 782.07 may be commenced at any
7183 time. This subsection shall not be construed to require an
7184 arrest, the filing of formal criminal charges, or a conviction
7185 for a violation of s. 782.04 or s. 782.07 as a condition for
7186 filing a civil action.

7187 Section 85. Section 222.26, Florida Statutes, is created
7188 to read:

7189 222.26 Additional exemptions from legal process concerning
7190 medical debt.—If a debt is owed for medical services provided by
7191 a facility licensed under chapter 395, the following property is
7192 exempt from attachment, garnishment, or other legal process in
7193 an action on such debt:

7194 (1) A debtor's interest, not to exceed \$10,000 in value,
7195 in a single motor vehicle as defined in s. 320.01(1).

7196 (2) A debtor's interest in personal property, not to
7197 exceed \$10,000 in value, if the debtor does not claim or receive
7198 the benefits of a homestead exemption under s. 4, Art. X of the
7199 State Constitution.

7200 Section 86. Section 627.446, Florida Statutes, is created

7201 to read:

7202 627.446 Advanced explanation of benefits.-

7203 (1) As used in this section, the term "health insurer"

7204 means a health insurer issuing individual or group coverage or a

7205 health maintenance organization issuing coverage through an

7206 individual or a group contract.

7207 (2) Each health insurer shall prepare an advanced

7208 explanation of benefits upon receiving a patient estimate from a

7209 facility pursuant to s. 395.301(1). The health insurer must

7210 provide the advanced explanation of benefits to the insured no

7211 later than 1 business day after receiving the patient estimate

7212 from the facility or, in the case of a service scheduled at

7213 least 10 business days in advance, no later than 3 business days

7214 after receiving such estimate.

7215 (3) At a minimum, the advanced explanation of benefits

7216 must include detailed coverage and cost-sharing information

7217 pursuant to the No Surprises Act, Title I of Division BB of the

7218 Consolidated Appropriations Act, 2021, Pub. L. No. 116-260.

7219 Section 87. Section 627.447, Florida Statutes, is created

7220 to read:

7221 627.447 Disclosure of discounted cash prices.-A health

7222 insurer may not prohibit a provider from disclosing to an

7223 insured the option to pay the provider's discounted cash price

7224 for health care services. For purposes of this section, the term

7225 "discounted cash price" means:

7226 (1) With respect to a hospital facility, the same meaning
 7227 as in 45 CFR 180.20. The term does not include the amount
 7228 charged to an individual pursuant to a facility's financial
 7229 assistance policy.

7230 (2) With respect to a provider that is not a hospital, the
 7231 charge that is applied to an individual who paid for a health
 7232 care service without filing an insurance claim.

7233 Section 88. Paragraphs (b) and (c) of subsection (2),
 7234 subsection (3), and paragraph (a) of subsection (4) of section
 7235 627.6387, Florida Statutes, are amended to read:

7236 627.6387 Shared savings incentive program.—

7237 (2) As used in this section, the term:

7238 (b) "Health insurer" means an authorized insurer offering
 7239 health insurance as defined in s. 627.446 ~~s. 624.603~~.

7240 (c) "Shared savings incentive" means a voluntary and
 7241 optional financial incentive that a health insurer provides ~~may~~
 7242 ~~provide~~ to an insured for choosing certain shoppable health care
 7243 services under a shared savings incentive program which ~~and~~ may
 7244 include, but is not limited to, the incentives described in s.
 7245 626.9541(4)(a).

7246 (3) A health insurer must ~~may~~ offer a shared savings
 7247 incentive program to provide incentives to an insured when the
 7248 insured obtains a shoppable health care service from the health
 7249 insurer's shared savings list. An insured may not be required to
 7250 participate in a shared savings incentive program. A health

7251 | ~~insurer that offers a shared savings incentive program~~ must:

7252 | (a) Establish the program as a component part of the
7253 | policy or certificate of insurance provided by the health
7254 | insurer and notify the insureds and the office at least 30 days
7255 | before program termination.

7256 | (b) File a description of the program on a form prescribed
7257 | by commission rule. The office must review the filing and
7258 | determine whether the shared savings incentive program complies
7259 | with this section.

7260 | (c) Notify an insured annually and at the time of renewal,
7261 | and an applicant for insurance at the time of enrollment, of the
7262 | availability of the shared savings incentive program, and the
7263 | procedure to participate in the program, and that participation
7264 | by the insured is voluntary and optional.

7265 | (d) Publish on a web page easily accessible to insureds
7266 | and to applicants for insurance a list of shoppable health care
7267 | services and health care providers and the shared savings
7268 | incentive amount applicable for each service. A shared savings
7269 | incentive may not be less than 25 percent of the savings
7270 | generated by the insured's participation in any shared savings
7271 | incentive offered by the health insurer. The baseline for the
7272 | savings calculation is the average in-network amount paid for
7273 | that service in the most recent 12-month period or some other
7274 | methodology established by the health insurer and approved by
7275 | the office.

7276 (e) At least quarterly, credit or deposit the shared
 7277 savings incentive amount to the insured's account as a return or
 7278 reduction in premium, or credit the shared savings incentive
 7279 amount to the insured's flexible spending account, health
 7280 savings account, or health reimbursement account, or reward the
 7281 insured directly with cash or a cash equivalent.

7282 (f) Submit an annual report to the office within 90
 7283 business days after the close of each plan year. At a minimum,
 7284 the report must include the following information:

7285 1. The number of insureds who participated in the program
 7286 during the plan year and the number of instances of
 7287 participation.

7288 2. The total cost of services provided as a part of the
 7289 program.

7290 3. The total value of the shared savings incentive
 7291 payments made to insureds participating in the program and the
 7292 values distributed as premium reductions, credits to flexible
 7293 spending accounts, credits to health savings accounts, or
 7294 credits to health reimbursement accounts.

7295 4. An inventory of the shoppable health care services
 7296 offered by the health insurer.

7297 (4)(a) A shared savings incentive offered by a health
 7298 insurer in accordance with this section:

7299 1. Is not an administrative expense for rate development
 7300 or rate filing purposes and shall be counted as a medical

HB 1549

2024

7301 expense for such purposes.

7302 2. Does not constitute an unfair method of competition or
7303 an unfair or deceptive act or practice under s. 626.9541 and is
7304 presumed to be appropriate unless credible data clearly
7305 demonstrates otherwise.

7306 Section 89. Paragraph (a) of subsection (4) of section
7307 627.6648, Florida Statutes, is amended to read:

7308 627.6648 Shared savings incentive program.—

7309 (4)(a) A shared savings incentive offered by a health
7310 insurer in accordance with this section:

7311 1. Is not an administrative expense for rate development
7312 or rate filing purposes and shall be counted as a medical
7313 expense for such purposes.

7314 2. Does not constitute an unfair method of competition or
7315 an unfair or deceptive act or practice under s. 626.9541 and is
7316 presumed to be appropriate unless credible data clearly
7317 demonstrates otherwise.

7318 Section 90. Paragraph (a) of subsection (4) of section
7319 641.31076, Florida Statutes, is amended to read:

7320 641.31076 Shared savings incentive program.—

7321 (4) A shared savings incentive offered by a health
7322 maintenance organization in accordance with this section:

7323 (a) Is not an administrative expense for rate development
7324 or rate filing purposes and shall be counted as a medical
7325 expense for such purposes.

7326 Section 91. Paragraph (e) of subsection (3) of section
 7327 766.1115, Florida Statutes, is amended to read:

7328 766.1115 Health care providers; creation of agency
 7329 relationship with governmental contractors.—

7330 (3) DEFINITIONS.—As used in this section, the term:

7331 (e) "Low-income" means:

7332 1. A person who is Medicaid-eligible under Florida law;

7333 2. A person who is without health insurance and whose
 7334 family income does not exceed 300 ~~200~~ percent of the federal
 7335 poverty level as defined annually by the federal Office of
 7336 Management and Budget; or

7337 3. Any client of the department who voluntarily chooses to
 7338 participate in a program offered or approved by the department
 7339 and meets the program eligibility guidelines of the department.

7340 Section 92. Subsection (14) of section 768.28, Florida
 7341 Statutes, is amended, and paragraphs (j), (k), and (l) are added
 7342 to subsection (10) of that section, to read:

7343 768.28 Waiver of sovereign immunity in tort actions;
 7344 recovery limits; civil liability for damages caused during a
 7345 riot; limitation on attorney fees; statute of limitations;
 7346 exclusions; indemnification; risk management programs.—

7347 (10)

7348 (j) For purposes of this section, the representatives
 7349 appointed from the Board of Medicine and the Board of
 7350 Osteopathic Medicine, when serving as commissioners of the

HB 1549

2024

7351 Interstate Medical Licensure Compact Commission pursuant to s.
7352 456.4501, and any administrator, officer, executive director,
7353 employee, or representative of the Interstate Medical Licensure
7354 Compact Commission, when acting within the scope of their
7355 employment, duties, or responsibilities in this state, are
7356 considered agents of the state. The commission shall pay any
7357 claims or judgments pursuant to this section and may maintain
7358 insurance coverage to pay any such claims or judgments.

7359 (k) For purposes of this section, the individuals
7360 appointed under s. 468.1135(4) as the state's delegates on the
7361 Audiology and Speech-Language Pathology Interstate Compact
7362 Commission, when serving in that capacity under s. 468.1335, and
7363 any administrator, officer, executive director, employee, or
7364 representative of the commission, when acting within the scope
7365 of his or her employment, duties, or responsibilities in the
7366 state, is considered an agent of the state. The commission shall
7367 pay any claims or judgments under this section and may maintain
7368 insurance coverage to pay any such claims or judgments.

7369 (l) For purposes of this section, the individual appointed
7370 under s. 486.023(5) as the state's delegate on the Physical
7371 Therapy Compact Commission, when serving in that capacity under
7372 s. 486.112, and any administrator, officer, executive director,
7373 employee, or representative of the Physical Therapy Compact
7374 Commission, when acting within the scope of his or her
7375 employment, duties, or responsibilities in this state, is

HB 1549

2024

7376 considered an agent of the state. The commission shall pay any
7377 claims or judgments pursuant to this section and may maintain
7378 insurance coverage to pay any such claims or judgments.

7379 (14) Every claim against the state or one of its agencies
7380 or subdivisions for damages for a negligent or wrongful act or
7381 omission pursuant to this section shall be forever barred unless
7382 the civil action is commenced by filing a complaint in the court
7383 of appropriate jurisdiction within 4 years after such claim
7384 accrues; except that an action for contribution must be
7385 commenced within the limitations provided in s. 768.31(4), and
7386 an action for damages arising from medical malpractice or
7387 wrongful death must be commenced within the limitations for such
7388 actions in s. 95.11(5) ~~s. 95.11(4)~~.

7389 Section 93. Paragraph (f) is added to subsection (3) of
7390 section 1002.32, Florida Statutes, to read:

7391 1002.32 Developmental research (laboratory) schools.—

7392 (3) MISSION.—The mission of a lab school shall be the
7393 provision of a vehicle for the conduct of research,
7394 demonstration, and evaluation regarding management, teaching,
7395 and learning. Programs to achieve the mission of a lab school
7396 shall embody the goals and standards established pursuant to ss.
7397 1000.03(5) and 1001.23(1) and shall ensure an appropriate
7398 education for its students.

7399 (f) Each lab school shall develop programs that accelerate
7400 the entry of students into articulated health care programs at

7401 its affiliated university or at any public or private
 7402 postsecondary institution, with the approval of the university
 7403 president. Each lab school shall offer technical assistance to
 7404 any school district seeking to replicate the lab school's
 7405 programs and must annually report to the President of the Senate
 7406 and the Speaker of the House of Representatives on the
 7407 development and results of such programs, when available.

7408 Section 94. Paragraph (c) is added to subsection (6) of
 7409 section 1004.015, Florida Statutes, to read:

7410 1004.015 Florida Talent Development Council.—

7411 (6) The council shall coordinate, facilitate, and
 7412 communicate statewide efforts to meet supply and demand needs
 7413 for the state's health care workforce. Annually, by December 1,
 7414 the council shall report on the implementation of this
 7415 subsection and any other relevant information on the Florida
 7416 Talent Development Council's web page located on the Department
 7417 of Economic Opportunity's website. To support the efforts of the
 7418 council, the Board of Governors and the State Board of Education
 7419 shall:

7420 (c) Require the Commission for Independent Education and
 7421 the Independent Colleges and Universities of Florida to annually
 7422 report, for each medical school graduate, by institution and
 7423 program, the graduates' accepted postgraduation residency
 7424 programs, including location and specialty. For graduates who
 7425 accepted a residency program in this state, reported data shall

7426 | identify the accredited program and sponsoring institution of
 7427 | the residency program.

7428 | Section 95. Paragraph (b) of subsection (3) and paragraph
 7429 | (b) of subsection (9) of section 1009.8962, Florida Statutes,
 7430 | are amended to read:

7431 | 1009.8962 Linking Industry to Nursing Education (LINE)
 7432 | Fund.—

7433 | (3) As used in this section, the term:

7434 | (b) "Institution" means a school district career center
 7435 | under s. 1001.44;; a charter technical career center under s.
 7436 | 1002.34;; a Florida College System institution;; a state
 7437 | university;;~~or~~ an independent nonprofit college or university
 7438 | located and chartered in this state and accredited by an agency
 7439 | or association that is recognized by the database created and
 7440 | maintained by the United States Department of Education to grant
 7441 | baccalaureate degrees; or an independent school, college, or
 7442 | university with an accredited nursing education program as
 7443 | defined in s. 464.003 which is located in and chartered by the
 7444 | state and is licensed by the Commission for Independent
 7445 | Education pursuant to s. 1005.31, which has a nursing education
 7446 | program that meets or exceeds the following:

7447 | 1. For a certified nursing assistant program, a completion
 7448 | rate of at least 70 percent for the prior year.

7449 | 2. For a licensed practical nurse, associate of science in
 7450 | nursing, and bachelor of science in nursing program, a first-

7451 | time passage rate on the National Council of State Boards of
 7452 | Nursing Licensing Examination of at least 75 ~~70~~ percent for the
 7453 | prior year based on at least 10 testing participants.

7454 | (9)

7455 | (b) Annually, by February 1, ~~each institution awarded~~
 7456 | ~~grant funds in the previous fiscal year shall submit a report to~~
 7457 | the Board of Governors and the ~~or~~ Department of Education shall
 7458 | submit to the Governor, President of the Senate, and Speaker of
 7459 | the House of Representatives a report, ~~as applicable,~~ that
 7460 | demonstrates the expansion as outlined in each ~~the~~ proposal and
 7461 | the use of funds. At minimum, the report must include, by
 7462 | program level, the number of additional nursing education
 7463 | students enrolled; if scholarships were awarded using grant
 7464 | funds, the number of students who received scholarships and the
 7465 | average award amount; and the outcomes of students as reported
 7466 | by the Florida Talent Development Council pursuant to s.
 7467 | 1004.015(6).

7468 | Section 96. Section 486.025, Florida Statutes, is amended
 7469 | to read:

7470 | 486.025 Powers and duties of the Board of Physical Therapy
 7471 | Practice.—The board may administer oaths, summon witnesses, take
 7472 | testimony in all matters relating to its duties under this
 7473 | chapter, establish or modify minimum standards of practice of
 7474 | physical therapy as defined in s. 486.021, including, but not
 7475 | limited to, standards of practice for the performance of dry

HB 1549

2024

7476 needling by physical therapists, and adopt rules pursuant to ss.
7477 120.536(1) and 120.54 to implement this chapter. The board may
7478 also review the standing and reputability of any school or
7479 college offering courses in physical therapy and whether the
7480 courses of such school or college in physical therapy meet the
7481 standards established by the appropriate accrediting agency
7482 referred to in s. 486.031(1)(c) ~~s. 486.031(3)(a)~~. In determining
7483 the standing and reputability of any such school and whether the
7484 school and courses meet such standards, the board may
7485 investigate and personally inspect the school and courses.

7486 Section 97. Paragraph (b) of subsection (1) of section
7487 486.0715, Florida Statutes, is amended to read:

7488 486.0715 Physical therapist; issuance of temporary
7489 permit.—

7490 (1) The board shall issue a temporary physical therapist
7491 permit to an applicant who meets the following requirements:

7492 (b) Is a graduate of an approved United States physical
7493 therapy educational program and meets all the eligibility
7494 requirements for licensure under ch. 456, s. 486.031(1)(a), (b),
7495 and (c)1. ~~s. 486.031(1)-(3)(a)~~, and related rules, except
7496 passage of a national examination approved by the board is not
7497 required.

7498 Section 98. Paragraph (b) of subsection (1) of section
7499 486.1065, Florida Statutes, is amended to read:

7500 486.1065 Physical therapist assistant; issuance of

7501 temporary permit.—

7502 (1) The board shall issue a temporary physical therapist
 7503 assistant permit to an applicant who meets the following
 7504 requirements:

7505 (b) Is a graduate of an approved United States physical
 7506 therapy assistant educational program and meets all the
 7507 eligibility requirements for licensure under ch. 456, s.
 7508 486.102(1)(a), (b), and (c)1. s. ~~486.102(1)-(3)(a)~~, and related
 7509 rules, except passage of a national examination approved by the
 7510 board is not required.

7511 Section 99. Subsection (3) of section 395.602, Florida
 7512 Statutes, is amended to read:

7513 395.602 Rural hospitals.—

7514 (3) USE OF FUNDS.—It is the intent of the Legislature that
 7515 funds as appropriated shall be utilized by the department for
 7516 the purpose of increasing the number of primary care physicians,
 7517 physician assistants, certified nurse midwives, nurse
 7518 practitioners, and nurses in rural areas, either through the
 7519 Florida Reimbursement Assistance for Medical Education
 7520 Reimbursement and Loan Repayment Program established in s.
 7521 381.402 as defined by s. 1009.65 or through a federal loan
 7522 repayment program which requires state matching funds. The
 7523 department may use funds appropriated for the Florida
 7524 Reimbursement Assistance for Medical Education ~~Reimbursement and~~
 7525 ~~Loan Repayment~~ Program as matching funds for federal loan

7526 repayment programs for health care personnel, such as that
 7527 authorized in Pub. L. No. 100-177, s. 203. If the department
 7528 receives federal matching funds, the department shall only
 7529 implement the federal program. Reimbursement through either
 7530 program shall be limited to:

7531 (a) Primary care physicians, physician assistants,
 7532 certified nurse midwives, nurse practitioners, and nurses
 7533 employed by or affiliated with rural hospitals, as defined in
 7534 this act; and

7535 (b) Primary care physicians, physician assistants,
 7536 certified nurse midwives, nurse practitioners, and nurses
 7537 employed by or affiliated with rural area health education
 7538 centers, as defined in this section. These personnel shall
 7539 practice:

7540 1. In a county with a population density of no greater
 7541 than 100 persons per square mile; or

7542 2. Within the boundaries of a hospital tax district which
 7543 encompasses a population of no greater than 100 persons per
 7544 square mile.

7545
 7546 If the department administers a federal loan repayment program,
 7547 priority shall be given to obligating state and federal matching
 7548 funds pursuant to paragraphs (a) and (b). The department may use
 7549 federal matching funds in other health workforce shortage areas
 7550 and medically underserved areas in the state for loan repayment

7551 programs for primary care physicians, physician assistants,
 7552 certified nurse midwives, nurse practitioners, and nurses who
 7553 are employed by publicly financed health care programs that
 7554 serve medically indigent persons.

7555 Section 100. Subsection (1) of section 458.316, Florida
 7556 Statutes, is amended to read:

7557 458.316 Public health certificate.—

7558 (1) Any person desiring to obtain a public health
 7559 certificate shall submit an application fee not to exceed \$300
 7560 and shall demonstrate to the board that he or she is a graduate
 7561 of an accredited medical school and holds a master of public
 7562 health degree or is board eligible or certified in public health
 7563 or preventive medicine, or is licensed to practice medicine
 7564 without restriction in another jurisdiction in the United States
 7565 and holds a master of public health degree or is board eligible
 7566 or certified in public health or preventive medicine, and shall
 7567 meet the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~.

7568 Section 101. Section 458.3165, Florida Statutes, is
 7569 amended to read:

7570 458.3165 Public psychiatry certificate.—The board shall
 7571 issue a public psychiatry certificate to an individual who
 7572 remits an application fee not to exceed \$300, as set by the
 7573 board, who is a board-certified psychiatrist, who is licensed to
 7574 practice medicine without restriction in another state, and who
 7575 meets the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~. A

7576 recipient of a public psychiatry certificate may use the
 7577 certificate to work at any public mental health facility or
 7578 program funded in part or entirely by state funds.

7579 (1) Such certificate shall:

7580 (a) Authorize the holder to practice only in a public
 7581 mental health facility or program funded in part or entirely by
 7582 state funds.

7583 (b) Be issued and renewable biennially if the State
 7584 Surgeon General and the chair of the department of psychiatry at
 7585 one of the public medical schools or the chair of the department
 7586 of psychiatry at the accredited medical school at the University
 7587 of Miami recommend in writing that the certificate be issued or
 7588 renewed.

7589 (c) Automatically expire if the holder's relationship with
 7590 a public mental health facility or program expires.

7591 (d) Not be issued to a person who has been adjudged
 7592 unqualified or guilty of any of the prohibited acts in this
 7593 chapter.

7594 (2) The board may take disciplinary action against a
 7595 certificateholder for noncompliance with any part of this
 7596 section or for any reason for which a regular licensee may be
 7597 subject to discipline.

7598 Section 102. Subsection (3) of section 468.209, Florida
 7599 Statutes, is amended to read:

7600 468.209 Requirements for licensure.—

7601 (3) If the board determines that an applicant is qualified
 7602 to be licensed by endorsement under s. 456.0145 ~~s. 468.213~~, the
 7603 board may issue the applicant a temporary permit to practice
 7604 occupational therapy until the next board meeting at which
 7605 license applications are to be considered, but not for a longer
 7606 period of time. Only one temporary permit by endorsement shall
 7607 be issued to an applicant, and it shall not be renewable.

7608 Section 103. Subsection (5) of section 468.511, Florida
 7609 Statutes, is amended to read:

7610 468.511 Dietitian/nutritionist; temporary permit.—

7611 ~~(5) If the board determines that an applicant is qualified~~
 7612 ~~to be licensed by endorsement under s. 468.513, the board may~~
 7613 ~~issue the applicant a temporary permit to practice dietetics and~~
 7614 ~~nutrition until the next board meeting at which license~~
 7615 ~~applications are to be considered, but not for a longer period~~
 7616 ~~of time.~~

7617 Section 104. Paragraphs (a) and (j) of subsection (1) of
 7618 section 475.01, Florida Statutes, are amended to read:

7619 475.01 Definitions.—

7620 (1) As used in this part:

7621 (a) "Broker" means a person who, for another, and for a
 7622 compensation or valuable consideration directly or indirectly
 7623 paid or promised, expressly or impliedly, or with an intent to
 7624 collect or receive a compensation or valuable consideration
 7625 therefor, appraises, auctions, sells, exchanges, buys, rents, or

HB 1549

2024

7626 offers, attempts or agrees to appraise, auction, or negotiate
7627 the sale, exchange, purchase, or rental of business enterprises
7628 or business opportunities or any real property or any interest
7629 in or concerning the same, including mineral rights or leases,
7630 or who advertises or holds out to the public by any oral or
7631 printed solicitation or representation that she or he is engaged
7632 in the business of appraising, auctioning, buying, selling,
7633 exchanging, leasing, or renting business enterprises or business
7634 opportunities or real property of others or interests therein,
7635 including mineral rights, or who takes any part in the procuring
7636 of sellers, purchasers, lessors, or lessees of business
7637 enterprises or business opportunities or the real property of
7638 another, or leases, or interest therein, including mineral
7639 rights, or who directs or assists in the procuring of prospects
7640 or in the negotiation or closing of any transaction which does,
7641 or is calculated to, result in a sale, exchange, or leasing
7642 thereof, and who receives, expects, or is promised any
7643 compensation or valuable consideration, directly or indirectly
7644 therefor; and all persons who advertise rental property
7645 information or lists. A broker renders a professional service
7646 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~
7647 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears
7648 in the definition of the term "broker," it specifically excludes
7649 those appraisal services which must be performed only by a
7650 state-licensed or state-certified appraiser, and those appraisal

7651 services which may be performed by a registered trainee
 7652 appraiser as defined in part II. The term "broker" also includes
 7653 any person who is a general partner, officer, or director of a
 7654 partnership or corporation which acts as a broker. The term
 7655 "broker" also includes any person or entity who undertakes to
 7656 list or sell one or more timeshare periods per year in one or
 7657 more timeshare plans on behalf of any number of persons, except
 7658 as provided in ss. 475.011 and 721.20.

7659 (j) "Sales associate" means a person who performs any act
 7660 specified in the definition of "broker," but who performs such
 7661 act under the direction, control, or management of another
 7662 person. A sales associate renders a professional service and is
 7663 a professional within the meaning of s. 95.11(5)(b) ~~s.~~
 7664 ~~95.11(4)(b)~~.

7665 Section 105. Paragraph (h) of subsection (1) of section
 7666 475.611, Florida Statutes, is amended to read:

7667 475.611 Definitions.—

7668 (1) As used in this part, the term:

7669 (h) "Appraiser" means any person who is a registered
 7670 trainee real estate appraiser, a licensed real estate appraiser,
 7671 or a certified real estate appraiser. An appraiser renders a
 7672 professional service and is a professional within the meaning of
 7673 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

7674 Section 106. Subsection (7) of section 517.191, Florida
 7675 Statutes, is amended to read:

7676 517.191 Injunction to restrain violations; civil
7677 penalties; enforcement by Attorney General.—

7678 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an
7679 enforcement action brought under this section based on a
7680 violation of any provision of this chapter or any rule or order
7681 issued under this chapter shall be brought within 6 years after
7682 the facts giving rise to the cause of action were discovered or
7683 should have been discovered with the exercise of due diligence,
7684 but not more than 8 years after the date such violation
7685 occurred.

7686 Section 107. Subsection (4) of section 787.061, Florida
7687 Statutes, is amended to read:

7688 787.061 Civil actions by victims of human trafficking.—

7689 (4) STATUTE OF LIMITATIONS.—The statute of limitations as
7690 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as
7691 applicable, governs an action brought under this section.

7692 Section 108. Effective July 1, 2024, for the 2024-2025
7693 fiscal year, the sum of \$25,000,000 in nonrecurring funds from
7694 the General Revenue Fund is appropriated in the Grants and Aids
7695 - Health Care Education Reimbursement and Loan Repayment Program
7696 category to the Department of Health for the Florida
7697 Reimbursement Assistance for Medical Education Program
7698 established in s. 381.402, Florida Statutes.

7699 Section 109. Effective July 1, 2024, for the 2024-2025
7700 fiscal year, the sum of \$8,000,000 in nonrecurring funds from

HB 1549

2024

7701 the General Revenue Fund is appropriated in the Dental Student
7702 Loan Repayment Program category to the Department of Health for
7703 the Dental Student Loan Repayment Program established in s.
7704 381.4019, Florida Statutes.

7705 Section 110. Effective July 1, 2024, for the 2024-2025
7706 fiscal year, the sum of \$23,357,876 in recurring funds from the
7707 General Revenue Fund is appropriated in the Grants and Aids -
7708 Minority Health Initiatives category to the Department of Health
7709 to expand statewide the telehealth minority maternity care
7710 program established in s. 383.2163, Florida Statutes. The
7711 department shall establish 15 regions in which to implement the
7712 program statewide based on the location of hospitals providing
7713 obstetrics and maternity care and pertinent data from nearby
7714 counties for severe maternal morbidity and maternal mortality.
7715 The department shall identify the criteria for selecting
7716 providers for regional implementation and, at a minimum,
7717 consider the maternal level of care designations for hospitals
7718 within the region, the neonatal intensive care unit levels of
7719 hospitals within the region, and the experience of community-
7720 based organizations to screen for and treat common pregnancy-
7721 related complications.

7722 Section 111. Effective July 1, 2024, for the 2024-2025
7723 fiscal year, the sum of \$15,000,000 in recurring funds from the
7724 General Revenue Fund is appropriated to the Agency for Health
7725 Care Administration to implement the Training, Education, and

7726 Clinicals in Health (TEACH) Funding Program established in s.
 7727 409.91256, Florida Statutes, as created by this act.

7728 Section 112. Effective July 1, 2024, for the 2024-2025
 7729 fiscal year, the sum of \$2,000,000 in recurring funds from the
 7730 General Revenue Fund is appropriated to the University of
 7731 Florida, Florida State University, Florida Atlantic University,
 7732 and Florida Agricultural and Mechanical University for the
 7733 purpose of implementing lab school-articulated health care
 7734 programs required by s. 1002.32, Florida Statutes. Each state
 7735 university shall receive \$500,000 from this appropriation.

7736 Section 113. Effective July 1, 2024, for the 2024-2025
 7737 fiscal year, the sum of \$5,000,000 in recurring funds from the
 7738 General Revenue Fund is appropriated in the Aid to Local
 7739 Governments Grants and Aids - Nursing Education category to the
 7740 Department of Education for the purpose of implementing the
 7741 Linking Industry to Nursing Education (LINE) Fund established in
 7742 s. 1009.8962, Florida Statutes.

7743 Section 114. Effective July 1, 2024, for the 2024-2025
 7744 fiscal year, the sums of \$14,920,500 in recurring funds from the
 7745 General Revenue Fund and \$20,079,500 in recurring funds from the
 7746 Medical Care Trust Fund are appropriated in the Graduate Medical
 7747 Education category to the Agency for Health Care Administration
 7748 for the Slots for Doctors Program established in s. 409.909,
 7749 Florida Statutes.

7750 Section 115. Effective July 1, 2024, for the 2024-2025

HB 1549

2024

7751 fiscal year, the sums of \$42,630,000 in recurring funds from the
7752 Grants and Donations Trust Fund and \$57,370,000 in recurring
7753 funds from the Medical Care Trust Fund are appropriated in the
7754 Graduate Medical Education category to the Agency for Health
7755 Care Administration to provide to statutory teaching hospitals
7756 as defined in s. 408.07(46), Florida Statutes, which provide
7757 highly specialized tertiary care, including comprehensive stroke
7758 and Level 2 adult cardiovascular services; NICU II and III; and
7759 adult open heart; and which have more than 30 full-time
7760 equivalent (FTE) residents over the Medicare cap in accordance
7761 with the CMS-2552 provider 2021 fiscal year-end federal Centers
7762 for Medicare and Medicaid Services Healthcare Cost Report, HCRIS
7763 data extract on December 1, 2022, worksheet E-4, line 6 minus
7764 worksheet E-4, line 5, shall be designated as a High Tertiary
7765 Statutory Teaching Hospital and be eligible for funding
7766 calculated on a per Graduate Medical Education resident-FTE
7767 proportional allocation that shall be in addition to any other
7768 Graduate Medical Education funding. Of these funds, \$44,562,400
7769 shall be first distributed to hospitals with greater than 500
7770 unweighted fiscal year 2022-2023 FTEs. The remaining funds shall
7771 be distributed proportionally based on the total unweighted
7772 fiscal year 2022-2023 FTEs. Payments to providers under this
7773 section are contingent upon the nonfederal share being provided
7774 through intergovernmental transfers in the Grants and Donations
7775 Trust Fund. In the event the funds are not available in the

7776 Grants and Donations Trust Fund, the State of Florida is not
 7777 obligated to make payments under this section.

7778 Section 116. Effective July 1, 2024, for the 2024-2025
 7779 fiscal year, the sums of \$32,464,472 in recurring funds from the
 7780 General Revenue Fund and \$43,689,578 in recurring funds from the
 7781 Medical Care Trust Fund are appropriated to the Agency for
 7782 Health Care Administration to establish a Pediatric Normal
 7783 Newborn, Pediatric Obstetrics, and Adult Obstetrics Diagnosis
 7784 Related Grouping (DRG) reimbursement methodology and increase
 7785 the existing marginal cost percentages for transplant
 7786 pediatrics, pediatrics, and neonates.

7787 Section 117. Effective October 1, 2024, for the 2024-2025
 7788 fiscal year, the sums of \$14,888,903 in recurring funds from the
 7789 General Revenue Fund and \$20,036,979 in recurring funds from the
 7790 Medical Care Trust Fund are appropriated to the Agency for
 7791 Health Care Administration to provide a Medicaid reimbursement
 7792 rate increase for preventative dental care services. The funding
 7793 shall be held in reserve. The agency shall develop a plan to
 7794 increase Medicaid reimbursement rates for preventative dental
 7795 care services by September 1, 2024. The agency may submit a
 7796 budget amendment pursuant to chapter 216, Florida Statutes,
 7797 requesting release of the funding. The budget amendment must
 7798 include the final plan to increase Medicaid reimbursement rates
 7799 for preventative dental care services. Health plans that
 7800 participate in the Statewide Medicaid Managed Care program shall

HB 1549

2024

7801 pass through the fee increase to providers in this
7802 appropriation.

7803 Section 118. Effective July 1, 2024, for or the 2024-2025
7804 fiscal year, the sums of \$29,209,696 in recurring funds from the
7805 General Revenue Fund and \$39,309,413 in recurring funds from the
7806 Operations and Maintenance Trust Fund are appropriated in the
7807 Home and Community Based Services Waiver category to the Agency
7808 for Persons with Disabilities to provide a uniform iBudget
7809 Waiver provider rate increase. The sum of \$68,519,109 in
7810 recurring funds from the Medical Care Trust Fund is appropriated
7811 in the Home and Community Based Services Waiver category to the
7812 Agency for Health Care Administration to establish budget
7813 authority for Medicaid services.

7814 Section 119. Effective July 1, 2024, for the 2024-2025
7815 fiscal year, the sum of \$11,525,152 in recurring funds from the
7816 General Revenue Fund is appropriated in the Grants and Aids -
7817 Community Mental Health Services category to the Department of
7818 Children and Families to enhance crisis diversion through mobile
7819 response teams established under s. 394.495, Florida Statutes,
7820 by adding an additional 16 mobile response teams to ensure
7821 coverage in every county.

7822 Section 120. Effective July 1, 2024, for the 2024-2025
7823 fiscal year, the sum of \$1,000,000 in recurring funds from the
7824 General Revenue Fund is appropriated to the Department of Health
7825 to implement the Health Care Screening and Services Grant

HB 1549

2024

7826 Program established in s. 381.9855, Florida Statutes, as created
7827 by this act.

7828 Section 121. Effective July 1, 2024, for the 2024-2025
7829 fiscal year, the sum of \$150,000 in nonrecurring funds from the
7830 General Revenue Fund and \$150,000 in nonrecurring funds from the
7831 Medical Care Trust Fund are appropriated to the Agency for
7832 Health Care Administration to contract with a vendor to develop
7833 a reimbursement methodology for covered services at advanced
7834 birth centers. The agency shall submit the reimbursement
7835 methodology and estimated fiscal impact to the Executive Office
7836 of the Governor's Office of Policy and Budget, the chair of the
7837 Senate Appropriations Committee, and the chair of the House
7838 Appropriations Committee no later than December 31, 2024.

7839 Section 122. Effective October 1, 2024, for the 2024-2025
7840 fiscal year, the sums of \$12,365,771 in recurring funds from the
7841 General Revenue Fund, \$127,300 in recurring funds from the
7842 Refugee Assistance Trust Fund, and \$16,514,132 in recurring
7843 funds from the Medical Care Trust Fund are appropriated to the
7844 Agency for Health Care Administration to provide a Medicaid
7845 reimbursement rate increase for private duty nursing services
7846 provided by licensed practical nurses and registered nurses.
7847 Health plans that participate in the Statewide Medicaid Managed
7848 Care program shall pass through the fee increase to providers in
7849 this appropriation.

7850 Section 123. Effective October 1, 2024, for the 2024-2025

HB 1549

2024

7851 fiscal year, the sums of \$14,580,660 in recurring funds from the
7852 General Revenue Fund and \$19,622,154 in recurring funds from the
7853 Medical Care Trust Fund are appropriated to the Agency for
7854 Health Care Administration to provide a Medicaid reimbursement
7855 rate increase for occupational therapy, physical therapy, and
7856 speech therapy providers. Health plans that participate in the
7857 Statewide Medicaid Managed Care program shall pass through the
7858 fee increase to providers in this appropriation.

7859 Section 124. Effective October 1, 2024, for the 2024-2025
7860 fiscal year, the sums of \$9,666,352 in recurring funds from the
7861 General Revenue Fund and \$13,008,646 in recurring funds from the
7862 Medical Care Trust Fund are appropriated to the Agency for
7863 Health Care Administration to provide a Medicaid reimbursement
7864 rate increase for Current Procedural Terminology codes 97153 and
7865 97155 related to behavioral analysis services. Health plans that
7866 participate in the Statewide Medicaid Managed Care program shall
7867 pass through the fee increase to providers in this
7868 appropriation.

7869 Section 125. Except as otherwise expressly provided in
7870 this act, this act shall take effect upon becoming a law.