

By the Committees on Fiscal Policy; and Health Policy

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1                                   A bill to be entitled  
2       An act relating to health care; amending s. 381.4019,  
3       F.S.; revising the purpose of the Dental Student Loan  
4       Repayment Program; defining the term "free clinic";  
5       including dental hygienists in the program; revising  
6       eligibility requirements for the program; specifying  
7       limits on award amounts for and participation of  
8       dental hygienists under the program; revising  
9       requirements for the distribution of awards under the  
10      program; deleting the maximum number of new  
11      practitioners who may participate in the program each  
12      fiscal year; specifying that dentists and dental  
13      hygienists are not eligible to receive funds under the  
14      program unless they provide specified documentation;  
15      requiring practitioners who receive payments under the  
16      program to furnish certain information requested by  
17      the Department of Health; requiring the Agency for  
18      Health Care Administration to seek federal authority  
19      to use specified matching funds for the program;  
20      providing for future repeal of the program;  
21      transferring, renumbering, and amending s. 1009.65,  
22      F.S.; renaming the Medical Education Reimbursement and  
23      Loan Repayment Program as the Florida Reimbursement  
24      Assistance for Medical Education Program; revising the  
25      types of practitioners who are eligible to participate  
26      in the program; revising requirements for the  
27      distribution of funds under the program; making  
28      conforming and technical changes; requiring  
29      practitioners who receive payments under the program

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30 to furnish certain information requested by the  
31 department; requiring the agency to seek federal  
32 authority to use specified matching funds for the  
33 program; providing for future repeal of the program;  
34 creating s. 381.4021, F.S.; requiring the department  
35 to provide annual reports to the Governor and the  
36 Legislature on specified student loan repayment  
37 programs; providing requirements for the report;  
38 requiring the department to contract with an  
39 independent third party to develop and conduct a  
40 design study for evaluating the effectiveness of  
41 specified student loan repayment programs; specifying  
42 requirements for the design study; requiring the  
43 department to begin collecting data for the study and  
44 submit the study results to the Governor and the  
45 Legislature by specified dates; requiring the  
46 department to participate in a certain multistate  
47 collaborative for a specified purpose; providing for  
48 future repeal of the requirement; creating s.  
49 381.9855, F.S.; requiring the department to implement  
50 a Health Care Screening and Services Grant Program for  
51 a specified purpose; specifying duties of the  
52 department; authorizing nonprofit entities to apply  
53 for grant funds to implement new health care screening  
54 or services programs or mobile clinics or units to  
55 expand the program's delivery capabilities; specifying  
56 requirements for grant recipients; authorizing the  
57 department to adopt rules; requiring the department to  
58 create and maintain an Internet-based portal to

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59 provide specified information relating to available  
60 health care screenings and services and volunteer  
61 opportunities; authorizing the department to contract  
62 with a third-party vendor to create and maintain the  
63 portal; specifying requirements for the portal;  
64 requiring the department to coordinate with county  
65 health departments for a specified purpose; requiring  
66 the department to include a clear and conspicuous link  
67 to the portal on the homepage of its website;  
68 requiring the department to publicize and encourage  
69 the use of the portal and enlist the aid of county  
70 health departments for such outreach; amending s.  
71 383.2163, F.S.; expanding the telehealth minority  
72 maternity care program from a pilot program to a  
73 statewide program; authorizing the department to  
74 enlist, rather than requiring the department to  
75 direct, county health departments to assist in program  
76 implementation; authorizing the department to receive  
77 certain referrals from the Healthy Start program;  
78 requiring the department to submit annual reports to  
79 the Governor and the Legislature; providing  
80 requirements for the reports; amending s. 383.302,  
81 F.S.; defining the terms "advanced birth center" and  
82 "medical director"; revising the definition of the  
83 term "consultant"; creating s. 383.3081, F.S.;  
84 providing requirements for birth centers designated as  
85 advanced birth centers with respect to operating  
86 procedures, staffing, and equipment; requiring  
87 advanced birth centers to enter into a written

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88 agreement with a blood bank for emergency blood bank  
89 services; requiring that a patient who receives an  
90 emergency blood transfusion at an advanced birth  
91 center be immediately transferred to a hospital for  
92 further care; requiring the agency to establish by  
93 rule a process for birth centers to be designated as  
94 advanced birth centers; authorizing the agency to  
95 develop certain additional requirements or standards  
96 for advanced birth centers; amending s. 383.309, F.S.;  
97 providing minimum standards for advanced birth  
98 centers; amending s. 383.313, F.S.; making technical  
99 and conforming changes; creating s. 383.3131, F.S.;  
100 providing requirements for laboratory and surgical  
101 services at advanced birth centers; providing  
102 conditions for administration of anesthesia;  
103 authorizing the intrapartum use of chemical agents;  
104 amending s. 383.315, F.S.; requiring advanced birth  
105 centers to employ or maintain an agreement with an  
106 obstetrician for specified purposes; amending s.  
107 383.316, F.S.; requiring advanced birth centers to  
108 provide for the transport of emergency patients to a  
109 hospital; requiring each advanced birth center to  
110 enter into a written transfer agreement with a local  
111 hospital or an obstetrician for such transfers;  
112 requiring birth centers and advanced birth centers to  
113 assess and document transportation services and  
114 transfer protocols annually; amending s. 383.318,  
115 F.S.; providing protocols for postpartum care of  
116 clients and infants at advanced birth centers;

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117 amending s. 394.455, F.S.; revising definitions;  
118 amending s. 394.457, F.S.; requiring the Department of  
119 Children and Families to adopt certain minimum  
120 standards for mobile crisis response services;  
121 amending s. 394.4598, F.S.; authorizing certain  
122 psychiatric nurses to provide opinions to the court  
123 for the appointment of guardian advocates; authorizing  
124 certain psychiatric nurses to consult with guardian  
125 advocates for purposes of obtaining consent for  
126 treatment; amending s. 394.4615, F.S.; authorizing  
127 psychiatric nurses to make certain determinations  
128 related to the release of clinical records; amending  
129 s. 394.4625, F.S.; requiring certain treating  
130 psychiatric nurses to document specified information  
131 in a patient's clinical record within a specified  
132 timeframe of his or her voluntary admission for mental  
133 health treatment; requiring clinical psychologists who  
134 make determinations of involuntary placement at  
135 certain mental health facilities to have specified  
136 clinical experience; authorizing certain psychiatric  
137 nurses to order emergency treatment for certain  
138 patients; amending s. 394.463, F.S.; authorizing  
139 certain psychiatric nurses to order emergency  
140 treatment of certain patients; requiring a clinical  
141 psychologist to have specified clinical experience to  
142 approve the release of an involuntary patient at  
143 certain mental health facilities; amending s.  
144 394.4655, F.S.; requiring clinical psychologists to  
145 have specified clinical experience in order to

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146 recommend involuntary outpatient services for mental  
147 health treatment; authorizing certain psychiatric  
148 nurses to recommend involuntary outpatient services  
149 for mental health treatment; providing an exception;  
150 authorizing psychiatric nurses to make certain  
151 clinical determinations that warrant bringing a  
152 patient to a receiving facility for an involuntary  
153 examination; making a conforming change; amending s.  
154 394.467, F.S.; requiring clinical psychologists to  
155 have specified clinical experience in order to  
156 recommend involuntary inpatient services for mental  
157 health treatment; authorizing certain psychiatric  
158 nurses to recommend involuntary inpatient services for  
159 mental health treatment; providing an exception;  
160 amending s. 394.4781, F.S.; revising the definition of  
161 the term "psychotic or severely emotionally disturbed  
162 child"; amending s. 394.4785, F.S.; authorizing  
163 psychiatric nurses to admit individuals over a certain  
164 age into certain mental health units of a hospital  
165 under certain conditions; requiring the agency to seek  
166 federal approval for Medicaid coverage and  
167 reimbursement authority for mobile crisis response  
168 services; requiring the Department of Children and  
169 Families to coordinate with the agency to provide  
170 specified education to contracted mobile response team  
171 services providers; amending s. 394.875, F.S.;  
172 authorizing certain psychiatric nurses to prescribe  
173 medication to clients of crisis stabilization units;  
174 amending s. 395.1055, F.S.; requiring the agency to

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175 adopt rules ensuring that hospitals that accept  
176 certain payments give enrollment priority to certain  
177 medical students, regardless of such payments, and  
178 requiring certain hospitals to submit a nonemergent  
179 care access plan (NCAP) to the agency for approval  
180 before initial licensure or licensure renewal;  
181 requiring that, beginning on a specified date, such  
182 NCAPs be approved before a license may be issued or  
183 renewed; requiring such hospitals to submit specified  
184 data to the agency as part of the licensure renewal  
185 process and update their NCAPs as needed, or as  
186 directed by the agency, before each licensure renewal;  
187 specifying requirements for NCAPs; requiring the  
188 agency to establish a process for hospitals to share  
189 certain information with certain patients' managed  
190 care plans; providing construction; amending s.  
191 408.051, F.S.; requiring certain hospitals to make  
192 available certain data to the agency's Florida Health  
193 Information Exchange program for a specified purpose;  
194 authorizing the agency to adopt rules; amending s.  
195 409.909, F.S.; authorizing the agency to allocate  
196 specified funds under the Slots for Doctors Program  
197 for existing resident positions at hospitals and  
198 qualifying institutions if certain conditions are met;  
199 requiring hospitals and qualifying institutions that  
200 receive certain state funds to report specified data  
201 to the agency annually; defining the term "sponsoring  
202 institution"; requiring such hospitals and qualifying  
203 institutions, beginning on a specified date, to

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204 produce certain financial records or submit to certain  
205 financial audits; providing applicability; providing  
206 that hospitals and qualifying institutions that fail  
207 to produce such financial records to the agency are no  
208 longer eligible to participate in the Statewide  
209 Medicaid Residency Program until a certain  
210 determination is made by the agency; requiring  
211 hospitals and qualifying institutions to request exit  
212 surveys of residents upon completion of their  
213 residency; providing requirements for the exit  
214 surveys; creating the Graduate Medical Education  
215 Committee within the agency; providing for membership  
216 and meetings of the committee; requiring the  
217 committee, beginning on a specified date, to submit an  
218 annual report to the Governor and the Legislature  
219 detailing specified information; requiring the agency  
220 to provide administrative support to assist the  
221 committee in the performance of its duties and to  
222 provide certain information to the committee; creating  
223 s. 409.91256, F.S.; creating the Training, Education,  
224 and Clinicals in Health (TEACH) Funding Program for a  
225 specified purpose; providing legislative intent;  
226 defining terms; requiring the agency to develop an  
227 application process and enter into certain agreements  
228 to implement the program; specifying requirements to  
229 qualify to receive reimbursements under the program;  
230 requiring the agency, in consultation with the  
231 Department of Health, to develop, or contract for the  
232 development of, specified training for, and to provide



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233 technical support to, preceptors; providing for  
234 reimbursement under the program; requiring the agency  
235 to submit an annual report to the Governor and the  
236 Legislature; providing requirements for the report;  
237 requiring the agency to contract with an independent  
238 third party to develop and conduct a design study for  
239 evaluating the impact of the program; specifying  
240 requirements for the design study; requiring the  
241 agency to begin collecting data for the study and  
242 submit the study results to the Governor and the  
243 Legislature by specified dates; authorizing the agency  
244 to adopt rules; requiring the agency to seek federal  
245 approval to use specified matching funds for the  
246 program; providing for future repeal of the program;  
247 amending s. 409.967, F.S.; requiring the agency to  
248 produce a specified annual report on patient encounter  
249 data under the statewide managed care program;  
250 providing requirements for the report; requiring the  
251 agency to submit the report to the Governor and the  
252 Legislature by a specified date; authorizing the  
253 agency to contract with a third-party vendor to  
254 produce the report; amending s. 409.973, F.S.;

255 requiring Medicaid managed care plans to continue  
256 assisting certain enrollees in scheduling an initial  
257 appointment with a primary care provider and report  
258 certain information to the agency; requiring plans to  
259 seek to ensure that such enrollees have at least one  
260 primary care appointment annually; requiring such  
261 plans to coordinate with hospitals that contact them

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262 for a specified purpose; requiring the plans to  
263 coordinate with their members and members' primary  
264 care providers for such purpose; requiring the agency  
265 to seek federal approval necessary to implement an  
266 acute hospital care at home program meeting specified  
267 criteria; amending s. 458.311, F.S.; revising an  
268 education and training requirement for physician  
269 licensure; exempting foreign-trained applicants for  
270 physician licensure from the residency requirement if  
271 they meet specified criteria; providing that  
272 applicants who do not meet the specified criteria may  
273 be certified for restricted licensure under certain  
274 circumstances; providing certain employment  
275 requirements for such applicants; requiring such  
276 applicants to notify the Board of Medicine of any  
277 changes in employment within a specified timeframe;  
278 repealing s. 458.3124, F.S., relating to restricted  
279 licenses of certain experienced foreign-trained  
280 physicians; amending s. 458.314, F.S.; authorizing the  
281 board to exclude certain foreign medical schools from  
282 consideration as an institution that provides medical  
283 education that is reasonably comparable to similar  
284 accredited institutions in the United States;  
285 providing construction; deleting obsolete language;  
286 amending s. 458.3145, F.S.; revising criteria for  
287 medical faculty certificates; deleting a cap on the  
288 maximum number of extended medical faculty  
289 certificates that may be issued at specified  
290 institutions; amending ss. 458.315 and 459.0076, F.S.;

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291 authorizing that temporary certificates for practice  
292 in areas of critical need be issued to physician  
293 assistants, rather than only to physicians, who meet  
294 specified criteria; making conforming and technical  
295 changes; amending ss. 458.317 and 459.0075, F.S.;  
296 specifying who may be considered a graduate assistant  
297 physician; creating limited licenses for graduate  
298 assistant physicians; specifying criteria a person  
299 must meet to obtain such licensure; requiring the  
300 Board of Medicine and the Board of Osteopathic  
301 Medicine, respectively, to establish certain  
302 requirements by rule; providing for a one-time renewal  
303 of such licenses; providing that limited licensed  
304 graduate assistant physicians are not eligible to  
305 apply for another limited license; authorizing limited  
306 licensed graduate assistant physicians to provide  
307 health care services only under the direct supervision  
308 of a physician and pursuant to a written protocol;  
309 providing requirements for, and limitations on, such  
310 supervision and practice; providing requirements for  
311 the supervisory protocols; providing that supervising  
312 physicians are liable for any acts or omissions of  
313 such graduate assistant physicians acting under their  
314 supervision and control; authorizing third-party  
315 payors to provide reimbursement for covered services  
316 rendered by graduate assistant physicians; authorizing  
317 the Board of Medicine and the Board of Osteopathic  
318 Medicine, respectively, to adopt rules; creating s.  
319 464.0121, F.S.; providing that temporary certificates

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320 for practice in areas of critical need may be issued  
321 to advanced practice registered nurses who meet  
322 specified criteria; providing restrictions on the  
323 issuance of temporary certificates; waiving licensure  
324 fees for such applicants under certain circumstances;  
325 amending s. 464.0123, F.S.; requiring certain  
326 certified nurse midwives, as a condition precedent to  
327 providing out-of-hospital intrapartum care, to  
328 maintain a written policy for the transfer of patients  
329 needing a higher acuity of care or emergency services;  
330 requiring that such policy prescribe and require the  
331 use of an emergency plan-of-care form; providing  
332 requirements for the form; requiring such certified  
333 nurse midwives to document specified information on  
334 the form if a transfer of care is determined to be  
335 necessary; requiring certified nurse midwives to  
336 verbally provide the receiving provider with specified  
337 information and make himself or herself immediately  
338 available for consultation; requiring certified nurse  
339 midwives to provide the patient's emergency plan-of-  
340 care form, as well as certain patient records, to the  
341 receiving provider upon the patient's transfer;  
342 requiring the Board of Nursing to adopt certain rules;  
343 amending s. 464.019, F.S.; deleting the sunset date of  
344 a certain annual report required of the Florida Center  
345 for Nursing; amending s. 766.1115, F.S.; revising the  
346 definition of the term "low-income" for purposes of  
347 certain government contracts for health care services;  
348 amending s. 1002.32, F.S.; requiring developmental

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349 research (laboratory) schools (lab schools) to develop  
350 programs for a specified purpose; requiring lab  
351 schools to offer technical assistance to any school  
352 district seeking to replicate the lab school's  
353 programs; requiring lab schools, beginning on a  
354 specified date, to annually report to the Legislature  
355 on the development of such programs and their results;  
356 amending s. 1009.8962, F.S.; revising the definition  
357 of the term "institution" for purposes of the Linking  
358 Industry to Nursing Education (LINE) Fund; amending  
359 ss. 381.4018 and 395.602, F.S.; conforming provisions  
360 to changes made by the act; creating s. 456.4501,  
361 F.S.; enacting the Interstate Medical Licensure  
362 Compact in this state; providing the purpose of the  
363 compact; providing that state medical boards of member  
364 states retain jurisdiction to impose adverse action  
365 against licenses issued under the compact; defining  
366 terms; specifying eligibility requirements for  
367 physicians seeking an expedited license under the  
368 compact; providing requirements for designation of a  
369 state of principal license for purposes of the  
370 compact; authorizing the Interstate Medical Licensure  
371 Compact Commission to develop certain rules; providing  
372 an application and verification process for expedited  
373 licensure under the compact; providing for expiration  
374 and termination of expedited licenses; authorizing the  
375 Interstate Commission to develop certain rules;  
376 providing requirements for renewal of expedited  
377 licenses; authorizing the Interstate Commission to

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378 develop certain rules; providing for the establishment  
379 of a database for coordinating licensure data amongst  
380 member states; requiring and authorizing member boards  
381 to report specified information to the database;  
382 providing for confidentiality of such information;  
383 providing construction; authorizing the Interstate  
384 Commission to develop certain rules; authorizing  
385 member states to conduct joint investigations and  
386 share certain materials; providing for disciplinary  
387 action of physicians licensed under the compact;  
388 creating the Interstate Medical Licensure Compact  
389 Commission; providing purpose and authority of the  
390 commission; providing for membership and meetings of  
391 the commission; providing public meeting and notice  
392 requirements; authorizing closed meetings under  
393 certain circumstances; providing public record  
394 requirements; requiring the commission to establish an  
395 executive committee; providing for membership, powers,  
396 and duties of the committee; authorizing the  
397 commission to establish other committees; specifying  
398 powers and duties of the commission; providing for  
399 financing of the commission; providing for  
400 organization and operation of the commission;  
401 providing limited immunity from liability for  
402 commissioners and other agents or employees of the  
403 commission; authorizing the commission to adopt rules;  
404 providing for rulemaking procedures, including public  
405 notice and meeting requirements; providing for  
406 judicial review of adopted rules; providing for

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407 oversight and enforcement of the compact in member  
408 states; requiring courts in member states to take  
409 judicial notice of the compact and the commission  
410 rules for purposes of certain proceedings; providing  
411 that the commission is entitled to receive service of  
412 process and has standing in certain proceedings;  
413 rendering judgments or orders void as to the  
414 commission, the compact, or commission rules under  
415 certain circumstances; providing for enforcement of  
416 the compact; specifying venue and civil remedies in  
417 such proceedings; providing for attorney fees;  
418 providing construction; specifying default procedures  
419 for member states; providing for dispute resolution  
420 between member states; providing for eligibility and  
421 procedures for enactment of the compact; requiring  
422 that governors of nonmember states be invited to  
423 participate in the activities of the commission on a  
424 nonvoting basis before the compact is adopted in that  
425 state; providing for amendment to the compact;  
426 specifying procedures for withdrawal from and  
427 subsequent reinstatement of the compact; authorizing  
428 the Interstate Commission to develop certain rules;  
429 providing for dissolution of the compact; providing  
430 severability and construction; creating s. 456.4502,  
431 F.S.; providing that a formal hearing before the  
432 Division of Administrative Hearings must be held if  
433 there are any disputed issues of material fact when  
434 the licenses of certain physicians and osteopathic  
435 physicians are suspended or revoked by this state

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436 under the compact; requiring the Department of Health  
437 to notify the Division of Administrative Hearings of a  
438 petition for a formal hearing within a specified  
439 timeframe; requiring the administrative law judge to  
440 issue a recommended order; requiring the Board of  
441 Medicine or the Board of Osteopathic Medicine, as  
442 applicable, to determine and issue final orders in  
443 certain cases; providing the department with standing  
444 to seek judicial review of any final order of the  
445 boards; creating s. 456.4504, F.S.; authorizing the  
446 department to adopt rules to implement the compact;  
447 creating ss. 458.3129 and 459.074, F.S.; providing  
448 that an allopathic physician or an osteopathic  
449 physician, respectively, licensed under the compact is  
450 deemed to be licensed under ch. 458, F.S., or ch. 459,  
451 F.S., as applicable; amending s. 768.28, F.S.;

452 designating the state commissioners of the Interstate  
453 Medical Licensure Compact Commission and other members  
454 or employees of the commission as state agents for the  
455 purpose of applying sovereign immunity and waivers of  
456 sovereign immunity; requiring the commission to pay  
457 certain claims or judgments; authorizing the  
458 commission to maintain insurance coverage to pay such  
459 claims or judgments; creating s. 468.1335, F.S.;

460 creating the Audiology and Speech-Language Pathology  
461 Interstate Compact; providing the purpose and  
462 objectives of the compact; defining terms; specifying  
463 requirements for state participation in the compact  
464 and duties of member states; specifying that the



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465 compact does not affect an individual's ability to  
466 apply for, and a member state's ability to grant, a  
467 single-state license pursuant to the laws of that  
468 state; providing for recognition of compact privilege  
469 in member states; specifying criteria a licensee must  
470 meet for a compact privilege; providing for the  
471 expiration and renewal of the compact privilege;  
472 specifying that a licensee with a compact privilege in  
473 a remote state must adhere to the laws and rules of  
474 that state; authorizing member states to act on a  
475 licensee's compact privilege under certain  
476 circumstances; specifying the consequences and  
477 parameters of practice for a licensee whose compact  
478 privilege has been acted on or whose home state  
479 license is encumbered; specifying that a licensee may  
480 hold a home state license in only one member state at  
481 a time; specifying requirements and procedures for  
482 changing a home state license designation; providing  
483 for the recognition of the practice of audiology and  
484 speech-language pathology through telehealth in member  
485 states; specifying that licensees must adhere to the  
486 laws and rules of the remote state where they provide  
487 audiology or speech-language pathology through  
488 telehealth; authorizing active duty military personnel  
489 and their spouses to keep their home state designation  
490 during active duty; specifying how such individuals  
491 may subsequently change their home state license  
492 designation; authorizing member states to take adverse  
493 actions against licensees and issue subpoenas for

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494       hearings and investigations under certain  
495       circumstances; providing requirements and procedures  
496       for such adverse action; authorizing member states to  
497       engage in joint investigations under certain  
498       circumstances; providing that a licensee's compact  
499       privilege must be deactivated in all member states for  
500       the duration of an encumbrance imposed by the  
501       licensee's home state; providing for notice to the  
502       data system and the licensee's home state of any  
503       adverse action taken against a licensee; establishing  
504       the Audiology and Speech-Language Pathology Interstate  
505       Compact Commission; providing for jurisdiction and  
506       venue for court proceedings; providing for membership  
507       and powers of the commission; specifying powers and  
508       duties of the commission's executive committee;  
509       providing for the financing of the commission;  
510       providing specified individuals immunity from civil  
511       liability under certain circumstances; providing  
512       exceptions; requiring the commission to defend the  
513       specified individuals in civil actions under certain  
514       circumstances; requiring the commission to indemnify  
515       and hold harmless specified individuals for any  
516       settlement or judgment obtained in such actions under  
517       certain circumstances; providing for the development  
518       of the data system, reporting procedures, and the  
519       exchange of specified information between member  
520       states; requiring the commission to notify member  
521       states of any adverse action taken against a licensee  
522       or applicant for licensure; authorizing member states

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523 to designate as confidential information provided to  
524 the data system; requiring the commission to remove  
525 information from the data system under certain  
526 circumstances; providing rulemaking procedures for the  
527 commission; providing procedures for the resolution of  
528 certain disputes; providing for commission enforcement  
529 of the compact; providing for remedies; providing for  
530 implementation of, withdrawal from, and amendment to  
531 the compact; providing construction and for  
532 severability; specifying that the compact, commission  
533 rules, and commission actions are binding on member  
534 states; amending s. 456.073, F.S.; requiring the  
535 Department of Health to report certain investigative  
536 information to the commission's data system; amending  
537 s. 456.076, F.S.; requiring that monitoring contracts  
538 for certain impaired practitioners participating in  
539 treatment programs contain specified terms; amending  
540 s. 468.1135, F.S.; requiring the Board of Speech-  
541 Language Pathology and Audiology to appoint two of its  
542 board members to serve as the state's delegates on the  
543 compact commission; amending s. 468.1185, F.S.;  
544 exempting audiologists and speech-language  
545 pathologists from licensure requirements if they are  
546 practicing in this state pursuant to a compact  
547 privilege under the compact; amending s. 468.1295,  
548 F.S.; authorizing the board to take adverse action  
549 against the compact privilege of audiologists and  
550 speech-language pathologists for specified prohibited  
551 acts; amending s. 768.28, F.S.; designating the state

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552 delegates and other members or employees of the  
553 compact commission as state agents for the purpose of  
554 applying sovereign immunity and waivers of sovereign  
555 immunity; requiring the commission to pay certain  
556 claims or judgments; authorizing the compact  
557 commission to maintain insurance coverage to pay such  
558 claims or judgments; creating s. 486.112, F.S.;

559 creating the Physical Therapy Licensure Compact;  
560 providing a purpose and objectives of the compact;  
561 defining terms; specifying requirements for state  
562 participation in the compact; authorizing member  
563 states to obtain biometric-based information from and  
564 conduct criminal background checks on licensees  
565 applying for a compact privilege; requiring member  
566 states to grant the compact privilege to licensees if  
567 they meet specified criteria; specifying criteria  
568 licensees must meet to exercise the compact privilege  
569 under the compact; providing for the expiration of the  
570 compact privilege; requiring licensees practicing in a  
571 remote state under the compact privilege to comply  
572 with the laws and rules of that state; subjecting  
573 licensees to the regulatory authority of remote states  
574 where they practice under the compact privilege;  
575 providing for disciplinary action; specifying  
576 circumstances under which licensees are ineligible for  
577 a compact privilege; specifying conditions that a  
578 licensee must meet to regain his or her compact  
579 privilege after an adverse action; specifying  
580 locations active duty military personnel and their

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581 spouses may use to designate their home state for  
582 purposes of the compact; providing that only a home  
583 state may impose adverse action against a license  
584 issued by that state; authorizing home states to take  
585 adverse action based on investigative information of a  
586 remote state, subject to certain requirements;  
587 directing member states that use alternative programs  
588 in lieu of discipline to require the licensee to agree  
589 not to practice in other member states while  
590 participating in the program, unless authorized by the  
591 member state; authorizing member states to investigate  
592 violations by licensees in other member states;  
593 authorizing member states to take adverse action  
594 against compact privileges issued in their respective  
595 states; providing for joint investigations of  
596 licensees under the compact; establishing the Physical  
597 Therapy Compact Commission; providing for the venue  
598 and jurisdiction for court proceedings by or against  
599 the commission; providing construction; providing for  
600 commission membership, voting, and meetings;  
601 authorizing the commission to convene closed,  
602 nonpublic meetings under certain circumstances;  
603 specifying duties and powers of the commission;  
604 providing for membership and duties of the executive  
605 board of the commission; providing for financing of  
606 the commission; providing for qualified immunity,  
607 defense, and indemnification of the commission;  
608 requiring the commission to develop and maintain a  
609 coordinated database and reporting system for certain

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610 information about licensees under the compact;  
611 requiring member states to submit specified  
612 information to the system; requiring that information  
613 contained in the system be available only to member  
614 states; requiring the commission to promptly notify  
615 all member states of reported adverse action taken  
616 against licensees or applicants for licensure;  
617 authorizing member states to designate reported  
618 information as exempt from public disclosure;  
619 providing for the removal of submitted information  
620 from the system under certain circumstances; providing  
621 for commission rulemaking; providing construction;  
622 providing for state enforcement of the compact;  
623 providing for the default and termination of compact  
624 membership; providing for appeals and costs; providing  
625 procedures for the resolution of certain disputes;  
626 providing for enforcement against a defaulting state;  
627 providing construction; providing for implementation  
628 and administration of the compact and associated  
629 rules; providing that compact states that join after  
630 initial adoption of the commission's rules are subject  
631 to such rules; specifying procedures for compact  
632 states to withdraw from the compact; providing  
633 construction; providing for amendment of the compact;  
634 providing construction and severability; amending s.  
635 456.073, F.S.; requiring the Department of Health to  
636 report certain investigative information to the data  
637 system; amending s. 456.076, F.S.; requiring  
638 monitoring contracts for certain impaired

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639 practitioners participating in treatment programs to  
640 contain specified terms; amending s. 486.023, F.S.;  
641 requiring the Board of Physical Therapy Practice to  
642 appoint an individual to serve as the state's delegate  
643 on the Physical Therapy Compact Commission; amending  
644 ss. 486.028, 486.031, 486.081, 486.102, and 486.107,  
645 F.S.; exempting physical therapists and physical  
646 therapist assistants from licensure requirements if  
647 they are practicing in this state pursuant to a  
648 compact privilege under the compact; amending s.  
649 486.125, F.S.; authorizing the board to take adverse  
650 action against the compact privilege of physical  
651 therapists and physical therapist assistants for  
652 specified prohibited acts; amending s. 768.28, F.S.;  
653 designating the state delegate and other members or  
654 employees of the commission as state agents for the  
655 purpose of applying sovereign immunity and waivers of  
656 sovereign immunity; requiring the commission to pay  
657 certain claims or judgments; authorizing the  
658 commission to maintain insurance coverage to pay such  
659 claims or judgments; amending ss. 486.025, 486.0715,  
660 and 486.1065, F.S.; conforming cross-references;  
661 providing appropriations; providing effective dates.

662

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

664

665 Section 1. Section 381.4019, Florida Statutes, is amended  
666 to read:

667 381.4019 Dental Student Loan Repayment Program.—The Dental

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668 Student Loan Repayment Program is established to support the  
669 state Medicaid program and promote access to dental care by  
670 supporting qualified dentists and dental hygienists who treat  
671 medically underserved populations in dental health professional  
672 shortage areas or medically underserved areas.

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

674 (a) "Dental health professional shortage area" means a  
675 geographic area designated as such by the Health Resources and  
676 Services Administration of the United States Department of  
677 Health and Human Services.

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

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

681 (d) "Loan program" means the Dental Student Loan Repayment  
682 Program.

683 (e)-(d) "Medically underserved area" means a geographic  
684 area, an area having a special population, or a facility which  
685 is designated by department rule as a health professional  
686 shortage area as defined by federal regulation and which has a  
687 shortage of dental health professionals who serve Medicaid  
688 recipients and other low-income patients.

689 (f)-(e) "Public health program" means a county health  
690 department, the Children's Medical Services program, a federally  
691 funded community health center, a federally funded migrant  
692 health center, or other publicly funded or nonprofit health care  
693 program designated by the department.

694 (2) The department shall establish a dental student loan  
695 repayment program to benefit Florida-licensed dentists and  
696 dental hygienists who:



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697       (a) Demonstrate, as required by department rule, active  
698 employment in a public health program or private practice that  
699 serves Medicaid recipients and other low-income patients and is  
700 located in a dental health professional shortage area or a  
701 medically underserved area; and

702       (b) Volunteer 25 hours per year providing dental services  
703 in a free clinic that is located in a dental health professional  
704 shortage area or a medically underserved area, through another  
705 volunteer program operated by the state pursuant to part IV of  
706 chapter 110, or through a pro bono program approved by the Board  
707 of Dentistry. In order to meet the requirements of this  
708 paragraph, the volunteer hours must be verifiable in a manner  
709 determined by the department.

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

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

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

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

724       (d) A dentist or dental hygienist may receive ~~funds under~~  
725 ~~the loan program for at least 1 year,~~ up to a maximum of 5

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726 awards pursuant to paragraph (a), one award for each year he or  
727 she maintains eligibility for the program for the entire year.  
728 Such awards are not required to be awarded in consecutive years,  
729 and, if a dentist or dental hygienist loses eligibility pursuant  
730 to subsection (4) for the current year, he or she may reapply  
731 for the program in a future year once he or she has regained  
732 eligibility.

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

736 (4) A dentist or dental hygienist is not ~~no longer~~ eligible  
737 to receive funds under the loan program if the dentist or dental  
738 hygienist:

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

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

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

747 (5) A dentist or dental hygienist who receives payment  
748 under the program shall furnish information requested by the  
749 department for the purpose of the department's duties under s.  
750 381.4021.

751 (6) The department shall adopt rules to administer the loan  
752 program.

753 ~~(7)-(6)~~ Implementation of the loan program is subject to  
754 legislative appropriation.

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755 (8) The Agency for Health Care Administration shall seek  
756 federal authority to use Title XIX matching funds for this  
757 program.

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

759 Section 2. Section 1009.65, Florida Statutes, is  
760 transferred, renumbered as section 381.402, Florida Statutes,  
761 and amended to read:

762 381.402 ~~1009.65~~ Florida Reimbursement Assistance for  
763 Medical Education Reimbursement and Loan Repayment Program.—

764 (1) To support the state Medicaid program and to encourage  
765 qualified medical professionals to practice in underserved  
766 locations where there are shortages of such personnel, there is  
767 established the Florida Reimbursement Assistance for Medical  
768 Education Reimbursement and Loan Repayment Program. The function  
769 of the program is to make payments that offset loans and  
770 educational expenses incurred by students for studies leading to  
771 a medical or nursing degree, medical or nursing licensure, or  
772 advanced practice registered nurse licensure or physician  
773 assistant licensure.

774 (2) The following licensed or certified health care  
775 practitioners ~~professionals~~ are eligible to participate in the  
776 ~~this~~ program:

777 (a) Medical doctors with primary care specialties. 7

778 (b) Doctors of osteopathic medicine with primary care  
779 specialties.

780 (c) Advanced practice registered nurses registered to  
781 engage in autonomous practice under s. 464.0123. ~~physician~~  
782 ~~assistants, licensed practical nurses and registered nurses, and~~

783 (d) Advanced practice registered nurses ~~with primary care~~

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784 ~~specialties such as certified nurse midwives.~~

785 (e) Physician assistants.

786 (f) Mental health professionals, including licensed  
787 clinical social workers, licensed marriage and family  
788 therapists, licensed mental health counselors, and licensed  
789 psychologists.

790 (g) Licensed practical nurses and registered nurses.

791

792 Primary care medical specialties for physicians include  
793 obstetrics, gynecology, general and family practice, geriatrics,  
794 internal medicine, pediatrics, psychiatry, and other specialties  
795 which may be identified by the Department of Health.

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

798 (a)1. For a 4-year period of continued proof of practice in  
799 an area specified in paragraph (b), up to \$150,000 for  
800 physicians, up to \$90,000 for advanced practice registered  
801 nurses registered to engage in autonomous practice under s.  
802 464.0123 and practicing autonomously, up to \$75,000 for advanced  
803 practice registered nurses and physician assistants, up to  
804 \$75,000 for mental health professionals, and up to \$45,000  
805 ~~\$4,000 per year~~ for licensed practical nurses and registered  
806 nurses. Each practitioner is eligible to receive an award for  
807 only one 4-year period of continued proof of practice; however,  
808 the 4 years of practice are not required to be consecutive. At  
809 the end of each year that a practitioner participates in the  
810 program, the department shall award 25 percent of a  
811 practitioner's principal loan amount at the time he or she  
812 applied for the program, ~~up to \$10,000 per year for advanced~~

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813 ~~practice registered nurses and physician assistants, and up to~~  
814 ~~\$20,000 per year for physicians.~~ Penalties for noncompliance are  
815 ~~shall be~~ the same as those in the National Health Services Corps  
816 Loan Repayment Program. Educational expenses include costs for  
817 tuition, matriculation, registration, books, laboratory and  
818 other fees, other educational costs, and reasonable living  
819 expenses as determined by the Department of Health.

820 (b)2. All payments are contingent on continued proof of:

821 1.a. Primary care practice in a rural hospital as an area  
822 defined in s. 395.602(2)(b)~~7~~, or an underserved area designated  
823 by the Department of Health, provided the practitioner accepts  
824 Medicaid reimbursement if eligible for such reimbursement; or

825 b. For practitioners other than physicians, practice in  
826 other settings, including, but not limited to, a nursing home  
827 facility as defined in s. 400.021, a home health agency as  
828 defined in s. 400.462, or an intermediate care facility for the  
829 developmentally disabled as defined in s. 400.960. Any such  
830 setting must be located in, or serve residents or patients in,  
831 an underserved area designated by the Department of Health and  
832 must provide services to Medicaid patients.

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

839 (c) Correctional facilities, state hospitals, and other  
840 state institutions that employ medical personnel must ~~shall~~ be  
841 designated by the Department of Health as underserved locations.

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842 Locations with high incidences of infant mortality, high  
843 morbidity, or low Medicaid participation by health care  
844 professionals may be designated as underserved.

845 ~~(b) Advanced practice registered nurses registered to~~  
846 ~~engage in autonomous practice under s. 464.0123 and practicing~~  
847 ~~in the primary care specialties of family medicine, general~~  
848 ~~pediatrics, general internal medicine, or midwifery. From the~~  
849 ~~funds available, the Department of Health shall make payments of~~  
850 ~~up to \$15,000 per year to advanced practice registered nurses~~  
851 ~~registered under s. 464.0123 who demonstrate, as required by~~  
852 ~~department rule, active employment providing primary care~~  
853 ~~services in a public health program, an independent practice, or~~  
854 ~~a group practice that serves Medicaid recipients and other low-~~  
855 ~~income patients and that is located in a primary care health~~  
856 ~~professional shortage area. Only loans to pay the costs of~~  
857 ~~tuition, books, medical equipment and supplies, uniforms, and~~  
858 ~~living expenses may be covered. For the purposes of this~~  
859 ~~paragraph:~~

860 1. ~~"Primary care health professional shortage area" means a~~  
861 ~~geographic area, an area having a special population, or a~~  
862 ~~facility with a score of at least 18, as designated and~~  
863 ~~calculated by the Federal Health Resources and Services~~  
864 ~~Administration or a rural area as defined by the Federal Office~~  
865 ~~of Rural Health Policy.~~

866 2. ~~"Public health program" means a county health~~  
867 ~~department, the Children's Medical Services program, a federally~~  
868 ~~funded community health center, a federally funded migrant~~  
869 ~~health center, or any other publicly funded or nonprofit health~~  
870 ~~care program designated by the department.~~

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871 (4)~~(2)~~ The Department of Health may use funds appropriated  
872 for the ~~Medical Education Reimbursement and Loan Repayment~~  
873 program as matching funds for federal loan repayment programs  
874 such as the National Health Service Corps State Loan Repayment  
875 Program.

876 (5) A health care practitioner who receives payment under  
877 the program shall furnish information requested by the  
878 department for the purpose of the department's duties under s.  
879 381.4021.

880 (6)~~(3)~~ The Department of Health may adopt ~~any~~ rules  
881 ~~necessary~~ for the administration of the ~~Medical Education~~  
882 ~~Reimbursement and Loan Repayment~~ program. The department may  
883 also solicit technical advice regarding conduct of the program  
884 from the Department of Education and Florida universities and  
885 Florida College System institutions. The Department of Health  
886 shall submit a budget request for an amount sufficient to fund  
887 medical education reimbursement, loan repayments, and program  
888 administration.

889 (7) The Agency for Health Care Administration shall seek  
890 federal authority to use Title XIX matching funds for this  
891 program.

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

893 Section 3. Section 381.4021, Florida Statutes, is created  
894 to read:

895 381.4021 Student loan repayment programs reporting.—

896 (1) For the student loan repayment programs established in  
897 ss. 381.4019 and 381.402, the department shall annually provide  
898 a report, beginning July 1, 2024, to the Governor, the President  
899 of the Senate, and the Speaker of the House of Representatives

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900 which, at a minimum, details all of the following:

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

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

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

904 (d) The type of practitioner to whom each loan payment was  
905 made.

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

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

910 (2) (a) The department shall contract with an independent  
911 third party to develop and conduct a design study to evaluate  
912 the impact of the student loan repayment programs established in  
913 ss. 381.4019 and 381.402, including, but not limited to, the  
914 effectiveness of the programs in recruiting and retaining health  
915 care professionals in geographic and practice areas experiencing  
916 shortages. The department shall begin collecting data for the  
917 study by January 1, 2025, and shall submit the results of the  
918 study to the Governor, the President of the Senate, and the  
919 Speaker of the House of Representatives by January 1, 2030.

920 (b) The department shall participate in a provider  
921 retention and information system management multistate  
922 collaborative that collects data to measure outcomes of  
923 education debt support-for-service programs.

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

925 Section 4. Section 381.9855, Florida Statutes, is created  
926 to read:

927 381.9855 Health Care Screening and Services Grant Program;  
928 portal.-



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929       (1) (a) The Department of Health shall implement a Health  
930 Care Screening and Services Grant Program. The purpose of the  
931 program is to expand access to no-cost health care screenings or  
932 services for the general public facilitated by nonprofit  
933 entities. The department shall do all of the following:

934       1. Publicize the availability of funds and enlist the aid  
935 of county health departments for outreach to potential  
936 applicants at the local level.

937       2. Establish an application process for submitting a grant  
938 proposal and criteria an applicant must meet to be eligible.

939       3. Develop guidelines a grant recipient must follow for the  
940 expenditure of grant funds and uniform data reporting  
941 requirements for the purpose of evaluating the performance of  
942 grant recipients.

943       (b) A nonprofit entity may apply for grant funds in order  
944 to implement new health care screening or services programs that  
945 the entity has not previously implemented.

946       (c) A nonprofit entity that has previously implemented a  
947 specific health care screening or services program at one or  
948 more specific locations may apply for grant funds in order to  
949 provide the same or similar screenings or services at new  
950 locations or through a mobile health clinic or mobile unit in  
951 order to expand the program's delivery capabilities.

952       (d) An entity that receives a grant under this section  
953 must:

954       1. Follow Department of Health guidelines for reporting on  
955 expenditure of grant funds and measures to evaluate the  
956 effectiveness of the entity's health care screening or services  
957 program.

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

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

962 (2) (a) The Department of Health shall create and maintain  
963 an Internet-based portal to direct the general public to events,  
964 organizations, and venues in this state from which health  
965 screenings or services may be obtained at no cost or at a  
966 reduced cost and for the purpose of directing licensed health  
967 care practitioners to opportunities for volunteering their  
968 services to conduct, administer, or facilitate such health  
969 screenings or services. The department may contract with a  
970 third-party vendor for the creation or maintenance of the  
971 portal.

972 (b) The portal must be easily accessible by the public, not  
973 require a sign-up or login, and include the ability for a member  
974 of the public to enter his or her address and obtain localized  
975 and current data on opportunities for screenings and services  
976 and volunteer opportunities for health care practitioners. The  
977 portal must include, but need not be limited to, all statutorily  
978 created screening programs, other than newborn screenings  
979 established under chapter 383, which are funded and operational  
980 under the department's authority. The department shall  
981 coordinate with county health departments so that the portal  
982 includes information on such health screenings and services  
983 provided by county health departments or by nonprofit entities  
984 in partnership with county health departments.

985 (c) The department shall include a clear and conspicuous  
986 link to the portal on the homepage of its website. The

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987 department shall publicize the portal to, and encourage the use  
988 of the portal by, the general public and shall enlist the aid of  
989 county health departments for such outreach.

990 Section 5. Section 383.2163, Florida Statutes, is amended  
991 to read:

992 383.2163 Telehealth minority maternity care program ~~program~~  
993 ~~programs. By July 1, 2022,~~ The department shall establish a  
994 statewide telehealth minority maternity care ~~program~~ that  
995 ~~in Duval County and Orange County which~~ uses telehealth to  
996 expand the capacity for positive maternal health outcomes in  
997 racial and ethnic minority populations. The department may  
998 enlist ~~shall direct and assist the~~ county health departments ~~in~~  
999 ~~Duval County and Orange County to~~ assist with program  
1000 implementation ~~implement the programs.~~

1001 (1) DEFINITIONS.—As used in this section, the term:

1002 (a) "Department" means the Department of Health.

1003 (b) "Eligible pregnant woman" means a pregnant woman who is  
1004 receiving, or is eligible to receive, maternal or infant care  
1005 services from the department under chapter 381 or this chapter.

1006 (c) "Health care practitioner" has the same meaning as in  
1007 s. 456.001.

1008 (d) "Health professional shortage area" means a geographic  
1009 area designated as such by the Health Resources and Services  
1010 Administration of the United States Department of Health and  
1011 Human Services.

1012 (e) "Indigenous population" means any Indian tribe, band,  
1013 or nation or other organized group or community of Indians  
1014 recognized as eligible for services provided to Indians by the  
1015 United States Secretary of the Interior because of their status

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1016 as Indians, including any Alaskan native village as defined in  
1017 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,  
1018 as that definition existed on the effective date of this act.

1019 (f) "Maternal mortality" means a death occurring during  
1020 pregnancy or the postpartum period which is caused by pregnancy  
1021 or childbirth complications.

1022 (g) "Medically underserved population" means the population  
1023 of an urban or rural area designated by the United States  
1024 Secretary of Health and Human Services as an area with a  
1025 shortage of personal health care services or a population group  
1026 designated by the United States Secretary of Health and Human  
1027 Services as having a shortage of such services.

1028 (h) "Perinatal professionals" means doulas, personnel from  
1029 Healthy Start and home visiting programs, childbirth educators,  
1030 community health workers, peer supporters, certified lactation  
1031 consultants, nutritionists and dietitians, social workers, and  
1032 other licensed and nonlicensed professionals who assist women  
1033 through their prenatal or postpartum periods.

1034 (i) "Postpartum" means the 1-year period beginning on the  
1035 last day of a woman's pregnancy.

1036 (j) "Severe maternal morbidity" means an unexpected outcome  
1037 caused by a woman's labor and delivery which results in  
1038 significant short-term or long-term consequences to the woman's  
1039 health.

1040 (k) "Technology-enabled collaborative learning and capacity  
1041 building model" means a distance health care education model  
1042 that connects health care professionals, particularly  
1043 specialists, with other health care professionals through  
1044 simultaneous interactive videoconferencing for the purpose of

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1045 facilitating case-based learning, disseminating best practices,  
1046 and evaluating outcomes in the context of maternal health care.

1047 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is  
1048 to:

1049 (a) Expand the use of technology-enabled collaborative  
1050 learning and capacity building models to improve maternal health  
1051 outcomes for the following populations and demographics:

1052 1. Ethnic and minority populations.

1053 2. Health professional shortage areas.

1054 3. Areas with significant racial and ethnic disparities in  
1055 maternal health outcomes and high rates of adverse maternal  
1056 health outcomes, including, but not limited to, maternal  
1057 mortality and severe maternal morbidity.

1058 4. Medically underserved populations.

1059 5. Indigenous populations.

1060 (b) Provide for the adoption of and use of telehealth  
1061 services that allow for screening and treatment of common  
1062 pregnancy-related complications, including, but not limited to,  
1063 anxiety, depression, substance use disorder, hemorrhage,  
1064 infection, amniotic fluid embolism, thrombotic pulmonary or  
1065 other embolism, hypertensive disorders relating to pregnancy,  
1066 diabetes, cerebrovascular accidents, cardiomyopathy, and other  
1067 cardiovascular conditions.

1068 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~  
1069 ~~programs~~ shall adopt the use of telehealth or coordinate with  
1070 prenatal home visiting programs, or both, to provide all of the  
1071 following services and education to eligible pregnant women up  
1072 to the last day of their postpartum periods, as applicable:

1073 (a) Referrals to Healthy Start's coordinated intake and

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1074 referral program to offer families prenatal home visiting  
1075 services. The program may also accept referrals from the Healthy  
1076 Start program of eligible pregnant women seeking services  
1077 offered under the program.

1078 (b) Services and education addressing social determinants  
1079 of health, including, but not limited to, all of the following:

- 1080 1. Housing placement options.
- 1081 2. Transportation services or information on how to access  
1082 such services.
- 1083 3. Nutrition counseling.
- 1084 4. Access to healthy foods.
- 1085 5. Lactation support.
- 1086 6. Lead abatement and other efforts to improve air and  
1087 water quality.
- 1088 7. Child care options.
- 1089 8. Car seat installation and training.
- 1090 9. Wellness and stress management programs.
- 1091 10. Coordination across safety net and social support  
1092 services and programs.

1093 (c) Evidence-based health literacy and pregnancy,  
1094 childbirth, and parenting education for women in the prenatal  
1095 and postpartum periods.

1096 (d) For women during their pregnancies through the  
1097 postpartum periods, connection to support from doulas and other  
1098 perinatal health workers.

1099 (e) Tools for prenatal women to conduct key components of  
1100 maternal wellness checks, including, but not limited to, all of  
1101 the following:

- 1102 1. A device to measure body weight, such as a scale.

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1103 2. A device to measure blood pressure which has a verbal  
1104 reader to assist the pregnant woman in reading the device and to  
1105 ensure that the health care practitioner performing the wellness  
1106 check through telehealth is able to hear the reading.

1107 3. A device to measure blood sugar levels with a verbal  
1108 reader to assist the pregnant woman in reading the device and to  
1109 ensure that the health care practitioner performing the wellness  
1110 check through telehealth is able to hear the reading.

1111 4. Any other device that the health care practitioner  
1112 performing wellness checks through telehealth deems necessary.

1113 (4) TRAINING.—The program ~~pilot programs~~ shall provide  
1114 training to participating health care practitioners and other  
1115 perinatal professionals on all of the following:

1116 (a) Implicit and explicit biases, racism, and  
1117 discrimination in the provision of maternity care and how to  
1118 eliminate these barriers to accessing adequate and competent  
1119 maternity care.

1120 (b) The use of remote patient monitoring tools for  
1121 pregnancy-related complications.

1122 (c) How to screen for social determinants of health risks  
1123 in the prenatal and postpartum periods, such as inadequate  
1124 housing, lack of access to nutritional foods, environmental  
1125 risks, transportation barriers, and lack of continuity of care.

1126 (d) Best practices in screening for and, as needed,  
1127 evaluating and treating maternal mental health conditions and  
1128 substance use disorders.

1129 (e) Information collection, recording, and evaluation  
1130 activities to:

1131 1. Study the impact of the ~~pilot~~ program;

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1132 2. Ensure access to and the quality of care;

1133 3. Evaluate patient outcomes as a result of the ~~pilot~~  
1134 program;

1135 4. Measure patient experience; and

1136 5. Identify best practices for the future expansion of the  
1137 ~~pilot~~ program.

1138 (5) REPORTS.—By October 31, 2025, and each October 31  
1139 thereafter, the department shall submit a program report to the  
1140 Governor, the President of the Senate, and the Speaker of the  
1141 House of Representatives which includes, at a minimum, all of  
1142 the following for the previous fiscal year:

1143 (a) The total number of clients served and the demographic  
1144 information for the population served, including ethnicity and  
1145 race, age, education levels, and geographic location.

1146 (b) The total number of screenings performed, by type.

1147 (c) The number of participants identified as having  
1148 experienced pregnancy-related complications, the number of  
1149 participants who received treatments for such complications, and  
1150 the final outcome of the pregnancy for such participants.

1151 (d) The number of referrals made to the Healthy Start  
1152 program or other prenatal home visiting programs and the number  
1153 of participants who subsequently received services from such  
1154 programs.

1155 (e) The number of referrals made to doulas and other  
1156 perinatal professionals and the number of participants who  
1157 subsequently received services from doulas and other perinatal  
1158 professionals.

1159 (f) The number and types of devices given to participants  
1160 to conduct maternal wellness checks.



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1161 (g) The average length of participation by program  
1162 participants.

1163 (h) Composite results of a participant survey that measures  
1164 the participants' experience with the program.

1165 (i) The total number of health care practitioners trained,  
1166 by provider type and specialty.

1167 (j) The results of a survey of the health care  
1168 practitioners trained under the program. The survey must address  
1169 the quality and impact of the training provided, the health care  
1170 practitioners' experiences using remote patient monitoring  
1171 tools, the best practices provided in the training, and any  
1172 suggestions for improvements.

1173 (k) Aggregate data on the maternal and infant health  
1174 outcomes of program participants.

1175 (l) For the initial report, all available quantifiable data  
1176 related to the telehealth minority maternity care pilot  
1177 programs.

1178 (6) FUNDING.—The pilot programs shall be funded using funds  
1179 appropriated by the Legislature for the Closing the Gap grant  
1180 program. The department's Division of Community Health Promotion  
1181 and Office of Minority Health and Health Equity shall ~~also~~ work  
1182 in partnership to apply for federal funds that are available to  
1183 assist the department in accomplishing the program's purpose and  
1184 successfully implementing the program ~~pilot programs~~.

1185 (7)~~(6)~~ RULES.—The department may adopt rules to implement  
1186 this section.

1187 Section 6. Present subsections (1) through (8), (9), and  
1188 (10) of section 383.302, Florida Statutes, are redesignated as  
1189 subsections (2) through (9), (11), and (12), respectively, new

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1190 subsections (1) and (10) are added to that section, and present  
 1191 subsection (4) of that section is amended, to read:

1192 383.302 Definitions of terms used in ss. 383.30-383.332.—As  
 1193 used in ss. 383.30-383.332, the term:

1194 (1) "Advanced birth center" means a licensed birth center  
 1195 designated as an advanced birth center which may perform trial  
 1196 of labor after cesarean deliveries for screened patients who  
 1197 qualify; planned low-risk cesarean deliveries; and anticipated  
 1198 vaginal deliveries for laboring patients from the beginning of  
 1199 the 37th week of gestation through the end of the 41st week of  
 1200 gestation.

1201 (5)~~(4)~~ "Consultant" means a physician licensed pursuant to  
 1202 chapter 458 or chapter 459 who agrees to provide advice and  
 1203 services to a birth center and who either:

1204 (a) Is certified or eligible for certification by the  
 1205 American Board of Obstetrics and Gynecology or the American  
 1206 Osteopathic Board of Obstetrics and Gynecology;~~7~~ or

1207 (b) Has hospital obstetrical privileges.

1208 (10) "Medical director" means a person who holds an active  
 1209 unrestricted license as a physician under chapter 458 or chapter  
 1210 459.

1211 Section 7. Section 383.3081, Florida Statutes, is created  
 1212 to read:

1213 383.3081 Advanced birth center designation.—

1214 (1) To be designated as an advanced birth center, a birth  
 1215 center must, in addition to maintaining compliance with all of  
 1216 the requirements under ss. 383.30-383.332 applicable to birth  
 1217 centers and advanced birth centers, meet all of the following  
 1218 criteria:

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- 1219       (a) Be operated and staffed 24 hours per day, 7 days per  
1220 week.
- 1221       (b) Employ two medical directors to oversee the activities  
1222 of the center, one of whom must be a board-certified  
1223 obstetrician and one of whom must be a board-certified  
1224 anesthesiologist.
- 1225       (c) Have at least one properly equipped, dedicated surgical  
1226 suite for the performance of cesarean deliveries.
- 1227       (d) Employ at least one registered nurse and ensure that at  
1228 least one registered nurse is present in the center at all times  
1229 and has the ability to stabilize and facilitate the transfer of  
1230 patients and newborn infants when appropriate.
- 1231       (e) Enter into a written agreement with a blood bank for  
1232 emergency blood bank services and have written protocols for the  
1233 management of obstetrical hemorrhage which include provisions  
1234 for emergency blood transfusions. If a patient admitted to an  
1235 advanced birth center receives an emergency blood transfusion at  
1236 the center, the patient must immediately thereafter be  
1237 transferred to a hospital for further care.
- 1238       (f) Meet all standards adopted by rule for birth centers,  
1239 unless specified otherwise, and advanced birth centers pursuant  
1240 to s. 383.309.
- 1241       (g) Comply with the Florida Building Code and Florida Fire  
1242 Prevention Code standards for ambulatory surgical centers.
- 1243       (h) Qualify for, enter into, and maintain a Medicaid  
1244 provider agreement with the agency pursuant to s. 409.907 and  
1245 provide services to Medicaid recipients according to the terms  
1246 of the provider agreement.
- 1247       (2) The agency shall establish by rule a process for

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1248 designating a birth center that meets the requirements of this  
1249 section as an advanced birth center. The agency may develop any  
1250 requirements or standards it deems necessary for patient safety  
1251 which advanced birth centers must meet as a condition of the  
1252 designation.

1253 Section 8. Section 383.309, Florida Statutes, is amended to  
1254 read:

1255 383.309 Minimum standards for birth centers and advanced  
1256 birth centers; rules and enforcement.—

1257 (1) The agency shall adopt and enforce rules to administer  
1258 ss. 383.30–383.332 and part II of chapter 408, which rules shall  
1259 include, but are not limited to, reasonable and fair minimum  
1260 standards for ensuring that:

1261 (a) Sufficient numbers and qualified types of personnel and  
1262 occupational disciplines are available at all times to provide  
1263 necessary and adequate patient care and safety.

1264 (b) Infection control, housekeeping, sanitary conditions,  
1265 disaster plan, and medical record procedures that will  
1266 adequately protect patient care and provide safety are  
1267 established and implemented.

1268 (c) Licensed facilities are established, organized, and  
1269 operated consistent with established programmatic standards.

1270 (2) The standards adopted by rule for designating a birth  
1271 center as an advanced birth center must, at a minimum, be  
1272 equivalent to the minimum standards adopted for ambulatory  
1273 surgical centers pursuant to s. 395.1055 and must include  
1274 standards for quality of care, blood transfusions, and sanitary  
1275 conditions for food handling and food service.

1276 (3) The agency may not establish any rule governing the

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1277 design, construction, erection, alteration, modification,  
1278 repair, or demolition of birth centers. It is the intent of the  
1279 Legislature to preempt that function to the Florida Building  
1280 Commission and the State Fire Marshal through adoption and  
1281 maintenance of the Florida Building Code and the Florida Fire  
1282 Prevention Code. However, the agency shall provide technical  
1283 assistance to the commission and the State Fire Marshal in  
1284 updating the construction standards of the Florida Building Code  
1285 and the Florida Fire Prevention Code which govern birth centers.  
1286 In addition, the agency may enforce the special-occupancy  
1287 provisions of the Florida Building Code and the Florida Fire  
1288 Prevention Code which apply to birth centers in conducting any  
1289 inspection authorized under this chapter or part II of chapter  
1290 408.

1291 Section 9. Section 383.313, Florida Statutes, is amended to  
1292 read:

1293 383.313 Birth center performance of laboratory and surgical  
1294 services; use of anesthetic and chemical agents.—

1295 (1) LABORATORY SERVICES.—A birth center may collect  
1296 specimens for those tests that are requested under protocol. A  
1297 birth center must obtain and continuously maintain certification  
1298 by the Centers for Medicare and Medicaid Services under the  
1299 federal Clinical Laboratory Improvement Amendments and the  
1300 federal rules adopted thereunder in order to perform laboratory  
1301 tests specified by rule of the agency, and which are appropriate  
1302 to meet the needs of the patient.

1303 (2) SURGICAL SERVICES.—Except for advanced birth centers  
1304 authorized to provide surgical services under s. 383.3131, only  
1305 those surgical procedures that are ~~shall be limited to those~~

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1306 normally performed during uncomplicated childbirths, such as  
1307 episiotomies and repairs, may be performed at a birth center.  
1308 ~~and shall not include~~ Operative obstetrics or cesarean ~~eaesarean~~  
1309 sections may not be performed at a birth center.

1310 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General and  
1311 conduction anesthesia may not be administered at a birth center.  
1312 Systemic analgesia may be administered, and local anesthesia for  
1313 pudendal block and episiotomy repair may be performed if  
1314 procedures are outlined by the clinical staff and performed by  
1315 personnel who have the ~~with~~ statutory authority to do so.

1316 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be  
1317 inhibited, stimulated, or augmented with chemical agents during  
1318 the first or second stage of labor unless prescribed by  
1319 personnel who have the ~~with~~ statutory authority to do so and  
1320 unless in connection with and before ~~prior to~~ emergency  
1321 transport.

1322 Section 10. Section 383.3131, Florida Statutes, is created  
1323 to read:

1324 383.3131 Advanced birth center performance of laboratory  
1325 and surgical services; use of anesthetic and chemical agents.—

1326 (1) LABORATORY SERVICES.—An advanced birth center shall  
1327 have a clinical laboratory on site. The clinical laboratory  
1328 must, at a minimum, be capable of providing laboratory testing  
1329 for hematology, metabolic screening, liver function, and  
1330 coagulation studies. An advanced birth center may collect  
1331 specimens for those tests that are requested under protocol. An  
1332 advanced birth center may perform laboratory tests as defined by  
1333 rule of the agency. Laboratories located in advanced birth  
1334 centers must be appropriately certified by the Centers for

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1335 Medicare and Medicaid Services under the federal Clinical  
1336 Laboratory Improvement Amendments and the federal rules adopted  
1337 thereunder.

1338 (2) SURGICAL SERVICES.—In addition to surgical procedures  
1339 authorized under s. 383.313(2), surgical procedures for low-risk  
1340 cesarean deliveries and surgical management of immediate  
1341 complications may also be performed at an advanced birth center.  
1342 Postpartum sterilization may be performed before discharge of  
1343 the patient who has given birth during that admission.  
1344 Circumcisions may be performed before discharge of the newborn  
1345 infant.

1346 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General,  
1347 conduction, and local anesthesia may be administered at an  
1348 advanced birth center if administered by personnel who have the  
1349 statutory authority to do so. All general anesthesia must be  
1350 administered by an anesthesiologist or a certified registered  
1351 nurse anesthetist in accordance with s. 464.012. When general  
1352 anesthesia is administered, a physician or a certified  
1353 registered nurse anesthetist must be present in the advanced  
1354 birth center during the anesthesia and postanesthesia recovery  
1355 period until the patient is fully alert. Each advanced birth  
1356 center shall comply with s. 395.0191(2)(b).

1357 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be  
1358 inhibited, stimulated, or augmented with chemical agents during  
1359 the first or second stage of labor at an advanced birth center  
1360 if prescribed by personnel who have the statutory authority to  
1361 do so. Labor may be electively induced beginning at the 39th  
1362 week of gestation for a patient with a documented Bishop score  
1363 of 8 or greater.

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1364 Section 11. Subsection (3) is added to section 383.315,  
1365 Florida Statutes, to read:

1366 383.315 Agreements with consultants for advice or services;  
1367 maintenance.—

1368 (3) An advanced birth center shall employ or maintain an  
1369 agreement with an obstetrician who must be on call at all times  
1370 during which a patient is in active labor in the center to  
1371 attend deliveries, available to respond to emergencies, and,  
1372 when necessary, available to perform cesarean deliveries.

1373 Section 12. Section 383.316, Florida Statutes, is amended  
1374 to read:

1375 383.316 Transfer and transport of clients to hospitals.—

1376 (1) If unforeseen complications arise during labor,  
1377 delivery, or postpartum recovery, the client must ~~shall~~ be  
1378 transferred to a hospital.

1379 (2) Each birth center ~~licensed facility~~ shall make  
1380 arrangements with a local ambulance service licensed under  
1381 chapter 401 for the transport of emergency patients to a  
1382 hospital. Such arrangements must ~~shall~~ be documented in the  
1383 center's policy and procedures manual ~~of the facility~~ if the  
1384 birth center does not own or operate a licensed ambulance. The  
1385 policy and procedures manual ~~shall~~ also must contain specific  
1386 protocols for the transfer of any patient to a licensed  
1387 hospital.

1388 (3) Each advanced birth center shall enter into a written  
1389 transfer agreement with a local hospital licensed under chapter  
1390 395 for the transfer and admission of emergency patients to the  
1391 hospital or a written agreement with an obstetrician who has  
1392 hospital privileges to provide coverage at all times and who has



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1393 agreed to accept the transfer of the advanced birth center's  
1394 patients.

1395 (4) A birth center licensed facility shall identify  
1396 neonatal-specific transportation services, including ground and  
1397 air ambulances; list their particular qualifications; and have  
1398 the telephone numbers for access to these services clearly  
1399 listed and immediately available.

1400 (5)(4) The birth center shall assess and document Annual  
1401 assessments of the transportation services and transfer  
1402 protocols annually shall be made and documented.

1403 Section 13. Present subsections (2) and (3) of section  
1404 383.318, Florida Statutes, are redesignated as subsections (3)  
1405 and (4), respectively, a new subsection (2) is added to that  
1406 section, and subsection (1) of that section is amended, to read:

1407 383.318 Postpartum care for birth center clients and  
1408 infants.—

1409 (1) Except at advanced birth centers that must adhere to  
1410 the requirements of subsection (2), a mother and her infant must  
1411 shall be dismissed from a the birth center within 24 hours after  
1412 the birth of the infant, except in unusual circumstances as  
1413 defined by rule of the agency. If a mother or her infant is  
1414 retained at the birth center for more than 24 hours after the  
1415 birth, a report must shall be filed with the agency within 48  
1416 hours after of the birth and must describe describing the  
1417 circumstances and the reasons for the decision.

1418 (2) (a) A mother and her infant must be dismissed from an  
1419 advanced birth center within 48 hours after a vaginal delivery  
1420 of the infant or within 72 hours after a delivery by cesarean  
1421 section, except in unusual circumstances as defined by rule of

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1422 the agency.

1423 (b) If a mother or her infant is retained at the advanced  
1424 birth center for more than the timeframes set forth in paragraph  
1425 (a), a report must be filed with the agency within 48 hours  
1426 after the scheduled discharge time and must describe the  
1427 circumstances and the reasons for the decision.

1428 Section 14. Subsections (5), (31), and (36) of section  
1429 394.455, Florida Statutes, are amended to read:

1430 394.455 Definitions.—As used in this part, the term:

1431 (5) "Clinical psychologist" means a person licensed to  
1432 practice psychology under chapter 490 ~~a psychologist as defined~~  
1433 ~~in s. 490.003(7) with 3 years of postdoctoral experience in the~~  
1434 ~~practice of clinical psychology, inclusive of the experience~~  
1435 ~~required for licensure,~~ or a psychologist employed by a facility  
1436 operated by the United States Department of Veterans Affairs  
1437 that qualifies as a receiving or treatment facility under this  
1438 part.

1439 (31) "Mobile crisis response service" or "mobile response  
1440 team" means a nonresidential behavioral health crisis service  
1441 available 24 hours per day, 7 days per week which provides  
1442 immediate intensive assessments and interventions, including  
1443 screening for admission into a mental health receiving facility,  
1444 an addictions receiving facility, or a detoxification facility,  
1445 for the purpose of identifying appropriate treatment services.

1446 (36) "Psychiatric nurse" means an advanced practice  
1447 registered nurse licensed under s. 464.012 who has a master's or  
1448 doctoral degree in psychiatric nursing and~~r~~ holds a national  
1449 advanced practice certification as a psychiatric mental health  
1450 advanced practice nurse, and has 1 year ~~2 years~~ of post-master's

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1451 clinical experience under the supervision of a physician.

1452 Section 15. Paragraph (c) of subsection (5) of section  
1453 394.457, Florida Statutes, is amended to read:

1454 394.457 Operation and administration.—

1455 (5) RULES.—

1456 (c) The department shall adopt rules establishing minimum  
1457 standards for services provided by a mental health overlay  
1458 program or a mobile crisis response service. Minimum standards  
1459 for a mobile crisis response service must:

1460 1. Include the requirements of the child, adolescent, and  
1461 young adult mobile response teams established under s.  
1462 394.495(7) and ensure coverage of all counties by these  
1463 specified teams; and

1464 2. Create a structure for general mobile response teams  
1465 which focuses on crisis diversion and the reduction of  
1466 involuntary commitment under this chapter. The structure must  
1467 require, but need not be limited to, the following:

1468 a. Triage and rapid crisis intervention within 60 minutes;

1469 b. Provision of and referral to evidence-based services  
1470 that are responsive to the needs of the individual and the  
1471 individual's family;

1472 c. Screening, assessment, early identification, and care  
1473 coordination; and

1474 d. Confirmation that the individual who received the mobile  
1475 crisis response was connected to a service provider and  
1476 prescribed medications, if needed.

1477 Section 16. Subsections (1) and (3) of section 394.4598,  
1478 Florida Statutes, are amended to read:

1479 394.4598 Guardian advocate.—

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1480 (1) The administrator may petition the court for the  
1481 appointment of a guardian advocate based upon the opinion of a  
1482 psychiatrist or psychiatric nurse practicing within the  
1483 framework of an established protocol with a psychiatrist that  
1484 the patient is incompetent to consent to treatment. If the court  
1485 finds that a patient is incompetent to consent to treatment and  
1486 has not been adjudicated incapacitated and had a guardian with  
1487 the authority to consent to mental health treatment appointed,  
1488 the court must ~~it shall~~ appoint a guardian advocate. The patient  
1489 has the right to have an attorney represent him or her at the  
1490 hearing. If the person is indigent, the court must ~~shall~~ appoint  
1491 the office of the public defender to represent him or her at the  
1492 hearing. The patient has the right to testify, cross-examine  
1493 witnesses, and present witnesses. The proceeding must ~~shall~~ be  
1494 recorded, either electronically or stenographically, and  
1495 testimony must ~~shall~~ be provided under oath. One of the  
1496 professionals authorized to give an opinion in support of a  
1497 petition for involuntary placement, as described in s. 394.4655  
1498 or s. 394.467, must testify. A guardian advocate must meet the  
1499 qualifications of a guardian contained in part IV of chapter  
1500 744, except that a professional referred to in this part, an  
1501 employee of the facility providing direct services to the  
1502 patient under this part, a departmental employee, a facility  
1503 administrator, or member of the Florida local advocacy council  
1504 may ~~shall~~ not be appointed. A person ~~who is~~ appointed as a  
1505 guardian advocate must agree to the appointment.

1506 (3) A facility requesting appointment of a guardian  
1507 advocate must, before ~~prior to~~ the appointment, provide the  
1508 prospective guardian advocate with information about the duties

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1509 and responsibilities of guardian advocates, including the  
1510 information about the ethics of medical decisionmaking. Before  
1511 asking a guardian advocate to give consent to treatment for a  
1512 patient, the facility shall provide to the guardian advocate  
1513 sufficient information so that the guardian advocate can decide  
1514 whether to give express and informed consent to the treatment,  
1515 including information that the treatment is essential to the  
1516 care of the patient, and that the treatment does not present an  
1517 unreasonable risk of serious, hazardous, or irreversible side  
1518 effects. Before giving consent to treatment, the guardian  
1519 advocate must meet and talk with the patient and the patient's  
1520 physician or psychiatric nurse practicing within the framework  
1521 of an established protocol with a psychiatrist in person, if at  
1522 all possible, and by telephone, if not. The decision of the  
1523 guardian advocate may be reviewed by the court, upon petition of  
1524 the patient's attorney, the patient's family, or the facility  
1525 administrator.

1526 Section 17. Subsection (11) of section 394.4615, Florida  
1527 Statutes, is amended to read:

1528 394.4615 Clinical records; confidentiality.—

1529 (11) Patients must ~~shall~~ have reasonable access to their  
1530 clinical records, unless such access is determined by the  
1531 patient's physician or the patient's psychiatric nurse to be  
1532 harmful to the patient. If the patient's right to inspect his or  
1533 her clinical record is restricted by the facility, written  
1534 notice of such restriction must ~~shall~~ be given to the patient  
1535 and the patient's guardian, guardian advocate, attorney, and  
1536 representative. In addition, the restriction must ~~shall~~ be  
1537 recorded in the clinical record, together with the reasons for

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1538 it. The restriction of a patient's right to inspect his or her  
1539 clinical record expires ~~shall expire~~ after 7 days but may be  
1540 renewed, after review, for subsequent 7-day periods.

1541 Section 18. Paragraph (f) of subsection (1) and subsection  
1542 (5) of section 394.4625, Florida Statutes, are amended to read:  
1543 394.4625 Voluntary admissions.—

1544 (1) AUTHORITY TO RECEIVE PATIENTS.—

1545 (f) Within 24 hours after admission of a voluntary patient,  
1546 the treating ~~admitting~~ physician or psychiatric nurse practicing  
1547 within the framework of an established protocol with a  
1548 psychiatrist shall document in the patient's clinical record  
1549 that the patient is able to give express and informed consent  
1550 for admission. If the patient is not able to give express and  
1551 informed consent for admission, the facility must ~~shall~~ either  
1552 discharge the patient or transfer the patient to involuntary  
1553 status pursuant to subsection (5).

1554 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary  
1555 patient, or an authorized person on the patient's behalf, makes  
1556 a request for discharge, the request for discharge, unless  
1557 freely and voluntarily rescinded, must be communicated to a  
1558 physician, a clinical psychologist with at least 3 years of  
1559 clinical experience, or a psychiatrist as quickly as possible,  
1560 but not later than 12 hours after the request is made. If the  
1561 patient meets the criteria for involuntary placement, the  
1562 administrator of the facility must file with the court a  
1563 petition for involuntary placement, within 2 court working days  
1564 after the request for discharge is made. If the petition is not  
1565 filed within 2 court working days, the patient must ~~shall~~ be  
1566 discharged. Pending the filing of the petition, the patient may

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1567 be held and emergency treatment rendered in the least  
1568 restrictive manner, upon the written order of a physician or a  
1569 psychiatric nurse practicing within the framework of an  
1570 established protocol with a psychiatrist, if it is determined  
1571 that such treatment is necessary for the safety of the patient  
1572 or others.

1573 Section 19. Paragraph (f) of subsection (2) of section  
1574 394.463, Florida Statutes, is amended to read:

1575 394.463 Involuntary examination.—

1576 (2) INVOLUNTARY EXAMINATION.—

1577 (f) A patient must ~~shall~~ be examined by a physician or a  
1578 clinical psychologist, or by a psychiatric nurse performing  
1579 within the framework of an established protocol with a  
1580 psychiatrist at a facility without unnecessary delay to  
1581 determine if the criteria for involuntary services are met.  
1582 Emergency treatment may be provided upon the order of a  
1583 physician or a psychiatric nurse practicing within the framework  
1584 of an established protocol with a psychiatrist if the physician  
1585 or psychiatric nurse determines that such treatment is necessary  
1586 for the safety of the patient or others. The patient may not be  
1587 released by the receiving facility or its contractor without the  
1588 documented approval of a psychiatrist or a clinical psychologist  
1589 with at least 3 years of clinical experience or, if the  
1590 receiving facility is owned or operated by a hospital, health  
1591 system, or nationally accredited community mental health center,  
1592 the release may also be approved by a psychiatric nurse  
1593 performing within the framework of an established protocol with  
1594 a psychiatrist, or an attending emergency department physician  
1595 with experience in the diagnosis and treatment of mental illness

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1596 after completion of an involuntary examination pursuant to this  
1597 subsection. A psychiatric nurse may not approve the release of a  
1598 patient if the involuntary examination was initiated by a  
1599 psychiatrist unless the release is approved by the initiating  
1600 psychiatrist. The release may be approved through telehealth.

1601 Section 20. Paragraphs (a) and (b) of subsection (3),  
1602 paragraph (b) of subsection (7), and paragraph (a) of subsection  
1603 (8) of section 394.4655, Florida Statutes, are amended to read:

1604 394.4655 Involuntary outpatient services.—

1605 (3) INVOLUNTARY OUTPATIENT SERVICES.—

1606 (a)1. A patient who is being recommended for involuntary  
1607 outpatient services by the administrator of the facility where  
1608 the patient has been examined may be retained by the facility  
1609 after adherence to the notice procedures provided in s.  
1610 394.4599. The recommendation must be supported by the opinion of  
1611 a psychiatrist and the second opinion of a clinical psychologist  
1612 with at least 3 years of clinical experience, or another  
1613 psychiatrist, or a psychiatric nurse practicing within the  
1614 framework of an established protocol with a psychiatrist, both  
1615 of whom have personally examined the patient within the  
1616 preceding 72 hours, that the criteria for involuntary outpatient  
1617 services are met. However, if the administrator certifies that a  
1618 psychiatrist or a clinical psychologist with at least 3 years of  
1619 clinical experience is not available to provide the second  
1620 opinion, the second opinion may be provided by a licensed  
1621 physician who has postgraduate training and experience in  
1622 diagnosis and treatment of mental illness, a physician assistant  
1623 who has at least 3 years' experience and is supervised by such  
1624 licensed physician or a psychiatrist, a clinical social worker,



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1625 a clinical psychologist with less than 3 years of clinical  
1626 experience, or by a psychiatric nurse. Any second opinion  
1627 authorized in this subparagraph may be conducted through a face-  
1628 to-face examination, in person or by electronic means. Such  
1629 recommendation must be entered on an involuntary outpatient  
1630 services certificate that authorizes the facility to retain the  
1631 patient pending completion of a hearing. The certificate must be  
1632 made a part of the patient's clinical record.

1633 2. If the patient has been stabilized and no longer meets  
1634 the criteria for involuntary examination pursuant to s.  
1635 394.463(1), the patient must be released from the facility while  
1636 awaiting the hearing for involuntary outpatient services. Before  
1637 filing a petition for involuntary outpatient services, the  
1638 administrator of the facility or a designated department  
1639 representative must identify the service provider that will have  
1640 primary responsibility for service provision under an order for  
1641 involuntary outpatient services, unless the person is otherwise  
1642 participating in outpatient psychiatric treatment and is not in  
1643 need of public financing for that treatment, in which case the  
1644 individual, if eligible, may be ordered to involuntary treatment  
1645 pursuant to the existing psychiatric treatment relationship.

1646 3. The service provider shall prepare a written proposed  
1647 treatment plan in consultation with the patient or the patient's  
1648 guardian advocate, if appointed, for the court's consideration  
1649 for inclusion in the involuntary outpatient services order that  
1650 addresses the nature and extent of the mental illness and any  
1651 co-occurring substance use disorder that necessitate involuntary  
1652 outpatient services. The treatment plan must specify the likely  
1653 level of care, including the use of medication, and anticipated

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1654 discharge criteria for terminating involuntary outpatient  
1655 services. Service providers may select and supervise other  
1656 individuals to implement specific aspects of the treatment plan.  
1657 The services in the plan must be deemed clinically appropriate  
1658 by a physician, clinical psychologist, psychiatric nurse, mental  
1659 health counselor, marriage and family therapist, or clinical  
1660 social worker who consults with, or is employed or contracted  
1661 by, the service provider. The service provider must certify to  
1662 the court in the proposed plan whether sufficient services for  
1663 improvement and stabilization are currently available and  
1664 whether the service provider agrees to provide those services.  
1665 If the service provider certifies that the services in the  
1666 proposed treatment plan are not available, the petitioner may  
1667 not file the petition. The service provider must notify the  
1668 managing entity if the requested services are not available. The  
1669 managing entity must document such efforts to obtain the  
1670 requested services.

1671 (b) If a patient in involuntary inpatient placement meets  
1672 the criteria for involuntary outpatient services, the  
1673 administrator of the facility may, before the expiration of the  
1674 period during which the facility is authorized to retain the  
1675 patient, recommend involuntary outpatient services. The  
1676 recommendation must be supported by the opinion of a  
1677 psychiatrist and the second opinion of a clinical psychologist  
1678 with at least 3 years of clinical experience, or another  
1679 psychiatrist, or a psychiatric nurse practicing within the  
1680 framework of an established protocol with a psychiatrist, both  
1681 of whom have personally examined the patient within the  
1682 preceding 72 hours, that the criteria for involuntary outpatient

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1683 services are met. However, if the administrator certifies that a  
1684 psychiatrist or a clinical psychologist with at least 3 years of  
1685 clinical experience is not available to provide the second  
1686 opinion, the second opinion may be provided by a licensed  
1687 physician who has postgraduate training and experience in  
1688 diagnosis and treatment of mental illness, a physician assistant  
1689 who has at least 3 years' experience and is supervised by such  
1690 licensed physician or a psychiatrist, a clinical social worker,  
1691 a clinical psychologist with less than 3 years of clinical  
1692 experience, or by a psychiatric nurse. Any second opinion  
1693 authorized in this subparagraph may be conducted through a face-  
1694 to-face examination, in person or by electronic means. Such  
1695 recommendation must be entered on an involuntary outpatient  
1696 services certificate, and the certificate must be made a part of  
1697 the patient's clinical record.

1698 (7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—

1699 (b)1. If the court concludes that the patient meets the  
1700 criteria for involuntary outpatient services pursuant to  
1701 subsection (2), the court must ~~shall~~ issue an order for  
1702 involuntary outpatient services. The court order must ~~shall~~ be  
1703 for a period of up to 90 days. The order must specify the nature  
1704 and extent of the patient's mental illness. The order of the  
1705 court and the treatment plan must be made part of the patient's  
1706 clinical record. The service provider shall discharge a patient  
1707 from involuntary outpatient services when the order expires or  
1708 any time the patient no longer meets the criteria for  
1709 involuntary placement. Upon discharge, the service provider  
1710 shall send a certificate of discharge to the court.

1711 2. The court may not order the department or the service

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1712 provider to provide services if the program or service is not  
1713 available in the patient's local community, if there is no space  
1714 available in the program or service for the patient, or if  
1715 funding is not available for the program or service. The service  
1716 provider must notify the managing entity if the requested  
1717 services are not available. The managing entity must document  
1718 such efforts to obtain the requested services. A copy of the  
1719 order must be sent to the managing entity by the service  
1720 provider within 1 working day after it is received from the  
1721 court. The order may be submitted electronically through  
1722 existing data systems. After the order for involuntary services  
1723 is issued, the service provider and the patient may modify the  
1724 treatment plan. For any material modification of the treatment  
1725 plan to which the patient or, if one is appointed, the patient's  
1726 guardian advocate agrees, the service provider shall send notice  
1727 of the modification to the court. Any material modifications of  
1728 the treatment plan which are contested by the patient or the  
1729 patient's guardian advocate, if applicable, must be approved or  
1730 disapproved by the court consistent with subsection (3).

1731 3. If, in the clinical judgment of a physician or a  
1732 psychiatric nurse practicing within the framework of an  
1733 established protocol with a psychiatrist, the patient has failed  
1734 or has refused to comply with the treatment ordered by the  
1735 court, and, in the clinical judgment of the physician or  
1736 psychiatric nurse, efforts were made to solicit compliance and  
1737 the patient may meet the criteria for involuntary examination, a  
1738 person may be brought to a receiving facility pursuant to s.  
1739 394.463. If, after examination, the patient does not meet the  
1740 criteria for involuntary inpatient placement pursuant to s.

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1741 394.467, the patient must be discharged from the facility. The  
1742 involuntary outpatient services order must ~~shall~~ remain in  
1743 effect unless the service provider determines that the patient  
1744 no longer meets the criteria for involuntary outpatient services  
1745 or until the order expires. The service provider must determine  
1746 whether modifications should be made to the existing treatment  
1747 plan and must attempt to continue to engage the patient in  
1748 treatment. For any material modification of the treatment plan  
1749 to which the patient or the patient's guardian advocate, if  
1750 applicable, agrees, the service provider shall send notice of  
1751 the modification to the court. Any material modifications of the  
1752 treatment plan which are contested by the patient or the  
1753 patient's guardian advocate, if applicable, must be approved or  
1754 disapproved by the court consistent with subsection (3).

1755 (8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT  
1756 SERVICES.—

1757 (a)1. If the person continues to meet the criteria for  
1758 involuntary outpatient services, the service provider must  
1759 ~~shall~~, at least 10 days before the expiration of the period  
1760 during which the treatment is ordered for the person, file in  
1761 the court that issued the order for involuntary outpatient  
1762 services a petition for continued involuntary outpatient  
1763 services. The court shall immediately schedule a hearing on the  
1764 petition to be held within 15 days after the petition is filed.

1765 2. The existing involuntary outpatient services order  
1766 remains in effect until disposition on the petition for  
1767 continued involuntary outpatient services.

1768 3. A certificate must ~~shall~~ be attached to the petition  
1769 which includes a statement from the person's physician or a

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1770 clinical psychologist with at least 3 years of clinical  
1771 experience justifying the request, a brief description of the  
1772 patient's treatment during the time he or she was receiving  
1773 involuntary services, and an individualized plan of continued  
1774 treatment.

1775 4. The service provider shall develop the individualized  
1776 plan of continued treatment in consultation with the patient or  
1777 the patient's guardian advocate, if applicable. When the  
1778 petition has been filed, the clerk of the court shall provide  
1779 copies of the certificate and the individualized plan of  
1780 continued services to the department, the patient, the patient's  
1781 guardian advocate, the state attorney, and the patient's private  
1782 counsel or the public defender.

1783 Section 21. Subsection (2) of section 394.467, Florida  
1784 Statutes, is amended to read:

1785 394.467 Involuntary inpatient placement.—

1786 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
1787 retained by a facility or involuntarily placed in a treatment  
1788 facility upon the recommendation of the administrator of the  
1789 facility where the patient has been examined and after adherence  
1790 to the notice and hearing procedures provided in s. 394.4599.  
1791 The recommendation must be supported by the opinion of a  
1792 psychiatrist and the second opinion of a clinical psychologist  
1793 with at least 3 years of clinical experience, or another  
1794 psychiatrist, or a psychiatric nurse practicing within the  
1795 framework of an established protocol with a psychiatrist, both  
1796 of whom have personally examined the patient within the  
1797 preceding 72 hours, that the criteria for involuntary inpatient  
1798 placement are met. However, if the administrator certifies that

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1799 a psychiatrist or a clinical psychologist with at least 3 years  
1800 of clinical experience is not available to provide the second  
1801 opinion, the second opinion may be provided by a licensed  
1802 physician who has postgraduate training and experience in  
1803 diagnosis and treatment of mental illness, a clinical  
1804 psychologist with less than 3 years of clinical experience, or  
1805 ~~by~~ a psychiatric nurse. Any opinion authorized in this  
1806 subsection may be conducted through a face-to-face examination,  
1807 in person, or by electronic means. Such recommendation must  
1808 ~~shall~~ be entered on a petition for involuntary inpatient  
1809 placement certificate that authorizes the facility to retain the  
1810 patient pending transfer to a treatment facility or completion  
1811 of a hearing.

1812 Section 22. Subsection (1) of section 394.4781, Florida  
1813 Statutes, is amended to read:

1814 394.4781 Residential care for psychotic and emotionally  
1815 disturbed children.—

1816 (1) DEFINITIONS.—As used in this section, the term:

1817 (b) ~~(a)~~ "Psychotic or severely emotionally disturbed child"  
1818 means a child so diagnosed by a psychiatrist or a clinical  
1819 psychologist with at least 3 years of clinical experience, each  
1820 of whom must have ~~who has~~ specialty training and experience with  
1821 children. Such a severely emotionally disturbed child or  
1822 psychotic child shall be considered by this diagnosis to benefit  
1823 by and require residential care as contemplated by this section.

1824 (a) ~~(b)~~ "Department" means the Department of Children and  
1825 Families.

1826 Section 23. Subsection (2) of section 394.4785, Florida  
1827 Statutes, is amended to read:

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1828           394.4785 Children and adolescents; admission and placement  
1829 in mental facilities.—

1830           (2) A person under the age of 14 who is admitted to any  
1831 hospital licensed pursuant to chapter 395 may not be admitted to  
1832 a bed in a room or ward with an adult patient in a mental health  
1833 unit or share common areas with an adult patient in a mental  
1834 health unit. However, a person 14 years of age or older may be  
1835 admitted to a bed in a room or ward in the mental health unit  
1836 with an adult if the admitting physician or psychiatric nurse  
1837 documents in the case record that such placement is medically  
1838 indicated or for reasons of safety. Such placement must ~~shall~~ be  
1839 reviewed by the attending physician or a designee or on-call  
1840 physician each day and documented in the case record.

1841           Section 24. Effective upon this act becoming a law, the  
1842 Agency for Health Care Administration shall seek federal  
1843 approval for coverage and reimbursement authority for mobile  
1844 crisis response services pursuant to 42 U.S.C. s. 1396w-6. The  
1845 Department of Children and Families must coordinate with the  
1846 Agency for Health Care Administration to educate contracted  
1847 providers of child, adolescent, and young adult mobile response  
1848 team services on the process to enroll as a Medicaid provider;  
1849 encourage and incentivize enrollment as a Medicaid provider; and  
1850 reduce barriers to maximizing federal reimbursement for  
1851 community-based mobile crisis response services.

1852           Section 25. Paragraph (a) of subsection (1) of section  
1853 394.875, Florida Statutes, is amended to read:

1854           394.875 Crisis stabilization units, residential treatment  
1855 facilities, and residential treatment centers for children and  
1856 adolescents; authorized services; license required.—



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1857 (1) (a) The purpose of a crisis stabilization unit is to  
1858 stabilize and redirect a client to the most appropriate and  
1859 least restrictive community setting available, consistent with  
1860 the client's needs. Crisis stabilization units may screen,  
1861 assess, and admit for stabilization persons who present  
1862 themselves to the unit and persons who are brought to the unit  
1863 under s. 394.463. Clients may be provided 24-hour observation,  
1864 medication prescribed by a physician, ~~or~~ psychiatrist, or  
1865 psychiatric nurse performing within the framework of an  
1866 established protocol with a psychiatrist, and other appropriate  
1867 services. Crisis stabilization units shall provide services  
1868 regardless of the client's ability to pay and shall be limited  
1869 in size to a maximum of 30 beds.

1870 Section 26. Paragraphs (i) and (j) are added to subsection  
1871 (1) of section 395.1055, Florida Statutes, to read:

1872 395.1055 Rules and enforcement.—

1873 (1) The agency shall adopt rules pursuant to ss. 120.536(1)  
1874 and 120.54 to implement the provisions of this part, which shall  
1875 include reasonable and fair minimum standards for ensuring that:

1876 (i) A hospital that accepts payment from any medical school  
1877 in exchange for, or directly or indirectly related to, allowing  
1878 students from the medical school to obtain clinical hours or  
1879 instruction at that hospital gives priority to medical students  
1880 enrolled in a medical school listed in s. 458.3145(1) (i),  
1881 regardless of such payments.

1882 (j) All hospitals with an emergency department, including  
1883 hospital-based off-campus emergency departments, submit to the  
1884 agency for approval a nonemergent care access plan (NCAP) for  
1885 assisting patients to gain access to appropriate care settings

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1886 when they either present at the emergency department with  
1887 nonemergent health care needs or indicate, when receiving a  
1888 medical screening examination, triage, or treatment at the  
1889 hospital, that they lack regular access to primary care.  
1890 Effective July 1, 2025, such NCAP must be approved by the agency  
1891 before the hospital may receive initial licensure or licensure  
1892 renewal occurring after that date. A hospital with an approved  
1893 NCAP must submit data to the agency demonstrating the  
1894 effectiveness of its plan as part of the licensure renewal  
1895 process and must update the plan as necessary, or as directed by  
1896 the agency, before each licensure renewal. An NCAP must include:  
1897 1. Procedures that ensure the plan does not conflict or  
1898 interfere with the hospital's duties and responsibilities under  
1899 s. 395.1041 or 42 U.S.C. s. 1395dd;  
1900 2. Procedures to educate patients about care that would be  
1901 best provided in a primary care setting and the importance of  
1902 receiving regular primary care; and  
1903 3. At least one of the following:  
1904 a. A partnership agreement with one or more nearby  
1905 federally qualified health centers or other primary care  
1906 settings. The goals of such partnership agreement must include,  
1907 but need not be limited to, identifying patients who have  
1908 presented at the emergency department for nonemergent care, care  
1909 that would best be provided in a primary care setting, or  
1910 emergency care that could potentially have been avoided through  
1911 the regular provision of primary care, and, if such a patient  
1912 indicates that he or she lacks regular access to primary care,  
1913 proactively establishing a relationship between the patient and  
1914 the federally qualified health center or other primary care

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1915 setting so that the patient develops a medical home at such  
1916 setting for nonemergent and preventive health care services.

1917 b. The establishment, construction, and operation of a  
1918 hospital-owned urgent care center colocated within or adjacent  
1919 to the hospital emergency department location. After the  
1920 hospital conducts a medical screening examination, and if  
1921 appropriate for the patient's needs, the hospital may seek to  
1922 divert to the urgent care center a patient who presents at the  
1923 emergency department needing nonemergent health care services.  
1924 An NCAP with procedures for diverting a patient from the  
1925 emergency department in this manner must include procedures for  
1926 assisting such patients in identifying appropriate primary care  
1927 settings, providing a current list, with contact information, of  
1928 such settings within 20 miles of the hospital location, and  
1929 subsequently assisting the patient in arranging for a follow-up  
1930 examination in a primary care setting, as appropriate for the  
1931 patient.

1932  
1933 For such patients who are enrolled in the Medicaid program and  
1934 are members of a Medicaid managed care plan, the hospital's NCAP  
1935 must include outreach to the patient's Medicaid managed care  
1936 plan and coordination with the managed care plan for  
1937 establishing a relationship between the patient and a primary  
1938 care setting as appropriate for the patient, which may include a  
1939 federally qualified health center or other primary care setting  
1940 with which the hospital has a partnership agreement. For such a  
1941 Medicaid enrollee, the agency shall establish a process for the  
1942 hospital to share updated contact information for the patient,  
1943 if such information is in the hospital's possession, with the

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1944 patient's managed care plan. This paragraph may not be construed  
1945 to preclude a hospital from complying with s. 395.1041 or 42  
1946 U.S.C. s. 1395dd.

1947 Section 27. Present subsections (5) and (6) of section  
1948 408.051, Florida Statutes, are redesignated as subsections (6)  
1949 and (7), respectively, and a new subsection (5) is added to that  
1950 section, to read:

1951 408.051 Florida Electronic Health Records Exchange Act.—  
1952 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002(12)  
1953 which maintains certified electronic health record technology  
1954 must make available admit, transfer, and discharge data to the  
1955 agency's Florida Health Information Exchange program for the  
1956 purpose of supporting public health data registries and patient  
1957 care coordination. The agency may adopt rules to implement this  
1958 subsection.

1959 Section 28. Present subsection (8) of section 409.909,  
1960 Florida Statutes, is redesignated as subsection (10), a new  
1961 subsection (8) and subsection (9) are added to that section, and  
1962 paragraph (a) of subsection (6) of that section is amended, to  
1963 read:

1964 409.909 Statewide Medicaid Residency Program.—  
1965 (6) The Slots for Doctors Program is established to address  
1966 the physician workforce shortage by increasing the supply of  
1967 highly trained physicians through the creation of new resident  
1968 positions, which will increase access to care and improve health  
1969 outcomes for Medicaid recipients.

1970 (a)1. Notwithstanding subsection (4), the agency shall  
1971 annually allocate \$100,000 to hospitals and qualifying  
1972 institutions for each newly created resident position that is

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1973 first filled on or after June 1, 2023, and filled thereafter,  
1974 and that is accredited by the Accreditation Council for Graduate  
1975 Medical Education or the Osteopathic Postdoctoral Training  
1976 Institution in an initial or established accredited training  
1977 program which is in a physician specialty or subspecialty in a  
1978 statewide supply-and-demand deficit.

1979 2. Notwithstanding the requirement that a new resident  
1980 position be created to receive funding under this subsection,  
1981 the agency may allocate \$100,000 to hospitals and qualifying  
1982 institutions, pursuant to subparagraph 1., for up to 200  
1983 resident positions that existed before July 1, 2023, if such  
1984 resident position:

1985 a. Is in a physician specialty or subspecialty experiencing  
1986 a statewide supply-and-demand deficit;

1987 b. Has been unfilled for a period of 3 or more years;

1988 c. Is subsequently filled on or after June 1, 2024, and  
1989 remains filled thereafter; and

1990 d. Is accredited by the Accreditation Council for Graduate  
1991 Medical Education or the Osteopathic Postdoctoral Training  
1992 Institution in an initial or established accredited training  
1993 program.

1994 3. If applications for resident positions under this  
1995 paragraph exceed the number of authorized resident positions or  
1996 the available funding allocated, the agency shall prioritize  
1997 applications for resident positions that are in a primary care  
1998 specialty as specified in paragraph (2) (a).

1999 (8) If a hospital or qualifying institution receives state  
2000 funds, including, but not limited to, intergovernmental  
2001 transfers, under any of the programs established under this

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chapter, that hospital or qualifying institution must annually report to the agency data on each resident position funded.

(a) Specific to funds allocated under this section, other than funds allocated pursuant to subsection (5), the data required to be reported under this subsection must include, but is not limited to, all of the following:

1. The sponsoring institution for the resident position. As used in this section, the term "sponsoring institution" means an organization that oversees, supports, and administers one or more resident positions.

2. The year the position was created and the current program year of the resident who is filling the position.

3. Whether the position is currently filled and whether there has been any period of time when it was not filled.

4. The specialty or subspecialty for which the position is accredited and whether the position is a fellowship position.

5. Each state funding source that was used to create the position or is being used to maintain the position, and the general purpose for which the funds were used.

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

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

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

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

4. The specialty of the position created.

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2031 (c) Beginning on July 1, 2025, each hospital or qualifying  
2032 institution shall annually produce detailed financial records no  
2033 later than 30 days after the end of its fiscal year, detailing  
2034 the manner in which state funds allocated under this section  
2035 were expended. This requirement does not apply to funds  
2036 allocated before July 1, 2025. The agency may also require that  
2037 any hospital or qualifying institution submit to an audit of its  
2038 financial records related to funds allocated under this section  
2039 after July 1, 2025.

2040 (d) If a hospital or qualifying institution fails to  
2041 produce records as required by this section, such hospital or  
2042 qualifying institution is no longer eligible to participate in  
2043 any program established under this section until the hospital or  
2044 qualifying institution has met the agency's requirements for  
2045 producing the required records.

2046 (e) Upon completion of a residency, each hospital or  
2047 qualifying institution must request that the resident fill out  
2048 an exit survey on a form developed by the agency. The completed  
2049 exit surveys must be provided to the agency annually. The exit  
2050 survey must include, but need not be limited to, questions on  
2051 all of the following:

2052 1. Whether the exiting resident has procured employment.  
2053 2. Whether the exiting resident plans to leave the state  
2054 and, if so, for which reasons.

2055 3. Where and in which specialty the exiting resident  
2056 intends to practice.

2057 4. Whether the exiting resident envisions himself or  
2058 herself working in the medical field as a long-term career.

2059 (9) The Graduate Medical Education Committee is created

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2060 within the agency.

2061 (a) The committee shall be composed of the following  
2062 members:

2063 1. Three deans, or their designees, from medical schools in  
2064 this state, appointed by the chair of the Council of Florida  
2065 Medical School Deans.

2066 2. Four members appointed by the Governor, one of whom is a  
2067 representative of the Florida Medical Association or the Florida  
2068 Osteopathic Medical Association who has supervised or is  
2069 currently supervising residents, one of whom is a member of the  
2070 Florida Hospital Association, one of whom is a member of the  
2071 Safety Net Hospital Alliance, and one of whom is a physician  
2072 licensed under chapter 458 or chapter 459 practicing at a  
2073 qualifying institution.

2074 3. Two members appointed by the Secretary of Health Care  
2075 Administration, one of whom represents a statutory teaching  
2076 hospital as defined in s. 408.07(46) and one of whom is a  
2077 physician who has supervised or is currently supervising  
2078 residents.

2079 4. Two members appointed by the State Surgeon General, one  
2080 of whom must represent a teaching hospital as defined in s.  
2081 408.07 and one of whom is a physician who has supervised or is  
2082 currently supervising residents or interns.

2083 5. Two members, one appointed by the President of the  
2084 Senate and one appointed by the Speaker of the House of the  
2085 Representatives.

2086 (b)1. The members of the committee appointed under  
2087 subparagraph (a)1. shall serve 4-year terms. When such members'  
2088 terms expire, the chair of the Council of Florida Medical School



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2089 Deans shall appoint new members as detailed in paragraph (a)1.  
2090 from different medical schools on a rotating basis and may not  
2091 reappoint a dean from a medical school that has been represented  
2092 on the committee until all medical schools in the state have had  
2093 an opportunity to be represented on the committee.

2094 2. The members of the committee appointed under  
2095 subparagraphs (a)2., 3., and 4. shall serve 4-year terms, with  
2096 the initial term being 3 years for members appointed under  
2097 subparagraph (a)4. and 2 years for members appointed under  
2098 subparagraph (a)3. The committee shall elect a chair to serve  
2099 for a 1-year term.

2100 (c) Members shall serve without compensation but are  
2101 entitled to reimbursement for per diem and travel expenses  
2102 pursuant to s. 112.061.

2103 (d) The committee shall convene its first meeting by July  
2104 1, 2024, and shall meet as often as necessary to conduct its  
2105 business, but at least twice annually, at the call of the chair.  
2106 The committee may conduct its meetings though teleconference or  
2107 other electronic means. A majority of the members of the  
2108 committee constitutes a quorum, and a meeting may not be held  
2109 with less than a quorum present. The affirmative vote of a  
2110 majority of the members of the committee present is necessary  
2111 for any official action by the committee.

2112 (e) Beginning on July 1, 2025, the committee shall submit  
2113 an annual report to the Governor, the President of the Senate,  
2114 and the Speaker of the House of Representatives which must, at a  
2115 minimum, detail all of the following:

2116 1. The role of residents and medical faculty in the  
2117 provision of health care.

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2118       2. The relationship of graduate medical education to the  
2119 state's physician workforce.

2120       3. The typical workload for residents and the role such  
2121 workload plays in retaining physicians in the long-term  
2122 workforce.

2123       4. The costs of training medical residents for hospitals  
2124 and qualifying institutions.

2125       5. The availability and adequacy of all sources of revenue  
2126 available to support graduate medical education.

2127       6. The use of state funds, including, but not limited to,  
2128 intergovernmental transfers, for graduate medical education for  
2129 each hospital or qualifying institution receiving such funds.

2130       (f) The agency shall provide reasonable and necessary  
2131 support staff and materials to assist the committee in the  
2132 performance of its duties. The agency shall also provide the  
2133 information obtained pursuant to subsection (8) to the committee  
2134 and assist the committee, as requested, in obtaining any other  
2135 information deemed necessary by the committee to produce its  
2136 report.

2137       Section 29. Section 409.91256, Florida Statutes, is created  
2138 to read:

2139       409.91256 Training, Education, and Clinicals in Health  
2140 (TEACH) Funding Program.—

2141       (1) PURPOSE AND INTENT.—The Training, Education, and  
2142 Clinicals in Health (TEACH) Funding Program is created to  
2143 provide a high-quality educational experience while supporting  
2144 participating federally qualified health centers, community  
2145 mental health centers, rural health clinics, and certified  
2146 community behavioral health clinics by offsetting administrative

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2147 costs and loss of revenue associated with training residents and  
2148 students to become licensed health care practitioners. Further,  
2149 it is the intent of the Legislature to use the program to  
2150 support the state Medicaid program and underserved populations  
2151 by expanding the available health care workforce.

2152 (2) DEFINITIONS.—As used in this section, the term:

2153 (a) "Agency" means the Agency for Health Care  
2154 Administration.

2155 (b) "Preceptor" means a Florida-licensed health care  
2156 practitioner who directs, teaches, supervises, and evaluates the  
2157 learning experience of a resident or student during a clinical  
2158 rotation.

2159 (c) "Primary care specialty" means general internal  
2160 medicine, family medicine, obstetrics and gynecology, general  
2161 pediatrics, psychiatry, geriatric medicine, or any other  
2162 specialty the agency identifies as primary care.

2163 (d) "Qualified facility" means a federally qualified health  
2164 center, a community mental health center, rural health clinic,  
2165 or a certified community behavioral health clinic.

2166 (3) APPLICATION FOR REIMBURSEMENT; AGREEMENTS;

2167 PARTICIPATION REQUIREMENTS.—The agency shall develop an  
2168 application process for qualified facilities to apply for funds  
2169 to offset the administrative costs and loss of revenue  
2170 associated with establishing, maintaining, or expanding a  
2171 clinical training program. Upon approving an application, the  
2172 agency shall enter into an agreement with the qualified facility  
2173 which, at minimum, must require the qualified facility to do all  
2174 of the following:

2175 (a) Agree to provide appropriate supervision or precepting

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2176 for one or more of the following categories of residents or  
2177 students:

2178 1. Allopathic or osteopathic residents pursuing a primary  
2179 care specialty.

2180 2. Dental residents.

2181 3. Advanced practice registered nursing students pursuing a  
2182 primary care specialty.

2183 4. Nursing students.

2184 5. Allopathic or osteopathic medical students.

2185 6. Dental students.

2186 7. Dental hygiene students.

2187 8. Physician assistant students.

2188 9. Behavioral health students, including students studying  
2189 psychology, clinical social work, marriage and family therapy,  
2190 or mental health counseling.

2191 (b) Meet and maintain all requirements to operate an  
2192 accredited residency program if the qualified facility operates  
2193 a residency program.

2194 (c) Obtain and maintain accreditation from an accreditation  
2195 body approved by the agency if the qualified facility provides  
2196 clinical rotations.

2197 (d) Ensure that clinical preceptors meet agency standards  
2198 for precepting students, including the completion of any  
2199 training required by the agency.

2200 (e) Submit quarterly reports to the agency by the first day  
2201 of the second month following the end of a quarter to obtain  
2202 reimbursement. At a minimum, the report must include all of the  
2203 following:

2204 1. The type of residency or clinical rotation offered by

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2205 the qualified facility, the number of residents or students  
2206 participating in each type of clinical rotation or residency,  
2207 and the number of hours worked by each resident or student each  
2208 month.

2209 2. Evaluations by the residents and student participants of  
2210 the clinical experience on an evaluation form developed by the  
2211 agency.

2212 3. An itemized list of administrative costs associated with  
2213 the operation of the clinical training program, including  
2214 accreditation costs and other costs relating to the creation,  
2215 implementation, and maintenance of the program.

2216 4. A calculation of lost revenue associated with operating  
2217 the clinical training program.

2218 (4) TRAINING.—The agency, in consultation with the  
2219 Department of Health, shall develop, or contract for the  
2220 development of, training for preceptors and make such training  
2221 available in either a live or electronic format. The agency  
2222 shall also provide technical support for preceptors.

2223 (5) REIMBURSEMENT.—Qualified facilities may be reimbursed  
2224 under this section only to offset the administrative costs or  
2225 lost revenue associated with training students, allopathic  
2226 residents, osteopathic residents, or dental residents who are  
2227 enrolled in an accredited educational or residency program based  
2228 in this state.

2229 (a) Subject to an appropriation, the agency may reimburse a  
2230 qualified facility based on the number of clinical training  
2231 hours reported under subparagraph (3) (e)1. The allowed  
2232 reimbursement per student is as follows:

2233 1. A medical or dental resident at a rate of \$50 per hour.

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- 2234 2. A first-year medical student at a rate of \$27 per hour.
- 2235 3. A second-year medical student at a rate of \$27 per hour.
- 2236 4. A third-year medical student at a rate of \$29 per hour.
- 2237 5. A fourth-year medical student at a rate of \$29 per hour.
- 2238 6. A dental student at a rate of \$22 per hour.
- 2239 7. An advanced practice registered nursing student at a
- 2240 rate of \$22 per hour.
- 2241 8. A physician assistant student at a rate of \$22 per hour.
- 2242 9. A behavioral health student at a rate of \$15 per hour.
- 2243 10. A dental hygiene student at a rate of \$15 per hour.
- 2244 (b) A qualified facility may not be reimbursed more than
- 2245 \$75,000 per fiscal year; however, if it operates a residency
- 2246 program, it may be reimbursed up to \$100,000 each fiscal year.
- 2247 (6) DATA.—A qualified facility that receives payment under
- 2248 the program shall furnish information requested by the agency
- 2249 for the purpose of the agency's duties under subsections (7) and
- 2250 (8).
- 2251 (7) REPORTS.—By December 1, 2025, and each December 1
- 2252 thereafter, the agency shall submit to the Governor, the
- 2253 President of the Senate, and the Speaker of the House of
- 2254 Representatives a report detailing the effects of the program
- 2255 for the prior fiscal year, including, but not limited to, all of
- 2256 the following:
- 2257 (a) The number of students trained in the program, by
- 2258 school, area of study, and clinical hours earned.
- 2259 (b) The number of students trained and the amount of
- 2260 program funds received by each participating qualified facility.
- 2261 (c) The number of program participants found to be employed
- 2262 by a participating qualified facility or in a federally

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2263 designated health professional shortage area upon completion of  
2264 their education and training.

2265 (d) Any other data the agency deems useful for determining  
2266 the effectiveness of the program.

2267 (8) EVALUATION.—The agency shall contract with an  
2268 independent third party to develop and conduct a design study to  
2269 evaluate the impact of the TEACH funding program, including, but  
2270 not limited to, the program’s effectiveness in both of the  
2271 following areas:

2272 (a) Enabling qualified facilities to provide clinical  
2273 rotations and residency opportunities to students and medical  
2274 school graduates, as applicable.

2275 (b) Enabling the recruitment and retention of health care  
2276 professionals in geographic and practice areas experiencing  
2277 shortages.

2278  
2279 The agency shall begin collecting data for the study by January  
2280 1, 2025, and shall submit the results of the study to the  
2281 Governor, the President of the Senate, and the Speaker of the  
2282 House of Representatives by January 1, 2030.

2283 (9) RULES.—The agency may adopt rules to implement this  
2284 section.

2285 (10) FEDERAL FUNDING.—The agency shall seek federal  
2286 approval to use Title XIX matching funds for the program.

2287 (11) SUNSET.—This section is repealed on July 1, 2034.

2288 Section 30. Paragraph (e) of subsection (2) of section  
2289 409.967, Florida Statutes, is amended to read:

2290 409.967 Managed care plan accountability.—

2291 (2) The agency shall establish such contract requirements

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2292 as are necessary for the operation of the statewide managed care  
2293 program. In addition to any other provisions the agency may deem  
2294 necessary, the contract must require:

2295 (e) *Encounter data.*—The agency shall maintain and operate a  
2296 Medicaid Encounter Data System to collect, process, store, and  
2297 report on covered services provided to all Medicaid recipients  
2298 enrolled in prepaid plans.

2299 1. Each prepaid plan must comply with the agency's  
2300 reporting requirements for the Medicaid Encounter Data System.  
2301 Prepaid plans must submit encounter data electronically in a  
2302 format that complies with the Health Insurance Portability and  
2303 Accountability Act provisions for electronic claims and in  
2304 accordance with deadlines established by the agency. Prepaid  
2305 plans must certify that the data reported is accurate and  
2306 complete.

2307 2. The agency is responsible for validating the data  
2308 submitted by the plans. The agency shall develop methods and  
2309 protocols for ongoing analysis of the encounter data that  
2310 adjusts for differences in characteristics of prepaid plan  
2311 enrollees to allow comparison of service utilization among plans  
2312 and against expected levels of use. The analysis shall be used  
2313 to identify possible cases of systemic underutilization or  
2314 denials of claims and inappropriate service utilization such as  
2315 higher-than-expected emergency department encounters. The  
2316 analysis shall provide periodic feedback to the plans and enable  
2317 the agency to establish corrective action plans when necessary.  
2318 One of the focus areas for the analysis shall be the use of  
2319 prescription drugs.

2320 3. The agency shall make encounter data available to those



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2321 plans accepting enrollees who are assigned to them from other  
2322 plans leaving a region.

2323 4. The agency shall annually produce a report entitled  
2324 "Analysis of Potentially Preventable Health Care Events of  
2325 Florida Medicaid Enrollees." The report must include, but need  
2326 not be limited to, an analysis of the potentially preventable  
2327 hospital emergency department visits, hospital admissions, and  
2328 hospital readmissions that occurred during the previous state  
2329 fiscal year which may have been prevented with better access to  
2330 primary care, improved medication management, or better  
2331 coordination of care, reported by age, eligibility group,  
2332 managed care plan, and region, including conditions contributing  
2333 to each potentially preventable event or category of potentially  
2334 preventable events. The agency may include any other data or  
2335 analysis parameters to augment the report which it deems  
2336 pertinent to the analysis. The report must demonstrate trends  
2337 using applicable historical data. The agency shall submit the  
2338 report to the Governor, the President of the Senate, and the  
2339 Speaker of the House of Representatives by October 1, 2024, and  
2340 each October 1 thereafter. The agency may contract with a third-  
2341 party vendor to produce the report required under this  
2342 subparagraph.

2343 Section 31. Subsection (4) of section 409.973, Florida  
2344 Statutes, is amended to read:

2345 409.973 Benefits.—

2346 (4) PRIMARY CARE INITIATIVE.—Each plan operating in the  
2347 managed medical assistance program shall establish a program to  
2348 encourage enrollees to establish a relationship with their  
2349 primary care provider. Each plan shall:

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2350 (a) Provide information to each enrollee on the importance  
2351 of and procedure for selecting a primary care provider, and  
2352 thereafter automatically assign to a primary care provider any  
2353 enrollee who fails to choose a primary care provider.

2354 (b) If the enrollee was not a Medicaid recipient before  
2355 enrollment in the plan, assist the enrollee in scheduling an  
2356 initial appointment with the primary care provider. If possible,  
2357 such enrollee's initial ~~the~~ appointment should be made within 30  
2358 days after enrollment in the plan. If an initial appointment is  
2359 not made within such 30-day period, the plan must continue  
2360 assisting the enrollee to schedule an initial appointment and  
2361 must report the delay and the reason for the delay to the  
2362 agency. The plan shall seek to ensure that such an enrollee has  
2363 at least one appointment annually with his or her primary care  
2364 provider.

2365 (c) Report to the agency the number of enrollees assigned  
2366 to each primary care provider within the plan's network.

2367 (d) Report to the agency the number of enrollees who have  
2368 not had an appointment with their primary care provider within  
2369 their first year of enrollment.

2370 (e) Report to the agency the number of emergency room  
2371 visits by enrollees who have not had at least one appointment  
2372 with their primary care provider.

2373 (f) Coordinate with a hospital that contacts the plan under  
2374 the requirements of s. 395.1055(1)(j) for the purpose of  
2375 establishing the appropriate delivery of primary care services  
2376 for the plan's members who present at the hospital's emergency  
2377 department for nonemergent care or emergency care that could  
2378 potentially have been avoided through the regular provision of

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2379 primary care. The plan shall coordinate with such member and the  
2380 member's primary care provider for such purpose.

2381 Section 32. The Agency for Health Care Administration shall  
2382 seek federal approval necessary to implement an acute hospital  
2383 care at home program in the state Medicaid program which is  
2384 substantially consistent with the parameters specified in 42  
2385 U.S.C. s. 1395cc-7(a)(2) and (3).

2386 Section 33. Paragraph (f) of subsection (1) and subsections  
2387 (3) and (8) of section 458.311, Florida Statutes, are amended to  
2388 read:

2389 458.311 Licensure by examination; requirements; fees.—

2390 (1) Any person desiring to be licensed as a physician, who  
2391 does not hold a valid license in any state, shall apply to the  
2392 department on forms furnished by the department. The department  
2393 shall license each applicant who the board certifies:

2394 (f) Meets one of the following medical education and  
2395 postgraduate training requirements:

2396 1.a. Is a graduate of an allopathic medical school or  
2397 allopathic college recognized and approved by an accrediting  
2398 agency recognized by the United States Office of Education or is  
2399 a graduate of an allopathic medical school or allopathic college  
2400 within a territorial jurisdiction of the United States  
2401 recognized by the accrediting agency of the governmental body of  
2402 that jurisdiction;

2403 b. If the language of instruction of the medical school is  
2404 other than English, has demonstrated competency in English  
2405 through presentation of a satisfactory grade on the Test of  
2406 Spoken English of the Educational Testing Service or a similar  
2407 test approved by rule of the board; and

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2408 c. Has completed an approved residency of at least 1 year.

2409 2.a. Is a graduate of an allopathic foreign medical school  
2410 registered with the World Health Organization and certified  
2411 pursuant to s. 458.314 as having met the standards required to  
2412 accredit medical schools in the United States or reasonably  
2413 comparable standards;

2414 b. If the language of instruction of the foreign medical  
2415 school is other than English, has demonstrated competency in  
2416 English through presentation of the Educational Commission for  
2417 Foreign Medical Graduates English proficiency certificate or by  
2418 a satisfactory grade on the Test of Spoken English of the  
2419 Educational Testing Service or a similar test approved by rule  
2420 of the board; and

2421 c. Has completed an approved residency of at least 1 year.

2422 3.a. Is a graduate of an allopathic foreign medical school  
2423 which has not been certified pursuant to s. 458.314 and has not  
2424 been excluded from consideration under s. 458.314(8);

2425 b. Has had his or her medical credentials evaluated by the  
2426 Educational Commission for Foreign Medical Graduates, holds an  
2427 active, valid certificate issued by that commission, and has  
2428 passed the examination utilized by that commission; and

2429 c. Has completed an approved residency of at least 1 year;  
2430 however, after October 1, 1992, the applicant shall have  
2431 completed an approved residency or fellowship of at least 2  
2432 years in one specialty area. However, to be acceptable, the  
2433 fellowship experience and training must be counted toward  
2434 regular or subspecialty certification by a board recognized and  
2435 certified by the American Board of Medical Specialties.

2436 (3) Notwithstanding ~~the provisions of~~ subparagraph

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2437 (1) (f) 3., a graduate of a foreign medical school that has not  
2438 been excluded from consideration under s. 458.314(8) need not  
2439 present the certificate issued by the Educational Commission for  
2440 Foreign Medical Graduates or pass the examination utilized by  
2441 that commission if the graduate:

2442 (a) Has received a bachelor's degree from an accredited  
2443 United States college or university.

2444 (b) Has studied at a medical school which is recognized by  
2445 the World Health Organization.

2446 (c) Has completed all of the formal requirements of the  
2447 foreign medical school, except the internship or social service  
2448 requirements, and has passed part I of the National Board of  
2449 Medical Examiners examination or the Educational Commission for  
2450 Foreign Medical Graduates examination equivalent.

2451 (d) Has completed an academic year of supervised clinical  
2452 training in a hospital affiliated with a medical school approved  
2453 by the Council on Medical Education of the American Medical  
2454 Association and upon completion has passed part II of the  
2455 National Board of Medical Examiners examination or the  
2456 Educational Commission for Foreign Medical Graduates examination  
2457 equivalent.

2458 (8) When the board determines that any applicant for  
2459 licensure has failed to meet, to the board's satisfaction, each  
2460 of the appropriate requirements set forth in this section, it  
2461 may enter an order requiring one or more of the following terms:

2462 (a) Refusal to certify to the department an application for  
2463 licensure, certification, or registration;

2464 (b) Certification to the department of an application for  
2465 licensure, certification, or registration with restrictions on

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2466 the scope of practice of the licensee; ~~or~~

2467 (c) Certification to the department of an application for  
2468 licensure, certification, or registration with placement of the  
2469 physician on probation for a period of time and subject to such  
2470 conditions as the board may specify, including, but not limited  
2471 to, requiring the physician to submit to treatment, attend  
2472 continuing education courses, submit to reexamination, or work  
2473 under the supervision of another physician;

2474 (d) Certification to the department of a person desiring to  
2475 be licensed as a physician under this section who has held an  
2476 active medical faculty certificate under s. 458.3145 for at  
2477 least 3 years and has held a full-time faculty appointment for  
2478 at least 3 consecutive years to teach in a program of medicine  
2479 listed under s. 458.3145(1)(i); or

2480 (e) Certification to the department of an application for  
2481 licensure submitted by a graduate of a foreign medical school  
2482 that has not been excluded from consideration under s.  
2483 458.314(8) if the graduate has not completed an approved  
2484 residency under sub-subparagraphs (1)(f)2.c. or 3.c. but meets  
2485 the following criteria:

2486 1. Has an active, unencumbered license to practice medicine  
2487 in a foreign country;

2488 2. Has actively practiced medicine during the entire 4-year  
2489 period preceding the date of the submission of a licensure  
2490 application;

2491 3. Has completed a residency or substantially similar  
2492 postgraduate medical training in a country recognized by his or  
2493 her licensing jurisdiction which is substantially similar to a  
2494 residency program accredited by the Accreditation Council for

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2495 Graduate Medical Education, as determined by the board;

2496 4. Has had his or her medical credentials evaluated by the  
2497 Educational Commission for Foreign Medical Graduates, holds an  
2498 active, valid certificate issued by that commission, and has  
2499 passed the examination used by that commission; and

2500 5. Has an offer for full-time employment as a physician  
2501 from a health care provider that operates in this state. For the  
2502 purposes of this paragraph, the term "health care provider"  
2503 means a health care professional, health care facility, or  
2504 entity licensed or certified to provide health services in this  
2505 state as recognized by the board.

2506  
2507 An applicant who is not certified for unrestricted licensure  
2508 under this paragraph may be certified by the board under  
2509 paragraph (b) or paragraph (c), as applicable. A physician  
2510 licensed after receiving certification under this paragraph must  
2511 maintain his or her employment with the original employer or  
2512 with another health care provider that operates in this state,  
2513 at a location within this state, for at least 2 consecutive  
2514 years after licensure, in accordance with rules adopted by the  
2515 board. Such physician must notify the board within 5 business  
2516 days after any change of employer.

2517 Section 34. Section 458.3124, Florida Statutes, is  
2518 repealed.

2519 Section 35. Subsection (8) of section 458.314, Florida  
2520 Statutes, is amended to read:

2521 458.314 Certification of foreign educational institutions.—

2522 (8) If a foreign medical school does not seek certification  
2523 under this section, the board may, at its discretion, exclude

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2524 the foreign medical school from consideration as an institution  
2525 that provides medical education that is reasonably comparable to  
2526 that of similar accredited institutions in the United States and  
2527 that adequately prepares its students for the practice of  
2528 medicine in this state. However, a license or medical faculty  
2529 certificate issued to a physician under this chapter before July  
2530 1, 2024, is not affected by this subsection ~~Each institution~~  
2531 ~~which has been surveyed before October 1, 1986, by the~~  
2532 ~~Commission to Evaluate Foreign Medical Schools or the Commission~~  
2533 ~~on Foreign Medical Education of the Federation of State Medical~~  
2534 ~~Boards, Inc., and whose survey and supporting documentation~~  
2535 ~~demonstrates that it provides an educational program, including~~  
2536 ~~curriculum, reasonably comparable to that of similar accredited~~  
2537 ~~institutions in the United States shall be considered fully~~  
2538 ~~certified, for purposes of chapter 86-245, Laws of Florida.~~

2539 Section 36. Subsections (1) and (4) of section 458.3145,  
2540 Florida Statutes, are amended to read:

2541 458.3145 Medical faculty certificate.—

2542 (1) A medical faculty certificate may be issued without  
2543 examination to an individual who meets all of the following  
2544 criteria:

2545 (a) Is a graduate of an accredited medical school or its  
2546 equivalent, or is a graduate of a foreign medical school listed  
2547 with the World Health Organization which has not been excluded  
2548 from consideration under s. 458.314(8).†

2549 (b) Holds a valid, current license to practice medicine in  
2550 another jurisdiction.†

2551 (c) Has completed the application form and remitted a  
2552 nonrefundable application fee not to exceed \$500.†



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2553 (d) Has completed an approved residency or fellowship of at  
2554 least 1 year or has received training that ~~which~~ has been  
2555 determined by the board to be equivalent to the 1-year residency  
2556 requirement.†

2557 (e) Is at least 21 years of age.†

2558 (f) Is of good moral character.†

2559 (g) Has not committed any act in this or any other  
2560 jurisdiction which would constitute the basis for disciplining a  
2561 physician under s. 458.331.†

2562 (h) For any applicant who has graduated from medical school  
2563 after October 1, 1992, has completed, before entering medical  
2564 school, the equivalent of 2 academic years of preprofessional,  
2565 postsecondary education, as determined by rule of the board,  
2566 which must include, at a minimum, courses in such fields as  
2567 anatomy, biology, and chemistry.†~~and~~

2568 (i) Has been offered and has accepted a full-time faculty  
2569 appointment to teach in a program of medicine at any of the  
2570 following institutions:

2571 1. The University of Florida.†

2572 2. The University of Miami.†

2573 3. The University of South Florida.†

2574 4. The Florida State University.†

2575 5. The Florida International University.†

2576 6. The University of Central Florida.†

2577 7. The Mayo Clinic College of Medicine and Science in  
2578 Jacksonville, Florida.†

2579 8. The Florida Atlantic University.†

2580 9. The Johns Hopkins All Children's Hospital in St.  
2581 Petersburg, Florida.†

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2582 10. Nova Southeastern University. ~~or~~  
2583 11. Lake Erie College of Osteopathic Medicine.  
2584 ~~(4) In any year, the maximum number of extended medical~~  
2585 ~~faculty certificateholders as provided in subsection (2) may not~~  
2586 ~~exceed 30 persons at each institution named in subparagraphs~~  
2587 ~~(1)(i)1., 6., 8., and 9. and at the facility named in s. 1004.43~~  
2588 ~~and may not exceed 10 persons at the institution named in~~  
2589 ~~subparagraph (1)(i)7.~~

2590 Section 37. Section 458.315, Florida Statutes, is amended  
2591 to read:

2592 458.315 Temporary certificate for practice in areas of  
2593 critical need.—

2594 (1) A physician or physician assistant who is licensed to  
2595 practice in any jurisdiction of the United States and, whose  
2596 license is currently valid, ~~and who pays an application fee of~~  
2597 ~~\$300~~ may be issued a temporary certificate for practice in areas  
2598 of critical need. A physician seeking such certificate must pay  
2599 an application fee of \$300.

2600 (2) A temporary certificate may be issued under this  
2601 section to a physician or physician assistant who will:

- 2602 (a) ~~Will~~ Practice in an area of critical need;  
2603 (b) ~~Will~~ Be employed by or practice in a county health  
2604 department; correctional facility; Department of Veterans'  
2605 Affairs clinic; community health center funded by s. 329, s.  
2606 330, or s. 340 of the United States Public Health Services Act;  
2607 or other agency or institution that is approved by the State  
2608 Surgeon General and provides health care services to meet the  
2609 needs of underserved populations in this state; or  
2610 (c) ~~Will~~ Practice for a limited time to address critical

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2611 physician-specialty, demographic, or geographic needs for this  
2612 state's physician workforce as determined by the State Surgeon  
2613 General.

2614 (3) The board ~~of Medicine~~ may issue a ~~this~~ temporary  
2615 certificate under this section subject to ~~with~~ the following  
2616 restrictions:

2617 (a) The State Surgeon General shall determine the areas of  
2618 critical need. Such areas include, but are not limited to,  
2619 health professional shortage areas designated by the United  
2620 States Department of Health and Human Services.

2621 1. A recipient of a temporary certificate for practice in  
2622 areas of critical need may use the certificate to work for any  
2623 approved entity in any area of critical need or as authorized by  
2624 the State Surgeon General.

2625 2. The recipient of a temporary certificate for practice in  
2626 areas of critical need shall, within 30 days after accepting  
2627 employment, notify the board of all approved institutions in  
2628 which the licensee practices and of all approved institutions  
2629 where practice privileges have been denied, as applicable.

2630 (b) The board may administer an abbreviated oral  
2631 examination to determine the physician's or physician  
2632 assistant's competency, but a written regular examination is not  
2633 required. Within 60 days after receipt of an application for a  
2634 temporary certificate, the board shall review the application  
2635 and issue the temporary certificate, notify the applicant of  
2636 denial, or notify the applicant that the board recommends  
2637 additional assessment, training, education, or other  
2638 requirements as a condition of certification. If the applicant  
2639 has not actively practiced during the 3-year period immediately

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2640 preceding the application ~~prior 3 years~~ and the board determines  
2641 that the applicant may lack clinical competency, possess  
2642 diminished or inadequate skills, lack necessary medical  
2643 knowledge, or exhibit patterns of deficits in clinical  
2644 decisionmaking, the board may:

2645 1. Deny the application;

2646 2. Issue a temporary certificate having reasonable  
2647 restrictions that may include, but are not limited to, a  
2648 requirement for the applicant to practice under the supervision  
2649 of a physician approved by the board; or

2650 3. Issue a temporary certificate upon receipt of  
2651 documentation confirming that the applicant has met any  
2652 reasonable conditions of the board which may include, but are  
2653 not limited to, completing continuing education or undergoing an  
2654 assessment of skills and training.

2655 (c) Any certificate issued under this section is valid only  
2656 so long as the State Surgeon General determines that the reason  
2657 for which it was issued remains a critical need to the state.  
2658 The board ~~of Medicine~~ shall review each temporary  
2659 certificateholder at least ~~not less than~~ annually to ascertain  
2660 that the certificateholder is complying with the minimum  
2661 requirements of the Medical Practice Act and its adopted rules,  
2662 as applicable to the certificateholder ~~are being complied with~~.  
2663 If it is determined that the certificateholder is not meeting  
2664 such minimum requirements ~~are not being met~~, the board must  
2665 ~~shall~~ revoke such certificate or ~~shall~~ impose restrictions or  
2666 conditions, or both, as a condition of continued practice under  
2667 the certificate.

2668 (d) The board may not issue a temporary certificate for

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2669 practice in an area of critical need to any physician or  
2670 physician assistant who is under investigation in any  
2671 jurisdiction in the United States for an act that would  
2672 constitute a violation of this chapter until such time as the  
2673 investigation is complete, at which time ~~the provisions of s.~~  
2674 458.331 applies ~~apply~~.

2675 (4) The application fee and all licensure fees, including  
2676 neurological injury compensation assessments, are ~~shall be~~  
2677 waived for those persons obtaining a temporary certificate to  
2678 practice in areas of critical need for the purpose of providing  
2679 volunteer, uncompensated care for low-income residents. The  
2680 applicant must submit an affidavit from the employing agency or  
2681 institution stating that the physician or physician assistant  
2682 will not receive any compensation for any health care services  
2683 provided by the applicant ~~service involving the practice of~~  
2684 ~~medicine~~.

2685 Section 38. Section 458.317, Florida Statutes, is amended  
2686 to read:

2687 458.317 Limited licenses.—

2688 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2689 (a) Any person desiring to obtain a limited license under  
2690 this subsection shall submit to the board an application and fee  
2691 not to exceed \$300 and demonstrate that he or she has been  
2692 licensed to practice medicine in any jurisdiction in the United  
2693 States for at least 10 years and intends to practice only  
2694 pursuant to the restrictions of a limited license granted  
2695 pursuant to this subsection ~~section~~. However, a physician who is  
2696 not fully retired in all jurisdictions may use a limited license  
2697 only for noncompensated practice. If the person applying for a

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2698 limited license submits a statement from the employing agency or  
2699 institution stating that he or she will not receive compensation  
2700 for any service involving the practice of medicine, the  
2701 application fee and all licensure fees shall be waived. However,  
2702 any person who receives a waiver of fees for a limited license  
2703 shall pay such fees if the person receives compensation for the  
2704 practice of medicine.

2705 (b) If it has been more than 3 years since active practice  
2706 was conducted by the applicant, the full-time director of the  
2707 county health department or a licensed physician, approved by  
2708 the board, must ~~shall~~ supervise the applicant for a period of 6  
2709 months after he or she is granted a limited license under this  
2710 subsection ~~for practice~~, unless the board determines that a  
2711 shorter period of supervision will be sufficient to ensure that  
2712 the applicant is qualified for licensure. Procedures for such  
2713 supervision must ~~shall~~ be established by the board.

2714 (c) The recipient of a limited license under this  
2715 subsection may practice only in the employ of public agencies or  
2716 institutions or nonprofit agencies or institutions meeting the  
2717 requirements of s. 501(c)(3) of the Internal Revenue Code, which  
2718 agencies or institutions are located in the areas of critical  
2719 medical need as determined by the board. Determination of  
2720 medically underserved areas shall be made by the board after  
2721 consultation with the department ~~of Health~~ and statewide medical  
2722 organizations; however, such determination shall include, but  
2723 not be limited to, health professional shortage areas designated  
2724 by the United States Department of Health and Human Services. A  
2725 recipient of a limited license under this subsection may use the  
2726 license to work for any approved employer in any area of

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2727 critical need approved by the board.

2728 (d) The recipient of a limited license shall, within 30  
2729 days after accepting employment, notify the board of all  
2730 approved institutions in which the licensee practices and of all  
2731 approved institutions where practice privileges have been  
2732 denied.

2733 (e) This subsection does not limit ~~Nothing herein limits in~~  
2734 ~~any way~~ any policy by the board, otherwise authorized by law, to  
2735 grant licenses to physicians duly licensed in other states under  
2736 conditions less restrictive than the requirements of this  
2737 subsection ~~section~~. Notwithstanding the other provisions of this  
2738 subsection ~~section~~, the board may refuse to authorize a  
2739 physician otherwise qualified to practice in the employ of any  
2740 agency or institution otherwise qualified if the agency or  
2741 institution has caused or permitted violations of the provisions  
2742 of this chapter which it knew or should have known were  
2743 occurring.

2744 (f) ~~(2)~~ The board shall notify the director of the full-time  
2745 local county health department of any county in which a licensee  
2746 intends to practice under ~~the provisions of this subsection~~ act.  
2747 The director of the full-time county health department shall  
2748 assist in the supervision of any licensee within the county and  
2749 shall notify the board ~~which issued the licensee his or her~~  
2750 ~~license~~ if he or she becomes aware of any actions by the  
2751 licensee which would be grounds for revocation of the limited  
2752 license. The board shall establish procedures for such  
2753 supervision.

2754 (g) ~~(3)~~ The board shall review the practice of each licensee  
2755 biennially to verify compliance with the restrictions prescribed

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2756 in this subsection ~~section~~ and other applicable provisions of  
2757 this chapter.

2758 (h)(4) Any person holding an active license to practice  
2759 medicine in this ~~the~~ state may convert that license to a limited  
2760 license under this subsection for the purpose of providing  
2761 volunteer, uncompensated care for low-income Floridians. The  
2762 applicant must submit a statement from the employing agency or  
2763 institution stating that he or she will not receive compensation  
2764 for any service involving the practice of medicine. The  
2765 application fee and all licensure fees, including neurological  
2766 injury compensation assessments, are ~~shall be~~ waived for such  
2767 applicant.

2768 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant  
2769 physician is a medical school graduate who meets the  
2770 requirements of this subsection and has obtained a limited  
2771 license from the board for the purpose of practicing temporarily  
2772 under the direct supervision of a physician who has a full,  
2773 active, and unencumbered license issued under this chapter,  
2774 pending the graduate's entrance into a residency under the  
2775 National Resident Match Program.

2776 (a) Any person desiring to obtain a limited license as a  
2777 graduate assistant physician must submit to the board an  
2778 application and demonstrate that he or she meets all of the  
2779 following criteria:

2780 1. Is a graduate of an allopathic medical school or  
2781 allopathic college approved by an accrediting agency recognized  
2782 by the United States Department of Education.

2783 2. Has successfully passed all parts of the United States  
2784 Medical Licensing Examination.



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2785 3. Has not received and accepted a residency match from the  
2786 National Resident Match Program within the first year following  
2787 graduation from medical school.

2788 (b) The board shall issue a graduate assistant physician  
2789 limited license for a duration of 2 years to an applicant who  
2790 meets the requirements of paragraph (a) and all of the following  
2791 criteria:

2792 1. Is at least 21 years of age.

2793 2. Is of good moral character.

2794 3. Submits documentation that the applicant has agreed to  
2795 enter into a written protocol drafted by a physician with a  
2796 full, active, and unencumbered license issued under this chapter  
2797 upon the board's issuance of a limited license to the applicant  
2798 and submits a copy of the protocol. The board shall establish by  
2799 rule specific provisions that must be included in a physician-  
2800 drafted protocol.

2801 4. Has not committed any act or offense in this or any  
2802 other jurisdiction which would constitute the basis for  
2803 disciplining a physician under s. 458.331.

2804 5. Has submitted to the department a set of fingerprints on  
2805 a form and under procedures specified by the department.

2806 6. The board may not certify to the department for limited  
2807 licensure under this subsection any applicant who is under  
2808 investigation in another jurisdiction for an offense which would  
2809 constitute a violation of this chapter or chapter 456 until such  
2810 investigation is completed. Upon completion of the  
2811 investigation, s. 458.331 applies. Furthermore, the department  
2812 may not issue a limited license to any individual who has  
2813 committed any act or offense in any jurisdiction which would

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2814 constitute the basis for disciplining a physician under s.  
2815 458.331. If the board finds that an individual has committed an  
2816 act or offense in any jurisdiction which would constitute the  
2817 basis for disciplining a physician under s. 458.331, the board  
2818 may enter an order imposing one of the following terms:

2819 a. Refusal to certify to the department an application for  
2820 a graduate assistant physician limited license; or

2821 b. Certification to the department of an application for a  
2822 graduate assistant physician limited license with restrictions  
2823 on the scope of practice of the licensee.

2824 (c) A graduate assistant physician limited licensee may  
2825 apply for a one-time renewal of his or her limited license by  
2826 submitting a board-approved application, documentation of actual  
2827 practice under the required protocol during the initial limited  
2828 licensure period, and documentation of applications he or she  
2829 has submitted for accredited graduate medical education training  
2830 programs. The one-time renewal terminates after 1 year. A  
2831 graduate assistant physician who has received a limited license  
2832 under this subsection is not eligible to apply for another  
2833 limited license, regardless of whether he or she received a one-  
2834 time renewal under this paragraph.

2835 (d) A limited licensed graduate assistant physician may  
2836 provide health care services only under the direct supervision  
2837 of a physician with a full, active, and unencumbered license  
2838 issued under this chapter.

2839 (e) A physician must be approved by the board to supervise  
2840 a limited licensed graduate assistant physician.

2841 (f) A physician may supervise no more than two graduate  
2842 assistant physicians with limited licenses.

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2843 (g) Supervision of limited licensed graduate assistant  
2844 physicians requires the physical presence of the supervising  
2845 physician at the location where the services are rendered.

2846 (h) A physician-drafted protocol must specify the duties  
2847 and responsibilities of the limited licensed graduate assistant  
2848 physician according to criteria adopted by board rule.

2849 (i) Each protocol that applies to a limited licensed  
2850 graduate assistant physician and his or her supervising  
2851 physician must ensure that:

2852 1. There is a process for the evaluation of the limited  
2853 licensed graduate assistant physicians' performance; and

2854 2. The delegation of any medical task or procedure is  
2855 within the supervising physician's scope of practice and  
2856 appropriate for the graduate assistant physician's level of  
2857 competency.

2858 (j) A limited licensed graduate assistant physician's  
2859 prescriptive authority is governed by the physician-drafted  
2860 protocol and criteria adopted by the board and may not exceed  
2861 that of his or her supervising physician. Any prescriptions and  
2862 orders issued by the graduate assistant physician must identify  
2863 both the graduate assistant physician and the supervising  
2864 physician.

2865 (k) A physician who supervises a graduate assistant  
2866 physician is liable for any acts or omissions of the graduate  
2867 assistant physician acting under the physician's supervision and  
2868 control. Third-party payors may reimburse employers of graduate  
2869 assistant physicians for covered services rendered by graduate  
2870 assistant physicians.

2871 (3) RULES.—The board may adopt rules to implement this

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2872 section.

2873 Section 39. Section 459.0075, Florida Statutes, is amended  
2874 to read:

2875 459.0075 Limited licenses.—

2876 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2877 (a) Any person desiring to obtain a limited license under  
2878 this subsection must ~~shall~~:

2879 1.~~(a)~~ Submit to the board a licensure application and fee  
2880 required by this chapter. However, an osteopathic physician who  
2881 is not fully retired in all jurisdictions may use a limited  
2882 license only for noncompensated practice. If the person applying  
2883 for a limited license submits a statement from the employing  
2884 agency or institution stating that she or he will not receive  
2885 monetary compensation for any service involving the practice of  
2886 osteopathic medicine, the application fee and all licensure fees  
2887 shall be waived. However, any person who receives a waiver of  
2888 fees for a limited license must ~~shall~~ pay such fees if the  
2889 person receives compensation for the practice of osteopathic  
2890 medicine.

2891 2.~~(b)~~ Submit proof that such osteopathic physician has been  
2892 licensed to practice osteopathic medicine in any jurisdiction in  
2893 the United States in good standing and pursuant to law for at  
2894 least 10 years.

2895 3.~~(c)~~ Complete an amount of continuing education  
2896 established by the board.

2897 (b)~~(2)~~ If it has been more than 3 years since active  
2898 practice was conducted by the applicant, the full-time director  
2899 of the local county health department must ~~shall~~ supervise the  
2900 applicant for a period of 6 months after the applicant is

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2901 granted a limited license under this subsection ~~to practice,~~  
2902 unless the board determines that a shorter period of supervision  
2903 will be sufficient to ensure that the applicant is qualified for  
2904 licensure under this subsection ~~pursuant to this section.~~  
2905 Procedures for such supervision must ~~shall~~ be established by the  
2906 board.

2907 (c) ~~(3)~~ The recipient of a limited license under this  
2908 subsection may practice only in the employ of public agencies or  
2909 institutions or nonprofit agencies or institutions meeting the  
2910 requirements of s. 501(c)(3) of the Internal Revenue Code, which  
2911 agencies or institutions are located in areas of critical  
2912 medical need or in medically underserved areas as determined  
2913 pursuant to 42 U.S.C. s. 300e-1(7).

2914 (d) ~~(4)~~ The board shall notify the director of the full-time  
2915 local county health department of any county in which a licensee  
2916 intends to practice under the provisions of this subsection  
2917 ~~section~~. The director of the full-time county health department  
2918 shall assist in the supervision of any licensee within the ~~her~~  
2919 ~~or his~~ county and shall notify the board if she or he becomes  
2920 aware of any action by the licensee which would be a ground for  
2921 revocation of the limited license. The board shall establish  
2922 procedures for such supervision.

2923 (e) ~~(5)~~ The ~~State board of Osteopathic Medicine~~ shall review  
2924 the practice of each licensee under this subsection ~~section~~  
2925 biennially to verify compliance with the restrictions prescribed  
2926 in this subsection ~~section~~ and other provisions of this chapter.

2927 (f) ~~(6)~~ Any person holding an active license to practice  
2928 osteopathic medicine in this ~~the~~ state may convert that license  
2929 to a limited license under this subsection for the purpose of

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2930 providing volunteer, uncompensated care for low-income  
2931 Floridians. The applicant must submit a statement from the  
2932 employing agency or institution stating that she or he ~~or she~~  
2933 will not receive compensation for any service involving the  
2934 practice of osteopathic medicine. The application fee and all  
2935 licensure fees, including neurological injury compensation  
2936 assessments, are shall be waived for such applicant.

2937 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant  
2938 physician is a medical school graduate who meets the  
2939 requirements of this subsection and has obtained a limited  
2940 license from the board for the purpose of practicing temporarily  
2941 under the direct supervision of a physician who has a full,  
2942 active, and unencumbered license issued under this chapter,  
2943 pending the graduate's entrance into a residency under the  
2944 National Resident Match Program.

2945 (a) Any person desiring to obtain a limited license as a  
2946 graduate assistant physician must submit to the board an  
2947 application and demonstrate that she or he meets all of the  
2948 following criteria:

2949 1. Is a graduate of a school or college of osteopathic  
2950 medicine approved by an accrediting agency recognized by the  
2951 United States Department of Education.

2952 2. Has successfully passed all parts of the examination  
2953 conducted by the National Board of Osteopathic Medical Examiners  
2954 or other examination approved by the board.

2955 3. Has not received and accepted a residency match from the  
2956 National Residency Match Program within the first year following  
2957 graduation from medical school.

2958 (b) The board shall issue a graduate assistant physician

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2959 limited license for a duration of 2 years to an applicant who  
2960 meets the requirements of paragraph (a) and all of the following  
2961 criteria:

2962 1. Is at least 21 years of age.

2963 2. Is of good moral character.

2964 3. Submits documentation that the applicant has agreed to  
2965 enter into a written protocol drafted by a physician with a  
2966 full, active, and unencumbered license issued under this chapter  
2967 upon the board's issuance of a limited license to the applicant,  
2968 and submits a copy of the protocol. The board shall establish by  
2969 rule specific provisions that must be included in a physician-  
2970 drafted protocol.

2971 4. Has not committed any act or offense in this or any  
2972 other jurisdiction which would constitute the basis for  
2973 disciplining a physician under s. 459.015.

2974 5. Has submitted to the department a set of fingerprints on  
2975 a form and under procedures specified by the department.

2976 6. The board may not certify to the department for limited  
2977 licensure under this subsection any applicant who is under  
2978 investigation in another jurisdiction for an offense which would  
2979 constitute a violation of this chapter or chapter 456 until such  
2980 investigation is completed. Upon completion of the  
2981 investigation, s. 459.015 applies. Furthermore, the department  
2982 may not issue a limited license to any individual who has  
2983 committed any act or offense in any jurisdiction which would  
2984 constitute the basis for disciplining a physician under s.  
2985 459.015. If the board finds that an individual has committed an  
2986 act or offense in any jurisdiction which would constitute the  
2987 basis for disciplining a physician under s. 459.015, the board

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2988 may enter an order imposing one of the following terms:

2989 a. Refusal to certify to the department an application for  
2990 a graduate assistant physician limited license; or

2991 b. Certification to the department of an application for a  
2992 graduate assistant physician limited license with restrictions  
2993 on the scope of practice of the licensee.

2994 (c) A graduate assistant physician limited licensee may  
2995 apply for a one-time renewal of his or her limited licensed by  
2996 submitting a board-approved application, documentation of actual  
2997 practice under the required protocol during the initial limited  
2998 licensure period, and documentation of applications he or she  
2999 has submitted for accredited graduate medical education training  
3000 programs. The one-time renewal terminates after 1 year. A  
3001 graduate assistant physician who has received a limited license  
3002 under this subsection is not eligible to apply for another  
3003 limited license, regardless of whether he or she received a one-  
3004 time renewal under this paragraph.

3005 (d) A limited licensed graduate assistant physician may  
3006 provide health care services only under the direct supervision  
3007 of a physician with a full, active, and unencumbered license  
3008 issued under this chapter.

3009 (e) A physician must be approved by the board to supervise  
3010 a limited licensed graduate assistant physician.

3011 (f) A physician may supervise no more than two graduate  
3012 assistant physicians with limited licenses.

3013 (g) Supervision of limited licensed graduate assistant  
3014 physicians requires the physical presence of the supervising  
3015 physician at the location where the services are rendered.

3016 (h) A physician-drafted protocol must specify the duties



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3017 and responsibilities of the limited licensed graduate assistant  
3018 physician according to criteria adopted by board rule.

3019 (i) Each protocol that applies to a limited licensed  
3020 graduate assistant physician and his or her supervising  
3021 physician must ensure that:

3022 1. There is a process for the evaluation of the limited  
3023 licensed graduate assistant physicians' performance; and

3024 2. The delegation of any medical task or procedure is  
3025 within the supervising physician's scope of practice and  
3026 appropriate for the graduate assistant physician's level of  
3027 competency.

3028 (j) A limited licensed graduate assistant physician's  
3029 prescriptive authority is governed by the physician-drafted  
3030 protocol and criteria adopted by the board and may not exceed  
3031 that of his or her supervising physician. Any prescriptions and  
3032 orders issued by the graduate assistant physician must identify  
3033 both the graduate assistant physician and the supervising  
3034 physician.

3035 (k) A physician who supervises a graduate assistant  
3036 physician is liable for any acts or omissions of the graduate  
3037 assistant physician acting under the physician's supervision and  
3038 control. Third-party payors may reimburse employers of graduate  
3039 assistant physicians for covered services rendered by graduate  
3040 assistant physicians.

3041 (3) RULES.—The board may adopt rules to implement this  
3042 section.

3043 Section 40. Section 459.0076, Florida Statutes, is amended  
3044 to read:

3045 459.0076 Temporary certificate for practice in areas of

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3046 critical need.—

3047 (1) A physician or physician assistant who holds a valid  
3048 license ~~is licensed~~ to practice in any jurisdiction of the  
3049 United States, ~~whose license is currently valid, and who pays an~~  
3050 ~~application fee of \$300~~ may be issued a temporary certificate  
3051 for practice in areas of critical need. A physician seeking such  
3052 certificate must pay an application fee of \$300.

3053 (2) A temporary certificate may be issued under this  
3054 section to a physician or physician assistant who will:

3055 (a) ~~Will~~ Practice in an area of critical need;

3056 (b) ~~Will~~ Be employed by or practice in a county health  
3057 department; correctional facility; Department of Veterans'  
3058 Affairs clinic; community health center funded by s. 329, s.  
3059 330, or s. 340 of the United States Public Health Services Act;  
3060 or other agency or institution that is approved by the State  
3061 Surgeon General and provides health care to meet the needs of  
3062 underserved populations in this state; or

3063 (c) ~~Will~~ Practice for a limited time to address critical  
3064 physician-specialty, demographic, or geographic needs for this  
3065 state's physician workforce as determined by the State Surgeon  
3066 General.

3067 (3) The board ~~of Osteopathic Medicine~~ may issue this  
3068 temporary certificate subject to ~~with~~ the following  
3069 restrictions:

3070 (a) The State Surgeon General shall determine the areas of  
3071 critical need. Such areas include, but are not limited to,  
3072 health professional shortage areas designated by the United  
3073 States Department of Health and Human Services.

3074 1. A recipient of a temporary certificate for practice in

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3075 areas of critical need may use the certificate to work for any  
3076 approved entity in any area of critical need or as authorized by  
3077 the State Surgeon General.

3078 2. The recipient of a temporary certificate for practice in  
3079 areas of critical need shall, within 30 days after accepting  
3080 employment, notify the board of all approved institutions in  
3081 which the licensee practices and of all approved institutions  
3082 where practice privileges have been denied, as applicable.

3083 (b) The board may administer an abbreviated oral  
3084 examination to determine the physician's or physician  
3085 assistant's competency, but a written regular examination is not  
3086 required. Within 60 days after receipt of an application for a  
3087 temporary certificate, the board shall review the application  
3088 and issue the temporary certificate, notify the applicant of  
3089 denial, or notify the applicant that the board recommends  
3090 additional assessment, training, education, or other  
3091 requirements as a condition of certification. If the applicant  
3092 has not actively practiced during the 3-year period immediately  
3093 preceding the application ~~prior 3 years~~ and the board determines  
3094 that the applicant may lack clinical competency, possess  
3095 diminished or inadequate skills, lack necessary medical  
3096 knowledge, or exhibit patterns of deficits in clinical  
3097 decisionmaking, the board may:

3098 1. Deny the application;

3099 2. Issue a temporary certificate having reasonable  
3100 restrictions that may include, but are not limited to, a  
3101 requirement for the applicant to practice under the supervision  
3102 of a physician approved by the board; or

3103 3. Issue a temporary certificate upon receipt of

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3104 documentation confirming that the applicant has met any  
3105 reasonable conditions of the board which may include, but are  
3106 not limited to, completing continuing education or undergoing an  
3107 assessment of skills and training.

3108 (c) Any certificate issued under this section is valid only  
3109 so long as the State Surgeon General determines that the reason  
3110 for which it was issued remains a critical need to the state.  
3111 The board ~~of Osteopathic Medicine~~ shall review each temporary  
3112 certificateholder at least ~~not less than~~ annually to ascertain  
3113 that the certificateholder is complying with the minimum  
3114 requirements of the Osteopathic Medical Practice Act and its  
3115 adopted rules, as applicable to the certificateholder ~~are being~~  
3116 ~~complied with~~. If it is determined that the certificateholder is  
3117 not meeting such minimum requirements ~~are not being met~~, the  
3118 board must ~~shall~~ revoke such certificate or ~~shall~~ impose  
3119 restrictions or conditions, or both, as a condition of continued  
3120 practice under the certificate.

3121 (d) The board may not issue a temporary certificate for  
3122 practice in an area of critical need to any physician or  
3123 physician assistant who is under investigation in any  
3124 jurisdiction in the United States for an act that would  
3125 constitute a violation of this chapter until such time as the  
3126 investigation is complete, at which time ~~the provisions of s.~~  
3127 459.015 applies ~~apply~~.

3128 (4) The application fee and all licensure fees, including  
3129 neurological injury compensation assessments, are ~~shall be~~  
3130 waived for those persons obtaining a temporary certificate to  
3131 practice in areas of critical need for the purpose of providing  
3132 volunteer, uncompensated care for low-income residents. The

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3133 applicant must submit an affidavit from the employing agency or  
3134 institution stating that the physician or physician assistant  
3135 will not receive any compensation for any health care services  
3136 that he or she provides ~~service involving the practice of~~  
3137 ~~medicine.~~

3138 Section 41. Section 464.0121, Florida Statutes, is created  
3139 to read:

3140 464.0121 Temporary certificate for practice in areas of  
3141 critical need.—

3142 (1) An advanced practice registered nurse who is licensed  
3143 to practice in any jurisdiction of the United States, whose  
3144 license is currently valid, and who meets educational and  
3145 training requirements established by the board may be issued a  
3146 temporary certificate for practice in areas of critical need.

3147 (2) A temporary certificate may be issued under this  
3148 section to an advanced practice registered nurse who will:

3149 (a) Practice in an area of critical need;

3150 (b) Be employed by or practice in a county health  
3151 department; correctional facility; Department of Veterans'  
3152 Affairs clinic; community health center funded by s. 329, s.  
3153 330, or s. 340 of the United States Public Health Services Act;  
3154 or another agency or institution that is approved by the State  
3155 Surgeon General and that provides health care services to meet  
3156 the needs of underserved populations in this state; or

3157 (c) Practice for a limited time to address critical health  
3158 care specialty, demographic, or geographic needs relating to  
3159 this state's accessibility of health care services as determined  
3160 by the State Surgeon General.

3161 (3) The board may issue a temporary certificate under this

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3162 section subject to the following restrictions:

3163 (a) The State Surgeon General shall determine the areas of  
3164 critical need. Such areas include, but are not limited to,  
3165 health professional shortage areas designated by the United  
3166 States Department of Health and Human Services.

3167 1. A recipient of a temporary certificate for practice in  
3168 areas of critical need may use the certificate to work for any  
3169 approved entity in any area of critical need or as authorized by  
3170 the State Surgeon General.

3171 2. The recipient of a temporary certificate for practice in  
3172 areas of critical need shall, within 30 days after accepting  
3173 employment, notify the board of all approved institutions in  
3174 which the licensee practices as part of his or her employment.

3175 (b) The board may administer an abbreviated oral  
3176 examination to determine the advanced practice registered  
3177 nurse's competency, but may not require a written regular  
3178 examination. Within 60 days after receipt of an application for  
3179 a temporary certificate, the board shall review the application  
3180 and issue the temporary certificate, notify the applicant of  
3181 denial, or notify the applicant that the board recommends  
3182 additional assessment, training, education, or other  
3183 requirements as a condition of certification. If the applicant  
3184 has not actively practiced during the 3-year period immediately  
3185 preceding the application and the board determines that the  
3186 applicant may lack clinical competency, possess diminished or  
3187 inadequate skills, lack necessary medical knowledge, or exhibit  
3188 patterns of deficits in clinical decisionmaking, the board may:

3189 1. Deny the application;

3190 2. Issue a temporary certificate imposing reasonable

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3191 restrictions that may include, but are not limited to, a  
3192 requirement that the applicant practice under the supervision of  
3193 a physician approved by the board; or

3194 3. Issue a temporary certificate upon receipt of  
3195 documentation confirming that the applicant has met any  
3196 reasonable conditions of the board, which may include, but are  
3197 not limited to, completing continuing education or undergoing an  
3198 assessment of skills and training.

3199 (c) Any certificate issued under this section is valid only  
3200 so long as the State Surgeon General maintains the determination  
3201 that the critical need that supported the issuance of the  
3202 temporary certificate remains a critical need to the state. The  
3203 board shall review each temporary certificateholder at least  
3204 annually to ascertain that the certificateholder is complying  
3205 with the minimum requirements of the Nurse Practice Act and its  
3206 adopted rules, as applicable to the certificateholder. If it is  
3207 determined that the certificateholder is not meeting such  
3208 minimum requirements, the board must revoke such certificate or  
3209 impose restrictions or conditions, or both, as a condition of  
3210 continued practice under the certificate.

3211 (d) The board may not issue a temporary certificate for  
3212 practice in an area of critical need to any advanced practice  
3213 registered nurse who is under investigation in any jurisdiction  
3214 in the United States for an act that would constitute a  
3215 violation of this part until such time as the investigation is  
3216 complete, at which time s. 464.018 applies.

3217 (4) All licensure fees, including neurological injury  
3218 compensation assessments, are waived for those persons obtaining  
3219 a temporary certificate to practice in areas of critical need

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3220 for the purpose of providing volunteer, uncompensated care for  
3221 low-income residents. The applicant must submit an affidavit  
3222 from the employing agency or institution stating that the  
3223 advanced practice registered nurse will not receive any  
3224 compensation for any health care services that he or she  
3225 provides.

3226 Section 42. Paragraph (b) of subsection (3) of section  
3227 464.0123, Florida Statutes, is amended to read:

3228 464.0123 Autonomous practice by an advanced practice  
3229 registered nurse.—

3230 (3) PRACTICE REQUIREMENTS.—

3231 (b)1. In order to provide out-of-hospital intrapartum care,  
3232 a certified nurse midwife engaged in the autonomous practice of  
3233 nurse midwifery must maintain a written policy for the transfer  
3234 of patients needing a higher acuity of care or emergency  
3235 services. The policy must prescribe and require the use of an  
3236 emergency plan-of-care form, which must be signed by the patient  
3237 before admission to intrapartum care. At a minimum, the form  
3238 must include all of the following:

3239 a. The name and address of the closest hospital that  
3240 provides maternity and newborn services.

3241 b. Reasons for which transfer of care would be necessary,  
3242 including the transfer-of-care conditions prescribed by board  
3243 rule.

3244 c. Ambulances or other emergency medical services that  
3245 would be used to transport the patient in the event of an  
3246 emergency.

3247 2. If transfer of care is determined necessary by the  
3248 certified nurse midwife or under the terms of the written



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3249 policy, the certified nurse midwife must document all of the  
3250 following information on the patient's emergency plan-of-care  
3251 form:

3252 a. The name, date of birth, and condition of the patient.

3253 b. The gravidity and parity of the patient and the  
3254 gestational age and condition of the fetus or newborn infant.

3255 c. The reasons that necessitated the transfer of care.

3256 d. A description of the situation, relevant clinical  
3257 background, assessment, and recommendations.

3258 e. The planned mode of transporting the patient to the  
3259 receiving facility.

3260 f. The expected time of arrival at the receiving facility.

3261 3. Before transferring the patient, or as soon as possible  
3262 during or after an emergency transfer, the certified nurse  
3263 midwife shall provide the receiving provider with a verbal  
3264 summary of the information specified in subparagraph 2. and make  
3265 himself or herself immediately available for consultation. Upon  
3266 transfer of the patient to the receiving facility, the certified  
3267 nurse midwife must provide the receiving provider with the  
3268 patient's emergency plan-of-care form as soon as practicable.

3269 4. The certified nurse midwife shall provide the receiving  
3270 provider, as soon as practicable, with the patient's prenatal  
3271 records, including patient history, prenatal laboratory results,  
3272 sonograms, prenatal care flow sheets, maternal fetal medical  
3273 reports, and labor flow charting and current notations.

3274 5. The board shall adopt rules to prescribe transfer-of-  
3275 care conditions, monitor for excessive transfers, conduct  
3276 reviews of adverse maternal and neonatal outcomes, and monitor  
3277 the licensure of certified nurse midwives engaged in autonomous

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3278 ~~practice must have a written patient transfer agreement with a~~  
3279 ~~hospital and a written referral agreement with a physician~~  
3280 ~~licensed under chapter 458 or chapter 459 to engage in nurse~~  
3281 ~~midwifery.~~

3282 Section 43. Subsection (10) of section 464.019, Florida  
3283 Statutes, is amended to read:

3284 464.019 Approval of nursing education programs.—

3285 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing  
3286 shall study the administration of this section and submit  
3287 reports to the Governor, the President of the Senate, and the  
3288 Speaker of the House of Representatives annually by January 30~~7~~  
3289 ~~through January 30, 2025~~. The annual reports shall address the  
3290 previous academic year; provide data on the measures specified  
3291 in paragraphs (a) and (b), as such data becomes available; and  
3292 include an evaluation of such data for purposes of determining  
3293 whether this section is increasing the availability of nursing  
3294 education programs and the production of quality nurses. The  
3295 department and each approved program or accredited program shall  
3296 comply with requests for data from the Florida Center for  
3297 Nursing.

3298 (a) The Florida Center for Nursing shall evaluate program-  
3299 specific data for each approved program and accredited program  
3300 conducted in the state, including, but not limited to:

3301 1. The number of programs and student slots available.

3302 2. The number of student applications submitted, the number  
3303 of qualified applicants, and the number of students accepted.

3304 3. The number of program graduates.

3305 4. Program retention rates of students tracked from program  
3306 entry to graduation.

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3307 5. Graduate passage rates on the National Council of State  
3308 Boards of Nursing Licensing Examination.

3309 6. The number of graduates who become employed as practical  
3310 or professional nurses in the state.

3311 (b) The Florida Center for Nursing shall evaluate the  
3312 board's implementation of the:

3313 1. Program application approval process, including, but not  
3314 limited to, the number of program applications submitted under  
3315 subsection (1), the number of program applications approved and  
3316 denied by the board under subsection (2), the number of denials  
3317 of program applications reviewed under chapter 120, and a  
3318 description of the outcomes of those reviews.

3319 2. Accountability processes, including, but not limited to,  
3320 the number of programs on probationary status, the number of  
3321 approved programs for which the program director is required to  
3322 appear before the board under subsection (5), the number of  
3323 approved programs terminated by the board, the number of  
3324 terminations reviewed under chapter 120, and a description of  
3325 the outcomes of those reviews.

3326 (c) The Florida Center for Nursing shall complete an annual  
3327 assessment of compliance by programs with the accreditation  
3328 requirements of subsection (11), include in the assessment a  
3329 determination of the accreditation process status for each  
3330 program, and submit the assessment as part of the reports  
3331 required by this subsection.

3332 Section 44. Paragraph (e) of subsection (3) of section  
3333 766.1115, Florida Statutes, is amended to read:

3334 766.1115 Health care providers; creation of agency  
3335 relationship with governmental contractors.-

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3336 (3) DEFINITIONS.—As used in this section, the term:

3337 (e) “Low-income” means:

3338 1. A person who is Medicaid-eligible under Florida law;

3339 2. A person who is without health insurance and whose

3340 family income does not exceed 300 ~~200~~ percent of the federal

3341 poverty level as defined annually by the federal Office of

3342 Management and Budget; or

3343 3. Any client of the department who voluntarily chooses to

3344 participate in a program offered or approved by the department

3345 and meets the program eligibility guidelines of the department.

3346 Section 45. Paragraph (f) is added to subsection (3) of

3347 section 1002.32, Florida Statutes, to read:

3348 1002.32 Developmental research (laboratory) schools.—

3349 (3) MISSION.—The mission of a lab school shall be the

3350 provision of a vehicle for the conduct of research,

3351 demonstration, and evaluation regarding management, teaching,

3352 and learning. Programs to achieve the mission of a lab school

3353 shall embody the goals and standards established pursuant to ss.

3354 1000.03(5) and 1001.23(1) and shall ensure an appropriate

3355 education for its students.

3356 (f) Each lab school shall develop programs that accelerate

3357 the entry of enrolled lab school students into articulated

3358 health care programs at its affiliated university or at any

3359 public or private postsecondary institution, with the approval

3360 of the university president. Each lab school shall offer

3361 technical assistance to any Florida school district seeking to

3362 replicate the lab school's programs and must annually, beginning

3363 December 1, 2025, report to the President of the Senate and the

3364 Speaker of the House of Representatives on the development of

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3365 such programs and their results.

3366 Section 46. Paragraph (b) of subsection (3) of section  
3367 1009.8962, Florida Statutes, is amended to read:

3368 1009.8962 Linking Industry to Nursing Education (LINE)  
3369 Fund.—

3370 (3) As used in this section, the term:

3371 (b) "Institution" means a school district career center  
3372 under s. 1001.44;; a charter technical career center under s.  
3373 1002.34;; a Florida College System institution;; a state  
3374 university;;~~or~~ an independent nonprofit college or university  
3375 located and chartered in this state and accredited by an agency  
3376 or association that is recognized by the database created and  
3377 maintained by the United States Department of Education to grant  
3378 baccalaureate degrees;; or an independent school, college, or  
3379 university with an accredited program as defined in s. 464.003  
3380 which is located in this state and licensed by the Commission  
3381 for Independent Education pursuant to s. 1005.31, which has a  
3382 nursing education program that meets or exceeds the following:

3383 1. For a certified nursing assistant program, a completion  
3384 rate of at least 70 percent for the prior year.

3385 2. For a licensed practical nurse, associate of science in  
3386 nursing, and bachelor of science in nursing program, a first-  
3387 time passage rate on the National Council of State Boards of  
3388 Nursing Licensing Examination of at least 75 ~~70~~ percent for the  
3389 prior year based on a minimum of 10 testing participants.

3390 Section 47. Paragraph (f) of subsection (3) of section  
3391 381.4018, Florida Statutes, is amended to read:

3392 381.4018 Physician workforce assessment and development.—

3393 (3) GENERAL FUNCTIONS.—The department shall maximize the

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3394 use of existing programs under the jurisdiction of the  
3395 department and other state agencies and coordinate governmental  
3396 and nongovernmental stakeholders and resources in order to  
3397 develop a state strategic plan and assess the implementation of  
3398 such strategic plan. In developing the state strategic plan, the  
3399 department shall:

3400 (f) Develop strategies to maximize federal and state  
3401 programs that provide for the use of incentives to attract  
3402 physicians to this state or retain physicians within the state.  
3403 Such strategies should explore and maximize federal-state  
3404 partnerships that provide incentives for physicians to practice  
3405 in federally designated shortage areas, in otherwise medically  
3406 underserved areas, or in rural areas. Strategies shall also  
3407 consider the use of state programs, such as the Medical  
3408 Education Reimbursement and Loan Repayment Program pursuant to  
3409 s. 381.402 ~~s. 1009.65~~, which provide for education loan  
3410 repayment or loan forgiveness and provide monetary incentives  
3411 for physicians to relocate to underserved areas of the state.

3412  
3413 The department may adopt rules to implement this subsection,  
3414 including rules that establish guidelines to implement the  
3415 federal Conrad 30 Waiver Program created under s. 214(1) of the  
3416 Immigration and Nationality Act.

3417 Section 48. Subsection (3) of section 395.602, Florida  
3418 Statutes, is amended to read:

3419 395.602 Rural hospitals.—

3420 (3) USE OF FUNDS.—It is the intent of the Legislature that  
3421 funds as appropriated shall be utilized by the department for  
3422 the purpose of increasing the number of primary care physicians,

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3423 physician assistants, certified nurse midwives, nurse  
3424 practitioners, and nurses in rural areas, either through the  
3425 Medical Education Reimbursement and Loan Repayment Program as  
3426 defined by s. 381.402 ~~s. 1009.65~~ or through a federal loan  
3427 repayment program which requires state matching funds. The  
3428 department may use funds appropriated for the Medical Education  
3429 Reimbursement and Loan Repayment Program as matching funds for  
3430 federal loan repayment programs for health care personnel, such  
3431 as that authorized in Pub. L. No. 100-177, s. 203. If the  
3432 department receives federal matching funds, the department shall  
3433 only implement the federal program. Reimbursement through either  
3434 program shall be limited to:

3435 (a) Primary care physicians, physician assistants,  
3436 certified nurse midwives, nurse practitioners, and nurses  
3437 employed by or affiliated with rural hospitals, as defined in  
3438 this act; and

3439 (b) Primary care physicians, physician assistants,  
3440 certified nurse midwives, nurse practitioners, and nurses  
3441 employed by or affiliated with rural area health education  
3442 centers, as defined in this section. These personnel shall  
3443 practice:

3444 1. In a county with a population density of no greater than  
3445 100 persons per square mile; or

3446 2. Within the boundaries of a hospital tax district which  
3447 encompasses a population of no greater than 100 persons per  
3448 square mile.

3449

3450 If the department administers a federal loan repayment program,  
3451 priority shall be given to obligating state and federal matching

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3452 funds pursuant to paragraphs (a) and (b). The department may use  
3453 federal matching funds in other health workforce shortage areas  
3454 and medically underserved areas in the state for loan repayment  
3455 programs for primary care physicians, physician assistants,  
3456 certified nurse midwives, nurse practitioners, and nurses who  
3457 are employed by publicly financed health care programs that  
3458 serve medically indigent persons.

3459 Section 49. Section 456.4501, Florida Statutes, is created  
3460 to read:

3461 456.4501 Interstate Medical Licensure Compact.—The  
3462 Interstate Medical Licensure Compact is hereby enacted into law  
3463 and entered into by this state with all other jurisdictions  
3464 legally joining therein in the form substantially as follows:

3466 SECTION 1

3467 PURPOSE

3468 In order to strengthen access to health care, and in  
3469 recognition of the advances in the delivery of health care, the  
3470 member states of the Interstate Medical Licensure Compact have  
3471 allied in common purpose to develop a comprehensive process that  
3472 complements the existing licensing and regulatory authority of  
3473 state medical boards and provides a streamlined process that  
3474 allows physicians to become licensed in multiple states, thereby  
3475 enhancing the portability of a medical license and ensuring the  
3476 safety of patients. The compact creates another pathway for  
3477 licensure and does not otherwise change a state's existing  
3478 medical practice act. The compact also adopts the prevailing  
3479 standard for licensure and affirms that the practice of medicine  
3480 occurs where the patient is located at the time of the



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3481 physician-patient encounter and, therefore, requires the  
3482 physician to be under the jurisdiction of the state medical  
3483 board where the patient is located. State medical boards that  
3484 participate in the compact retain the jurisdiction to impose an  
3485 adverse action against a license to practice medicine in that  
3486 state issued to a physician through the procedures in the  
3487 compact.

3488  
3489 SECTION 2  
3490 DEFINITIONS

3491 As used in the compact, the term:

3492 (1) "Bylaws" means those bylaws established by the  
3493 Interstate Commission pursuant to Section 11 for its governance  
3494 or for directing and controlling its actions and conduct.

3495 (2) "Commissioner" means the voting representative  
3496 appointed by each member board pursuant to Section 11.

3497 (3) "Conviction" means a finding by a court that an  
3498 individual is guilty of a criminal offense, through adjudication  
3499 or entry of a plea of guilt or no contest to the charge by the  
3500 offender. Evidence of an entry of a conviction of a criminal  
3501 offense by the court shall be considered final for purposes of  
3502 disciplinary action by a member board.

3503 (4) "Expedited license" means a full and unrestricted  
3504 medical license granted by a member state to an eligible  
3505 physician through the process set forth in the compact.

3506 (5) "Interstate Commission" means the Interstate Medical  
3507 Licensure Compact Commission created pursuant to Section 11.

3508 (6) "License" means authorization by a state for a  
3509 physician to engage in the practice of medicine, which would be

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3510 unlawful without the authorization.

3511 (7) "Medical practice act" means laws and regulations  
3512 governing the practice of allopathic and osteopathic medicine  
3513 within a member state.

3514 (8) "Member board" means a state agency in a member state  
3515 which acts in the sovereign interests of the state by protecting  
3516 the public through licensure, regulation, and education of  
3517 physicians as directed by the state government.

3518 (9) "Member state" means a state that has enacted the  
3519 compact.

3520 (10) "Offense" means a felony, high court misdemeanor, or  
3521 crime of moral turpitude.

3522 (11) "Physician" means any person who:

3523 (a) Is a graduate of a medical school accredited by the  
3524 Liaison Committee on Medical Education, the Commission on  
3525 Osteopathic College Accreditation, or a medical school listed in  
3526 the International Medical Education Directory or its equivalent;

3527 (b) Passed each component of the United States Medical  
3528 Licensing Examination (USMLE) or the Comprehensive Osteopathic  
3529 Medical Licensing Examination (COMLEX-USA) within three  
3530 attempts, or any of its predecessor examinations accepted by a  
3531 state medical board as an equivalent examination for licensure  
3532 purposes;

3533 (c) Successfully completed graduate medical education  
3534 approved by the Accreditation Council for Graduate Medical  
3535 Education or the American Osteopathic Association;

3536 (d) Holds specialty certification or a time-unlimited  
3537 specialty certificate recognized by the American Board of  
3538 Medical Specialties or the American Osteopathic Association's

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3539 Bureau of Osteopathic Specialists; however, the specialty  
3540 certification or a time-unlimited specialty certificate does not  
3541 have to be maintained once a physician is initially determined  
3542 to be eligible for expedited licensure through the compact;

3543 (e) Possesses a full and unrestricted license to engage in  
3544 the practice of medicine issued by a member board;

3545 (f) Has never been convicted or received adjudication,  
3546 deferred adjudication, community supervision, or deferred  
3547 disposition for any offense by a court of appropriate  
3548 jurisdiction;

3549 (g) Has never held a license authorizing the practice of  
3550 medicine subjected to discipline by a licensing agency in any  
3551 state, federal, or foreign jurisdiction, excluding any action  
3552 related to nonpayment of fees related to a license;

3553 (h) Has never had a controlled substance license or permit  
3554 suspended or revoked by a state or the United States Drug  
3555 Enforcement Administration; and

3556 (i) Is not under active investigation by a licensing agency  
3557 or law enforcement authority in any state, federal, or foreign  
3558 jurisdiction.

3559 (12) "Practice of medicine" means the diagnosis, treatment,  
3560 prevention, cure, or relieving of a human disease, ailment,  
3561 defect, complaint, or other physical or mental condition by  
3562 attendance, advice, device, diagnostic test, or other means, or  
3563 offering, undertaking, attempting to do, or holding oneself out  
3564 as able to do any of these acts.

3565 (13) "Rule" means a written statement by the Interstate  
3566 Commission adopted pursuant to Section 12 of the compact which  
3567 is of general applicability; implements, interprets, or

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3568 prescribes a policy or provision of the compact or an  
3569 organizational, procedural, or practice requirement of the  
3570 Interstate Commission; and has the force and effect of statutory  
3571 law in a member state, if the rule is not inconsistent with the  
3572 laws of the member state. The term includes the amendment,  
3573 repeal, or suspension of an existing rule.

3574 (14) "State" means any state, commonwealth, district, or  
3575 territory of the United States.

3576 (15) "State of principal license" means a member state  
3577 where a physician holds a license to practice medicine and which  
3578 has been designated as such by the physician for purposes of  
3579 registration and participation in the compact.

### 3581 SECTION 3

#### 3582 ELIGIBILITY

3583 (1) A physician must meet the eligibility requirements as  
3584 provided in subsection (11) of Section 2 to receive an expedited  
3585 license under the terms of the compact.

3586 (2) A physician who does not meet the requirements  
3587 specified in subsection (11) of Section 2 may obtain a license  
3588 to practice medicine in a member state if the individual  
3589 complies with all laws and requirements, other than the compact,  
3590 relating to the issuance of a license to practice medicine in  
3591 that state.

### 3593 SECTION 4

#### 3594 DESIGNATION OF STATE OF PRINCIPAL LICENSE

3595 (1) A physician shall designate a member state as the state  
3596 of principal license for purposes of registration for expedited

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3597 licensure through the compact if the physician possesses a full  
3598 and unrestricted license to practice medicine in that state and  
3599 the state is:

3600 (a) The state of primary residence for the physician;

3601 (b) The state where at least 25 percent of the physician's  
3602 practice of medicine occurs;

3603 (c) The location of the physician's employer; or

3604 (d) If no state qualifies under paragraph (a), paragraph  
3605 (b), or paragraph (c), the state designated as the physician's  
3606 state of residence for purpose of federal income tax.

3607 (2) A physician may redesignate a member state as state of  
3608 principal license at any time, as long as the state meets one of  
3609 the descriptions under subsection (1).

3610 (3) The Interstate Commission may develop rules to  
3611 facilitate redesignation of another member state as the state of  
3612 principal license.

3613

#### 3614 SECTION 5

#### 3615 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

3616 (1) A physician seeking licensure through the compact must  
3617 file an application for an expedited license with the member  
3618 board of the state selected by the physician as the state of  
3619 principal license.

3620 (2) Upon receipt of an application for an expedited  
3621 license, the member board within the state selected as the state  
3622 of principal license shall evaluate whether the physician is  
3623 eligible for expedited licensure and issue a letter of  
3624 qualification, verifying or denying the physician's eligibility,  
3625 to the Interstate Commission.

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3626 (a) Static qualifications, which include verification of  
3627 medical education, graduate medical education, results of any  
3628 medical or licensing examination, and other qualifications as  
3629 determined by the Interstate Commission through rule, are not  
3630 subject to additional primary source verification if already  
3631 primary source-verified by the state of principal license.

3632 (b) The member board within the state selected as the state  
3633 of principal license shall, in the course of verifying  
3634 eligibility, perform a criminal background check of an  
3635 applicant, including the use of the results of fingerprint or  
3636 other biometric data checks compliant with the requirements of  
3637 the Federal Bureau of Investigation, with the exception of  
3638 federal employees who have a suitability determination in  
3639 accordance with 5 C.F.R. s. 731.202.

3640 (c) Appeal on the determination of eligibility must be made  
3641 to the member state where the application was filed and is  
3642 subject to the law of that state.

3643 (3) Upon verification in subsection (2), physicians  
3644 eligible for an expedited license must complete the registration  
3645 process established by the Interstate Commission to receive a  
3646 license in a member state selected pursuant to subsection (1).

3647 (4) After receiving verification of eligibility under  
3648 subsection (2) and upon an applicant's completion of any  
3649 registration process required under subsection (3), a member  
3650 board shall issue an expedited license to the physician. This  
3651 license authorizes the physician to practice medicine in the  
3652 issuing state consistent with the medical practice act and all  
3653 applicable laws and regulations of the issuing member board and  
3654 member state.

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3655 (5) An expedited license is valid for a period consistent  
3656 with the licensure period in the member state and in the same  
3657 manner as required for other physicians holding a full and  
3658 unrestricted license within the member state.

3659 (6) An expedited license obtained through the compact must  
3660 be terminated if a physician fails to maintain a license in the  
3661 state of principal license for a nondisciplinary reason, without  
3662 redesignation of a new state of principal license.

3663 (7) The Interstate Commission may develop rules regarding  
3664 the application process and the issuance of an expedited  
3665 license.

3666

3667 SECTION 6

3668 RENEWAL AND CONTINUED PARTICIPATION

3669 (1) A physician seeking to renew an expedited license  
3670 granted in a member state shall complete a renewal process with  
3671 the Interstate Commission if the physician:

3672 (a) Maintains a full and unrestricted license in a state of  
3673 principal license;

3674 (b) Has not been convicted or received adjudication,  
3675 deferred adjudication, community supervision, or deferred  
3676 disposition for any offense by a court of appropriate  
3677 jurisdiction;

3678 (c) Has not had a license authorizing the practice of  
3679 medicine subject to discipline by a licensing agency in any  
3680 state, federal, or foreign jurisdiction, excluding any action  
3681 related to nonpayment of fees related to a license; and

3682 (d) Has not had a controlled substance license or permit  
3683 suspended or revoked by a state or the United States Drug

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3684 Enforcement Administration.

3685 (2) Physicians shall comply with all continuing  
3686 professional development or continuing medical education  
3687 requirements for renewal of a license issued by a member state.

3688 (3) Physician information collected by the Interstate  
3689 Commission during the renewal process must be distributed to all  
3690 member boards.

3691 (4) The Interstate Commission may develop rules to address  
3692 renewal of licenses obtained through the compact.

3693  
3694 SECTION 7

3695 COORDINATED INFORMATION SYSTEM

3696 (1) The Interstate Commission shall establish a database of  
3697 all physicians licensed, or who have applied for licensure,  
3698 under Section 5.

3699 (2) Notwithstanding any other provision of law, member  
3700 boards shall report to the Interstate Commission any public  
3701 action or complaints against a licensed physician who has  
3702 applied or received an expedited license through the compact.

3703 (3) Member boards shall report to the Interstate Commission  
3704 disciplinary or investigatory information determined as  
3705 necessary and proper by rule of the Interstate Commission.

3706 (4) Member boards may report to the Interstate Commission  
3707 any nonpublic complaint, disciplinary, or investigatory  
3708 information not required by subsection (3).

3709 (5) Member boards shall share complaint or disciplinary  
3710 information about a physician upon request of another member  
3711 board.

3712 (6) All information provided to the Interstate Commission



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3713 or distributed by member boards shall be confidential, filed  
3714 under seal, and used only for investigatory or disciplinary  
3715 matters.

3716 (7) The Interstate Commission may develop rules for  
3717 mandated or discretionary sharing of information by member  
3718 boards.

3719

3720 SECTION 8

3721 JOINT INVESTIGATIONS

3722 (1) Licensure and disciplinary records of physicians are  
3723 deemed investigative.

3724 (2) In addition to the authority granted to a member board  
3725 by its respective medical practice act or other applicable state  
3726 law, a member board may participate with other member boards in  
3727 joint investigations of physicians licensed by the member  
3728 boards.

3729 (3) A subpoena issued by a member state is enforceable in  
3730 other member states.

3731 (4) Member boards may share any investigative, litigation,  
3732 or compliance materials in furtherance of any joint or  
3733 individual investigation initiated under the compact.

3734 (5) Any member state may investigate actual or alleged  
3735 violations of the statutes authorizing the practice of medicine  
3736 in any other member state in which a physician holds a license  
3737 to practice medicine.

3738

3739 SECTION 9

3740 DISCIPLINARY ACTIONS

3741 (1) Any disciplinary action taken by any member board

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3742 against a physician licensed through the compact is deemed  
3743 unprofessional conduct that may be subject to discipline by  
3744 other member boards, in addition to any violation of the medical  
3745 practice act or regulations in that state.

3746 (2) If a license granted to a physician by the member board  
3747 in the state of principal license is revoked, surrendered or  
3748 relinquished in lieu of discipline, or suspended, then all  
3749 licenses issued to the physician by member boards shall  
3750 automatically be placed, without further action necessary by any  
3751 member board, on the same status. If the member board in the  
3752 state of principal license subsequently reinstates the  
3753 physician's license, a license issued to the physician by any  
3754 other member board must remain encumbered until that respective  
3755 member board takes action to reinstate the license in a manner  
3756 consistent with the medical practice act of that state.

3757 (3) If disciplinary action is taken against a physician by  
3758 a member board not in the state of principal license, any other  
3759 member board may deem the action conclusive as to matter of law  
3760 and fact decided, and:

3761 (a) Impose the same or lesser sanctions against the  
3762 physician so long as such sanctions are consistent with the  
3763 medical practice act of that state; or

3764 (b) Pursue separate disciplinary action against the  
3765 physician under its respective medical practice act, regardless  
3766 of the action taken in other member states.

3767 (4) If a license granted to a physician by a member board  
3768 is revoked, surrendered or relinquished in lieu of discipline,  
3769 or suspended, any license issued to the physician by any other  
3770 member board must be suspended, automatically and immediately

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3771 without further action necessary by the other member boards, for  
3772 90 days after entry of the order by the disciplining board, to  
3773 permit the member boards to investigate the basis for the action  
3774 under the medical practice act of that state. A member board may  
3775 terminate the automatic suspension of the license it issued  
3776 before the completion of the 90-day suspension period in a  
3777 manner consistent with the medical practice act of that state.  
3778

3779 SECTION 10

3780 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

3781 (1) The member states hereby create the Interstate Medical  
3782 Licensure Compact Commission.

3783 (2) The purpose of the Interstate Commission is the  
3784 administration of the compact, which is a discretionary state  
3785 function.

3786 (3) The Interstate Commission is a body corporate and joint  
3787 agency of the member states and has all the responsibilities,  
3788 powers, and duties set forth in the compact, and such additional  
3789 powers as may be conferred upon it by a subsequent concurrent  
3790 action of the respective legislatures of the member states in  
3791 accordance with the terms of the compact.

3792 (4) The Interstate Commission shall consist of two voting  
3793 representatives appointed by each member state, who shall serve  
3794 as commissioners. In states where allopathic and osteopathic  
3795 physicians are regulated by separate member boards, or if the  
3796 licensing and disciplinary authority is split between multiple  
3797 member boards within a member state, the member state shall  
3798 appoint one representative from each member board. Each  
3799 commissioner must be one of the following:

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3800       (a) An allopathic or osteopathic physician appointed to a  
3801 member board.

3802       (b) An executive director, an executive secretary, or a  
3803 similar executive of a member board.

3804       (c) A member of the public appointed to a member board.

3805       (5) The Interstate Commission shall meet at least once each  
3806 calendar year. A portion of this meeting must be a business  
3807 meeting to address such matters as may properly come before the  
3808 commission, including the election of officers. The chairperson  
3809 may call additional meetings and shall call for a meeting upon  
3810 the request of a majority of the member states.

3811       (6) The bylaws may provide for meetings of the Interstate  
3812 Commission to be conducted by telecommunication or other  
3813 electronic means.

3814       (7) Each commissioner participating at a meeting of the  
3815 Interstate Commission is entitled to one vote. A majority of  
3816 commissioners constitutes a quorum for the transaction of  
3817 business, unless a larger quorum is required by the bylaws of  
3818 the Interstate Commission. A commissioner may not delegate a  
3819 vote to another commissioner. In the absence of its  
3820 commissioner, a member state may delegate voting authority for a  
3821 specified meeting to another person from that state who must  
3822 meet the qualification requirements specified in subsection (4).

3823       (8) The Interstate Commission shall provide public notice  
3824 of all meetings, and all meetings must be open to the public.  
3825 The Interstate Commission may close a meeting, in full or in  
3826 portion, where it determines by a two-thirds vote of the  
3827 commissioners present that an open meeting would be likely to:

3828       (a) Relate solely to the internal personnel practices and

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3829 procedures of the Interstate Commission;  
3830 (b) Discuss matters specifically exempted from disclosure  
3831 by federal statute;  
3832 (c) Discuss trade secrets or commercial or financial  
3833 information that is privileged or confidential;  
3834 (d) Involve accusing a person of a crime, or formally  
3835 censuring a person;  
3836 (e) Discuss information of a personal nature, the  
3837 disclosure of which would constitute a clearly unwarranted  
3838 invasion of personal privacy;  
3839 (f) Discuss investigative records compiled for law  
3840 enforcement purposes; or  
3841 (g) Specifically relate to participation in a civil action  
3842 or other legal proceeding.  
3843 (9) The Interstate Commission shall keep minutes that fully  
3844 describe all matters discussed in a meeting and provide a full  
3845 and accurate summary of actions taken, including a record of any  
3846 roll call votes.  
3847 (10) The Interstate Commission shall make its information  
3848 and official records, to the extent not otherwise designated in  
3849 the compact or by its rules, available to the public for  
3850 inspection.  
3851 (11) The Interstate Commission shall establish an executive  
3852 committee, which shall include officers, members, and others as  
3853 determined by the bylaws. The executive committee has the power  
3854 to act on behalf of the Interstate Commission, with the  
3855 exception of rulemaking, during periods when the Interstate  
3856 Commission is not in session. When acting on behalf of the  
3857 Interstate Commission, the executive committee shall oversee the

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3858 administration of the compact, including enforcement and  
3859 compliance with the compact and its bylaws and rules, and other  
3860 duties as necessary.

3861 (12) The Interstate Commission may establish other  
3862 committees for governance and administration of the compact.

3863

3864 SECTION 11

3865 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

3866 The Interstate Commission has all of the following powers  
3867 and duties:

3868 (1) Overseeing and maintaining the administration of the  
3869 compact.

3870 (2) Adopting rules, which shall be binding to the extent  
3871 and in the manner provided for in the compact.

3872 (3) Issuing, upon the request of a member state or member  
3873 board, advisory opinions concerning the meaning or  
3874 interpretation of the compact and its bylaws, rules, and  
3875 actions.

3876 (4) Enforcing compliance with the compact, the rules  
3877 adopted by the Interstate Commission, and the bylaws, using all  
3878 necessary and proper means, including, but not limited to, the  
3879 use of judicial process.

3880 (5) Establishing and appointing committees, including, but  
3881 not limited to, an executive committee as required by Section  
3882 11, which shall have the power to act on behalf of the  
3883 Interstate Commission in carrying out its powers and duties.

3884 (6) Paying for or providing for the payment of the expenses  
3885 related to the establishment, organization, and ongoing  
3886 activities of the Interstate Commission.

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- 3887       (7) Establishing and maintaining one or more offices.
- 3888       (8) Borrowing, accepting, hiring, or contracting for  
3889 services of personnel.
- 3890       (9) Purchasing and maintaining insurance and bonds.
- 3891       (10) Employing an executive director, who shall have the  
3892 power to employ, select, or appoint employees, agents, or  
3893 consultants and to determine their qualifications, define their  
3894 duties, and fix their compensation.
- 3895       (11) Establishing personnel policies and programs relating  
3896 to conflicts of interest, rates of compensation, and  
3897 qualifications of personnel.
- 3898       (12) Accepting donations and grants of money, equipment,  
3899 supplies, materials, and services and receiving, using, and  
3900 disposing of them in a manner consistent with the conflict-of-  
3901 interest policies established by the Interstate Commission.
- 3902       (13) Leasing, purchasing, accepting contributions or  
3903 donations of, or otherwise owning, holding, improving, or using  
3904 any property, real, personal, or mixed.
- 3905       (14) Selling conveying, mortgaging, pledging, leasing,  
3906 exchanging, abandoning, or otherwise disposing of any property,  
3907 real, personal, or mixed.
- 3908       (15) Establishing a budget and making expenditures.
- 3909       (16) Adopting a seal and bylaws governing the management  
3910 and operation of the Interstate Commission.
- 3911       (17) Reporting annually to the legislatures and governors  
3912 of the member states concerning the activities of the Interstate  
3913 Commission during the preceding year. Such reports must also  
3914 include reports of financial audits and any recommendations that  
3915 may have been adopted by the Interstate Commission.

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3916 (18) Coordinating education, training, and public awareness  
3917 regarding the compact and its implementation and operation.

3918 (19) Maintaining records in accordance with the bylaws.

3919 (20) Seeking and obtaining trademarks, copyrights, and  
3920 patents.

3921 (21) Performing any other functions necessary or  
3922 appropriate to achieve the purposes of the compact.

3923  
3924 SECTION 12

3925 FINANCE POWERS

3926 (1) The Interstate Commission may levy on and collect an  
3927 annual assessment from each member state to cover the cost of  
3928 the operations and activities of the Interstate Commission and  
3929 its staff. The total assessment, subject to appropriation, must  
3930 be sufficient to cover the annual budget approved each year for  
3931 which revenue is not provided by other sources. The aggregate  
3932 annual assessment amount must be allocated upon a formula to be  
3933 determined by the Interstate Commission, which shall adopt a  
3934 rule binding upon all member states.

3935 (2) The Interstate Commission may not incur obligations of  
3936 any kind before securing the funds adequate to meet the same.

3937 (3) The Interstate Commission may not pledge the credit of  
3938 any of the member states, except by, and with the authority of,  
3939 the member state.

3940 (4) The Interstate Commission is subject to an annual  
3941 financial audit conducted by a certified or licensed public  
3942 accountant, and the report of the audit must be included in the  
3943 annual report of the Interstate Commission.



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## SECTION 13

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

(a) The liability of the executive director and employees of the Interstate Commission or representatives of the

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3974 Interstate Commission, acting within the scope of such person's  
3975 employment or duties for acts, errors, or omissions occurring  
3976 within such person's state, may not exceed the limits of  
3977 liability set forth under the constitution and laws of that  
3978 state for state officials, employees, and agents. The Interstate  
3979 Commission is considered to be an instrumentality of the states  
3980 for the purposes of any such action. Nothing in this subsection  
3981 may be construed to protect such person from suit or liability  
3982 for damage, loss, injury, or liability caused by the intentional  
3983 or willful and wanton misconduct of such person.

3984 (b) The Interstate Commission shall defend the executive  
3985 director and its employees and, subject to the approval of the  
3986 attorney general or other appropriate legal counsel of the  
3987 member state represented by an Interstate Commission  
3988 representative, shall defend such persons in any civil action  
3989 seeking to impose liability arising out of an actual or alleged  
3990 act, error, or omission that occurred within the scope of  
3991 Interstate Commission employment, duties, or responsibilities,  
3992 or that the defendant had a reasonable basis for believing  
3993 occurred within the scope of Interstate Commission employment,  
3994 duties, or responsibilities, provided that the actual or alleged  
3995 act, error, or omission did not result from intentional or  
3996 willful and wanton misconduct on the part of such person.

3997 (c) To the extent not covered by the state involved, the  
3998 member state, or the Interstate Commission, the representatives  
3999 or employees of the Interstate Commission must be held harmless  
4000 in the amount of a settlement or judgment, including attorney  
4001 fees and costs, obtained against such persons arising out of an  
4002 actual or alleged act, error, or omission that occurred within

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4003 the scope of Interstate Commission employment, duties, or  
4004 responsibilities, or that such persons had a reasonable basis  
4005 for believing occurred within the scope of Interstate Commission  
4006 employment, duties, or responsibilities, provided that the  
4007 actual or alleged act, error, or omission did not result from  
4008 intentional or willful and wanton misconduct on the part of such  
4009 persons.

4010  
4011 SECTION 14

4012 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

4013 (1) The Interstate Commission shall adopt reasonable rules  
4014 in order to effectively and efficiently achieve the purposes of  
4015 the compact. However, in the event the Interstate Commission  
4016 exercises its rulemaking authority in a manner that is beyond  
4017 the scope of the purposes of the compact, or the powers granted  
4018 hereunder, then such an action by the Interstate Commission is  
4019 invalid and has no force or effect.

4020 (2) Rules deemed appropriate for the operations of the  
4021 Interstate Commission must be made pursuant to a rulemaking  
4022 process that substantially conforms to the "Model State  
4023 Administrative Procedure Act" of 2010, and subsequent amendments  
4024 thereto.

4025 (3) Not later than 30 days after a rule is adopted, any  
4026 person may file a petition for judicial review of the rule in  
4027 the United States District Court for the District of Columbia or  
4028 the federal district where the Interstate Commission has its  
4029 principal offices, provided that the filing of such a petition  
4030 does not stay or otherwise prevent the rule from becoming  
4031 effective unless the court finds that the petitioner has a

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4032 substantial likelihood of success. The court must give deference  
4033 to the actions of the Interstate Commission consistent with  
4034 applicable law and may not find the rule to be unlawful if the  
4035 rule represents a reasonable exercise of the authority granted  
4036 to the Interstate Commission.

4037  
4038 SECTION 15

4039 OVERSIGHT OF INTERSTATE COMPACT

4040 (1) The executive, legislative, and judicial branches of  
4041 state government in each member state shall enforce the compact  
4042 and shall take all actions necessary and appropriate to  
4043 effectuate the compact's purposes and intent. The compact and  
4044 the rules adopted hereunder shall have standing as statutory law  
4045 but do not override existing state authority to regulate the  
4046 practice of medicine.

4047 (2) All courts shall take judicial notice of the compact  
4048 and the rules in any judicial or administrative proceeding in a  
4049 member state pertaining to the subject matter of the compact  
4050 which may affect the powers, responsibilities, or actions of the  
4051 Interstate Commission.

4052 (3) The Interstate Commission is entitled to receive all  
4053 service of process in any such proceeding and shall have  
4054 standing to intervene in the proceeding for all purposes.  
4055 Failure to provide service of process to the Interstate  
4056 Commission shall render a judgment or order void as to the  
4057 Interstate Commission, the compact, or adopted rules, as  
4058 applicable.

4059  
4060 SECTION 16

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ENFORCEMENT OF INTERSTATE COMPACT

(1) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the compact.

(2) The Interstate Commission may, by majority vote of the commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the compact and its adopted rules and bylaws against a member state in default. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party must be awarded all costs of such litigation, including reasonable attorney fees.

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

SECTION 17DEFAULT PROCEDURES

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

(2) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or

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4090 responsibilities under the compact, or the bylaws or adopted  
4091 rules, the Interstate Commission shall:

4092 (a) Provide written notice to the defaulting state and  
4093 other member states of the nature of the default, the means of  
4094 curing the default, and any action taken by the Interstate  
4095 Commission. The Interstate Commission shall specify the  
4096 conditions by which the defaulting state must cure its default;  
4097 and

4098 (b) Provide remedial training and specific technical  
4099 assistance regarding the default.

4100 (3) If the defaulting state fails to cure the default, the  
4101 defaulting state may be terminated from the compact upon an  
4102 affirmative vote of a majority of the commissioners and all  
4103 rights, privileges, and benefits conferred by the compact  
4104 terminate on the effective date of the termination. A cure of  
4105 the default does not relieve the offending state of obligations  
4106 or liabilities incurred during the period of the default.

4107 (4) Termination of membership in the compact must be  
4108 imposed only after all other means of securing compliance have  
4109 been exhausted. Notice of intent to terminate must be given by  
4110 the Interstate Commission to the governor, the majority and  
4111 minority leaders of the defaulting state's legislature, and each  
4112 of the member states.

4113 (5) The Interstate Commission shall establish rules and  
4114 procedures to address licenses and physicians that are  
4115 materially impacted by the termination of a member state, or the  
4116 withdrawal of a member state.

4117 (6) The member state which has been terminated is  
4118 responsible for all dues, obligations, and liabilities incurred

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4119 through the effective date of termination, including  
4120 obligations, the performance of which extends beyond the  
4121 effective date of termination.

4122 (7) The Interstate Commission shall not bear any costs  
4123 relating to any state that has been found to be in default or  
4124 which has been terminated from the compact, unless otherwise  
4125 mutually agreed upon in writing between the Interstate  
4126 Commission and the defaulting state.

4127 (8) The defaulting state may appeal the action of the  
4128 Interstate Commission by petitioning the United States District  
4129 Court for the District of Columbia or the federal district where  
4130 the Interstate Commission has its principal offices. The  
4131 prevailing party must be awarded all costs of such litigation  
4132 including reasonable attorney fees.

4133

4134 SECTION 18

4135 DISPUTE RESOLUTION

4136 (1) The Interstate Commission shall attempt, upon the  
4137 request of a member state, to resolve disputes that are subject  
4138 to the compact and that may arise among member states or member  
4139 boards.

4140 (2) The Interstate Commission shall adopt rules providing  
4141 for both mediation and binding dispute resolution as  
4142 appropriate.

4143

4144 SECTION 19

4145 MEMBER STATES, EFFECTIVE DATE, AND AMENDMENT

4146 (1) Any state is eligible to become a member state of the  
4147 compact.

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4148       (2) The compact becomes effective and binding upon  
4149 legislative enactment of the compact into law by no less than  
4150 seven states. Thereafter, it becomes effective and binding on a  
4151 state upon enactment of the compact into law by that state.

4152       (3) The governors of nonmember states, or their designees,  
4153 must be invited to participate in the activities of the  
4154 Interstate Commission on a nonvoting basis before adoption of  
4155 the compact by all states.

4156       (4) The Interstate Commission may propose amendments to the  
4157 compact for enactment by the member states. No amendment becomes  
4158 effective and binding upon the Interstate Commission and the  
4159 member states unless and until it is enacted into law by  
4160 unanimous consent of the member states.

4161  
4162                               SECTION 20

4163                               WITHDRAWAL

4164       (1) Once effective, the compact shall continue in force and  
4165 remain binding upon each member state. However, a member state  
4166 may withdraw from the compact by specifically repealing the  
4167 statute which enacted the compact into law.

4168       (2) Withdrawal from the compact must be made by the  
4169 enactment of a statute repealing the same, but the withdrawal  
4170 shall not take effect until 1 year after the effective date of  
4171 such statute and until written notice of the withdrawal has been  
4172 given by the withdrawing state to the governor of each other  
4173 member state.

4174       (3) The withdrawing state shall immediately notify the  
4175 chairperson of the Interstate Commission in writing upon the  
4176 introduction of legislation repealing the compact in the



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4177 withdrawing state.

4178 (4) The Interstate Commission shall notify the other member  
4179 states of the withdrawing state's intent to withdraw within 60  
4180 days after receipt of notice provided under subsection (3).

4181 (5) The withdrawing state is responsible for all dues,  
4182 obligations, and liabilities incurred through the effective date  
4183 of withdrawal, including obligations, the performance of which  
4184 extend beyond the effective date of withdrawal.

4185 (6) Reinstatement following withdrawal of a member state  
4186 shall occur upon the withdrawing state reenacting the compact or  
4187 upon such later date as determined by the Interstate Commission.

4188 (7) The Interstate Commission may develop rules to address  
4189 the impact of the withdrawal of a member state on licenses  
4190 granted in other member states to physicians who designated the  
4191 withdrawing member state as the state of principal license.

4192  
4193 SECTION 21

4194 DISSOLUTION

4195 (1) The compact shall dissolve effective upon the date of  
4196 the withdrawal or default of the member state which reduces the  
4197 membership in the compact to one member state.

4198 (2) Upon the dissolution of the compact, the compact  
4199 becomes null and void and shall be of no further force or  
4200 effect, the business and affairs of the Interstate Commission  
4201 must be concluded, and surplus funds of the Interstate  
4202 Commission must be distributed in accordance with the bylaws.

4203  
4204 SECTION 22

4205 SEVERABILITY AND CONSTRUCTION

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4206       (1) The provisions of the compact are severable, and if any  
4207 phrase, clause, sentence, or provision is deemed unenforceable,  
4208 the remaining provisions of the compact remain enforceable.

4209       (2) The provisions of the compact must be liberally  
4210 construed to effectuate its purposes.

4211       (3) The compact may be construed to prohibit the  
4212 applicability of other interstate compacts to which the states  
4213 are members.

4214  
4215                                   SECTION 23

4216                   BINDING EFFECT OF COMPACT AND OTHER LAWS

4217       (1) Nothing herein prevents the enforcement of any other  
4218 law of a member state which is not inconsistent with the  
4219 compact.

4220       (2) All laws in a member state in conflict with the compact  
4221 are superseded to the extent of the conflict.

4222       (3) All lawful actions of the Interstate Commission,  
4223 including all rules and bylaws adopted by the commission, are  
4224 binding upon the member states.

4225       (4) All agreements between the Interstate Commission and  
4226 the member states are binding in accordance with their terms.

4227       (5) In the event any provision of the compact exceeds the  
4228 constitutional limits imposed on the legislature of any member  
4229 state, such provision is ineffective to the extent of the  
4230 conflict with the constitutional provision in question in that  
4231 member state.

4232       Section 50. Section 456.4502, Florida Statutes, is created  
4233 to read:

4234       456.4502 Interstate Medical Licensure Compact; disciplinary

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4235 proceedings.—A physician licensed pursuant to chapter 458,  
4236 chapter 459, or s. 456.4501 whose license is suspended or  
4237 revoked by this state pursuant to the Interstate Medical  
4238 Licensure Compact as a result of disciplinary action taken  
4239 against the physician's license in another state must be granted  
4240 a formal hearing before an administrative law judge from the  
4241 Division of Administrative Hearings held pursuant to chapter 120  
4242 if there are any disputed issues of material fact. In such  
4243 proceedings:

4244 (1) Notwithstanding s. 120.569(2), the department shall  
4245 notify the division within 45 days after receipt of a petition  
4246 or request for a formal hearing.

4247 (2) The determination of whether the physician has violated  
4248 the laws and rules regulating the practice of medicine or  
4249 osteopathic medicine, as applicable, including a determination  
4250 of the reasonable standard of care, is a conclusion of law that  
4251 is to be determined by appropriate board and is not a finding of  
4252 fact to be determined by an administrative law judge.

4253 (3) The administrative law judge shall issue a recommended  
4254 order pursuant to chapter 120.

4255 (4) The Board of Medicine or the Board of Osteopathic  
4256 Medicine, as applicable, shall determine and issue the final  
4257 order in each disciplinary case. Such order shall constitute  
4258 final agency action.

4259 (5) Any consent order or agreed-upon settlement is subject  
4260 to the approval of the department.

4261 (6) The department shall have standing to seek judicial  
4262 review of any final order of the board, pursuant to s. 120.68.

4263 Section 51. Section 456.4504, Florida Statutes, is created

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4264 to read:

4265 456.4504 Interstate Medical Licensure Compact Rules.—The  
4266 department may adopt rules to implement the Interstate Medical  
4267 Licensure Compact.

4268 Section 52. Section 458.3129, Florida Statutes, is created  
4269 to read:

4270 458.3129 Interstate Medical Licensure Compact.—A physician  
4271 licensed to practice allopathic medicine under s. 456.4501 is  
4272 deemed to also be licensed under this chapter.

4273 Section 53. Section 459.074, Florida Statutes, is created  
4274 to read:

4275 459.074 Interstate Medical Licensure Compact.—A physician  
4276 licensed to practice osteopathic medicine under s. 456.4501 is  
4277 deemed to also be licensed under this chapter.

4278 Section 54. Paragraph (j) is added to subsection (10) of  
4279 section 768.28, Florida Statutes, to read:

4280 768.28 Waiver of sovereign immunity in tort actions;  
4281 recovery limits; civil liability for damages caused during a  
4282 riot; limitation on attorney fees; statute of limitations;  
4283 exclusions; indemnification; risk management programs.—

4284 (10)

4285 (j) For purposes of this section, the representative  
4286 appointed from the Board of Medicine and the representative  
4287 appointed from the Board of Osteopathic Medicine, when serving  
4288 as commissioners of the Interstate Medical Licensure Compact  
4289 Commission pursuant to s. 456.4501, and any administrator,  
4290 officer, executive director, employee, or representative of the  
4291 Interstate Medical Licensure Compact Commission, when acting  
4292 within the scope of their employment, duties, or

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4293 responsibilities in this state, are considered agents of the  
4294 state. The commission shall pay any claims or judgments pursuant  
4295 to this section and may maintain insurance coverage to pay any  
4296 such claims or judgments.

4297 Section 55. Section 468.1335, Florida Statutes, is created  
4298 to read:

4299 468.1335 Audiology and Speech-Language Pathology Interstate  
4300 Compact.—The Audiology and Speech-Language Pathology Interstate  
4301 Compact is hereby enacted into law and entered into by this  
4302 state with all other states legally joining therein in the form  
4303 substantially as follows:

4304

4305 ARTICLE I4306 PURPOSE

4307 (1) The purpose of the compact is to facilitate the  
4308 interstate practice of audiology and speech-language pathology  
4309 with the goal of improving public access to audiology and  
4310 speech-language pathology services.

4311 (2) The practice of audiology and speech-language pathology  
4312 occurs in the state where the patient, client, or student is  
4313 located at the time the services are provided.

4314 (3) The compact preserves the regulatory authority of  
4315 states to protect the public health and safety through the  
4316 current system of state licensure.

4317 (4) The compact is designed to achieve all of the following  
4318 objectives:

4319 (a) Increase public access to audiology and speech-language  
4320 pathology services by providing for the mutual recognition of  
4321 other member state licenses.

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4322 (b) Enhance the states' abilities to protect public health  
4323 and safety.

4324 (c) Encourage the cooperation of member states in  
4325 regulating multistate audiology and speech-language pathology  
4326 practices.

4327 (d) Support spouses of relocating active duty military  
4328 personnel.

4329 (e) Enhance the exchange of licensure, investigative, and  
4330 disciplinary information between member states.

4331 (f) Allow a remote state to hold a licensee with compact  
4332 privilege in that state accountable to that state's practice  
4333 standards.

4334 (g) Allow for the use of telehealth technology to  
4335 facilitate increased access to audiology and speech-language  
4336 pathology services.

4337

4338 ARTICLE II

4339 DEFINITIONS

4340 As used in the compact, the term:

4341 (1) "Active duty military" means full-time duty status in  
4342 the active uniformed service of the United States, including  
4343 members of the National Guard and Reserve on active duty orders  
4344 pursuant to 10 U.S.C. chapters 1209 and 1211.

4345 (2) "Adverse action" means any administrative, civil,  
4346 equitable, or criminal action permitted by a state's laws which  
4347 is imposed by a licensing board against a licensee, including  
4348 actions against an individual's license or privilege to  
4349 practice, such as revocation, suspension, probation, monitoring  
4350 of the licensee, or restriction on the licensee's practice.

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4351       (3) "Alternative program" means a nondisciplinary  
4352 monitoring process approved by an audiology licensing board or a  
4353 speech-language pathology licensing board to address impaired  
4354 licensees.

4355       (4) "Audiologist" means an individual who is licensed by a  
4356 state to practice audiology.

4357       (5) "Audiology" means the care and services provided by a  
4358 licensed audiologist as provided in the member state's rules and  
4359 regulations.

4360       (6) "Audiology and Speech-Language Pathology Interstate  
4361 Compact Commission" or "commission" means the national  
4362 administrative body whose membership consists of all states that  
4363 have enacted the compact.

4364       (7) "Audiology licensing board" means the agency of a state  
4365 which is responsible for the licensing and regulation of  
4366 audiologists.

4367       (8) "Compact privilege" means the authorization granted by  
4368 a remote state to allow a licensee from another member state to  
4369 practice as an audiologist or speech-language pathologist in the  
4370 remote state under its rules and regulations. The practice of  
4371 audiology or speech-language pathology occurs in the member  
4372 state where the patient, client, or student is located at the  
4373 time the services are provided.

4374       (9) "Current significant investigative information,"  
4375 "investigative materials," "investigative records," or  
4376 "investigative reports" means information that a licensing  
4377 board, after an inquiry or investigation that includes  
4378 notification and an opportunity for the audiologist or speech-  
4379 language pathologist to respond, if required by state law, has

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4380 reason to believe is not groundless and, if proved true, would  
4381 indicate more than a minor infraction.

4382 (10) "Data system" means a repository of information  
4383 relating to licensees, including, but not limited to, continuing  
4384 education, examination, licensure, investigative, compact  
4385 privilege, and adverse action information.

4386 (11) "Encumbered license" means a license in which an  
4387 adverse action restricts the practice of audiology or speech-  
4388 language pathology by the licensee and the adverse action has  
4389 been reported to the National Practitioner Data Bank.

4390 (12) "Executive committee" means a group of directors  
4391 elected or appointed to act on behalf of, and within the powers  
4392 granted to them by, the commission.

4393 (13) "Home state" means the member state that is the  
4394 licensee's primary state of residence.

4395 (14) "Impaired licensee" means a licensee whose  
4396 professional practice is adversely affected by substance abuse,  
4397 addiction, or other health-related conditions.

4398 (15) "Licensee" means a person who is licensed by his or  
4399 her home state to practice as an audiologist or speech-language  
4400 pathologist.

4401 (16) "Licensing board" means the agency of a state which is  
4402 responsible for the licensing and regulation of audiologists or  
4403 speech-language pathologists.

4404 (17) "Member state" means a state that has enacted the  
4405 compact.

4406 (18) "Privilege to practice" means the legal authorization  
4407 to practice audiology or speech-language pathology in a remote  
4408 state.



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4409       (19) "Remote state" means a member state, other than the  
4410 home state, where a licensee is exercising or seeking to  
4411 exercise his or her compact privilege.

4412       (20) "Rule" means a regulation, principle, or directive  
4413 adopted by the commission which has the force of law.

4414       (21) "Single-state license" means an audiology or speech-  
4415 language pathology license issued by a member state which  
4416 authorizes practice only within the issuing state and does not  
4417 include a privilege to practice in any other member state.

4418       (22) "Speech-language pathologist" means an individual who  
4419 is licensed to practice speech-language pathology.

4420       (23) "Speech-language pathology" means the care and  
4421 services provided by a licensed speech-language pathologist as  
4422 provided in the member state's rules and regulations.

4423       (24) "Speech-language pathology licensing board" means the  
4424 agency of a state which is responsible for the licensing and  
4425 regulation of speech-language pathologists.

4426       (25) "State" means any state, commonwealth, district, or  
4427 territory of the United States of America which regulates the  
4428 practice of audiology and speech-language pathology.

4429       (26) "State practice laws" means a member state's laws,  
4430 rules, and regulations that govern the practice of audiology or  
4431 speech-language pathology, define the scope of audiology or  
4432 speech-language pathology practice, and create the methods and  
4433 grounds for imposing discipline.

4434       (27) "Telehealth" means the application of  
4435 telecommunication technology to deliver audiology or speech-  
4436 language pathology services at a distance for assessment,  
4437 intervention, or consultation.

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4438  
4439 ARTICLE III  
4440 STATE PARTICIPATION

4441 (1) A license issued to an audiologist or speech-language  
4442 pathologist by a home state to a resident in that state must be  
4443 recognized by each member state as authorizing an audiologist or  
4444 speech-language pathologist to practice audiology or speech-  
4445 language pathology, under a privilege to practice, in each  
4446 member state.

4447 (2) A state must implement procedures for considering the  
4448 criminal history records of applicants for initial privilege to  
4449 practice. These procedures must include the submission of  
4450 fingerprints or other biometric-based information by applicants  
4451 for the purpose of obtaining an applicant's criminal history  
4452 records from the Federal Bureau of Investigation and the agency  
4453 responsible for retaining that state's criminal history records.

4454 (a) A member state must fully implement a criminal history  
4455 records check procedure, within a timeframe established by rule,  
4456 which requires the member state to receive an applicant's  
4457 criminal history records from the Federal Bureau of  
4458 Investigation and the agency responsible for retaining the  
4459 member state's criminal history records and use such records in  
4460 making licensure decisions.

4461 (b) Communication between a member state, the commission,  
4462 and other member states regarding the verification of  
4463 eligibility for licensure through the compact may not include  
4464 any information received from the Federal Bureau of  
4465 Investigation relating to a criminal history records check  
4466 performed by a member state under Pub. L. No. 92-544.

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4467       (3) Upon application for a privilege to practice, the  
4468 licensing board in the issuing remote state must determine,  
4469 through the data system, whether the applicant has ever held, or  
4470 is the holder of, a license issued by any other state, whether  
4471 there are any encumbrances on any license or privilege to  
4472 practice held by the applicant, and whether any adverse action  
4473 has been taken against any license or privilege to practice held  
4474 by the applicant.

4475       (4) Each member state must require an applicant to obtain  
4476 or retain a license in his or her home state and meet the home  
4477 state's qualifications for licensure or renewal of licensure and  
4478 all other applicable state laws.

4479       (5) Each member state must require that an applicant meet  
4480 all of the following criteria to receive the privilege to  
4481 practice as an audiologist in the member state:

4482           (a) One of the following educational requirements:

4483           1. On or before December 31, 2007, has graduated with a  
4484 master's degree or doctoral degree in audiology, or an  
4485 equivalent degree, regardless of the name of such degree, from a  
4486 program that is accredited by an accrediting agency recognized  
4487 by the Council for Higher Education Accreditation, or its  
4488 successor, or by the United States Department of Education and  
4489 operated by a college or university accredited by a regional or  
4490 national accrediting organization recognized by the board;

4491           2. On or after January 1, 2008, has graduated with a  
4492 doctoral degree in audiology, or an equivalent degree,  
4493 regardless of the name of such degree, from a program that is  
4494 accredited by an accrediting agency recognized by the Council  
4495 for Higher Education Accreditation, or its successor, or by the

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4496 United States Department of Education and operated by a college  
4497 or university accredited by a regional or national accrediting  
4498 organization recognized by the board; or

4499 3. Has graduated from an audiology program that is housed  
4500 in an institution of higher education outside of the United  
4501 States for which the degree program and institution have been  
4502 approved by the authorized accrediting body in the applicable  
4503 country and the degree program has been verified by an  
4504 independent credentials review agency to be comparable to a  
4505 state licensing board-approved program.

4506 (b) Has completed a supervised clinical practicum  
4507 experience from an accredited educational institution or its  
4508 cooperating programs as required by the commission.

4509 (c) Has successfully passed a national examination approved  
4510 by the commission.

4511 (d) Holds an active, unencumbered license.

4512 (e) Has not been convicted or found guilty of, or entered a  
4513 plea of guilty or nolo contendere to, regardless of  
4514 adjudication, a felony in any jurisdiction which directly  
4515 relates to the practice of his or her profession or the ability  
4516 to practice his or her profession.

4517 (f) Has a valid United States social security number or a  
4518 national provider identifier.

4519 (6) Each member state must require that an applicant meet  
4520 all of the following criteria to receive the privilege to  
4521 practice as a speech-language pathologist in the member state:

4522 (a) One of the following educational requirements:

4523 1. Has graduated with a master's degree from a speech-  
4524 language pathology program that is accredited by an organization

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4525 recognized by the United States Department of Education and  
4526 operated by a college or university accredited by a regional or  
4527 national accrediting organization recognized by the board; or

4528 2. Has graduated from a speech-language pathology program  
4529 that is housed in an institution of higher education outside of  
4530 the United States for which the degree program and institution  
4531 have been approved by the authorized accrediting body in the  
4532 applicable country and the degree program has been verified by  
4533 an independent credentials review agency to be comparable to a  
4534 state licensing board-approved program.

4535 (b) Has completed a supervised clinical practicum  
4536 experience from an educational institution or its cooperating  
4537 programs as required by the commission.

4538 (c) Has completed a supervised postgraduate professional  
4539 experience as required by the commission.

4540 (d) Has successfully passed a national examination approved  
4541 by the commission.

4542 (e) Holds an active, unencumbered license.

4543 (f) Has not been convicted or found guilty of, or entered a  
4544 plea of guilty or nolo contendere to, regardless of  
4545 adjudication, a felony in any jurisdiction which directly  
4546 relates to the practice of his or her profession or the ability  
4547 to practice his or her profession.

4548 (g) Has a valid United States social security number or  
4549 national provider identifier.

4550 (7) The privilege to practice is derived from the home  
4551 state license.

4552 (8) An audiologist or speech-language pathologist  
4553 practicing in a member state must comply with the state practice

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4554 laws of the member state where the client is located at the time  
4555 service is provided. The practice of audiology and speech-  
4556 language pathology includes all audiology and speech-language  
4557 pathology practices as defined by the state practice laws of the  
4558 member state where the client is located. The practice of  
4559 audiology and speech-language pathology in a member state under  
4560 a privilege to practice subjects an audiologist or speech-  
4561 language pathologist to the jurisdiction of the licensing  
4562 boards, courts, and laws of the member state where the client is  
4563 located at the time service is provided.

4564 (9) Individuals not residing in a member state shall  
4565 continue to be able to apply for a member state's single-state  
4566 license as provided under the laws of each member state.  
4567 However, the single-state license granted to these individuals  
4568 may not be recognized as granting the privilege to practice  
4569 audiology or speech-language pathology in any other member  
4570 state. The compact does not affect the requirements established  
4571 by a member state for the issuance of a single-state license.

4572 (10) Member states must comply with the bylaws and rules of  
4573 the commission.

#### 4575 ARTICLE IV

##### 4576 COMPACT PRIVILEGE

4577 (1) To exercise compact privilege under the compact, the  
4578 audiologist or speech-language pathologist must meet all of the  
4579 following criteria:

4580 (a) Hold an active license in the home state.

4581 (b) Have no encumbrance on any state license.

4582 (c) Be eligible for compact privilege in any member state

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4583 in accordance with Article III.

4584 (d) Not have any adverse action against any license or  
4585 compact privilege within the 2 years preceding the date of  
4586 application.

4587 (e) Notify the commission that he or she is seeking compact  
4588 privilege within a remote state or states.

4589 (f) Report to the commission any adverse action taken by  
4590 any nonmember state within 30 days after the date the adverse  
4591 action is taken.

4592 (2) For the purposes of compact privilege, an audiologist  
4593 or speech-language pathologist may hold only one home state  
4594 license at a time.

4595 (3) Except as provided in Article VI, if an audiologist or  
4596 speech-language pathologist changes his or her primary state of  
4597 residence by moving between two member states, the audiologist  
4598 or speech-language pathologist must apply for licensure in the  
4599 new home state, and the license issued by the prior home state  
4600 shall be deactivated in accordance with applicable rules adopted  
4601 by the commission.

4602 (4) The audiologist or speech-language pathologist may  
4603 apply for licensure in advance of a change in his or her primary  
4604 state of residence.

4605 (5) A license may not be issued by the new home state until  
4606 the audiologist or speech-language pathologist provides  
4607 satisfactory evidence of a change in his or her primary state of  
4608 residence to the new home state and satisfies all applicable  
4609 requirements to obtain a license from the new home state.

4610 (6) If an audiologist or speech-language pathologist  
4611 changes his or her primary state of residence by moving from a

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4612 member state to a nonmember state, the license issued by the  
4613 prior home state shall convert to a single-state license, valid  
4614 only in the former home state.

4615 (7) Compact privilege is valid until the expiration date of  
4616 the home state license. The licensee must comply with the  
4617 requirements of subsection (1) to maintain compact privilege in  
4618 the remote state.

4619 (8) A licensee providing audiology or speech-language  
4620 pathology services in a remote state under compact privilege  
4621 shall function within the laws and regulations of the remote  
4622 state.

4623 (9) A remote state may, in accordance with due process and  
4624 state law, remove a licensee's compact privilege in the remote  
4625 state for a specific period of time, impose fines, or take any  
4626 other necessary actions to protect the health and safety of its  
4627 residents.

4628 (10) If a home state license is encumbered, the licensee  
4629 shall lose compact privilege in all remote states until both of  
4630 the following occur:

4631 (a) The home state license is no longer encumbered.

4632 (b) Two years have lapsed from the date of the adverse  
4633 action.

4634 (11) Once an encumbered license in the home state is  
4635 restored to good standing, the licensee must meet the  
4636 requirements of subsection (1) to obtain compact privilege in  
4637 any remote state.

4638 (12) Once the requirements of subsection (10) have been  
4639 met, the licensee must meet the requirements in subsection (1)  
4640 to obtain compact privilege in a remote state.



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ARTICLE V

COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with Article III and under rules adopted by the commission, to practice audiology or speech-language pathology in any member state through the use of telehealth under privilege to practice as provided in the compact and rules adopted by the commission.

ARTICLE VI

ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

Active duty military personnel, or their spouses, as applicable, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the servicemember is on active duty. Subsequent to designating a home state, the individual shall change his or her home state only through application for licensure in the new state.

ARTICLE VII

ADVERSE ACTIONS

(1) In addition to the other powers conferred by state law, a remote state may:

(a) Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state.

1. Only the home state has the power to take adverse action

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4670 against an audiologist's or a speech-language pathologist's  
4671 license issued by the home state.

4672 2. For purposes of taking adverse action, the home state  
4673 shall give the same priority and effect to reported conduct  
4674 received from a member state as it would if the conduct had  
4675 occurred within the home state. In so doing, the home state  
4676 shall apply its own state laws to determine appropriate action.

4677 (b) Issue subpoenas for both hearings and investigations  
4678 that require the attendance and testimony of witnesses as well  
4679 as the production of evidence. Subpoenas issued by a licensing  
4680 board in a member state for the attendance and testimony of  
4681 witnesses or the production of evidence from another member  
4682 state must be enforced in the latter state by any court of  
4683 competent jurisdiction according to the practice and procedure  
4684 of that court applicable to subpoenas issued in proceedings  
4685 pending before it. The issuing authority shall pay any witness  
4686 fees, travel expenses, mileage, and other fees required by the  
4687 service statutes of the state in which the witnesses or evidence  
4688 is located.

4689 (c) Complete any pending investigations of an audiologist  
4690 or speech-language pathologist who changes his or her primary  
4691 state of residence during the course of the investigations. The  
4692 home state also has the authority to take appropriate actions  
4693 and shall promptly report the conclusions of the investigations  
4694 to the administrator of the data system. The administrator of  
4695 the data system shall promptly notify the new home state of any  
4696 adverse actions.

4697 (d) If otherwise allowed by state law, recover from the  
4698 affected audiologist or speech-language pathologist the costs of

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4699 investigations and disposition of cases resulting from any  
4700 adverse action taken against that audiologist or speech-language  
4701 pathologist.

4702 (e) Take adverse action based on the factual findings of  
4703 the remote state, provided that the member state follows the  
4704 member state's own procedures for taking the adverse action.

4705 (2) (a) In addition to the authority granted to a member  
4706 state by its respective audiology or speech-language pathology  
4707 practice act or other applicable state law, any member state may  
4708 participate with other member states in joint investigations of  
4709 licensees.

4710 (b) Member states shall share any investigative,  
4711 litigation, or compliance materials in furtherance of any joint  
4712 or individual investigation initiated under the compact.

4713 (3) If adverse action is taken by the home state against an  
4714 audiologist's or a speech language pathologist's license, the  
4715 audiologist's or speech-language pathologist's privilege to  
4716 practice in all other member states shall be deactivated until  
4717 all encumbrances have been removed from the home state license.  
4718 All home state disciplinary orders that impose adverse action  
4719 against an audiologist's or a speech language pathologist's  
4720 license must include a statement that the audiologist's or  
4721 speech-language pathologist's privilege to practice is  
4722 deactivated in all member states during the pendency of the  
4723 order.

4724 (4) If a member state takes adverse action, it must  
4725 promptly notify the administrator of the data system. The  
4726 administrator of the data system shall promptly notify the home  
4727 state of any adverse actions by remote states.

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4728       (5) The compact does not override a member state's decision  
4729 that participation in an alternative program may be used in lieu  
4730 of adverse action.

4731  
4732                               ARTICLE VIII

4733                               ESTABLISHMENT OF THE AUDIOLOGY

4734           AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT COMMISSION

4735       (1) The member states hereby create and establish a joint  
4736 public agency known as the Audiology and Speech-Language  
4737 Pathology Interstate Compact Commission.

4738       (a) The commission is an instrumentality of the compact  
4739 states.

4740       (b) Venue is proper, and judicial proceedings by or against  
4741 the commission must be brought solely and exclusively, in a  
4742 court of competent jurisdiction where the principal office of  
4743 the commission is located. The commission may waive venue and  
4744 jurisdictional defenses to the extent it adopts or consents to  
4745 participate in alternative dispute resolution proceedings.

4746       (c) The compact does not waive sovereign immunity except to  
4747 the extent sovereign immunity is waived in the member states.

4748       (2) (a) Each member state must have two delegates selected  
4749 by that member state's licensing boards. The delegates must be  
4750 current members of the licensing boards. One delegate must be an  
4751 audiologist and one delegate must be a speech-language  
4752 pathologist.

4753       (b) An additional five delegates, who are either public  
4754 members or board administrators from licensing boards, must be  
4755 chosen by the executive committee from a pool of nominees  
4756 provided by the commission at large.

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4757 (c) A delegate may be removed or suspended from office as  
4758 provided by the state law from which the delegate is appointed.

4759 (d) The member state board shall fill any vacancy occurring  
4760 on the commission within 90 days after the vacancy occurs.

4761 (e) Each delegate is entitled to one vote with regard to  
4762 the adoption of rules and creation of bylaws and shall otherwise  
4763 have an opportunity to participate in the business and affairs  
4764 of the commission.

4765 (f) A delegate shall vote in person or by other means as  
4766 provided in the bylaws. The bylaws may provide for delegates'  
4767 participation in meetings by telephone or other means of  
4768 communication.

4769 (g) The commission shall meet at least once during each  
4770 calendar year. Additional meetings must be held as provided in  
4771 the bylaws and rules.

4772 (3) The commission has the following powers and duties:

4773 (a) Establish the commission's fiscal year.

4774 (b) Establish bylaws.

4775 (c) Establish a code of ethics.

4776 (d) Maintain its financial records in accordance with the  
4777 bylaws.

4778 (e) Meet and take actions as are consistent with the  
4779 compact and the bylaws.

4780 (f) Adopt uniform rules to facilitate and coordinate  
4781 implementation and administration of the compact. The rules have  
4782 the force and effect of law and are binding on all member  
4783 states.

4784 (g) Bring and prosecute legal proceedings or actions in the  
4785 name of the commission, provided that the standing of an

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4786 audiology licensing board or a speech-language pathology  
4787 licensing board to sue or be sued under applicable law is not  
4788 affected.

4789 (h) Purchase and maintain insurance and bonds.

4790 (i) Borrow, accept, or contract for services of personnel,  
4791 including, but not limited to, employees of a member state.

4792 (j) Hire employees, elect or appoint officers, fix  
4793 compensation, define duties, grant individuals appropriate  
4794 authority to carry out the purposes of the compact, and  
4795 establish the commission's personnel policies and programs  
4796 relating to conflicts of interest, qualifications of personnel,  
4797 and other related personnel matters.

4798 (k) Accept any appropriate donations and grants of money,  
4799 equipment, supplies, and materials and services, and receive,  
4800 use, and dispose of the same, provided that at all times the  
4801 commission must avoid any appearance of impropriety or conflict  
4802 of interest.

4803 (l) Lease, purchase, accept appropriate gifts or donations  
4804 of, or otherwise own, hold, improve, or use any property, real,  
4805 personal, or mixed, provided that at all times the commission  
4806 shall avoid any appearance of impropriety.

4807 (m) Sell, convey, mortgage, pledge, lease, exchange,  
4808 abandon, or otherwise dispose of any property real, personal, or  
4809 mixed.

4810 (n) Establish a budget and make expenditures.

4811 (o) Borrow money.

4812 (p) Appoint committees, including standing committees,  
4813 composed of members and other interested persons as may be  
4814 designated in the compact and the bylaws.

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4815 (q) Provide and receive information from, and cooperate  
4816 with, law enforcement agencies.

4817 (r) Establish and elect an executive committee.

4818 (s) Perform other functions as may be necessary or  
4819 appropriate to achieve the purposes of the compact consistent  
4820 with the state regulation of audiology and speech-language  
4821 pathology licensure and practice.

4822 (4) The executive committee shall have the power to act on  
4823 behalf of the commission according to the terms of the compact.

4824 (a) The executive committee must be composed of 10 members  
4825 as follows:

4826 1. Seven voting members who are elected by the commission  
4827 from the current membership of the commission.

4828 2. Two ex officio members, consisting of one nonvoting  
4829 member from a recognized national audiology professional  
4830 association and one nonvoting member from a recognized national  
4831 speech-language pathology association.

4832 3. One ex officio, nonvoting member from the recognized  
4833 membership organization of the audiology and speech-language  
4834 pathology licensing boards.

4835 (b) The ex officio members must be selected by their  
4836 respective organizations.

4837 (c) The commission may remove any member of the executive  
4838 committee as provided in the bylaws.

4839 (d) The executive committee shall meet at least annually.

4840 (e) The executive committee has the following duties and  
4841 responsibilities:

4842 1. Recommend to the entire commission changes to the rules  
4843 or bylaws and changes to this compact legislation.

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4844       2. Ensure compact administration services are appropriately  
4845 provided, contractual or otherwise.

4846       3. Prepare and recommend the budget.

4847       4. Maintain financial records on behalf of the commission.

4848       5. Monitor compact compliance of member states and provide  
4849 compliance reports to the commission.

4850       6. Establish additional committees as necessary.

4851       7. Other duties as provided by rule or bylaw.

4852       (f) All meetings must be open to the public, and public  
4853 notice of meetings must be given in the same manner as required  
4854 under the rulemaking provisions in Article X.

4855       (g) If a meeting or any portion of a meeting is closed  
4856 under this subsection, the commission's legal counsel or  
4857 designee must certify that the meeting may be closed and must  
4858 reference each relevant exempting provision.

4859       (h) The commission shall keep minutes that fully and  
4860 clearly describe all matters discussed in a meeting and shall  
4861 provide a full and accurate summary of actions taken, and the  
4862 reasons therefore, including a description of the views  
4863 expressed. All documents considered in connection with an action  
4864 must be identified in minutes. All minutes and documents of a  
4865 closed meeting must remain under seal, subject to release by a  
4866 majority vote of the commission or order of a court of competent  
4867 jurisdiction.

4868       (5) Relating to the financing of the commission, the  
4869 commission:

4870       (a) Shall pay, or provide for the payment of, the  
4871 reasonable expenses of its establishment, organization, and  
4872 ongoing activities.



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4873 (b) May accept any and all appropriate revenue sources,  
4874 donations, and grants of money, equipment, supplies, materials,  
4875 and services.

4876 (c) May not incur obligations of any kind before securing  
4877 the funds adequate to meet the same and may not pledge the  
4878 credit of any of the member states, except by and with the  
4879 authority of the member state.

4880 (d) Shall keep accurate accounts of all receipts and  
4881 disbursements of funds. The receipts and disbursements of funds  
4882 of the commission are subject to the audit and accounting  
4883 procedures established under its bylaws. However, all receipts  
4884 and disbursements of funds handled by the commission must be  
4885 audited yearly by a certified or licensed public accountant, and  
4886 the report of the audit must be included in and become part of  
4887 the annual report of the commission.

4888 (6) Relating to qualified immunity, defense, and  
4889 indemnification:

4890 (a) The members, officers, executive director, employees,  
4891 and representatives of the commission are immune from suit and  
4892 liability, either personally or in their official capacity, for  
4893 any claim for damage to or loss of property or personal injury  
4894 or other civil liability caused by or arising out of any actual  
4895 or alleged act, error, or omission that occurred, or that the  
4896 person against whom the claim is made had a reasonable basis for  
4897 believing occurred, within the scope of commission employment,  
4898 duties, or responsibilities; provided that this paragraph may  
4899 not be construed to protect any person from suit or liability  
4900 for any damage, loss, injury, or liability caused by the  
4901 intentional or willful or wanton misconduct of that person.

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4902       (b) The commission shall defend any member, officer,  
4903 executive director, employee, or representative of the  
4904 commission in any civil action seeking to impose liability  
4905 arising out of any actual or alleged act, error, or omission  
4906 that occurred within the scope of commission employment, duties,  
4907 or responsibilities, or that the person against whom the claim  
4908 is made had a reasonable basis for believing occurred within the  
4909 scope of commission employment, duties, or responsibilities;  
4910 provided that this paragraph may not be construed to prohibit  
4911 that person from retaining his or her own counsel; and provided  
4912 further that the actual or alleged act, error, or omission did  
4913 not result from that person's intentional or willful or wanton  
4914 misconduct.

4915       (c) The commission shall indemnify and hold harmless any  
4916 member, officer, executive director, employee, or representative  
4917 of the commission for the amount of any settlement or judgment  
4918 obtained against that person arising out of any actual or  
4919 alleged act, error, or omission that occurred within the scope  
4920 of commission employment, duties, or responsibilities, or that  
4921 the person had a reasonable basis for believing occurred within  
4922 the scope of commission employment, duties, or responsibilities,  
4923 provided that the actual or alleged act, error, or omission did  
4924 not result from the intentional or willful or wanton misconduct  
4925 of that person.

4926  
4927                   ARTICLE IX

4928                   DATA SYSTEM

4929       (1) The commission shall provide for the development,  
4930 maintenance, and use of a coordinated database and reporting

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4931 system containing licensure, adverse action, and current  
4932 significant investigative information on all licensed  
4933 individuals in member states.

4934 (2) Notwithstanding any other law to the contrary, a member  
4935 state shall submit a uniform data set to the data system on all  
4936 individuals to whom the compact is applicable as required by the  
4937 rules of the commission, including all of the following  
4938 information:

4939 (a) Identifying information.

4940 (b) Licensure data.

4941 (c) Adverse actions against a license or compact privilege.

4942 (d) Nonconfidential information related to alternative  
4943 program participation.

4944 (e) Any denial of application for licensure, and the reason  
4945 for such denial.

4946 (f) Other information that may facilitate the  
4947 administration of the compact, as determined by the rules of the  
4948 commission.

4949 (3) Current significant investigative information  
4950 pertaining to a licensee in a member state must be available  
4951 only to other member states.

4952 (4) The commission shall promptly notify all member states  
4953 of any adverse action taken against a licensee or an individual  
4954 applying for a license. Adverse action information pertaining to  
4955 a licensee or an individual applying for a license in any member  
4956 state must be available to any other member state.

4957 (5) Member states contributing information to the data  
4958 system may designate information that may not be shared with the  
4959 public without the express permission of the contributing state.

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4960       (6) Any information submitted to the data system that is  
4961 subsequently required to be expunged by the laws of the member  
4962 state contributing the information must be removed from the data  
4963 system.

4964  
4965                               ARTICLE X  
4966                               RULEMAKING

4967       (1) The commission shall exercise its rulemaking powers  
4968 pursuant to the criteria provided in this article and the rules  
4969 adopted thereunder. Rules and amendments become binding as of  
4970 the date specified in each rule or amendment.

4971       (2) If a majority of the legislatures of the member states  
4972 rejects a rule by enactment of a statute or resolution in the  
4973 same manner used to adopt the compact within 4 years after the  
4974 date of adoption of the rule, the rule has no further force and  
4975 effect in any member state.

4976       (3) Rules or amendments to the rules must be adopted at a  
4977 regular or special meeting of the commission.

4978       (4) Before adoption of a final rule or rules by the  
4979 commission, and at least 30 days before the meeting at which the  
4980 rule shall be considered and voted upon, the commission shall  
4981 file a notice of proposed rulemaking:

4982               (a) On the website of the commission or other publicly  
4983 accessible platform; and

4984               (b) On the website of each member state audiology licensing  
4985 board and speech-language pathology licensing board or other  
4986 publicly accessible platform or the publication where each state  
4987 would otherwise publish proposed rules.

4988       (5) The notice of proposed rulemaking must include all of

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4989 the following:

4990 (a) The proposed time, date, and location of the meeting in  
4991 which the rule will be considered and voted upon.

4992 (b) The text of and reason for the proposed rule or  
4993 amendment.

4994 (c) A request for comments on the proposed rule from any  
4995 interested person.

4996 (d) The manner in which interested persons may submit  
4997 notice to the commission of their intention to attend the public  
4998 hearing and any written comments.

4999 (6) Before the adoption of a proposed rule, the commission  
5000 shall allow persons to submit written data, facts, opinions, and  
5001 arguments, which shall be made available to the public.

5002 (a) The commission shall grant an opportunity for a public  
5003 hearing before it adopts a rule or amendment if a hearing is  
5004 requested by:

5005 1. At least 25 persons;

5006 2. A state or federal governmental subdivision or agency;

5007 or

5008 3. An association having at least 25 members.

5009 (b) If a hearing is held on the proposed rule or amendment,  
5010 the commission must publish the place, time, and date of the  
5011 scheduled public hearing. If the hearing is held via electronic  
5012 means, the commission must publish the mechanism for access to  
5013 the electronic hearing.

5014 (c) All persons wishing to be heard at the hearing shall  
5015 notify the executive director of the commission or other  
5016 designated member in writing of their desire to appear and  
5017 testify at the hearing not less than 5 business days before the

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5018 scheduled date of the hearing.

5019 (d) Hearings must be conducted in a manner providing each  
5020 person who wishes to comment a fair and reasonable opportunity  
5021 to comment orally or in writing.

5022 (e) All hearings must be recorded. A copy of the recording  
5023 must be made available on request.

5024 (7) This article does not require a separate hearing on  
5025 each rule. Rules may be grouped for the convenience of the  
5026 commission at hearings required by this article.

5027 (8) Following the scheduled hearing date, or by the close  
5028 of business on the scheduled hearing date if the hearing was not  
5029 held, the commission shall consider all written and oral  
5030 comments received.

5031 (9) If no written notice of intent to attend the public  
5032 hearing by interested parties is received, the commission may  
5033 proceed with adoption of the proposed rule without a public  
5034 hearing.

5035 (10) The commission shall, by majority vote of all members,  
5036 take final action on the proposed rule and shall determine the  
5037 effective date of the rule, if any, based on the rulemaking  
5038 record and the full text of the rule.

5039 (11) Upon determination that an emergency exists, the  
5040 commission may consider and adopt an emergency rule without  
5041 prior notice, opportunity for comment, or hearing, provided that  
5042 the usual rulemaking procedures provided in the compact and in  
5043 this article retroactively apply to the rule as soon as  
5044 reasonably possible, but in no event later than 90 days after  
5045 the effective date of the rule. For purposes of this subsection,  
5046 an emergency rule is one that must be adopted immediately in

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5047 order to:

5048 (a) Meet an imminent threat to public health, safety, or  
5049 welfare;

5050 (b) Prevent a loss of commission or member state funds; or

5051 (c) Meet a deadline for the promulgation of an  
5052 administrative rule that is established by federal law or rule.

5053 (12) The commission or an authorized committee of the  
5054 commission may direct revisions to a previously adopted rule or  
5055 amendment for purposes of correcting typographical errors,  
5056 errors in format, errors in consistency, or grammatical errors.  
5057 Public notice of any revisions must be posted on the website of  
5058 the commission. The revisions are subject to challenge by any  
5059 person for a period of 30 days after posting. A revision may be  
5060 challenged only on grounds that it results in a material change  
5061 to a rule. A challenge must be made in writing and delivered to  
5062 the chair of the commission before the end of the notice period.  
5063 If no challenge is made, the revision takes effect without  
5064 further action. If the revision is challenged, the revision may  
5065 not take effect without the approval of the commission.

5066  
5067 ARTICLE XI

5068 DISPUTE RESOLUTION

5069 AND ENFORCEMENT

5070 (1) (a) Upon request by a member state, the commission shall  
5071 attempt to resolve disputes related to the compact which arise  
5072 among member states and between member and nonmember states.

5073 (b) The commission shall adopt a rule providing for both  
5074 mediation and binding dispute resolution for disputes as  
5075 appropriate.

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5076 (2) (a) The commission, in the reasonable exercise of its  
5077 discretion, shall enforce the compact.

5078 (b) By majority vote, the commission may initiate legal  
5079 action in the United States District Court for the District of  
5080 Columbia or the federal district where the commission has its  
5081 principal offices against a member state in default to enforce  
5082 compliance with the compact and its adopted rules and bylaws.  
5083 The relief sought may include both injunctive relief and  
5084 damages. In the event judicial enforcement is necessary, the  
5085 prevailing member must be awarded all costs of litigation,  
5086 including reasonable attorney fees.

5087 (c) The remedies provided in this subsection are not the  
5088 exclusive remedies of the commission. The commission may pursue  
5089 any other remedies available under federal or state law.

5090  
5091 ARTICLE XII

5092 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

5093 (1) The compact becomes effective and binding on the date  
5094 of legislative enactment of the compact by no fewer than 10  
5095 member states. The provisions, which become effective at that  
5096 time, shall be limited to the powers granted to the commission  
5097 relating to assembly and the adoption of rules. Thereafter, the  
5098 commission shall meet and exercise rulemaking powers as  
5099 necessary to implement and administer the compact.

5100 (2) Any state that joins the compact subsequent to the  
5101 commission's initial adoption of the rules is subject to the  
5102 rules as they exist on the date on which the compact becomes law  
5103 in that state. Any rule that has been previously adopted by the  
5104 commission has the full force and effect of law on the day the



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5105 compact becomes law in that state.

5106 (3) A member state may withdraw from the compact by  
5107 enacting a statute repealing the compact.

5108 (a) A member state's withdrawal does not take effect until  
5109 6 months after enactment of the repealing statute.

5110 (b) Withdrawal does not affect the continuing requirement  
5111 of the withdrawing state's audiology licensing board or speech-  
5112 language pathology licensing board to comply with the  
5113 investigative and adverse action reporting requirements of the  
5114 compact before the effective date of withdrawal.

5115 (4) The compact does not invalidate or prevent any  
5116 audiology or speech-language pathology licensure agreement or  
5117 other cooperative arrangement between a member state and a  
5118 nonmember state which does not conflict with the compact.

5119 (5) The compact may be amended by the member states. An  
5120 amendment to the compact does not become effective and binding  
5121 upon any member state until it is enacted into the laws of all  
5122 member states.

5123

5124 ARTICLE XIII

5125 CONSTRUCTION AND SEVERABILITY

5126 The compact must be liberally construed so as to effectuate  
5127 its purposes. The provisions of the compact are severable and if  
5128 any phrase, clause, sentence, or provision of the compact is  
5129 declared to be contrary to the constitution of any member state  
5130 or of the United States or the applicability thereof to any  
5131 government, agency, person, or circumstance is held invalid, the  
5132 validity of the remainder of the compact and the applicability  
5133 thereof to any government, agency, person, or circumstance is

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5134 not affected. If the compact is held contrary to the  
5135 constitution of any member state, it shall remain in full force  
5136 and effect as to the remaining member states and in full force  
5137 and effect as to the member state affected as to all severable  
5138 matters.

5139  
5140 ARTICLE XIV

5141 BINDING EFFECT OF COMPACT AND OTHER LAWS

5142 (1) This compact does not prevent the enforcement of any  
5143 other law of a member state which is not inconsistent with the  
5144 compact.

5145 (2) All laws of a member state in conflict with the compact  
5146 are superseded to the extent of the conflict.

5147 (3) All lawful actions of the commission, including all  
5148 rules and bylaws adopted by the commission, are binding upon the  
5149 member states.

5150 (4) All agreements between the commission and the member  
5151 states are binding in accordance with their terms.

5152 (5) In the event any provision of the compact exceeds the  
5153 constitutional limits imposed on the legislature of any member  
5154 state, the provision is ineffective to the extent of the  
5155 conflict with the constitutional provision in question in that  
5156 member state.

5157 Section 56. Subsection (10) of section 456.073, Florida  
5158 Statutes, is amended to read:

5159 456.073 Disciplinary proceedings.—Disciplinary proceedings  
5160 for each board shall be within the jurisdiction of the  
5161 department.

5162 (10) (a) The complaint and all information obtained pursuant

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5163 to the investigation by the department are confidential and  
5164 exempt from s. 119.07(1) until 10 days after probable cause has  
5165 been found to exist by the probable cause panel or by the  
5166 department, or until the regulated professional or subject of  
5167 the investigation waives his or her privilege of  
5168 confidentiality, whichever occurs first.

5169 (b) The department shall report any significant  
5170 investigation information relating to a nurse holding a  
5171 multistate license to the coordinated licensure information  
5172 system pursuant to s. 464.0095; any investigative information  
5173 relating to an audiologist or a speech-language pathologist  
5174 holding a compact privilege under the Audiology and Speech-  
5175 Language Pathology Interstate Compact to the data system  
5176 pursuant to s. 468.1335; any significant investigatory  
5177 information relating to a psychologist practicing under the  
5178 Psychology Interjurisdictional Compact to the coordinated  
5179 licensure information system pursuant to s. 490.0075; ~~and any~~  
5180 significant investigatory information relating to a health care  
5181 practitioner practicing under the Professional Counselors  
5182 Licensure Compact to the data system pursuant to s. 491.017, ~~and~~  
5183 ~~any significant investigatory information relating to a~~  
5184 ~~psychologist practicing under the Psychology Interjurisdictional~~  
5185 ~~Compact to the coordinated licensure information system pursuant~~  
5186 ~~to s. 490.0075.~~

5187 (c) Upon completion of the investigation and a  
5188 recommendation by the department to find probable cause, and  
5189 pursuant to a written request by the subject or the subject's  
5190 attorney, the department shall provide the subject an  
5191 opportunity to inspect the investigative file or, at the

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5192 subject's expense, forward to the subject a copy of the  
5193 investigative file. Notwithstanding s. 456.057, the subject may  
5194 inspect or receive a copy of any expert witness report or  
5195 patient record connected with the investigation if the subject  
5196 agrees in writing to maintain the confidentiality of any  
5197 information received under this subsection until 10 days after  
5198 probable cause is found and to maintain the confidentiality of  
5199 patient records pursuant to s. 456.057. The subject may file a  
5200 written response to the information contained in the  
5201 investigative file. Such response must be filed within 20 days  
5202 of mailing by the department, unless an extension of time has  
5203 been granted by the department.

5204 (d) This subsection does not prohibit the department from  
5205 providing the complaint and any information obtained pursuant to  
5206 the department's investigation ~~such information~~ to any law  
5207 enforcement agency or to any other regulatory agency.

5208 Section 57. Subsection (5) of section 456.076, Florida  
5209 Statutes, is amended to read:

5210 456.076 Impaired practitioner programs.—

5211 (5) A consultant shall enter into a participant contract  
5212 with an impaired practitioner and shall establish the terms of  
5213 monitoring and shall include the terms in a participant  
5214 contract. In establishing the terms of monitoring, the  
5215 consultant may consider the recommendations of one or more  
5216 approved evaluators, treatment programs, or treatment providers.  
5217 A consultant may modify the terms of monitoring if the  
5218 consultant concludes, through the course of monitoring, that  
5219 extended, additional, or amended terms of monitoring are  
5220 required for the protection of the health, safety, and welfare

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5221 of the public. If the impaired practitioner is an audiologist or  
5222 a speech-language pathologist practicing under the Audiology and  
5223 Speech-Language Pathology Interstate Compact pursuant to s.  
5224 468.1335, a psychologist practicing under the Psychology  
5225 Interjurisdictional Compact pursuant to s. 490.0075, or a health  
5226 care practitioner practicing under the Professional Counselors  
5227 Licensure Compact pursuant to s. 491.017, the terms of the  
5228 monitoring contract must include the impaired practitioner's  
5229 withdrawal from all practice under the compact unless authorized  
5230 by a member state. ~~If the impaired practitioner is a~~  
5231 ~~psychologist practicing under the Psychology Interjurisdictional~~  
5232 ~~Compact pursuant to s. 490.0075, the terms of the monitoring~~  
5233 ~~contract must include the impaired practitioner's withdrawal~~  
5234 ~~from all practice under the compact.~~

5235 Section 58. Present subsections (4), (5), and (6) of  
5236 section 468.1135, Florida Statutes, are redesignated as  
5237 subsections (5), (6), and (7), respectively, and a new  
5238 subsection (4) is added to that section, to read:

5239 468.1135 Board of Speech-Language Pathology and Audiology.—  
5240 (4) The board shall appoint two of its members to serve as  
5241 the state's delegates on the Audiology and Speech-Language  
5242 Pathology Interstate Compact Commission, as required under s.  
5243 468.1335, one of whom must be an audiologist and one of whom  
5244 must be a speech-language pathologist.

5245 Section 59. Subsection (6) is added to section 468.1185,  
5246 Florida Statutes, to read:

5247 468.1185 Licensure.—

5248 (6) A person licensed as an audiologist or a speech-  
5249 language pathologist in another state who is practicing under

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5250 the Audiology and Speech-Language Pathology Interstate Compact  
5251 pursuant to s. 468.1335, and only within the scope provided  
5252 therein, is exempt from the licensure requirements of this  
5253 section.

5254 Section 60. Subsections (1) and (2) of section 468.1295,  
5255 Florida Statutes, are amended to read:

5256 468.1295 Disciplinary proceedings.—

5257 (1) The following acts constitute grounds for denial of a  
5258 license or disciplinary action, as specified in s. 456.072(2) or  
5259 s. 468.1335:

5260 (a) Procuring, or attempting to procure, a license by  
5261 bribery, by fraudulent misrepresentation, or through an error of  
5262 the department or the board.

5263 (b) Having a license revoked, suspended, or otherwise acted  
5264 against, including denial of licensure, by the licensing  
5265 authority of another state, territory, or country.

5266 (c) Being convicted or found guilty of, or entering a plea  
5267 of nolo contendere to, regardless of adjudication, a crime in  
5268 any jurisdiction which directly relates to the practice of  
5269 speech-language pathology or audiology.

5270 (d) Making or filing a report or record which the licensee  
5271 knows to be false, intentionally or negligently failing to file  
5272 a report or records required by state or federal law, willfully  
5273 impeding or obstructing such filing, or inducing another person  
5274 to impede or obstruct such filing. Such report or record shall  
5275 include only those reports or records which are signed in one's  
5276 capacity as a licensed speech-language pathologist or  
5277 audiologist.

5278 (e) Advertising goods or services in a manner which is

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5279 fraudulent, false, deceptive, or misleading in form or content.

5280 (f) Being proven guilty of fraud or deceit or of  
5281 negligence, incompetency, or misconduct in the practice of  
5282 speech-language pathology or audiology.

5283 (g) Violating a lawful order of the board or department  
5284 previously entered in a disciplinary hearing, or failing to  
5285 comply with a lawfully issued subpoena of the board or  
5286 department.

5287 (h) Practicing with a revoked, suspended, inactive, or  
5288 delinquent license.

5289 (i) Using, or causing or promoting the use of, any  
5290 advertising matter, promotional literature, testimonial,  
5291 guarantee, warranty, label, brand, insignia, or other  
5292 representation, however disseminated or published, which is  
5293 misleading, deceiving, or untruthful.

5294 (j) Showing or demonstrating or, in the event of sale,  
5295 delivery of a product unusable or impractical for the purpose  
5296 represented or implied by such action.

5297 (k) Failing to submit to the board on an annual basis, or  
5298 such other basis as may be provided by rule, certification of  
5299 testing and calibration of such equipment as designated by the  
5300 board and on the form approved by the board.

5301 (l) Aiding, assisting, procuring, employing, or advising  
5302 any licensee or business entity to practice speech-language  
5303 pathology or audiology contrary to this part, chapter 456, or  
5304 any rule adopted pursuant thereto.

5305 (m) Misrepresenting the professional services available in  
5306 the fitting, sale, adjustment, service, or repair of a hearing  
5307 aid, or using any other term or title which might connote the

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5308 availability of professional services when such use is not  
5309 accurate.

5310 (n) Representing, advertising, or implying that a hearing  
5311 aid or its repair is guaranteed without providing full  
5312 disclosure of the identity of the guarantor; the nature, extent,  
5313 and duration of the guarantee; and the existence of conditions  
5314 or limitations imposed upon the guarantee.

5315 (o) Representing, directly or by implication, that a  
5316 hearing aid utilizing bone conduction has certain specified  
5317 features, such as the absence of anything in the ear or leading  
5318 to the ear, or the like, without disclosing clearly and  
5319 conspicuously that the instrument operates on the bone  
5320 conduction principle and that in many cases of hearing loss this  
5321 type of instrument may not be suitable.

5322 (p) Stating or implying that the use of any hearing aid  
5323 will improve or preserve hearing or prevent or retard the  
5324 progression of a hearing impairment or that it will have any  
5325 similar or opposite effect.

5326 (q) Making any statement regarding the cure of the cause of  
5327 a hearing impairment by the use of a hearing aid.

5328 (r) Representing or implying that a hearing aid is or will  
5329 be "custom-made," "made to order," or "prescription-made," or in  
5330 any other sense specially fabricated for an individual, when  
5331 such is not the case.

5332 (s) Canvassing from house to house or by telephone, either  
5333 in person or by an agent, for the purpose of selling a hearing  
5334 aid, except that contacting persons who have evidenced an  
5335 interest in hearing aids, or have been referred as in need of  
5336 hearing aids, shall not be considered canvassing.



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5337 (t) Failing to notify the department in writing of a change  
5338 in current mailing and place-of-practice address within 30 days  
5339 after such change.

5340 (u) Failing to provide all information as described in ss.  
5341 468.1225(5)(b), 468.1245(1), and 468.1246.

5342 (v) Exercising influence on a client in such a manner as to  
5343 exploit the client for financial gain of the licensee or of a  
5344 third party.

5345 (w) Practicing or offering to practice beyond the scope  
5346 permitted by law or accepting and performing professional  
5347 responsibilities the licensee or certificateholder knows, or has  
5348 reason to know, the licensee or certificateholder is not  
5349 competent to perform.

5350 (x) Aiding, assisting, procuring, or employing any  
5351 unlicensed person to practice speech-language pathology or  
5352 audiology.

5353 (y) Delegating or contracting for the performance of  
5354 professional responsibilities by a person when the licensee  
5355 delegating or contracting for performance of such  
5356 responsibilities knows, or has reason to know, such person is  
5357 not qualified by training, experience, and authorization to  
5358 perform them.

5359 (z) Committing any act upon a patient or client which would  
5360 constitute sexual battery or which would constitute sexual  
5361 misconduct as defined pursuant to s. 468.1296.

5362 (aa) Being unable to practice the profession for which he  
5363 or she is licensed or certified under this chapter with  
5364 reasonable skill or competence as a result of any mental or  
5365 physical condition or by reason of illness, drunkenness, or use

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5366 of drugs, narcotics, chemicals, or any other substance. In  
5367 enforcing this paragraph, upon a finding by the State Surgeon  
5368 General, his or her designee, or the board that probable cause  
5369 exists to believe that the licensee or certificateholder is  
5370 unable to practice the profession because of the reasons stated  
5371 in this paragraph, the department shall have the authority to  
5372 compel a licensee or certificateholder to submit to a mental or  
5373 physical examination by a physician, psychologist, clinical  
5374 social worker, marriage and family therapist, or mental health  
5375 counselor designated by the department or board. If the licensee  
5376 or certificateholder refuses to comply with the department's  
5377 order directing the examination, such order may be enforced by  
5378 filing a petition for enforcement in the circuit court in the  
5379 circuit in which the licensee or certificateholder resides or  
5380 does business. The department shall be entitled to the summary  
5381 procedure provided in s. 51.011. A licensee or certificateholder  
5382 affected under this paragraph shall at reasonable intervals be  
5383 afforded an opportunity to demonstrate that he or she can resume  
5384 the competent practice for which he or she is licensed or  
5385 certified with reasonable skill and safety to patients.

5386 (bb) Violating any provision of this chapter or chapter  
5387 456, or any rules adopted pursuant thereto.

5388 (2) (a) The board may enter an order denying licensure or  
5389 imposing any of the penalties in s. 456.072(2) against any  
5390 applicant for licensure or licensee who is found guilty of  
5391 violating any provision of subsection (1) of this section or who  
5392 is found guilty of violating any provision of s. 456.072(1).

5393 (b) The board may take adverse action against an  
5394 audiologist's or a speech-language pathologist's compact

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5395 privilege under the Audiology and Speech-Language Pathology  
5396 Interstate Compact pursuant to s. 468.1335 and may impose any of  
5397 the penalties in s. 456.072(2) if an audiologist or a speech-  
5398 language pathologist commits an act specified in subsection (1)  
5399 or s. 456.072(1).

5400 Section 61. Paragraph (j) is added to subsection (10) of  
5401 section 768.28, Florida Statutes, to read:

5402 768.28 Waiver of sovereign immunity in tort actions;  
5403 recovery limits; civil liability for damages caused during a  
5404 riot; limitation on attorney fees; statute of limitations;  
5405 exclusions; indemnification; risk management programs.—

5406 (10)

5407 (j) For purposes of this section, the individuals appointed  
5408 under s. 468.1135(4) as the state's delegates on the Audiology  
5409 and Speech-Language Pathology Interstate Compact Commission,  
5410 when serving in that capacity pursuant to s. 468.1335, and any  
5411 administrator, officer, executive director, employee, or  
5412 representative of the commission, when acting within the scope  
5413 of his or her employment, duties, or responsibilities in this  
5414 state, is considered an agent of the state. The commission shall  
5415 pay any claims or judgments pursuant to this section and may  
5416 maintain insurance coverage to pay any such claims or judgments.

5417 Section 62. Section 486.112, Florida Statutes, is created  
5418 to read:

5419 486.112 Physical Therapy Licensure Compact.—The Physical  
5420 Therapy Licensure Compact is hereby enacted into law and entered  
5421 into by this state with all other jurisdictions legally joining  
5422 therein in the form substantially as follows:

5423

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5424 ARTICLE I

5425 PURPOSE AND OBJECTIVES

5426 (1) The purpose of the compact is to facilitate interstate  
5427 practice of physical therapy with the goal of improving public  
5428 access to physical therapy services. The compact preserves the  
5429 regulatory authority of member states to protect public health  
5430 and safety through their current systems of state licensure. For  
5431 purposes of state regulation under the compact, the practice of  
5432 physical therapy is deemed to have occurred in the state where  
5433 the patient is located at the time physical therapy is provided  
5434 to the patient.

5435 (2) The compact is designed to achieve all of the following  
5436 objectives:

5437 (a) Increase public access to physical therapy services by  
5438 providing for the mutual recognition of other member state  
5439 licenses.

5440 (b) Enhance the states' ability to protect the public's  
5441 health and safety.

5442 (c) Encourage the cooperation of member states in  
5443 regulating multistate physical therapy practice.

5444 (d) Support spouses of relocating military members.

5445 (e) Enhance the exchange of licensure, investigative, and  
5446 disciplinary information between member states.

5447 (f) Allow a remote state to hold a provider of services  
5448 with a compact privilege in that state accountable to that  
5449 state's practice standards.

5451 ARTICLE II

5452 DEFINITIONS

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5453 As used in the compact, and except as otherwise provided,  
5454 the term:

5455 (1) "Active duty military" means full-time duty status in  
5456 the active uniformed service of the United States, including  
5457 members of the National Guard and Reserve on active duty orders  
5458 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

5459 (2) "Adverse action" means disciplinary action taken by a  
5460 physical therapy licensing board based upon misconduct,  
5461 unacceptable performance, or a combination of both.

5462 (3) "Alternative program" means a nondisciplinary  
5463 monitoring or practice remediation process approved by a state's  
5464 physical therapy licensing board. The term includes, but is not  
5465 limited to, programs that address substance abuse issues.

5466 (4) "Compact privilege" means the authorization granted by  
5467 a remote state to allow a licensee from another member state to  
5468 practice as a physical therapist or physical therapist assistant  
5469 in the remote state under its laws and rules.

5470 (5) "Continuing competence" means a requirement, as a  
5471 condition of license renewal, to provide evidence of  
5472 participation in, and completion of, educational and  
5473 professional activities relevant to the practice of physical  
5474 therapy.

5475 (6) "Data system" means the coordinated database and  
5476 reporting system created by the Physical Therapy Compact  
5477 Commission for the exchange of information between member states  
5478 relating to licensees or applicants under the compact, including  
5479 identifying information, licensure data, investigative  
5480 information, adverse actions, nonconfidential information  
5481 related to alternative program participation, any denials of

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5482 applications for licensure, and other information as specified  
5483 by commission rule.

5484 (7) "Encumbered license" means a license that a physical  
5485 therapy licensing board has limited in any way.

5486 (8) "Executive board" means a group of directors elected or  
5487 appointed to act on behalf of, and within the powers granted to  
5488 them by, the commission.

5489 (9) "Home state" means the member state that is the  
5490 licensee's primary state of residence.

5491 (10) "Investigative information" means information,  
5492 records, and documents received or generated by a physical  
5493 therapy licensing board pursuant to an investigation.

5494 (11) "Jurisprudence requirement" means the assessment of an  
5495 individual's knowledge of the laws and rules governing the  
5496 practice of physical therapy in a specific state.

5497 (12) "Licensee" means an individual who currently holds an  
5498 authorization from a state to practice as a physical therapist  
5499 or physical therapist assistant.

5500 (13) "Member state" means a state that has enacted the  
5501 compact.

5502 (14) "Physical therapist" means an individual licensed by a  
5503 state to practice physical therapy.

5504 (15) "Physical therapist assistant" means an individual  
5505 licensed by a state to assist a physical therapist in specified  
5506 areas of physical therapy.

5507 (16) "Physical therapy" or "the practice of physical  
5508 therapy" means the care and services provided by or under the  
5509 direction and supervision of a licensed physical therapist.

5510 (17) "Physical Therapy Compact Commission" or "commission"

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5511 means the national administrative body whose membership consists  
5512 of all states that have enacted the compact.

5513 (18) "Physical therapy licensing board" means the agency of  
5514 a state which is responsible for the licensing and regulation of  
5515 physical therapists and physical therapist assistants.

5516 (19) "Remote state" means a member state other than the  
5517 home state where a licensee is exercising or seeking to exercise  
5518 the compact privilege.

5519 (20) "Rule" means a regulation, principle, or directive  
5520 adopted by the commission which has the force of law.

5521 (21) "State" means any state, commonwealth, district, or  
5522 territory of the United States of America which regulates the  
5523 practice of physical therapy.

5524

5525 ARTICLE III

5526 STATE PARTICIPATION IN THE COMPACT

5527 (1) To participate in the compact, a state must do all of  
5528 the following:

5529 (a) Participate fully in the commission's data system,  
5530 including using the commission's unique identifier, as defined  
5531 by commission rule.

5532 (b) Have a mechanism in place for receiving and  
5533 investigating complaints about licensees.

5534 (c) Notify the commission, in accordance with the terms of  
5535 the compact and rules, of any adverse action or the availability  
5536 of investigative information regarding a licensee.

5537 (d) Fully implement a criminal background check  
5538 requirement, within a timeframe established by commission rule,  
5539 which uses results from the Federal Bureau of Investigation

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5540 record search on criminal background checks to make licensure  
5541 decisions in accordance with subsection (2).

5542 (e) Comply with the commission's rules.

5543 (f) Use a recognized national examination as a requirement  
5544 for licensure pursuant to the commission's rules.

5545 (g) Have continuing competence requirements as a condition  
5546 for license renewal.

5547 (2) Upon adoption of the compact, a member state has the  
5548 authority to obtain biometric-based information from each  
5549 licensee applying for a compact privilege and submit this  
5550 information to the Federal Bureau of Investigation for a  
5551 criminal background check in accordance with 28 U.S.C. s. 534  
5552 and 34 U.S.C. s. 40316.

5553 (3) A member state must grant the compact privilege to a  
5554 licensee holding a valid unencumbered license in another member  
5555 state in accordance with the terms of the compact and rules.

5556

5557 ARTICLE IV

5558 COMPACT PRIVILEGE

5559 (1) To exercise the compact privilege under the compact, a  
5560 licensee must satisfy all of the following conditions:

5561 (a) Hold a license in the home state.

5562 (b) Not have an encumbrance on any state license.

5563 (c) Be eligible for a compact privilege in all member  
5564 states in accordance with subsections (4), (7), and (8).

5565 (d) Not have had an adverse action against any license or  
5566 compact privilege within the preceding 2 years.

5567 (e) Notify the commission that the licensee is seeking the  
5568 compact privilege within a remote state.



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5569 (f) Meet any jurisprudence requirements established by the  
5570 remote state in which the licensee is seeking a compact  
5571 privilege.

5572 (g) Report to the commission adverse action taken by any  
5573 nonmember state within 30 days after the date the adverse action  
5574 is taken.

5575 (2) The compact privilege is valid until the expiration  
5576 date of the home license. The licensee must continue to meet the  
5577 requirements of subsection (1) to maintain the compact privilege  
5578 in a remote state.

5579 (3) A licensee providing physical therapy in a remote state  
5580 under the compact privilege must comply with the laws and rules  
5581 of the remote state.

5582 (4) A licensee providing physical therapy in a remote state  
5583 is subject to that state's regulatory authority. A remote state  
5584 may, in accordance with due process and that state's laws,  
5585 remove a licensee's compact privilege in the remote state for a  
5586 specific period of time, impose fines, and take any other  
5587 necessary actions to protect the health and safety of its  
5588 citizens. The licensee is not eligible for a compact privilege  
5589 in any member state until the specific period of time for  
5590 removal has ended and all fines are paid.

5591 (5) If a home state license is encumbered, the licensee  
5592 loses the compact privilege in any remote state until the  
5593 following conditions are met:

5594 (a) The home state license is no longer encumbered.

5595 (b) Two years have elapsed from the date of the adverse  
5596 action.

5597 (6) Once an encumbered license in the home state is

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5598 restored to good standing, the licensee must meet the  
5599 requirements of subsection (1) to obtain a compact privilege in  
5600 any remote state.

5601 (7) If a licensee's compact privilege in any remote state  
5602 is removed, the licensee loses the compact privilege in all  
5603 remote states until all of the following conditions are met:

5604 (a) The specific period of time for which the compact  
5605 privilege was removed has ended.

5606 (b) All fines have been paid.

5607 (c) Two years have elapsed from the date of the adverse  
5608 action.

5609 (8) Once the requirements of subsection (7) have been met,  
5610 the licensee must meet the requirements of subsection (1) to  
5611 obtain a compact privilege in a remote state.

5612

#### 5613 ARTICLE V

##### 5614 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

5615 A licensee who is active duty military or is the spouse of  
5616 an individual who is active duty military may choose any of the  
5617 following locations to designate his or her home state:

5618 (1) Home of record.

5619 (2) Permanent change of station location.

5620 (3) State of current residence, if it is different from the  
5621 home of record or permanent change of station location.

5622

#### 5623 ARTICLE VI

##### 5624 ADVERSE ACTIONS

5625 (1) A home state has exclusive power to impose adverse  
5626 action against a license issued by the home state.

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5627 (2) A home state may take adverse action based on the  
5628 investigative information of a remote state, so long as the home  
5629 state follows its own procedures for imposing adverse action.

5630 (3) The compact does not override a member state's decision  
5631 that participation in an alternative program may be used in lieu  
5632 of adverse action and that such participation remain nonpublic  
5633 if required by the member state's laws. Member states must  
5634 require licensees who enter any alternative programs in lieu of  
5635 discipline to agree not to practice in any other member state  
5636 during the term of the alternative program without prior  
5637 authorization from such other member state.

5638 (4) A member state may investigate actual or alleged  
5639 violations of the laws and rules for the practice of physical  
5640 therapy committed in any other member state by a physical  
5641 therapist or physical therapist assistant practicing under the  
5642 compact who holds a license or compact privilege in such other  
5643 member state.

5644 (5) A remote state may do any of the following:

5645 (a) Take adverse actions as set forth in subsection (4) of  
5646 article IV against a licensee's compact privilege in the state.

5647 (b) Issue subpoenas for both hearings and investigations  
5648 which require the attendance and testimony of witnesses and the  
5649 production of evidence. Subpoenas issued by a physical therapy  
5650 licensing board in a member state for the attendance and  
5651 testimony of witnesses or for the production of evidence from  
5652 another member state must be enforced in the latter state by any  
5653 court of competent jurisdiction, according to the practice and  
5654 procedure of that court applicable to subpoenas issued in  
5655 proceedings pending before it. The issuing authority shall pay

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5656 any witness fees, travel expenses, mileage, and other fees  
5657 required by the service laws of the state where the witnesses or  
5658 evidence is located.

5659 (c) If otherwise permitted by state law, recover from the  
5660 licensee the costs of investigations and disposition of cases  
5661 resulting from any adverse action taken against that licensee.

5662 (6) (a) In addition to the authority granted to a member  
5663 state by its respective physical therapy practice act or other  
5664 applicable state law, a member state may participate with other  
5665 member states in joint investigations of licensees.

5666 (b) Member states shall share any investigative,  
5667 litigation, or compliance materials in furtherance of any joint  
5668 or individual investigation initiated under the compact.

5670 ARTICLE VII

5671 ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

5672 (1) COMMISSION CREATED.—The member states hereby create and  
5673 establish a joint public agency known as the Physical Therapy  
5674 Compact Commission:

5675 (a) The commission is an instrumentality of the member  
5676 states.

5677 (b) Venue is proper, and judicial proceedings by or against  
5678 the commission must be brought solely and exclusively, in a  
5679 court of competent jurisdiction where the principal office of  
5680 the commission is located. The commission may waive venue and  
5681 jurisdictional defenses to the extent it adopts or consents to  
5682 participate in alternative dispute resolution proceedings.

5683 (c) The compact may not be construed to be a waiver of  
5684 sovereign immunity.

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5685 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

5686 (a) Each member state has and is limited to one delegate  
5687 selected by that member state's physical therapy licensing board  
5688 to serve on the commission. The delegate must be a current  
5689 member of the physical therapy licensing board who is a physical  
5690 therapist, a physical therapist assistant, a public member, or  
5691 the board administrator.

5692 (b) A delegate may be removed or suspended from office as  
5693 provided by the law of the state from which the delegate is  
5694 appointed. Any vacancy occurring on the commission must be  
5695 filled by the physical therapy licensing board of the member  
5696 state for which the vacancy exists.

5697 (c) Each delegate is entitled to one vote with regard to  
5698 the adoption of rules and bylaws and shall otherwise have an  
5699 opportunity to participate in the business and affairs of the  
5700 commission.

5701 (d) A delegate shall vote in person or by such other means  
5702 as provided in the bylaws. The bylaws may provide for delegates'  
5703 participation in meetings by telephone or other means of  
5704 communication.

5705 (e) The commission shall meet at least once during each  
5706 calendar year. Additional meetings may be held as set forth in  
5707 the bylaws.

5708 (f) All meetings must be open to the public, and public  
5709 notice of meetings must be given in the same manner as required  
5710 under the rulemaking provisions in article IX.

5711 (g) The commission or the executive board or other  
5712 committees of the commission may convene in a closed, nonpublic  
5713 meeting if the commission or executive board or other committees

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5714 of the commission must discuss any of the following:

5715 1. Noncompliance of a member state with its obligations  
5716 under the compact.

5717 2. The employment, compensation, or discipline of, or other  
5718 matters, practices, or procedures related to, specific employees  
5719 or other matters related to the commission's internal personnel  
5720 practices and procedures.

5721 3. Current, threatened, or reasonably anticipated  
5722 litigation against the commission, executive board, or other  
5723 committees of the commission.

5724 4. Negotiation of contracts for the purchase, lease, or  
5725 sale of goods, services, or real estate.

5726 5. An accusation of any person of a crime or a formal  
5727 censure of any person.

5728 6. Information disclosing trade secrets or commercial or  
5729 financial information that is privileged or confidential.

5730 7. Information of a personal nature where disclosure would  
5731 constitute a clearly unwarranted invasion of personal privacy.

5732 8. Investigatory records compiled for law enforcement  
5733 purposes.

5734 9. Information related to any investigative reports  
5735 prepared by or on behalf of or for use of the commission or  
5736 other committee charged with responsibility for investigation or  
5737 determination of compliance issues pursuant to the compact.

5738 10. Matters specifically exempted from disclosure by  
5739 federal or member state statute.

5740 (h) If a meeting, or portion of a meeting, is closed  
5741 pursuant to this subsection, the commission's legal counsel or  
5742 designee must certify that the meeting may be closed and must

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5743 reference each relevant exempting provision.

5744 (i) The commission shall keep minutes that fully and  
5745 clearly describe all matters discussed in a meeting and shall  
5746 provide a full and accurate summary of actions taken and the  
5747 reasons therefor, including a description of the views  
5748 expressed. All documents considered in connection with an action  
5749 must be identified in the minutes. All minutes and documents of  
5750 a closed meeting must remain under seal, subject to release only  
5751 by a majority vote of the commission or order of a court of  
5752 competent jurisdiction.

5753 (3) DUTIES.—The commission shall do all of the following:

5754 (a) Establish the fiscal year of the commission.

5755 (b) Establish bylaws.

5756 (c) Maintain its financial records in accordance with the  
5757 bylaws.

5758 (d) Meet and take such actions as are consistent with the  
5759 provisions of the compact and the bylaws.

5760 (4) POWERS.—The commission may do any of the following:

5761 (a) Adopt uniform rules to facilitate and coordinate  
5762 implementation and administration of the compact. The rules have  
5763 the force and effect of law and are binding in all member  
5764 states.

5765 (b) Bring and prosecute legal proceedings or actions in the  
5766 name of the commission, provided that the standing of any state  
5767 physical therapy licensing board to sue or be sued under  
5768 applicable law is not affected.

5769 (c) Purchase and maintain insurance and bonds.

5770 (d) Borrow, accept, or contract for services of personnel,  
5771 including, but not limited to, employees of a member state.

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5772 (e) Hire employees and elect or appoint officers; fix the  
5773 compensation of, define the duties of, and grant appropriate  
5774 authority to such individuals to carry out the purposes of the  
5775 compact; and establish the commission's personnel policies and  
5776 programs relating to conflicts of interest, qualifications of  
5777 personnel, and other related personnel matters.

5778 (f) Accept any appropriate donations and grants of money,  
5779 equipment, supplies, materials, and services and receive, use,  
5780 and dispose of the same, provided that at all times the  
5781 commission avoids any appearance of impropriety or conflict of  
5782 interest.

5783 (g) Lease, purchase, accept appropriate gifts or donations  
5784 of, or otherwise own, hold, improve, or use any property, real,  
5785 personal, or mixed, provided that at all times the commission  
5786 avoids any appearance of impropriety or conflict of interest.

5787 (h) Sell, convey, mortgage, pledge, lease, exchange,  
5788 abandon, or otherwise dispose of any property, real, personal,  
5789 or mixed.

5790 (i) Establish a budget and make expenditures.

5791 (j) Borrow money.

5792 (k) Appoint committees, including standing committees  
5793 composed of members, state regulators, state legislators or  
5794 their representatives, and consumer representatives, and such  
5795 other interested persons as may be designated in the compact and  
5796 the bylaws.

5797 (l) Provide information to, receive information from, and  
5798 cooperate with law enforcement agencies.

5799 (m) Establish and elect an executive board.

5800 (n) Perform such other functions as may be necessary or



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5801 appropriate to achieve the purposes of the compact consistent  
5802 with the state regulation of physical therapy licensure and  
5803 practice.

5804 (5) THE EXECUTIVE BOARD.—

5805 (a) The executive board may act on behalf of the commission  
5806 according to the terms of the compact.

5807 (b) The executive board shall be composed of the following  
5808 nine members:

5809 1. Seven voting members who are elected by the commission  
5810 from the current membership of the commission.

5811 2. One ex officio, nonvoting member from the recognized  
5812 national physical therapy professional association.

5813 3. One ex officio, nonvoting member from the recognized  
5814 membership organization of the physical therapy licensing  
5815 boards.

5816 (c) The ex officio members shall be selected by their  
5817 respective organizations.

5818 (d) The commission may remove any member of the executive  
5819 board as provided in its bylaws.

5820 (e) The executive board shall meet at least annually.

5821 (f) The executive board shall do all of the following:

5822 1. Recommend to the entire commission changes to the rules  
5823 or bylaws, compact legislation, fees paid by compact member  
5824 states, such as annual dues, and any commission compact fee  
5825 charged to licensees for the compact privilege.

5826 2. Ensure compact administration services are appropriately  
5827 provided, contractually or otherwise.

5828 3. Prepare and recommend the budget.

5829 4. Maintain financial records on behalf of the commission.

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5830 5. Monitor compact compliance of member states and provide  
5831 compliance reports to the commission.

5832 6. Establish additional committees as necessary.

5833 7. Perform other duties as provided in the rules or bylaws.

5834 (6) FINANCING OF THE COMMISSION.—

5835 (a) The commission shall pay, or provide for the payment  
5836 of, the reasonable expenses of its establishment, organization,  
5837 and ongoing activities.

5838 (b) The commission may accept any appropriate revenue  
5839 sources, donations, and grants of money, equipment, supplies,  
5840 materials, and services.

5841 (c) The commission may levy and collect an annual  
5842 assessment from each member state or impose fees on other  
5843 parties to cover the cost of the operations and activities of  
5844 the commission and its staff. Such assessments and fees must  
5845 total to an amount sufficient to cover the commission's annual  
5846 budget as approved each year for which revenue is not provided  
5847 by other sources. The aggregate annual assessment amount must be  
5848 allocated based upon a formula to be determined by the  
5849 commission, which shall adopt a rule binding upon all member  
5850 states.

5851 (d) The commission may not incur obligations of any kind  
5852 before securing the funds adequate to meet such obligations; nor  
5853 may the commission pledge the credit of any of the member  
5854 states, except by and with the authority of the member state.

5855 (e) The commission shall keep accurate accounts of all  
5856 receipts and disbursements. The receipts and disbursements of  
5857 the commission are subject to the audit and accounting  
5858 procedures established under its bylaws. However, all receipts

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5859 and disbursements of funds handled by the commission must be  
5860 audited yearly by a certified or licensed public accountant, and  
5861 the report of the audit must be included in and become part of  
5862 the annual report of the commission.

5863 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

5864 (a) The members, officers, executive director, employees,  
5865 and representatives of the commission are immune from suit and  
5866 liability, whether personally or in their official capacity, for  
5867 any claim for damage to or loss of property or personal injury  
5868 or other civil liability caused by or arising out of any actual  
5869 or alleged act, error, or omission that occurred, or that the  
5870 person against whom the claim is made had a reasonable basis for  
5871 believing occurred, within the scope of commission employment,  
5872 duties, or responsibilities. However, this paragraph may not be  
5873 construed to protect any such person from suit or liability for  
5874 any damage, loss, injury, or liability caused by the  
5875 intentional, willful, or wanton misconduct of that person.

5876 (b) The commission shall defend any member, officer,  
5877 executive director, employee, or representative of the  
5878 commission in any civil action seeking to impose liability  
5879 arising out of any actual or alleged act, error, or omission  
5880 that occurred within the scope of commission employment, duties,  
5881 or responsibilities, or that the person against whom the claim  
5882 is made had a reasonable basis for believing occurred within the  
5883 scope of commission employment, duties, or responsibilities.  
5884 However, this subsection may not be construed to prohibit any  
5885 member, officer, executive director, employee, or representative  
5886 of the commission from retaining his or her own counsel or to  
5887 require the commission to defend such person if the actual or

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5888 alleged act, error, or omission resulted from that person's  
5889 intentional, willful, or wanton misconduct.

5890 (c) The commission shall indemnify and hold harmless any  
5891 member, officer, executive director, employee, or representative  
5892 of the commission for the amount of any settlement or judgment  
5893 obtained against that person arising out of any actual or  
5894 alleged act, error, or omission that occurred within the scope  
5895 of commission employment, duties, or responsibilities, or that  
5896 such person had a reasonable basis for believing occurred within  
5897 the scope of commission employment, duties, or responsibilities,  
5898 provided that the actual or alleged act, error, or omission did  
5899 not result from the intentional, willful, or wanton misconduct  
5900 of that person.

5901

5902 ARTICLE VIII

5903 DATA SYSTEM

5904 (1) The commission shall provide for the development,  
5905 maintenance, and use of a coordinated database and reporting  
5906 system containing licensure, adverse action, and investigative  
5907 information on all licensees in member states.

5908 (2) Notwithstanding any other provision of state law to the  
5909 contrary, a member state shall submit a uniform data set to the  
5910 data system on all individuals to whom the compact is applicable  
5911 as required by the rules of the commission, which data set must  
5912 include all of the following:

5913 (a) Identifying information.

5914 (b) Licensure data.

5915 (c) Investigative information.

5916 (d) Adverse actions against a license or compact privilege.

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5917 (e) Nonconfidential information related to alternative  
5918 program participation.

5919 (f) Any denial of application for licensure and the reason  
5920 for such denial.

5921 (g) Other information that may facilitate the  
5922 administration of the compact, as determined by the rules of the  
5923 commission.

5924 (3) Investigative information in the system pertaining to a  
5925 licensee in any member state must be available only to other  
5926 member states.

5927 (4) The commission shall promptly notify all member states  
5928 of any adverse action taken against a licensee or an individual  
5929 applying for a license in a member state. Adverse action  
5930 information pertaining to a licensee in any member state must be  
5931 available to all other member states.

5932 (5) Member states contributing information to the data  
5933 system may designate information that may not be shared with the  
5934 public without the express permission of the contributing state.

5935 (6) Any information submitted to the data system which is  
5936 subsequently required to be expunged by the laws of the member  
5937 state contributing the information must be removed from the data  
5938 system.

5939  
5940 ARTICLE IX

5941 RULEMAKING

5942 (1) The commission shall exercise its rulemaking powers  
5943 pursuant to the criteria set forth in this article and the rules  
5944 adopted thereunder. Rules and amendments become binding as of  
5945 the date specified in each rule or amendment.

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5946       (2) If a majority of the legislatures of the member states  
5947 rejects a rule by enactment of a statute or resolution in the  
5948 same manner used to adopt the compact within 4 years after the  
5949 date of adoption of the rule, such rule does not have further  
5950 force and effect in any member state.

5951       (3) Rules or amendments to the rules must be adopted at a  
5952 regular or special meeting of the commission.

5953       (4) Before adoption of a final rule by the commission, and  
5954 at least 30 days before the meeting at which the rule will be  
5955 considered and voted upon, the commission must file a notice of  
5956 proposed rulemaking on all of the following:

5957           (a) The website of the commission or another publicly  
5958 accessible platform.

5959           (b) The website of each member state physical therapy  
5960 licensing board or another publicly accessible platform or the  
5961 publication in which each state would otherwise publish proposed  
5962 rules.

5963       (5) The notice of proposed rulemaking must include all of  
5964 the following:

5965           (a) The proposed date, time, and location of the meeting in  
5966 which the rule or amendment will be considered and voted upon.

5967           (b) The text of the proposed rule or amendment and the  
5968 reason for the proposed rule.

5969           (c) A request for comments on the proposed rule or  
5970 amendment from any interested person.

5971           (d) The manner in which interested persons may submit  
5972 notice to the commission of their intention to attend the public  
5973 hearing and any written comments.

5974       (6) Before adoption of a proposed rule or amendment, the

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5975 commission must allow persons to submit written data, facts,  
5976 opinions, and arguments, which must be made available to the  
5977 public.

5978 (7) The commission must grant an opportunity for a public  
5979 hearing before it adopts a rule or an amendment if a hearing is  
5980 requested by any of the following:

5981 (a) At least 25 persons.

5982 (b) A state or federal governmental subdivision or agency.

5983 (c) An association having at least 25 members.

5984 (8) If a scheduled public hearing is held on the proposed  
5985 rule or amendment, the commission must publish the date, time,  
5986 and location of the hearing. If the hearing is held through  
5987 electronic means, the commission must publish the mechanism for  
5988 access to the electronic hearing.

5989 (a) All persons wishing to be heard at the hearing must  
5990 notify the executive director of the commission or another  
5991 designated member in writing of their desire to appear and  
5992 testify at the hearing at least 5 business days before the  
5993 scheduled date of the hearing.

5994 (b) Hearings must be conducted in a manner providing each  
5995 person who wishes to comment a fair and reasonable opportunity  
5996 to comment orally or in writing.

5997 (c) All hearings must be recorded. A copy of the recording  
5998 must be made available on request.

5999 (d) This article may not be construed to require a separate  
6000 hearing on each rule. Rules may be grouped for the convenience  
6001 of the commission at hearings required by this article.

6002 (9) Following the scheduled hearing date, or by the close  
6003 of business on the scheduled hearing date if the hearing was not

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6004 held, the commission shall consider all written and oral  
6005 comments received.

6006 (10) If no written notice of intent to attend the public  
6007 hearing by interested parties is received, the commission may  
6008 proceed with adoption of the proposed rule without a public  
6009 hearing.

6010 (11) The commission shall, by majority vote of all members,  
6011 take final action on the proposed rule and shall determine the  
6012 effective date of the rule, if any, based on the rulemaking  
6013 record and the full text of the rule.

6014 (12) Upon determination that an emergency exists, the  
6015 commission may consider and adopt an emergency rule without  
6016 prior notice, opportunity for comment, or hearing, provided that  
6017 the usual rulemaking procedures provided in the compact and in  
6018 this article are retroactively applied to the rule as soon as  
6019 reasonably possible, in no event later than 90 days after the  
6020 effective date of the rule. For the purposes of this subsection,  
6021 an emergency rule is one that must be adopted immediately in  
6022 order to do any of the following:

6023 (a) Meet an imminent threat to public health, safety, or  
6024 welfare.

6025 (b) Prevent a loss of commission or member state funds.

6026 (c) Meet a deadline for the adoption of an administrative  
6027 rule established by federal law or rule.

6028 (d) Protect public health and safety.

6029 (13) The commission or an authorized committee of the  
6030 commission may direct revisions to a previously adopted rule or  
6031 amendment for purposes of correcting typographical errors,  
6032 errors in format, errors in consistency, or grammatical errors.



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6033 Public notice of any revisions must be posted on the website of  
6034 the commission. The revision is subject to challenge by any  
6035 person for a period of 30 days after posting. The revision may  
6036 be challenged only on grounds that the revision results in a  
6037 material change to a rule. A challenge must be made in writing  
6038 and delivered to the chair of the commission before the end of  
6039 the notice period. If a challenge is not made, the revision  
6040 takes effect without further action. If the revision is  
6041 challenged, the revision may not take effect without the  
6042 approval of the commission.

6043  
6044 ARTICLE X

6045 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

6046 (1) OVERSIGHT.—

6047 (a) The executive, legislative, and judicial branches of  
6048 state government in each member state shall enforce the compact  
6049 and take all actions necessary and appropriate to carry out the  
6050 compact's purposes and intent. The provisions of the compact and  
6051 the rules adopted pursuant thereto shall have standing as  
6052 statutory law.

6053 (b) All courts shall take judicial notice of the compact  
6054 and the rules in any judicial or administrative proceeding in a  
6055 member state pertaining to the subject matter of the compact  
6056 which may affect the powers, responsibilities, or actions of the  
6057 commission.

6058 (c) The commission is entitled to receive service of  
6059 process in any such proceeding and has standing to intervene in  
6060 such a proceeding for all purposes. Failure to provide service  
6061 of process to the commission renders a judgment or an order void

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6062 as to the commission, the compact, or the adopted rules.

6063 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

6064 (a) If the commission determines that a member state has  
6065 defaulted in the performance of its obligations or  
6066 responsibilities under the compact or the adopted rules, the  
6067 commission must do all of the following:

6068 1. Provide written notice to the defaulting state and other  
6069 member states of the nature of the default, the proposed means  
6070 of curing the default, and any other action to be taken by the  
6071 commission.

6072 2. Provide remedial training and specific technical  
6073 assistance regarding the default.

6074 (b) If a state in default fails to cure the default, the  
6075 defaulting state may be terminated from the compact upon an  
6076 affirmative vote of a majority of the member states, and all  
6077 rights, privileges, and benefits conferred by the compact may be  
6078 terminated on the effective date of termination. A cure of the  
6079 default does not relieve the offending state of obligations or  
6080 liabilities incurred during the period of default.

6081 (c) Termination of membership in the compact may be imposed  
6082 only after all other means of securing compliance have been  
6083 exhausted. The commission shall give notice of intent to suspend  
6084 or terminate a defaulting member state to the governor and  
6085 majority and minority leaders of the defaulting state's  
6086 legislature and to each of the member states.

6087 (d) A state that has been terminated from the compact is  
6088 responsible for all assessments, obligations, and liabilities  
6089 incurred through the effective date of termination, including  
6090 obligations that extend beyond the effective date of

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6091 termination.

6092 (e) The commission does not bear any costs related to a  
6093 state that is found to be in default or that has been terminated  
6094 from the compact, unless agreed upon in writing between the  
6095 commission and the defaulting state.

6096 (f) The defaulting state may appeal the action of the  
6097 commission by petitioning the U.S. District Court for the  
6098 District of Columbia or the federal district where the  
6099 commission has its principal offices. The prevailing member  
6100 shall be awarded all costs of such litigation, including  
6101 reasonable attorney fees.

6102 (3) DISPUTE RESOLUTION.—

6103 (a) Upon request by a member state, the commission must  
6104 attempt to resolve disputes related to the compact which arise  
6105 among member states and between member and nonmember states.

6106 (b) The commission shall adopt a rule providing for both  
6107 mediation and binding dispute resolution for disputes as  
6108 appropriate.

6109 (4) ENFORCEMENT.—

6110 (a) The commission, in the reasonable exercise of its  
6111 discretion, shall enforce the compact and the commission's  
6112 rules.

6113 (b) By majority vote, the commission may initiate legal  
6114 action in the United States District Court for the District of  
6115 Columbia or the federal district where the commission has its  
6116 principal offices against a member state in default to enforce  
6117 compliance with the provisions of the compact and its adopted  
6118 rules and bylaws. The relief sought may include both injunctive  
6119 relief and damages. In the event judicial enforcement is

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6120 necessary, the prevailing member shall be awarded all costs of  
6121 such litigation, including reasonable attorney fees.

6122 (c) The remedies under this article are not the exclusive  
6123 remedies of the commission. The commission may pursue any other  
6124 remedies available under federal or state law.

6125

6126 ARTICLE XI

6127 DATE OF IMPLEMENTATION OF THE PHYSICAL THERAPY COMPACT AND  
6128 ASSOCIATED RULES; WITHDRAWAL; AND AMENDMENTS

6129 (1) The compact becomes effective on the date that the  
6130 compact statute is enacted into law in the tenth member state.  
6131 The provisions that become effective at that time are limited to  
6132 the powers granted to the commission relating to assembly and  
6133 the adoption of rules. Thereafter, the commission shall meet and  
6134 exercise rulemaking powers necessary for the implementation and  
6135 administration of the compact.

6136 (2) Any state that joins the compact subsequent to the  
6137 commission's initial adoption of the rules is subject to the  
6138 rules as they exist on the date that the compact becomes law in  
6139 that state. Any rule that has been previously adopted by the  
6140 commission has the full force and effect of law on the day the  
6141 compact becomes law in that state.

6142 (3) Any member state may withdraw from the compact by  
6143 enacting a statute repealing the same.

6144 (a) A member state's withdrawal does not take effect until  
6145 6 months after enactment of the repealing statute.

6146 (b) Withdrawal does not affect the continuing requirement  
6147 of the withdrawing state's physical therapy licensing board to  
6148 comply with the investigative and adverse action reporting

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6149 requirements of this act before the effective date of  
6150 withdrawal.

6151 (4) The compact may not be construed to invalidate or  
6152 prevent any physical therapy licensure agreement or other  
6153 cooperative arrangement between a member state and a nonmember  
6154 state which does not conflict with the provisions of the  
6155 compact.

6156 (5) The compact may be amended by the member states. An  
6157 amendment to the compact does not become effective and binding  
6158 upon any member state until it is enacted into the laws of all  
6159 member states.

6160

6161 ARTICLE XII

6162 CONSTRUCTION AND SEVERABILITY

6163 The compact must be liberally construed so as to carry out  
6164 the purposes thereof. The provisions of the compact are  
6165 severable, and if any phrase, clause, sentence, or provision of  
6166 the compact is declared to be contrary to the constitution of  
6167 any member state or of the United States or the applicability  
6168 thereof to any government, agency, person, or circumstance is  
6169 held invalid, the validity of the remainder of the compact and  
6170 the applicability thereof to any government, agency, person, or  
6171 circumstance is not affected thereby. If the compact is held  
6172 contrary to the constitution of any member state, the compact  
6173 remains in full force and effect as to the remaining member  
6174 states and in full force and effect as to the member state  
6175 affected as to all severable matters.

6176 Section 63. Subsection (10) of section 456.073, Florida  
6177 Statutes, is amended to read:

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6178 456.073 Disciplinary proceedings.—Disciplinary proceedings  
6179 for each board shall be within the jurisdiction of the  
6180 department.

6181 (10) (a) The complaint and all information obtained pursuant  
6182 to the investigation by the department are confidential and  
6183 exempt from s. 119.07(1) until 10 days after probable cause has  
6184 been found to exist by the probable cause panel or by the  
6185 department, or until the regulated professional or subject of  
6186 the investigation waives his or her privilege of  
6187 confidentiality, whichever occurs first.

6188 (b) The department shall report any significant  
6189 investigation information relating to a nurse holding a  
6190 multistate license to the coordinated licensure information  
6191 system pursuant to s. 464.0095; any investigative information  
6192 relating to a physical therapist or physical therapist assistant  
6193 holding a compact privilege under the Physical Therapy Licensure  
6194 Compact to the data system pursuant to s. 486.112; any  
6195 significant investigatory information relating to a psychologist  
6196 practicing under the Psychology Interjurisdictional Compact to  
6197 the coordinated licensure information system pursuant to s.  
6198 490.0075;~~7~~ and any significant investigatory information  
6199 relating to a health care practitioner practicing under the  
6200 Professional Counselors Licensure Compact to the data system  
6201 pursuant to s. 491.017,~~7~~ ~~and any significant investigatory~~  
6202 ~~information relating to a psychologist practicing under the~~  
6203 ~~Psychology Interjurisdictional Compact to the coordinated~~  
6204 ~~licensure information system pursuant to s. 490.0075.~~

6205 (c) Upon completion of the investigation and a  
6206 recommendation by the department to find probable cause, and

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6207 pursuant to a written request by the subject or the subject's  
6208 attorney, the department shall provide the subject an  
6209 opportunity to inspect the investigative file or, at the  
6210 subject's expense, forward to the subject a copy of the  
6211 investigative file. Notwithstanding s. 456.057, the subject may  
6212 inspect or receive a copy of any expert witness report or  
6213 patient record connected with the investigation if the subject  
6214 agrees in writing to maintain the confidentiality of any  
6215 information received under this subsection until 10 days after  
6216 probable cause is found and to maintain the confidentiality of  
6217 patient records pursuant to s. 456.057. The subject may file a  
6218 written response to the information contained in the  
6219 investigative file. Such response must be filed within 20 days  
6220 of mailing by the department, unless an extension of time has  
6221 been granted by the department.

6222 (d) This subsection does not prohibit the department from  
6223 providing the complaint and any information obtained pursuant to  
6224 the department's investigation ~~such information~~ to any law  
6225 enforcement agency or to any other regulatory agency.

6226 Section 64. Subsection (5) of section 456.076, Florida  
6227 Statutes, is amended to read:

6228 456.076 Impaired practitioner programs.—

6229 (5) A consultant shall enter into a participant contract  
6230 with an impaired practitioner and shall establish the terms of  
6231 monitoring and shall include the terms in a participant  
6232 contract. In establishing the terms of monitoring, the  
6233 consultant may consider the recommendations of one or more  
6234 approved evaluators, treatment programs, or treatment providers.  
6235 A consultant may modify the terms of monitoring if the

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6236 consultant concludes, through the course of monitoring, that  
6237 extended, additional, or amended terms of monitoring are  
6238 required for the protection of the health, safety, and welfare  
6239 of the public. If the impaired practitioner is a physical  
6240 therapist or physical therapist assistant practicing under the  
6241 Physical Therapy Licensure Compact pursuant to s. 486.112, a  
6242 psychologist practicing under the Psychology Interjurisdictional  
6243 Compact pursuant to s. 490.0075, or a health care practitioner  
6244 practicing under the Professional Counselors Licensure Compact  
6245 pursuant to s. 491.017, the terms of the monitoring contract  
6246 must include the impaired practitioner's withdrawal from all  
6247 practice under the compact unless authorized by a member state.  
6248 ~~If the impaired practitioner is a psychologist practicing under~~  
6249 ~~the Psychology Interjurisdictional Compact pursuant to s.~~  
6250 ~~490.0075, the terms of the monitoring contract must include the~~  
6251 ~~impaired practitioner's withdrawal from all practice under the~~  
6252 ~~compact.~~

6253 Section 65. Subsection (5) is added to section 486.023,  
6254 Florida Statutes, to read:

6255 486.023 Board of Physical Therapy Practice.—

6256 (5) The board shall appoint an individual to serve as the  
6257 state's delegate on the Physical Therapy Compact Commission, as  
6258 required under s. 486.112.

6259 Section 66. Section 486.028, Florida Statutes, is amended  
6260 to read:

6261 486.028 License to practice physical therapy required.—~~A No~~  
6262 person may not shall practice, or hold herself or himself out as  
6263 being able to practice, physical therapy in this state unless  
6264 she or he is licensed under ~~in accordance with the provisions of~~



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6265 this chapter or holds a compact privilege in this state under  
6266 the Physical Therapy Licensure Compact as specified in s.  
6267 486.112.; ~~however, Nothing in~~ This chapter does not shall  
6268 prohibit any person licensed in this state under any other law  
6269 from engaging in the practice for which she or he is licensed.

6270 Section 67. Section 486.031, Florida Statutes, is amended  
6271 to read:

6272 486.031 Physical therapist; licensing requirements;  
6273 exemption.—

6274 (1) To be eligible for licensing as a physical therapist,  
6275 an applicant must:

6276 (a) ~~(1)~~ Be at least 18 years old;

6277 (b) ~~(2)~~ Be of good moral character; and

6278 (c) ~~1.~~ ~~(3)~~ ~~(a)~~ Have ~~been~~ graduated from a school of physical  
6279 therapy which has been approved for the educational preparation  
6280 of physical therapists by the appropriate accrediting agency  
6281 recognized by the Council for Higher Education Accreditation or  
6282 its successor ~~Commission on Recognition of Postsecondary~~  
6283 ~~Accreditation~~ or the United States Department of Education at  
6284 the time of her or his graduation and have passed, to the  
6285 satisfaction of the board, the American Registry Examination  
6286 before ~~prior to~~ 1971 or a national examination approved by the  
6287 board to determine her or his fitness for practice as a physical  
6288 therapist under this chapter as hereinafter provided;

6289 2. ~~(b)~~ Have received a diploma from a program in physical  
6290 therapy in a foreign country and have educational credentials  
6291 deemed equivalent to those required for the educational  
6292 preparation of physical therapists in this country, as  
6293 recognized by the appropriate agency as identified by the board,

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6294 and have passed to the satisfaction of the board an examination  
6295 to determine her or his fitness for practice as a physical  
6296 therapist under this chapter ~~as hereinafter provided~~; or

6297 3.(e) Be entitled to licensure without examination as  
6298 provided in s. 486.081.

6299 (2) A person licensed as a physical therapist in another  
6300 state who is practicing under the Physical Therapy Licensure  
6301 Compact pursuant to s. 486.112, and only within the scope  
6302 provided therein, is exempt from the licensure requirements of  
6303 this section.

6304 Section 68. Section 486.081, Florida Statutes, is amended  
6305 to read:

6306 486.081 Physical therapist; issuance of license without  
6307 examination to person passing examination of another authorized  
6308 examining board; fee; exemption.-

6309 (1) The board may grant ~~cause~~ a license without  
6310 examination, to be issued by ~~through~~ the department, ~~without~~  
6311 ~~examination~~ to any applicant who presents evidence satisfactory  
6312 to the board of having passed the American Registry Examination  
6313 before ~~prior to~~ 1971 or an examination in physical therapy  
6314 before a similar lawfully authorized examining board of another  
6315 state, the District of Columbia, a territory, or a foreign  
6316 country, if the standards for licensure in physical therapy in  
6317 such other state, district, territory, or foreign country are  
6318 determined by the board to be as high as those of this state, as  
6319 established by rules adopted under ~~pursuant to~~ this chapter. Any  
6320 person who holds a license pursuant to this section may use the  
6321 words "physical therapist" or "physiotherapist" or the letters  
6322 "P.T." in connection with her or his name or place of business

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6323 to denote her or his licensure hereunder. A person who holds a  
6324 license pursuant to this section and obtains a doctoral degree  
6325 in physical therapy may use the letters "D.P.T." and "P.T." A  
6326 physical therapist who holds a degree of Doctor of Physical  
6327 Therapy may not use the title "doctor" without also clearly  
6328 informing the public of his or her profession as a physical  
6329 therapist.

6330 (2) At the time of filing an ~~making~~ application for  
6331 licensure without examination under ~~pursuant to the terms of~~  
6332 this section, the applicant shall pay to the department a  
6333 nonrefundable fee not to exceed \$175, as determined ~~fixed~~ by the  
6334 board, ~~no part of which will be returned.~~

6335 (3) A person licensed as a physical therapist in another  
6336 state who is practicing under the Physical Therapy Licensure  
6337 Compact pursuant to s. 486.112, and only within the scope  
6338 provided therein, is exempt from the licensure requirements of  
6339 this section.

6340 Section 69. Section 486.102, Florida Statutes, is amended  
6341 to read:

6342 486.102 Physical therapist assistant; licensing  
6343 requirements; exemption.—

6344 (1) To be eligible for licensing by the board as a physical  
6345 therapist assistant, an applicant must:

6346 (a) ~~(1)~~ Be at least 18 years old;

6347 (b) ~~(2)~~ Be of good moral character; and

6348 (c) ~~1.~~ ~~(3)~~ ~~(a)~~ Have ~~been~~ graduated from a school providing  
6349 giving a course of at least ~~not less than~~ 2 years for physical  
6350 therapist assistants, which has been approved for the  
6351 educational preparation of physical therapist assistants by the

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6352 appropriate accrediting agency recognized by the Council for  
6353 Higher Education Accreditation or its successor ~~Commission on~~  
6354 ~~Recognition of Postsecondary Accreditation~~ or the United States  
6355 Department of Education, at the time of her or his graduation  
6356 and have passed to the satisfaction of the board an examination  
6357 to determine her or his fitness for practice as a physical  
6358 therapist assistant under this chapter ~~as hereinafter provided;~~  
6359 2.(b) Have ~~been~~ graduated from a school providing ~~giving~~ a  
6360 course for physical therapist assistants in a foreign country  
6361 and have educational credentials deemed equivalent to those  
6362 required for the educational preparation of physical therapist  
6363 assistants in this country, as recognized by the appropriate  
6364 agency as identified by the board, and passed to the  
6365 satisfaction of the board an examination to determine her or his  
6366 fitness for practice as a physical therapist assistant under  
6367 this chapter ~~as hereinafter provided;~~  
6368 3.(e) Be entitled to licensure without examination as  
6369 provided in s. 486.107; or  
6370 4.(d) Have been enrolled between July 1, 2014, and July 1,  
6371 2016, in a physical therapist assistant school in this state  
6372 which was accredited at the time of enrollment; and  
6373 a.1. Have ~~been~~ graduated or be eligible to graduate from  
6374 such school no later than July 1, 2018; and  
6375 b.2. Have passed to the satisfaction of the board an  
6376 examination to determine his or her fitness for practice as a  
6377 physical therapist assistant as provided in s. 486.104.  
6378 (2) A person licensed as a physical therapist assistant in  
6379 another state who is practicing under the Physical Therapy  
6380 Licensure Compact pursuant to s. 486.112, and only within the

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6381 scope provided therein, is exempt from the licensure  
6382 requirements of this section.

6383 Section 70. Section 486.107, Florida Statutes, is amended  
6384 to read:

6385 486.107 Physical therapist assistant; issuance of license  
6386 without examination to person licensed in another jurisdiction;  
6387 fee; exemption.—

6388 (1) The board may grant ~~cause~~ a license without  
6389 examination, to be issued by ~~through~~ the department, ~~without~~  
6390 ~~examination~~ to any applicant who presents evidence to the board,  
6391 under oath, of licensure in another state, the District of  
6392 Columbia, or a territory, if the standards for registering as a  
6393 physical therapist assistant or licensing of a physical  
6394 therapist assistant, as applicable ~~the case may be,~~ in such  
6395 other state are determined by the board to be as high as those  
6396 of this state, as established by rules adopted under ~~pursuant to~~  
6397 this chapter. Any person who holds a license pursuant to this  
6398 section may use the words "physical therapist assistant," or the  
6399 letters "P.T.A.," in connection with her or his name to denote  
6400 licensure hereunder.

6401 (2) At the time of filing an ~~making~~ application for  
6402 licensing without examination under ~~pursuant to the terms of~~  
6403 this section, the applicant shall pay to the department a  
6404 nonrefundable fee not to exceed \$175, as determined ~~fixed~~ by the  
6405 board, ~~no part of which will be returned.~~

6406 (3) A person licensed as a physical therapist assistant in  
6407 another state who is practicing under the Physical Therapy  
6408 Licensure Compact pursuant to s. 486.112, and only within the  
6409 scope provided therein, is exempt from the licensure

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6410 requirements of this section.

6411 Section 71. Section 486.125, Florida Statutes, is amended  
6412 to read:

6413 486.125 Refusal, revocation, or suspension of license;  
6414 administrative fines and other disciplinary measures.—

6415 (1) The following acts constitute grounds for denial of a  
6416 license or disciplinary action, as specified in s. 456.072(2) or  
6417 s. 486.112:

6418 (a) Being unable to practice physical therapy with  
6419 reasonable skill and safety to patients by reason of illness or  
6420 use of alcohol, drugs, narcotics, chemicals, or any other type  
6421 of material or as a result of any mental or physical condition.

6422 1. In enforcing this paragraph, upon a finding of the State  
6423 Surgeon General or the State Surgeon General's designee that  
6424 probable cause exists to believe that the licensee is unable to  
6425 practice physical therapy due to the reasons stated in this  
6426 paragraph, the department shall have the authority to compel a  
6427 physical therapist or physical therapist assistant to submit to  
6428 a mental or physical examination by a physician designated by  
6429 the department. If the licensee refuses to comply with such  
6430 order, the department's order directing such examination may be  
6431 enforced by filing a petition for enforcement in the circuit  
6432 court where the licensee resides or serves as a physical therapy  
6433 practitioner. The licensee against whom the petition is filed  
6434 may shall not be named or identified by initials in any public  
6435 court records or documents, and the proceedings must shall be  
6436 closed to the public. The department shall be entitled to the  
6437 summary procedure provided in s. 51.011.

6438 2. A physical therapist or physical therapist assistant

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6439 whose license is suspended or revoked pursuant to this  
6440 subsection shall, at reasonable intervals, be given an  
6441 opportunity to demonstrate that she or he can resume the  
6442 competent practice of physical therapy with reasonable skill and  
6443 safety to patients.

6444 3. Neither the record of proceeding nor the orders entered  
6445 by the board in any proceeding under this subsection may be used  
6446 against a physical therapist or physical therapist assistant in  
6447 any other proceeding.

6448 (b) Having committed fraud in the practice of physical  
6449 therapy or deceit in obtaining a license as a physical therapist  
6450 or as a physical therapist assistant.

6451 (c) Being convicted or found guilty regardless of  
6452 adjudication, of a crime in any jurisdiction which directly  
6453 relates to the practice of physical therapy or to the ability to  
6454 practice physical therapy. The entry of any plea of nolo  
6455 contendere is ~~shall be~~ considered a conviction for purpose of  
6456 this chapter.

6457 (d) Having treated or undertaken to treat human ailments by  
6458 means other than by physical therapy, as defined in this  
6459 chapter.

6460 (e) Failing to maintain acceptable standards of physical  
6461 therapy practice as set forth by the board in rules adopted  
6462 pursuant to this chapter.

6463 (f) Engaging directly or indirectly in the dividing,  
6464 transferring, assigning, rebating, or refunding of fees received  
6465 for professional services, or having been found to profit by  
6466 means of a credit or other valuable consideration, such as an  
6467 unearned commission, discount, or gratuity, with any person

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6468 referring a patient or with any relative or business associate  
6469 of the referring person. ~~Nothing in~~ This chapter may not shall  
6470 be construed to prohibit the members of any regularly and  
6471 properly organized business entity which is comprised of  
6472 physical therapists and which is recognized under the laws of  
6473 this state from making any division of their total fees among  
6474 themselves as they determine necessary.

6475 (g) Having a license revoked or suspended; having had other  
6476 disciplinary action taken against her or him; or having had her  
6477 or his application for a license refused, revoked, or suspended  
6478 by the licensing authority of another state, territory, or  
6479 country.

6480 (h) Violating a lawful order of the board or department  
6481 previously entered in a disciplinary hearing.

6482 (i) Making or filing a report or record which the licensee  
6483 knows to be false. Such reports or records shall include only  
6484 those which are signed in the capacity of a physical therapist.

6485 (j) Practicing or offering to practice beyond the scope  
6486 permitted by law or accepting and performing professional  
6487 responsibilities which the licensee knows or has reason to know  
6488 that she or he is not competent to perform, including, but not  
6489 limited to, specific spinal manipulation.

6490 (k) Violating any provision of this chapter or chapter 456,  
6491 or any rules adopted pursuant thereto.

6492 (2) (a) The board may enter an order denying licensure or  
6493 imposing any of the penalties in s. 456.072(2) against any  
6494 applicant for licensure or licensee who is found guilty of  
6495 violating any provision of subsection (1) ~~of this section~~ or who  
6496 is found guilty of violating any provision of s. 456.072(1).



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6497       (b) The board may take adverse action against a physical  
6498 therapist's or a physical therapist assistant's compact  
6499 privilege under the Physical Therapy Licensure Compact pursuant  
6500 to s. 486.112 and may impose any of the penalties in s.  
6501 456.072(2), if a physical therapist or physical therapist  
6502 assistant commits an act specified in subsection (1) or s.  
6503 456.072(1).

6504       (3) The board may ~~shall~~ not reinstate the license of a  
6505 physical therapist or physical therapist assistant or approve  
6506 ~~cause~~ a license to be issued to a person it has deemed  
6507 unqualified until such time as it is satisfied that she or he  
6508 has complied with all the terms and conditions set forth in the  
6509 final order and that such person is capable of safely engaging  
6510 in the practice of physical therapy.

6511       Section 72. Paragraph (j) is added to subsection (10) of  
6512 section 768.28, Florida Statutes, to read:

6513       768.28 Waiver of sovereign immunity in tort actions;  
6514 recovery limits; civil liability for damages caused during a  
6515 riot; limitation on attorney fees; statute of limitations;  
6516 exclusions; indemnification; risk management programs.—

6517       (10)

6518       (j) For purposes of this section, the individual appointed  
6519 under s. 486.023(5) as the state's delegate on the Physical  
6520 Therapy Compact Commission, when serving in that capacity  
6521 pursuant to s. 486.112, and any administrator, officer,  
6522 executive director, employee, or representative of the Physical  
6523 Therapy Compact Commission, when acting within the scope of his  
6524 or her employment, duties, or responsibilities in this state, is  
6525 considered an agent of the state. The commission shall pay any

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6526 claims or judgments pursuant to this section and may maintain  
6527 insurance coverage to pay any such claims or judgments.

6528 Section 73. Section 486.025, Florida Statutes, is amended  
6529 to read:

6530 486.025 Powers and duties of the Board of Physical Therapy  
6531 Practice.—The board may administer oaths, summon witnesses, take  
6532 testimony in all matters relating to its duties under this  
6533 chapter, establish or modify minimum standards of practice of  
6534 physical therapy as defined in s. 486.021, including, but not  
6535 limited to, standards of practice for the performance of dry  
6536 needling by physical therapists, and adopt rules pursuant to ss.  
6537 120.536(1) and 120.54 to implement this chapter. The board may  
6538 also review the standing and reputability of any school or  
6539 college offering courses in physical therapy and whether the  
6540 courses of such school or college in physical therapy meet the  
6541 standards established by the appropriate accrediting agency  
6542 referred to in s. 486.031(1)(c) ~~s. 486.031(3)(a)~~. In determining  
6543 the standing and reputability of any such school and whether the  
6544 school and courses meet such standards, the board may  
6545 investigate and personally inspect the school and courses.

6546 Section 74. Paragraph (b) of subsection (1) of section  
6547 486.0715, Florida Statutes, is amended to read:

6548 486.0715 Physical therapist; issuance of temporary permit.—

6549 (1) The board shall issue a temporary physical therapist  
6550 permit to an applicant who meets the following requirements:

6551 (b) Is a graduate of an approved United States physical  
6552 therapy educational program and meets all the eligibility  
6553 requirements for licensure under ch. 456, s. 486.031(1)(a), (b),  
6554 and (c)1. ~~s. 486.031(1)-(3)(a)~~, and related rules, except

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6555 passage of a national examination approved by the board is not  
6556 required.

6557 Section 75. Paragraph (b) of subsection (1) of section  
6558 486.1065, Florida Statutes, is amended to read:

6559 486.1065 Physical therapist assistant; issuance of  
6560 temporary permit.—

6561 (1) The board shall issue a temporary physical therapist  
6562 assistant permit to an applicant who meets the following  
6563 requirements:

6564 (b) Is a graduate of an approved United States physical  
6565 therapy assistant educational program and meets all the  
6566 eligibility requirements for licensure under ch. 456, s.  
6567 486.102(1)(a), (b), and (c)1. s. ~~486.102(1)-(3)(a)~~, and related  
6568 rules, except passage of a national examination approved by the  
6569 board is not required.

6570 Section 76. Effective July 1, 2024, for the 2024-2025  
6571 fiscal year, the sum of \$50 million in recurring funds from the  
6572 General Revenue Fund is appropriated in the Grants and Aids -  
6573 Health Care Education Reimbursement and Loan Repayment Program  
6574 category to the Department of Health for the Florida  
6575 Reimbursement Assistance for Medical Education Program  
6576 established in s. 381.402, Florida Statutes.

6577 Section 77. Effective July 1, 2024, for the 2024-2025  
6578 fiscal year, the sum of \$13.2 million in recurring funds from  
6579 the General Revenue Fund is appropriated in the Dental Student  
6580 Loan Repayment Program category to the Department of Health for  
6581 the Dental Student Loan Repayment Program established in s.  
6582 381.4019, Florida Statutes.

6583 Section 78. Effective July 1, 2024, for the 2024-2025

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6584 fiscal year, the sum of \$23,357,876 in recurring funds from the  
6585 General Revenue Fund is appropriated in the Grants and Aids -  
6586 Minority Health Initiatives category to the Department of Health  
6587 to expand statewide the telehealth minority maternity care  
6588 program established in s. 383.2163, Florida Statutes. The  
6589 department shall establish 15 regions in which to implement the  
6590 program statewide based on the location of hospitals providing  
6591 obstetrics and maternity care and pertinent data from nearby  
6592 counties for severe maternal morbidity and maternal mortality.  
6593 The department shall identify the criteria for selecting  
6594 providers for regional implementation and, at a minimum,  
6595 consider the maternal level of care designations for hospitals  
6596 within the region, the neonatal intensive care unit levels of  
6597 hospitals within the region, and the experience of community-  
6598 based organizations to screen for and treat common pregnancy-  
6599 related complications.

6600 Section 79. Effective July 1, 2024, for the 2024-2025  
6601 fiscal year, the sum of \$40 million in recurring funds from the  
6602 General Revenue Fund is appropriated to the Agency for Health  
6603 Care Administration to implement the Training, Education, and  
6604 Clinicals in Health (TEACH) Funding Program established in s.  
6605 409.91256, Florida Statutes, as created by this act.

6606 Section 80. Effective July 1, 2024, for the 2024-2025  
6607 fiscal year, the sum of \$2 million in recurring funds from the  
6608 General Revenue Fund is appropriated to the University of  
6609 Florida, Florida State University, Florida Atlantic University,  
6610 and Florida Agricultural and Mechanical University for the  
6611 purpose of implementing lab school articulated health care  
6612 programs required by s. 1002.32, Florida Statutes. Each of these

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6613 state universities shall receive \$500,000 from this  
6614 appropriation.

6615 Section 81. Effective July 1, 2024, for the 2024-2025  
6616 fiscal year, the sum of \$5 million in recurring funds from the  
6617 General Revenue Fund is appropriated in the Aid to Local  
6618 Governments Grants and Aids - Nursing Education category to the  
6619 Department of Education for the purpose of implementing the  
6620 Linking Industry to Nursing Education (LINE) Fund established in  
6621 s. 1009.8962, Florida Statutes.

6622 Section 82. Effective July 1, 2024, for the 2024-2025  
6623 fiscal year, the sums of \$29,841,000 in recurring funds from the  
6624 General Revenue Fund and \$40,159,000 in recurring funds from the  
6625 Medical Care Trust Fund are appropriated in the Graduate Medical  
6626 Education category to the Agency for Health Care Administration  
6627 for the Slots for Doctors Program established in s. 409.909,  
6628 Florida Statutes.

6629 Section 83. Effective July 1, 2024, for the 2024-2025  
6630 fiscal year, the sums of \$42,630,000 in recurring funds from the  
6631 Grants and Donations Trust Fund and \$57,370,000 in recurring  
6632 funds from the Medical Care Trust Fund are appropriated in the  
6633 Graduate Medical Education category to the Agency for Health  
6634 Care Administration to provide to statutory teaching hospitals  
6635 as defined in s. 408.07(46), Florida Statutes, which provide  
6636 highly specialized tertiary care, including comprehensive stroke  
6637 and Level 2 adult cardiovascular services; NICU II and III; and  
6638 adult open heart; and which have more than 30 full-time  
6639 equivalent (FTE) residents over the Medicare cap in accordance  
6640 with the CMS-2552 provider 2021 fiscal year-end federal Centers  
6641 for Medicare and Medicaid Services Healthcare Cost Report, HCRIS

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6642 data extract on December 1, 2022, worksheet E-4, line 6 minus  
6643 worksheet E-4, line 5, shall be designated as a High Tertiary  
6644 Statutory Teaching Hospital and be eligible for funding  
6645 calculated on a per Graduate Medical Education resident-FTE  
6646 proportional allocation that shall be in addition to any other  
6647 Graduate Medical Education funding. Of these funds, \$44,562,400  
6648 shall be first distributed to hospitals with greater than 500  
6649 unweighted fiscal year 2022-2023 FTEs. The remaining funds shall  
6650 be distributed proportionally based on the total unweighted  
6651 fiscal year 2022-2023 FTEs. Payments to providers under this  
6652 section are contingent upon the nonfederal share being provided  
6653 through intergovernmental transfers in the Grants and Donations  
6654 Trust Fund. In the event the funds are not available in the  
6655 Grants and Donations Trust Fund, the State of Florida is not  
6656 obligated to make payments under this section.

6657 Section 84. Effective July 1, 2024, for the 2024-2025  
6658 fiscal year, the sums of \$64,928,943 in recurring funds from the  
6659 General Revenue Fund and \$87,379,156 in recurring funds from the  
6660 Medical Care Trust Fund are appropriated to the Agency for  
6661 Health Care Administration to establish a Pediatric Normal  
6662 Newborn, Pediatric Obstetrics, and Adult Obstetrics Diagnosis  
6663 Related Grouping (DRG) reimbursement methodology and increase  
6664 the existing marginal cost percentages for transplant  
6665 pediatrics, pediatrics, and neonates. The fiscal year 2024-2025  
6666 General Appropriations Act shall establish the DRG reimbursement  
6667 methodology for hospital inpatient services as directed in s.  
6668 409.905(5)(c), Florida Statutes.

6669 Section 85. Effective October 1, 2024, for the 2024-2025  
6670 fiscal year, the sums of \$14,888,903 in recurring funds from the

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6671 General Revenue Fund and \$20,036,979 in recurring funds from the  
6672 Medical Care Trust Fund are appropriated to the Agency for  
6673 Health Care Administration to provide a Medicaid reimbursement  
6674 rate increase for dental care services. Health plans that  
6675 participate in the Statewide Medicaid Managed Care program shall  
6676 pass through the fee increase to providers in this  
6677 appropriation.

6678 Section 86. Effective July 1, 2024, for the 2024-2025  
6679 fiscal year, the sums of \$83,456,275 in recurring funds from the  
6680 General Revenue Fund and \$112,312,609 in recurring funds from  
6681 the Operations and Maintenance Trust Fund are appropriated in  
6682 the Home and Community-Based Services Waiver category to the  
6683 Agency for Persons with Disabilities to provide a uniform  
6684 iBudget Waiver provider rate increase. The sum of \$195,768,884  
6685 in recurring funds from the Medical Care Trust Fund is  
6686 appropriated in the Home and Community-Based Services Waiver  
6687 category to the Agency for Health Care Administration to  
6688 establish budget authority for Medicaid services.

6689 Section 87. Effective July 1, 2024, for the 2024-2025  
6690 fiscal year, the sum of \$11,525,152 in recurring funds from the  
6691 General Revenue Fund is appropriated in the Grants and Aids -  
6692 Community Mental Health Services category to the Department of  
6693 Children and Families to enhance crisis diversion through mobile  
6694 response teams established under s. 394.495, Florida Statutes,  
6695 by adding an additional 16 mobile response teams to ensure  
6696 coverage in every county.

6697 Section 88. Effective July 1, 2024, for the 2024-2025  
6698 fiscal year, the sum of \$10 million in recurring funds from the  
6699 General Revenue Fund is appropriated to the Department of Health

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6700 to implement the Health Care Screening and Services Grant  
6701 Program established in s. 381.9855, Florida Statutes, as created  
6702 by this act.

6703 Section 89. Effective July 1, 2024, for the 2024-2025  
6704 fiscal year, the sum of \$150,000 in nonrecurring funds from the  
6705 General Revenue Fund and \$150,000 in nonrecurring funds from the  
6706 Medical Care Trust Fund are appropriated to the Agency for  
6707 Health Care Administration to contract with a vendor to develop  
6708 a reimbursement methodology for covered services at advanced  
6709 birth centers. The agency shall submit the reimbursement  
6710 methodology and estimated fiscal impact to the Executive Office  
6711 of the Governor's Office of Policy and Budget, the chair of the  
6712 Senate Appropriations Committee, and the chair of the House  
6713 Appropriations Committee no later than December 31, 2024.

6714 Section 90. Effective July 1, 2024, for the 2024-2025  
6715 fiscal year, the sum of \$2.4 million in recurring funds from the  
6716 General Revenue Fund is appropriated to the Agency for Health  
6717 Care Administration for the purpose of providing behavioral  
6718 health family navigators in state-licensed specialty hospitals  
6719 providing comprehensive acute care services to children pursuant  
6720 to s. 395.002(28), Florida Statutes, to help facilitate early  
6721 access to mental health treatment. Each licensed specialty  
6722 hospital shall receive \$600,000 from this appropriation.

6723 Section 91. Effective October 1, 2024, for the 2024-2025  
6724 fiscal year, the sums of \$12,238,469 in recurring funds from the  
6725 General Revenue Fund, \$127,300 in recurring funds from the  
6726 Refugee Assistance Trust Fund, and \$16,641,433 in recurring  
6727 funds from the Medical Care Trust Fund are appropriated to the  
6728 Agency for Health Care Administration to provide a Medicaid



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6729 reimbursement rate increase for private duty nursing services  
6730 provided by licensed practical nurses and registered nurses.  
6731 Health plans that participate in the Statewide Medicaid Managed  
6732 Care program shall pass through the fee increase to providers in  
6733 this appropriation.

6734 Section 92. Effective October 1, 2024, for the 2024-2025  
6735 fiscal year, the sums of \$14,580,660 in recurring funds from the  
6736 General Revenue Fund and \$19,622,154 in recurring funds from the  
6737 Medical Care Trust Fund are appropriated to the Agency for  
6738 Health Care Administration to provide a Medicaid reimbursement  
6739 rate increase for occupational therapy, physical therapy, and  
6740 speech therapy providers. Health plans that participate in the  
6741 Statewide Medicaid Managed Care program shall pass through the  
6742 fee increase to providers in this appropriation.

6743 Section 93. Effective October 1, 2024, for the 2024-2025  
6744 fiscal year, the sums of \$9,666,352 in recurring funds from the  
6745 General Revenue Fund and \$13,008,646 in recurring funds from the  
6746 Medical Care Trust Fund are appropriated to the Agency for  
6747 Health Care Administration to provide a Medicaid reimbursement  
6748 rate increase for Current Procedural Terminology codes 97153 and  
6749 97155 related to behavioral analysis services. Health plans that  
6750 participate in the Statewide Medicaid Managed Care program shall  
6751 pass through the fee increase to providers in this  
6752 appropriation.

6753 Section 94. Effective July 1, 2024, for the 2024-2025  
6754 fiscal year, the sums of \$585,758 in recurring funds and  
6755 \$1,673,421 in nonrecurring funds from the General Revenue Fund,  
6756 \$928,001 in recurring funds and \$54,513 in nonrecurring funds  
6757 from the Health Care Trust Fund, \$100,000 in nonrecurring funds

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6758 from the Administrative Trust Fund, and \$585,758 in recurring  
6759 funds and \$1,573,421 in nonrecurring funds from the Medical Care  
6760 Trust Fund are appropriated to the Agency for Health Care  
6761 Administration, and 20 full-time equivalent positions with the  
6762 associated salary rate of 1,247,140 are authorized for the  
6763 purpose of implementing this act.

6764 Section 95. Effective July 1, 2024, for the 2024-2025  
6765 fiscal year, the sums of \$2,389,146 in recurring funds and  
6766 \$1,190,611 in nonrecurring funds from the General Revenue Fund  
6767 and \$1,041,578 in recurring funds and \$287,633 in nonrecurring  
6768 funds from the Medical Quality Assurance Trust Fund are  
6769 appropriated to the Department of Health, and 25 full-time  
6770 equivalent positions with the associated salary rate of  
6771 1,739,740, are authorized for the purpose of implementing this  
6772 act.

6773 Section 96. Except as otherwise expressly provided in this  
6774 act, this act shall take effect upon becoming a law.