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1
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 the Dr. and Mrs. Alfonse and Kathleen Cinotti Health
51 Care Screening and Services Grant Program for a
52 specified purpose; specifying duties of the
53 department; authorizing nonprofit entities to apply
54 for grant funds to implement new health care screening
55 or services programs or mobile clinics or units to
56 expand the program's delivery capabilities; specifying
57 requirements for grant recipients; authorizing the
58 department to adopt rules; requiring the department to

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

85 providing requirements for birth centers designated as
86 advanced birth centers with respect to operating
87 procedures, staffing, and equipment; requiring

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

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

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

173 authorizing certain psychiatric nurses to prescribe
174 medication to clients of crisis stabilization units;

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175 amending s. 395.1055, F.S.; requiring the agency to
176 adopt rules ensuring that hospitals that accept
177 certain payments give enrollment priority to certain
178 medical students, regardless of such payments, and
179 requiring certain hospitals to submit a nonemergent
180 care access plan (NCAP) to the agency for approval
181 before initial licensure or licensure renewal;
182 requiring that, beginning on a specified date, such
183 NCAPs be approved before a license may be issued or
184 renewed; requiring such hospitals to submit specified
185 data to the agency as part of the licensure renewal
186 process and update their NCAPs as needed, or as
187 directed by the agency, before each licensure renewal;
188 specifying requirements for NCAPs; requiring the
189 agency to establish a process for hospitals to share
190 certain information with certain patients' managed
191 care plans; providing construction; amending s.
192 408.051, F.S.; requiring certain hospitals to make
193 available certain data to the agency's Florida Health
194 Information Exchange program for a specified purpose;
195 authorizing the agency to adopt rules; amending s.
196 409.909, F.S.; authorizing the agency to allocate
197 specified funds under the Slots for Doctors Program
198 for existing resident positions at hospitals and
199 qualifying institutions if certain conditions are met;
200 requiring hospitals and qualifying institutions that
201 receive certain state funds to report specified data
202 to the agency annually; defining the term "sponsoring
203 institution"; requiring such hospitals and qualifying

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

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233 development of, specified training for, and to provide
234 technical support to, preceptors; providing for
235 reimbursement under the program; requiring the agency
236 to submit an annual report to the Governor and the
237 Legislature; providing requirements for the report;
238 requiring the agency to contract with an independent
239 third party to develop and conduct a design study for
240 evaluating the impact of the program; specifying
241 requirements for the design study; requiring the
242 agency to begin collecting data for the study and
243 submit the study results to the Governor and the
244 Legislature by specified dates; authorizing the agency
245 to adopt rules; requiring the agency to seek federal
246 approval to use specified matching funds for the
247 program; providing for future repeal of the program;
248 amending s. 409.967, F.S.; requiring the agency to
249 produce a specified annual report on patient encounter
250 data under the statewide managed care program;
251 providing requirements for the report; requiring the
252 agency to submit the report to the Governor and the
253 Legislature by a specified date; authorizing the
254 agency to contract with a third-party vendor to
255 produce the report; amending s. 409.973, F.S.;
256 requiring Medicaid managed care plans to continue
257 assisting certain enrollees in scheduling an initial
258 appointment with a primary care provider and report
259 certain information to the agency; requiring plans to
260 seek to ensure that such enrollees have at least one
261 primary care appointment annually; requiring such

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

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291 institutions; amending ss. 458.315 and 459.0076, F.S.;

292 authorizing that temporary certificates for practice

293 in areas of critical need be issued to physician

294 assistants, rather than only to physicians, who meet

295 specified criteria; making conforming and technical

296 changes; amending ss. 458.317 and 459.0075, F.S.;

297 specifying who may be considered a graduate assistant

298 physician; creating limited licenses for graduate

299 assistant physicians; specifying criteria a person

300 must meet to obtain such licensure; requiring the

301 Board of Medicine and the Board of Osteopathic

302 Medicine, respectively, to establish certain

303 requirements by rule; providing for a one-time renewal

304 of such licenses; providing that limited licensed

305 graduate assistant physicians are not eligible to

306 apply for another limited license; authorizing limited

307 licensed graduate assistant physicians to provide

308 health care services only under the direct supervision

309 of a physician and pursuant to a written protocol;

310 providing requirements for, and limitations on, such

311 supervision and practice; providing requirements for

312 the supervisory protocols; providing that supervising

313 physicians are liable for any acts or omissions of

314 such graduate assistant physicians acting under their

315 supervision and control; authorizing third-party

316 payors to provide reimbursement for covered services

317 rendered by graduate assistant physicians; authorizing

318 the Board of Medicine and the Board of Osteopathic

319 Medicine, respectively, to adopt rules; creating s.

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320 464.0121, F.S.; providing that temporary certificates
321 for practice in areas of critical need may be issued
322 to advanced practice registered nurses who meet
323 specified criteria; providing restrictions on the
324 issuance of temporary certificates; waiving licensure
325 fees for such applicants under certain circumstances;
326 amending s. 464.0123, F.S.; requiring certain
327 certified nurse midwives, as a condition precedent to
328 providing out-of-hospital intrapartum care, to
329 maintain a written policy for the transfer of patients
330 needing a higher acuity of care or emergency services;
331 requiring that such policy prescribe and require the
332 use of an emergency plan-of-care form; providing
333 requirements for the form; requiring such certified
334 nurse midwives to document specified information on
335 the form if a transfer of care is determined to be
336 necessary; requiring certified nurse midwives to
337 verbally provide the receiving provider with specified
338 information and make himself or herself immediately
339 available for consultation; requiring certified nurse
340 midwives to provide the patient's emergency plan-of-
341 care form, as well as certain patient records, to the
342 receiving provider upon the patient's transfer;
343 requiring the Board of Nursing to adopt certain rules;
344 amending s. 464.019, F.S.; deleting the sunset date of
345 a certain annual report required of the Florida Center
346 for Nursing; amending s. 766.1115, F.S.; revising the
347 definition of the term "low-income" for purposes of
348 certain government contracts for health care services;

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349 amending s. 1002.32, F.S.; requiring developmental
350 research (laboratory) schools (lab schools) to develop
351 programs for a specified purpose; requiring lab
352 schools to offer technical assistance to any school
353 district seeking to replicate the lab school's
354 programs; requiring lab schools, beginning on a
355 specified date, to annually report to the Legislature
356 on the development of such programs and their results;
357 amending s. 1009.8962, F.S.; revising the definition
358 of the term "institution" for purposes of the Linking
359 Industry to Nursing Education (LINE) Fund; amending
360 ss. 381.4018 and 395.602, F.S.; conforming provisions
361 to changes made by the act; creating s. 456.4501,
362 F.S.; enacting the Interstate Medical Licensure
363 Compact in this state; providing the purpose of the
364 compact; providing that state medical boards of member
365 states retain jurisdiction to impose adverse action
366 against licenses issued under the compact; defining
367 terms; specifying eligibility requirements for
368 physicians seeking an expedited license under the
369 compact; providing requirements for designation of a
370 state of principal license for purposes of the
371 compact; authorizing the Interstate Medical Licensure
372 Compact Commission to develop certain rules; providing
373 an application and verification process for expedited
374 licensure under the compact; providing for expiration
375 and termination of expedited licenses; authorizing the
376 Interstate Commission to develop certain rules;
377 providing requirements for renewal of expedited

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

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

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

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

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

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

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

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

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552 commission to maintain insurance coverage to pay such
553 claims or judgments; creating s. 486.112, F.S.;

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

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

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610 all member states of reported adverse action taken
611 against licensees or applicants for licensure;
612 authorizing member states to designate reported
613 information as exempt from public disclosure;
614 providing for the removal of submitted information
615 from the system under certain circumstances; providing
616 for commission rulemaking; providing construction;
617 providing for state enforcement of the compact;
618 providing for the default and termination of compact
619 membership; providing for appeals and costs; providing
620 procedures for the resolution of certain disputes;
621 providing for enforcement against a defaulting state;
622 providing construction; providing for implementation
623 and administration of the compact and associated
624 rules; providing that compact states that join after
625 initial adoption of the commission's rules are subject
626 to such rules; specifying procedures for compact
627 states to withdraw from the compact; providing
628 construction; providing for amendment of the compact;
629 providing construction and severability; amending s.
630 456.073, F.S.; requiring the Department of Health to
631 report certain investigative information to the
632 respective data systems of the Audiology and Speech-
633 Language Pathology Interstate Compact and the Physical
634 Therapy Licensure Compact; amending s. 456.076, F.S.;
635 requiring monitoring contracts for certain impaired
636 practitioners participating in treatment programs to
637 contain specified terms; amending s. 486.023, F.S.;
638 requiring the Board of Physical Therapy Practice to

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

659

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

661

662 Section 1. Section 381.4019, Florida Statutes, is amended
663 to read:

664 381.4019 Dental Student Loan Repayment Program.—The Dental
665 Student Loan Repayment Program is established to support the
666 state Medicaid program and promote access to dental care by
667 supporting qualified dentists and dental hygienists who treat

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668 medically underserved populations in dental health professional
669 shortage areas or medically underserved areas.

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

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

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

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

678 (d) "Loan program" means the Dental Student Loan Repayment
679 Program.

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

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

691 (2) The department shall establish a dental student loan
692 repayment program to benefit Florida-licensed dentists and
693 dental hygienists who:

694 (a) Demonstrate, as required by department rule, active
695 employment in a public health program or private practice that
696 serves Medicaid recipients and other low-income patients and is

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697 located in a dental health professional shortage area or a
698 medically underserved area; and

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

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

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

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

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

721 (d) A dentist or dental hygienist may receive ~~funds under~~
722 ~~the loan program for at least 1 year,~~ up to a maximum of 5
723 awards pursuant to paragraph (a), one award for each year he or
724 she maintains eligibility for the program for the entire year.
725 Such awards are not required to be awarded in consecutive years,

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726 and, if a dentist or dental hygienist loses eligibility pursuant
727 to subsection (4) for the current year, he or she may reapply
728 for the program in a future year once he or she has regained
729 eligibility.

730 ~~(c) The department shall limit the number of new dentists~~
731 ~~participating in the loan program to not more than 10 per fiscal~~
732 ~~year.~~

733 (4) A dentist or dental hygienist is not ~~no longer~~ eligible
734 to receive funds under the loan program if the dentist or dental
735 hygienist:

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

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

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

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

748 (6) The department shall adopt rules to administer the loan
749 program.

750 (7)~~(6)~~ Implementation of the loan program is subject to
751 legislative appropriation.

752 (8) The Agency for Health Care Administration shall seek
753 federal authority to use Title XIX matching funds for this
754 program.

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

756 Section 2. Section 1009.65, Florida Statutes, is
757 transferred, renumbered as section 381.402, Florida Statutes,
758 and amended to read:

759 381.402 ~~1009.65~~ Florida Reimbursement Assistance for
760 Medical Education Reimbursement and Loan Repayment Program.—

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

771 (2) The following licensed or certified health care
772 practitioners ~~professionals~~ are eligible to participate in the
773 ~~this~~ program:

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

775 (b) Doctors of osteopathic medicine with primary care
776 specialties.

777 (c) Advanced practice registered nurses registered to
778 engage in autonomous practice under s. 464.0123. ~~physician~~
779 ~~assistants, licensed practical nurses and registered nurses, and~~

780 (d) Advanced practice registered nurses with primary care
781 ~~specialties such as certified nurse midwives.~~

782 (e) Physician assistants.

783 (f) Mental health professionals, including licensed

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784 clinical social workers, licensed marriage and family
785 therapists, licensed mental health counselors, and licensed
786 psychologists.

787 (g) Licensed practical nurses and registered nurses.

788
789 Primary care medical specialties for physicians include
790 obstetrics, gynecology, general and family practice, geriatrics,
791 internal medicine, pediatrics, psychiatry, and other specialties
792 which may be identified by the Department of Health.

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

795 (a)1. For a 4-year period of continued proof of practice in
796 an area specified in paragraph (b), up to \$150,000 for
797 physicians, up to \$90,000 for advanced practice registered
798 nurses registered to engage in autonomous practice under s.
799 464.0123 and practicing autonomously, up to \$75,000 for advanced
800 practice registered nurses and physician assistants, up to
801 \$75,000 for mental health professionals, and up to \$45,000
802 ~~\$4,000 per year~~ for licensed practical nurses and registered
803 nurses. Each practitioner is eligible to receive an award for
804 only one 4-year period of continued proof of practice; however,
805 the 4 years of practice are not required to be consecutive. At
806 the end of each year that a practitioner participates in the
807 program, the department shall award 25 percent of a
808 practitioner's principal loan amount at the time he or she
809 applied for the program, up to ~~\$10,000 per year for advanced~~
810 ~~practice registered nurses and physician assistants, and up to~~
811 ~~\$20,000 per year for physicians.~~ Penalties for noncompliance are
812 ~~shall be~~ the same as those in the National Health Services Corps

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813 Loan Repayment Program. Educational expenses include costs for
814 tuition, matriculation, registration, books, laboratory and
815 other fees, other educational costs, and reasonable living
816 expenses as determined by the Department of Health.

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

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

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

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

836 (c) Correctional facilities, state hospitals, and other
837 state institutions that employ medical personnel ~~must~~ shall be
838 designated by the Department of Health as underserved locations.
839 Locations with high incidences of infant mortality, high
840 morbidity, or low Medicaid participation by health care
841 professionals may be designated as underserved.

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

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

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

868 ~~(4)(2)~~ The Department of Health may use funds appropriated
869 for the Medical Education Reimbursement and Loan Repayment
870 program as matching funds for federal loan repayment programs

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871 such as the National Health Service Corps State Loan Repayment
872 Program.

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

877 (6)~~(3)~~ The Department of Health may adopt ~~any~~ rules
878 necessary for the administration of the ~~Medical Education~~
879 ~~Reimbursement and Loan Repayment~~ program. The department may
880 also solicit technical advice regarding conduct of the program
881 from the Department of Education and Florida universities and
882 Florida College System institutions. The Department of Health
883 shall submit a budget request for an amount sufficient to fund
884 medical education reimbursement, loan repayments, and program
885 administration.

886 (7) The Agency for Health Care Administration shall seek
887 federal authority to use Title XIX matching funds for this
888 program.

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

890 Section 3. Section 381.4021, Florida Statutes, is created
891 to read:

892 381.4021 Student loan repayment programs reporting.-

893 (1) For the student loan repayment programs established in
894 ss. 381.4019 and 381.402, the department shall annually provide
895 a report, beginning July 1, 2024, to the Governor, the President
896 of the Senate, and the Speaker of the House of Representatives
897 which, at a minimum, details all of the following:

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

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

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

901 (d) The type of practitioner to whom each loan payment was
902 made.

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

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

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

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

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

922 Section 4. Section 381.9855, Florida Statutes, is created
923 to read:

924 381.9855 Dr. and Mrs. Alfonse and Kathleen Cinotti Health
925 Care Screening and Services Grant Program; portal.—

926 (1) (a) The Department of Health shall implement the Dr. and
927 Mrs. Alfonse and Kathleen Cinotti Health Care Screening and
928 Services Grant Program. The purpose of the program is to expand

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929 access to no-cost health care screenings or services for the
930 general public facilitated by nonprofit entities. The department
931 shall do all of the following:

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

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

937 3. Develop guidelines a grant recipient must follow for the
938 expenditure of grant funds and uniform data reporting
939 requirements for the purpose of evaluating the performance of
940 grant recipients. The guidelines must require grant funds to be
941 spent on screenings, including referrals for treatment, if
942 appropriate, or related services for one or more of the
943 following:

944 a. Hearing.

945 b. Vision.

946 c. Dental.

947 d. Cancer.

948 e. Diabetes.

949 f. Renal disease.

950 g. Chronic obstructive pulmonary disease.

951 h. Hypertension.

952 i. Heart disease.

953 j. Stroke.

954 k. Scoliosis.

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

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958 (c) A nonprofit entity that has previously implemented a
959 specific health care screening or services program at one or
960 more specific locations may apply for grant funds in order to
961 provide the same or similar screenings or services at new
962 locations or through a mobile health clinic or mobile unit in
963 order to expand the program's delivery capabilities.

964 (d) An entity that receives a grant under this section
965 must:

966 1. Follow Department of Health guidelines for reporting on
967 expenditure of grant funds and measures to evaluate the
968 effectiveness of the entity's health care screening or services
969 program.

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

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

974 (2) (a) The Department of Health shall create and maintain
975 an Internet-based portal to direct the general public to events,
976 organizations, and venues in this state from which health
977 screenings or services may be obtained at no cost or at a
978 reduced cost and for the purpose of directing licensed health
979 care practitioners to opportunities for volunteering their
980 services to conduct, administer, or facilitate such health
981 screenings or services. The department may contract with a
982 third-party vendor for the creation or maintenance of the
983 portal.

984 (b) The portal must be easily accessible by the public, not
985 require a sign-up or login, and include the ability for a member
986 of the public to enter his or her address and obtain localized

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987 and current data on opportunities for screenings and services
988 and volunteer opportunities for health care practitioners. The
989 portal must include, but need not be limited to, all statutorily
990 created screening programs, other than newborn screenings
991 established under chapter 383, which are funded and operational
992 under the department's authority. The department shall
993 coordinate with county health departments so that the portal
994 includes information on such health screenings and services
995 provided by county health departments or by nonprofit entities
996 in partnership with county health departments.

997 (c) The department shall include a clear and conspicuous
998 link to the portal on the homepage of its website. The
999 department shall publicize the portal to, and encourage the use
1000 of the portal by, the general public and shall enlist the aid of
1001 county health departments for such outreach.

1002 Section 5. Section 383.2163, Florida Statutes, is amended
1003 to read:

1004 383.2163 Telehealth minority maternity care program pilot
1005 ~~programs.~~ By July 1, 2022, The department shall establish a
1006 statewide telehealth minority maternity care pilot program that
1007 ~~in Duval County and Orange County which~~ uses telehealth to
1008 expand the capacity for positive maternal health outcomes in
1009 racial and ethnic minority populations. The department may
1010 ~~enlist shall direct and assist the~~ county health departments ~~in~~
1011 ~~Duval County and Orange County~~ to assist with program
1012 implementation ~~implement the programs.~~

1013 (1) DEFINITIONS.—As used in this section, the term:

1014 (a) "Department" means the Department of Health.

1015 (b) "Eligible pregnant woman" means a pregnant woman who is

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1016 receiving, or is eligible to receive, maternal or infant care
1017 services from the department under chapter 381 or this chapter.

1018 (c) "Health care practitioner" has the same meaning as in
1019 s. 456.001.

1020 (d) "Health professional shortage area" means a geographic
1021 area designated as such by the Health Resources and Services
1022 Administration of the United States Department of Health and
1023 Human Services.

1024 (e) "Indigenous population" means any Indian tribe, band,
1025 or nation or other organized group or community of Indians
1026 recognized as eligible for services provided to Indians by the
1027 United States Secretary of the Interior because of their status
1028 as Indians, including any Alaskan native village as defined in
1029 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,
1030 as that definition existed on the effective date of this act.

1031 (f) "Maternal mortality" means a death occurring during
1032 pregnancy or the postpartum period which is caused by pregnancy
1033 or childbirth complications.

1034 (g) "Medically underserved population" means the population
1035 of an urban or rural area designated by the United States
1036 Secretary of Health and Human Services as an area with a
1037 shortage of personal health care services or a population group
1038 designated by the United States Secretary of Health and Human
1039 Services as having a shortage of such services.

1040 (h) "Perinatal professionals" means doulas, personnel from
1041 Healthy Start and home visiting programs, childbirth educators,
1042 community health workers, peer supporters, certified lactation
1043 consultants, nutritionists and dietitians, social workers, and
1044 other licensed and nonlicensed professionals who assist women

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1045 through their prenatal or postpartum periods.

1046 (i) "Postpartum" means the 1-year period beginning on the
1047 last day of a woman's pregnancy.

1048 (j) "Severe maternal morbidity" means an unexpected outcome
1049 caused by a woman's labor and delivery which results in
1050 significant short-term or long-term consequences to the woman's
1051 health.

1052 (k) "Technology-enabled collaborative learning and capacity
1053 building model" means a distance health care education model
1054 that connects health care professionals, particularly
1055 specialists, with other health care professionals through
1056 simultaneous interactive videoconferencing for the purpose of
1057 facilitating case-based learning, disseminating best practices,
1058 and evaluating outcomes in the context of maternal health care.

1059 (2) PURPOSE.—The purpose of the program ~~pilot programs~~ is
1060 to:

1061 (a) Expand the use of technology-enabled collaborative
1062 learning and capacity building models to improve maternal health
1063 outcomes for the following populations and demographics:

1064 1. Ethnic and minority populations.

1065 2. Health professional shortage areas.

1066 3. Areas with significant racial and ethnic disparities in
1067 maternal health outcomes and high rates of adverse maternal
1068 health outcomes, including, but not limited to, maternal
1069 mortality and severe maternal morbidity.

1070 4. Medically underserved populations.

1071 5. Indigenous populations.

1072 (b) Provide for the adoption of and use of telehealth
1073 services that allow for screening and treatment of common

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1074 pregnancy-related complications, including, but not limited to,
1075 anxiety, depression, substance use disorder, hemorrhage,
1076 infection, amniotic fluid embolism, thrombotic pulmonary or
1077 other embolism, hypertensive disorders relating to pregnancy,
1078 diabetes, cerebrovascular accidents, cardiomyopathy, and other
1079 cardiovascular conditions.

1080 (3) TELEHEALTH SERVICES AND EDUCATION.—The program ~~pilot~~
1081 ~~programs~~ shall adopt the use of telehealth or coordinate with
1082 prenatal home visiting programs, or both, to provide all of the
1083 following services and education to eligible pregnant women up
1084 to the last day of their postpartum periods, as applicable:

1085 (a) Referrals to Healthy Start's coordinated intake and
1086 referral program to offer families prenatal home visiting
1087 services. The program may also accept referrals from the Healthy
1088 Start program of eligible pregnant women seeking services
1089 offered under the program.

1090 (b) Services and education addressing social determinants
1091 of health, including, but not limited to, all of the following:

- 1092 1. Housing placement options.
- 1093 2. Transportation services or information on how to access
1094 such services.
- 1095 3. Nutrition counseling.
- 1096 4. Access to healthy foods.
- 1097 5. Lactation support.
- 1098 6. Lead abatement and other efforts to improve air and
1099 water quality.
- 1100 7. Child care options.
- 1101 8. Car seat installation and training.
- 1102 9. Wellness and stress management programs.

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1103 10. Coordination across safety net and social support
1104 services and programs.

1105 (c) Evidence-based health literacy and pregnancy,
1106 childbirth, and parenting education for women in the prenatal
1107 and postpartum periods.

1108 (d) For women during their pregnancies through the
1109 postpartum periods, connection to support from doulas and other
1110 perinatal health workers.

1111 (e) Tools for prenatal women to conduct key components of
1112 maternal wellness checks, including, but not limited to, all of
1113 the following:

1114 1. A device to measure body weight, such as a scale.

1115 2. A device to measure blood pressure which has a verbal
1116 reader to assist the pregnant woman in reading the device and to
1117 ensure that the health care practitioner performing the wellness
1118 check through telehealth is able to hear the reading.

1119 3. A device to measure blood sugar levels with a verbal
1120 reader to assist the pregnant woman in reading the device and to
1121 ensure that the health care practitioner performing the wellness
1122 check through telehealth is able to hear the reading.

1123 4. Any other device that the health care practitioner
1124 performing wellness checks through telehealth deems necessary.

1125 (4) TRAINING.—The program ~~pilot programs~~ shall provide
1126 training to participating health care practitioners and other
1127 perinatal professionals on all of the following:

1128 (a) Implicit and explicit biases, racism, and
1129 discrimination in the provision of maternity care and how to
1130 eliminate these barriers to accessing adequate and competent
1131 maternity care.

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1132 (b) The use of remote patient monitoring tools for
1133 pregnancy-related complications.

1134 (c) How to screen for social determinants of health risks
1135 in the prenatal and postpartum periods, such as inadequate
1136 housing, lack of access to nutritional foods, environmental
1137 risks, transportation barriers, and lack of continuity of care.

1138 (d) Best practices in screening for and, as needed,
1139 evaluating and treating maternal mental health conditions and
1140 substance use disorders.

1141 (e) Information collection, recording, and evaluation
1142 activities to:

- 1143 1. Study the impact of the ~~pilot~~ program;
- 1144 2. Ensure access to and the quality of care;
- 1145 3. Evaluate patient outcomes as a result of the ~~pilot~~
1146 program;
- 1147 4. Measure patient experience; and
- 1148 5. Identify best practices for the future expansion of the
1149 ~~pilot~~ program.

1150 (5) REPORTS.—By October 31, 2025, and each October 31
1151 thereafter, the department shall submit a program report to the
1152 Governor, the President of the Senate, and the Speaker of the
1153 House of Representatives which includes, at a minimum, all of
1154 the following for the previous fiscal year:

1155 (a) The total number of clients served and the demographic
1156 information for the population served, including ethnicity and
1157 race, age, education levels, and geographic location.

1158 (b) The total number of screenings performed, by type.

1159 (c) The number of participants identified as having
1160 experienced pregnancy-related complications, the number of

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1161 participants who received treatments for such complications, and
1162 the final outcome of the pregnancy for such participants.

1163 (d) The number of referrals made to the Healthy Start
1164 program or other prenatal home visiting programs and the number
1165 of participants who subsequently received services from such
1166 programs.

1167 (e) The number of referrals made to doulas and other
1168 perinatal professionals and the number of participants who
1169 subsequently received services from doulas and other perinatal
1170 professionals.

1171 (f) The number and types of devices given to participants
1172 to conduct maternal wellness checks.

1173 (g) The average length of participation by program
1174 participants.

1175 (h) Composite results of a participant survey that measures
1176 the participants' experience with the program.

1177 (i) The total number of health care practitioners trained,
1178 by provider type and specialty.

1179 (j) The results of a survey of the health care
1180 practitioners trained under the program. The survey must address
1181 the quality and impact of the training provided, the health care
1182 practitioners' experiences using remote patient monitoring
1183 tools, the best practices provided in the training, and any
1184 suggestions for improvements.

1185 (k) Aggregate data on the maternal and infant health
1186 outcomes of program participants.

1187 (l) For the initial report, all available quantifiable data
1188 related to the telehealth minority maternity care pilot
1189 programs.

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1190 (6) FUNDING.—~~The pilot programs shall be funded using funds~~
1191 ~~appropriated by the Legislature for the Closing the Gap grant~~
1192 ~~program.~~ The department's Division of Community Health Promotion
1193 and Office of Minority Health and Health Equity shall ~~also~~ work
1194 in partnership to apply for federal funds that are available to
1195 assist the department in accomplishing the program's purpose and
1196 successfully implementing the program ~~pilot programs~~.

1197 (7)~~(6)~~ RULES.—The department may adopt rules to implement
1198 this section.

1199 Section 6. Present subsections (1) through (8), (9), and
1200 (10) of section 383.302, Florida Statutes, are redesignated as
1201 subsections (2) through (9), (11), and (12), respectively, new
1202 subsections (1) and (10) are added to that section, and present
1203 subsection (4) of that section is amended, to read:

1204 383.302 Definitions of terms used in ss. 383.30-383.332.—As
1205 used in ss. 383.30-383.332, the term:

1206 (1) "Advanced birth center" means a licensed birth center
1207 designated as an advanced birth center which may perform trial
1208 of labor after cesarean deliveries for screened patients who
1209 qualify; planned low-risk cesarean deliveries; and anticipated
1210 vaginal deliveries for laboring patients from the beginning of
1211 the 37th week of gestation through the end of the 41st week of
1212 gestation.

1213 (5)~~(4)~~ "Consultant" means a physician licensed pursuant to
1214 chapter 458 or chapter 459 who agrees to provide advice and
1215 services to a birth center and who either:

1216 (a) Is certified or eligible for certification by the
1217 American Board of Obstetrics and Gynecology or the American
1218 Osteopathic Board of Obstetrics and Gynecology; ~~r~~ or

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1219 (b) Has hospital obstetrical privileges.

1220 (10) "Medical director" means a person who holds an active
1221 unrestricted license as a physician under chapter 458 or chapter
1222 459.

1223 Section 7. Section 383.3081, Florida Statutes, is created
1224 to read:

1225 383.3081 Advanced birth center designation.—

1226 (1) To be designated as an advanced birth center, a birth
1227 center must, in addition to maintaining compliance with all of
1228 the requirements under ss. 383.30-383.332 applicable to birth
1229 centers and advanced birth centers, meet all of the following
1230 criteria:

1231 (a) Be operated and staffed 24 hours per day, 7 days per
1232 week.

1233 (b) Employ two medical directors to oversee the activities
1234 of the center, one of whom must be a board-certified
1235 obstetrician and one of whom must be a board-certified
1236 anesthesiologist.

1237 (c) Have at least one properly equipped, dedicated surgical
1238 suite for the performance of cesarean deliveries.

1239 (d) Employ at least one registered nurse and ensure that at
1240 least one registered nurse is present in the center at all times
1241 and has the ability to stabilize and facilitate the transfer of
1242 patients and newborn infants when appropriate.

1243 (e) Enter into a written agreement with a blood bank for
1244 emergency blood bank services and have written protocols for the
1245 management of obstetrical hemorrhage which include provisions
1246 for emergency blood transfusions. If a patient admitted to an
1247 advanced birth center receives an emergency blood transfusion at

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1248 the center, the patient must immediately thereafter be
1249 transferred to a hospital for further care.

1250 (f) Meet all standards adopted by rule for birth centers,
1251 unless specified otherwise, and advanced birth centers pursuant
1252 to s. 383.309.

1253 (g) Comply with the Florida Building Code and Florida Fire
1254 Prevention Code standards for ambulatory surgical centers.

1255 (h) Qualify for, enter into, and maintain a Medicaid
1256 provider agreement with the agency pursuant to s. 409.907 and
1257 provide services to Medicaid recipients according to the terms
1258 of the provider agreement.

1259 (2) The agency shall establish by rule a process for
1260 designating a birth center that meets the requirements of this
1261 section as an advanced birth center. The agency may develop any
1262 requirements or standards it deems necessary for patient safety
1263 which advanced birth centers must meet as a condition of the
1264 designation.

1265 Section 8. Section 383.309, Florida Statutes, is amended to
1266 read:

1267 383.309 Minimum standards for birth centers and advanced
1268 birth centers; rules and enforcement.—

1269 (1) The agency shall adopt and enforce rules to administer
1270 ss. 383.30–383.332 and part II of chapter 408, which rules shall
1271 include, but are not limited to, reasonable and fair minimum
1272 standards for ensuring that:

1273 (a) Sufficient numbers and qualified types of personnel and
1274 occupational disciplines are available at all times to provide
1275 necessary and adequate patient care and safety.

1276 (b) Infection control, housekeeping, sanitary conditions,

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1277 disaster plan, and medical record procedures that will
1278 adequately protect patient care and provide safety are
1279 established and implemented.

1280 (c) Licensed facilities are established, organized, and
1281 operated consistent with established programmatic standards.

1282 (2) The standards adopted by rule for designating a birth
1283 center as an advanced birth center must, at a minimum, be
1284 equivalent to the minimum standards adopted for ambulatory
1285 surgical centers pursuant to s. 395.1055 and must include
1286 standards for quality of care, blood transfusions, and sanitary
1287 conditions for food handling and food service.

1288 (3) The agency may not establish any rule governing the
1289 design, construction, erection, alteration, modification,
1290 repair, or demolition of birth centers. It is the intent of the
1291 Legislature to preempt that function to the Florida Building
1292 Commission and the State Fire Marshal through adoption and
1293 maintenance of the Florida Building Code and the Florida Fire
1294 Prevention Code. However, the agency shall provide technical
1295 assistance to the commission and the State Fire Marshal in
1296 updating the construction standards of the Florida Building Code
1297 and the Florida Fire Prevention Code which govern birth centers.
1298 In addition, the agency may enforce the special-occupancy
1299 provisions of the Florida Building Code and the Florida Fire
1300 Prevention Code which apply to birth centers in conducting any
1301 inspection authorized under this chapter or part II of chapter
1302 408.

1303 Section 9. Section 383.313, Florida Statutes, is amended to
1304 read:

1305 383.313 Birth center performance of laboratory and surgical

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1306 services; use of anesthetic and chemical agents.—

1307 (1) LABORATORY SERVICES.—A birth center may collect
1308 specimens for those tests that are requested under protocol. A
1309 birth center must obtain and continuously maintain certification
1310 by the Centers for Medicare and Medicaid Services under the
1311 federal Clinical Laboratory Improvement Amendments and the
1312 federal rules adopted thereunder in order to perform laboratory
1313 tests specified by rule of the agency, and which are appropriate
1314 to meet the needs of the patient.

1315 (2) SURGICAL SERVICES.—Except for advanced birth centers
1316 authorized to provide surgical services under s. 383.3131, only
1317 those surgical procedures that are shall be limited to those
1318 normally performed during uncomplicated childbirths, such as
1319 episiotomies and repairs, may be performed at a birth center.
1320 ~~and shall not include~~ Operative obstetrics or cesarean ~~caesarean~~
1321 sections may not be performed at a birth center.

1322 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General and
1323 conduction anesthesia may not be administered at a birth center.
1324 Systemic analgesia may be administered, and local anesthesia for
1325 pudendal block and episiotomy repair may be performed if
1326 procedures are outlined by the clinical staff and performed by
1327 personnel who have the ~~with~~ statutory authority to do so.

1328 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be
1329 inhibited, stimulated, or augmented with chemical agents during
1330 the first or second stage of labor unless prescribed by
1331 personnel who have the ~~with~~ statutory authority to do so and
1332 unless in connection with and before ~~prior to~~ emergency
1333 transport.

1334 Section 10. Section 383.3131, Florida Statutes, is created

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1335 to read:

1336 383.3131 Advanced birth center performance of laboratory
1337 and surgical services; use of anesthetic and chemical agents.-

1338 (1) LABORATORY SERVICES.-An advanced birth center shall
1339 have a clinical laboratory on site. The clinical laboratory
1340 must, at a minimum, be capable of providing laboratory testing
1341 for hematology, metabolic screening, liver function, and
1342 coagulation studies. An advanced birth center may collect
1343 specimens for those tests that are requested under protocol. An
1344 advanced birth center may perform laboratory tests as defined by
1345 rule of the agency. Laboratories located in advanced birth
1346 centers must be appropriately certified by the Centers for
1347 Medicare and Medicaid Services under the federal Clinical
1348 Laboratory Improvement Amendments and the federal rules adopted
1349 thereunder.

1350 (2) SURGICAL SERVICES.-In addition to surgical procedures
1351 authorized under s. 383.313(2), surgical procedures for low-risk
1352 cesarean deliveries and surgical management of immediate
1353 complications may also be performed at an advanced birth center.
1354 Postpartum sterilization may be performed before discharge of
1355 the patient who has given birth during that admission.
1356 Circumcisions may be performed before discharge of the newborn
1357 infant.

1358 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.-General,
1359 conduction, and local anesthesia may be administered at an
1360 advanced birth center if administered by personnel who have the
1361 statutory authority to do so. All general anesthesia must be
1362 administered by an anesthesiologist or a certified registered
1363 nurse anesthetist in accordance with s. 464.012. When general

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1364 anesthesia is administered, a physician or a certified
1365 registered nurse anesthetist must be present in the advanced
1366 birth center during the anesthesia and postanesthesia recovery
1367 period until the patient is fully alert. Each advanced birth
1368 center shall comply with s. 395.0191(2)(b).

1369 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be
1370 inhibited, stimulated, or augmented with chemical agents during
1371 the first or second stage of labor at an advanced birth center
1372 if prescribed by personnel who have the statutory authority to
1373 do so. Labor may be electively induced beginning at the 39th
1374 week of gestation for a patient with a documented Bishop score
1375 of 8 or greater.

1376 Section 11. Subsection (3) is added to section 383.315,
1377 Florida Statutes, to read:

1378 383.315 Agreements with consultants for advice or services;
1379 maintenance.—

1380 (3) An advanced birth center shall employ or maintain an
1381 agreement with an obstetrician who must be on call at all times
1382 during which a patient is in active labor in the center to
1383 attend deliveries, available to respond to emergencies, and,
1384 when necessary, available to perform cesarean deliveries.

1385 Section 12. Section 383.316, Florida Statutes, is amended
1386 to read:

1387 383.316 Transfer and transport of clients to hospitals.—

1388 (1) If unforeseen complications arise during labor,
1389 delivery, or postpartum recovery, the client must ~~shall~~ be
1390 transferred to a hospital.

1391 (2) Each birth center ~~licensed facility~~ shall make
1392 arrangements with a local ambulance service licensed under

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1393 chapter 401 for the transport of emergency patients to a
1394 hospital. Such arrangements must ~~shall~~ be documented in the
1395 center's policy and procedures manual ~~of the facility~~ if the
1396 birth center does not own or operate a licensed ambulance. The
1397 policy and procedures manual ~~shall~~ also must contain specific
1398 protocols for the transfer of any patient to a licensed
1399 hospital.

1400 (3) Each advanced birth center shall enter into a written
1401 transfer agreement with a local hospital licensed under chapter
1402 395 for the transfer and admission of emergency patients to the
1403 hospital or a written agreement with an obstetrician who has
1404 hospital privileges to provide coverage at all times and who has
1405 agreed to accept the transfer of the advanced birth center's
1406 patients.

1407 (4) A birth center ~~licensed facility~~ shall identify
1408 neonatal-specific transportation services, including ground and
1409 air ambulances; list their particular qualifications; and have
1410 the telephone numbers for access to these services clearly
1411 listed and immediately available.

1412 (5) ~~(4)~~ The birth center shall assess and document Annual
1413 ~~assessments of the transportation services and transfer~~
1414 protocols annually shall be made and documented.

1415 Section 13. Present subsections (2) and (3) of section
1416 383.318, Florida Statutes, are redesignated as subsections (3)
1417 and (4), respectively, a new subsection (2) is added to that
1418 section, and subsection (1) of that section is amended, to read:

1419 383.318 Postpartum care for birth center clients and
1420 infants.—

1421 (1) Except at advanced birth centers that must adhere to

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1422 the requirements of subsection (2), a mother and her infant must
1423 ~~shall~~ be dismissed from a ~~the~~ birth center within 24 hours after
1424 the birth of the infant, except in unusual circumstances as
1425 defined by rule of the agency. If a mother or her infant is
1426 retained at the birth center for more than 24 hours after the
1427 birth, a report must ~~shall~~ be filed with the agency within 48
1428 hours after ~~of~~ the birth and must describe ~~describing~~ the
1429 circumstances and the reasons for the decision.

1430 (2) (a) A mother and her infant must be dismissed from an
1431 advanced birth center within 48 hours after a vaginal delivery
1432 of the infant or within 72 hours after a delivery by cesarean
1433 section, except in unusual circumstances as defined by rule of
1434 the agency.

1435 (b) If a mother or her infant is retained at the advanced
1436 birth center for more than the timeframes set forth in paragraph
1437 (a), a report must be filed with the agency within 48 hours
1438 after the scheduled discharge time and must describe the
1439 circumstances and the reasons for the decision.

1440 Section 14. Subsections (5), (31), and (36) of section
1441 394.455, Florida Statutes, are amended to read:

1442 394.455 Definitions.—As used in this part, the term:

1443 (5) "Clinical psychologist" means a person licensed to
1444 practice psychology under chapter 490 ~~a psychologist as defined~~
1445 ~~in s. 490.003(7) with 3 years of postdoctoral experience in the~~
1446 ~~practice of clinical psychology, inclusive of the experience~~
1447 ~~required for licensure,~~ or a psychologist employed by a facility
1448 operated by the United States Department of Veterans Affairs
1449 that qualifies as a receiving or treatment facility under this
1450 part.

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1451 (31) "Mobile crisis response service" or "mobile response
1452 team" means a nonresidential behavioral health crisis service
1453 available 24 hours per day, 7 days per week which provides
1454 immediate intensive assessments and interventions, including
1455 screening for admission into a mental health receiving facility,
1456 an addictions receiving facility, or a detoxification facility,
1457 for the purpose of identifying appropriate treatment services.

1458 (36) "Psychiatric nurse" means an advanced practice
1459 registered nurse licensed under s. 464.012 who has a master's or
1460 doctoral degree in psychiatric nursing and~~7~~ holds a national
1461 advanced practice certification as a psychiatric mental health
1462 advanced practice nurse, and has 1 year ~~2 years~~ of post-master's
1463 clinical experience under the supervision of a physician.

1464 Section 15. Paragraph (c) of subsection (5) of section
1465 394.457, Florida Statutes, is amended to read:

1466 394.457 Operation and administration.—

1467 (5) RULES.—

1468 (c) The department shall adopt rules establishing minimum
1469 standards for services provided by a mental health overlay
1470 program or a mobile crisis response service. Minimum standards
1471 for a mobile crisis response service must:

1472 1. Include the requirements of the child, adolescent, and
1473 young adult mobile response teams established under s.
1474 394.495(7) and ensure coverage of all counties by these
1475 specified teams; and

1476 2. Create a structure for general mobile response teams
1477 which focuses on crisis diversion and the reduction of
1478 involuntary commitment under this chapter. The structure must
1479 require, but need not be limited to, the following:

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- 1480 a. Triage and rapid crisis intervention within 60 minutes;
1481 b. Provision of and referral to evidence-based services
1482 that are responsive to the needs of the individual and the
1483 individual's family;
1484 c. Screening, assessment, early identification, and care
1485 coordination; and
1486 d. Confirmation that the individual who received the mobile
1487 crisis response was connected to a service provider and
1488 prescribed medications, if needed.

1489 Section 16. Subsections (1) and (3) of section 394.4598,
1490 Florida Statutes, are amended to read:

1491 394.4598 Guardian advocate.—

1492 (1) The administrator may petition the court for the
1493 appointment of a guardian advocate based upon the opinion of a
1494 psychiatrist or psychiatric nurse practicing within the
1495 framework of an established protocol with a psychiatrist that
1496 the patient is incompetent to consent to treatment. If the court
1497 finds that a patient is incompetent to consent to treatment and
1498 has not been adjudicated incapacitated and had a guardian with
1499 the authority to consent to mental health treatment appointed,
1500 the court must ~~it shall~~ appoint a guardian advocate. The patient
1501 has the right to have an attorney represent him or her at the
1502 hearing. If the person is indigent, the court must ~~shall~~ appoint
1503 the office of the public defender to represent him or her at the
1504 hearing. The patient has the right to testify, cross-examine
1505 witnesses, and present witnesses. The proceeding must ~~shall~~ be
1506 recorded, either electronically or stenographically, and
1507 testimony must ~~shall~~ be provided under oath. One of the
1508 professionals authorized to give an opinion in support of a

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1509 petition for involuntary placement, as described in s. 394.4655
1510 or s. 394.467, must testify. A guardian advocate must meet the
1511 qualifications of a guardian contained in part IV of chapter
1512 744, except that a professional referred to in this part, an
1513 employee of the facility providing direct services to the
1514 patient under this part, a departmental employee, a facility
1515 administrator, or member of the Florida local advocacy council
1516 may ~~shall~~ not be appointed. A person ~~who is~~ appointed as a
1517 guardian advocate must agree to the appointment.

1518 (3) A facility requesting appointment of a guardian
1519 advocate must, before ~~prior to~~ the appointment, provide the
1520 prospective guardian advocate with information about the duties
1521 and responsibilities of guardian advocates, including the
1522 information about the ethics of medical decisionmaking. Before
1523 asking a guardian advocate to give consent to treatment for a
1524 patient, the facility shall provide to the guardian advocate
1525 sufficient information so that the guardian advocate can decide
1526 whether to give express and informed consent to the treatment,
1527 including information that the treatment is essential to the
1528 care of the patient, and that the treatment does not present an
1529 unreasonable risk of serious, hazardous, or irreversible side
1530 effects. Before giving consent to treatment, the guardian
1531 advocate must meet and talk with the patient and the patient's
1532 physician or psychiatric nurse practicing within the framework
1533 of an established protocol with a psychiatrist in person, if at
1534 all possible, and by telephone, if not. The decision of the
1535 guardian advocate may be reviewed by the court, upon petition of
1536 the patient's attorney, the patient's family, or the facility
1537 administrator.

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1538 Section 17. Subsection (11) of section 394.4615, Florida
1539 Statutes, is amended to read:

1540 394.4615 Clinical records; confidentiality.—

1541 (11) Patients must ~~shall~~ have reasonable access to their
1542 clinical records, unless such access is determined by the
1543 patient's physician or the patient's psychiatric nurse to be
1544 harmful to the patient. If the patient's right to inspect his or
1545 her clinical record is restricted by the facility, written
1546 notice of such restriction must ~~shall~~ be given to the patient
1547 and the patient's guardian, guardian advocate, attorney, and
1548 representative. In addition, the restriction must ~~shall~~ be
1549 recorded in the clinical record, together with the reasons for
1550 it. The restriction of a patient's right to inspect his or her
1551 clinical record expires ~~shall expire~~ after 7 days but may be
1552 renewed, after review, for subsequent 7-day periods.

1553 Section 18. Paragraph (f) of subsection (1) and subsection
1554 (5) of section 394.4625, Florida Statutes, are amended to read:

1555 394.4625 Voluntary admissions.—

1556 (1) AUTHORITY TO RECEIVE PATIENTS.—

1557 (f) Within 24 hours after admission of a voluntary patient,
1558 the treating ~~admitting~~ physician or psychiatric nurse practicing
1559 within the framework of an established protocol with a
1560 psychiatrist shall document in the patient's clinical record
1561 that the patient is able to give express and informed consent
1562 for admission. If the patient is not able to give express and
1563 informed consent for admission, the facility must ~~shall~~ either
1564 discharge the patient or transfer the patient to involuntary
1565 status pursuant to subsection (5).

1566 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary

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1567 patient, or an authorized person on the patient's behalf, makes
1568 a request for discharge, the request for discharge, unless
1569 freely and voluntarily rescinded, must be communicated to a
1570 physician, a clinical psychologist with at least 3 years of
1571 clinical experience, or a psychiatrist as quickly as possible,
1572 but not later than 12 hours after the request is made. If the
1573 patient meets the criteria for involuntary placement, the
1574 administrator of the facility must file with the court a
1575 petition for involuntary placement, within 2 court working days
1576 after the request for discharge is made. If the petition is not
1577 filed within 2 court working days, the patient must ~~shall~~ be
1578 discharged. Pending the filing of the petition, the patient may
1579 be held and emergency treatment rendered in the least
1580 restrictive manner, upon the written order of a physician or a
1581 psychiatric nurse practicing within the framework of an
1582 established protocol with a psychiatrist, if it is determined
1583 that such treatment is necessary for the safety of the patient
1584 or others.

1585 Section 19. Paragraph (f) of subsection (2) of section
1586 394.463, Florida Statutes, is amended to read:

1587 394.463 Involuntary examination.—

1588 (2) INVOLUNTARY EXAMINATION.—

1589 (f) A patient must ~~shall~~ be examined by a physician or a
1590 clinical psychologist, or by a psychiatric nurse performing
1591 within the framework of an established protocol with a
1592 psychiatrist at a facility without unnecessary delay to
1593 determine if the criteria for involuntary services are met.
1594 Emergency treatment may be provided upon the order of a
1595 physician or a psychiatric nurse practicing within the framework

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1596 of an established protocol with a psychiatrist if the physician
1597 or psychiatric nurse determines that such treatment is necessary
1598 for the safety of the patient or others. The patient may not be
1599 released by the receiving facility or its contractor without the
1600 documented approval of a psychiatrist or a clinical psychologist
1601 with at least 3 years of clinical experience or, if the
1602 receiving facility is owned or operated by a hospital, health
1603 system, or nationally accredited community mental health center,
1604 the release may also be approved by a psychiatric nurse
1605 performing within the framework of an established protocol with
1606 a psychiatrist, or an attending emergency department physician
1607 with experience in the diagnosis and treatment of mental illness
1608 after completion of an involuntary examination pursuant to this
1609 subsection. A psychiatric nurse may not approve the release of a
1610 patient if the involuntary examination was initiated by a
1611 psychiatrist unless the release is approved by the initiating
1612 psychiatrist. The release may be approved through telehealth.

1613 Section 20. Paragraphs (a) and (b) of subsection (3),
1614 paragraph (b) of subsection (7), and paragraph (a) of subsection
1615 (8) of section 394.4655, Florida Statutes, are amended to read:

1616 394.4655 Involuntary outpatient services.—

1617 (3) INVOLUNTARY OUTPATIENT SERVICES.—

1618 (a)1. A patient who is being recommended for involuntary
1619 outpatient services by the administrator of the facility where
1620 the patient has been examined may be retained by the facility
1621 after adherence to the notice procedures provided in s.

1622 394.4599. The recommendation must be supported by the opinion of
1623 a psychiatrist and the second opinion of a clinical psychologist
1624 with at least 3 years of clinical experience, ~~or~~ another

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1625 psychiatrist, or a psychiatric nurse practicing within the
1626 framework of an established protocol with a psychiatrist, both
1627 of whom have personally examined the patient within the
1628 preceding 72 hours, that the criteria for involuntary outpatient
1629 services are met. However, if the administrator certifies that a
1630 psychiatrist or a clinical psychologist with at least 3 years of
1631 clinical experience is not available to provide the second
1632 opinion, the second opinion may be provided by a licensed
1633 physician who has postgraduate training and experience in
1634 diagnosis and treatment of mental illness, a physician assistant
1635 who has at least 3 years' experience and is supervised by such
1636 licensed physician or a psychiatrist, a clinical social worker,
1637 a clinical psychologist with less than 3 years of clinical
1638 experience, or by a psychiatric nurse. Any second opinion
1639 authorized in this subparagraph may be conducted through a face-
1640 to-face examination, in person or by electronic means. Such
1641 recommendation must be entered on an involuntary outpatient
1642 services certificate that authorizes the facility to retain the
1643 patient pending completion of a hearing. The certificate must be
1644 made a part of the patient's clinical record.

1645 2. If the patient has been stabilized and no longer meets
1646 the criteria for involuntary examination pursuant to s.
1647 394.463(1), the patient must be released from the facility while
1648 awaiting the hearing for involuntary outpatient services. Before
1649 filing a petition for involuntary outpatient services, the
1650 administrator of the facility or a designated department
1651 representative must identify the service provider that will have
1652 primary responsibility for service provision under an order for
1653 involuntary outpatient services, unless the person is otherwise

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1654 participating in outpatient psychiatric treatment and is not in
1655 need of public financing for that treatment, in which case the
1656 individual, if eligible, may be ordered to involuntary treatment
1657 pursuant to the existing psychiatric treatment relationship.

1658 3. The service provider shall prepare a written proposed
1659 treatment plan in consultation with the patient or the patient's
1660 guardian advocate, if appointed, for the court's consideration
1661 for inclusion in the involuntary outpatient services order that
1662 addresses the nature and extent of the mental illness and any
1663 co-occurring substance use disorder that necessitate involuntary
1664 outpatient services. The treatment plan must specify the likely
1665 level of care, including the use of medication, and anticipated
1666 discharge criteria for terminating involuntary outpatient
1667 services. Service providers may select and supervise other
1668 individuals to implement specific aspects of the treatment plan.
1669 The services in the plan must be deemed clinically appropriate
1670 by a physician, clinical psychologist, psychiatric nurse, mental
1671 health counselor, marriage and family therapist, or clinical
1672 social worker who consults with, or is employed or contracted
1673 by, the service provider. The service provider must certify to
1674 the court in the proposed plan whether sufficient services for
1675 improvement and stabilization are currently available and
1676 whether the service provider agrees to provide those services.
1677 If the service provider certifies that the services in the
1678 proposed treatment plan are not available, the petitioner may
1679 not file the petition. The service provider must notify the
1680 managing entity if the requested services are not available. The
1681 managing entity must document such efforts to obtain the
1682 requested services.

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1683 (b) If a patient in involuntary inpatient placement meets
1684 the criteria for involuntary outpatient services, the
1685 administrator of the facility may, before the expiration of the
1686 period during which the facility is authorized to retain the
1687 patient, recommend involuntary outpatient services. The
1688 recommendation must be supported by the opinion of a
1689 psychiatrist and the second opinion of a clinical psychologist
1690 with at least 3 years of clinical experience, or another
1691 psychiatrist, or a psychiatric nurse practicing within the
1692 framework of an established protocol with a psychiatrist, both
1693 of whom have personally examined the patient within the
1694 preceding 72 hours, that the criteria for involuntary outpatient
1695 services are met. However, if the administrator certifies that a
1696 psychiatrist or a clinical psychologist with at least 3 years of
1697 clinical experience is not available to provide the second
1698 opinion, the second opinion may be provided by a licensed
1699 physician who has postgraduate training and experience in
1700 diagnosis and treatment of mental illness, a physician assistant
1701 who has at least 3 years' experience and is supervised by such
1702 licensed physician or a psychiatrist, a clinical social worker,
1703 a clinical psychologist with less than 3 years of clinical
1704 experience, or by a psychiatric nurse. Any second opinion
1705 authorized in this subparagraph may be conducted through a face-
1706 to-face examination, in person or by electronic means. Such
1707 recommendation must be entered on an involuntary outpatient
1708 services certificate, and the certificate must be made a part of
1709 the patient's clinical record.

1710 (7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—

1711 (b)1. If the court concludes that the patient meets the

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1712 criteria for involuntary outpatient services pursuant to
1713 subsection (2), the court must ~~shall~~ issue an order for
1714 involuntary outpatient services. The court order must ~~shall~~ be
1715 for a period of up to 90 days. The order must specify the nature
1716 and extent of the patient's mental illness. The order of the
1717 court and the treatment plan must be made part of the patient's
1718 clinical record. The service provider shall discharge a patient
1719 from involuntary outpatient services when the order expires or
1720 any time the patient no longer meets the criteria for
1721 involuntary placement. Upon discharge, the service provider
1722 shall send a certificate of discharge to the court.

1723 2. The court may not order the department or the service
1724 provider to provide services if the program or service is not
1725 available in the patient's local community, if there is no space
1726 available in the program or service for the patient, or if
1727 funding is not available for the program or service. The service
1728 provider must notify the managing entity if the requested
1729 services are not available. The managing entity must document
1730 such efforts to obtain the requested services. A copy of the
1731 order must be sent to the managing entity by the service
1732 provider within 1 working day after it is received from the
1733 court. The order may be submitted electronically through
1734 existing data systems. After the order for involuntary services
1735 is issued, the service provider and the patient may modify the
1736 treatment plan. For any material modification of the treatment
1737 plan to which the patient or, if one is appointed, the patient's
1738 guardian advocate agrees, the service provider shall send notice
1739 of the modification to the court. Any material modifications of
1740 the treatment plan which are contested by the patient or the

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1741 patient's guardian advocate, if applicable, must be approved or
1742 disapproved by the court consistent with subsection (3).

1743 3. If, in the clinical judgment of a physician or a
1744 psychiatric nurse practicing within the framework of an
1745 established protocol with a psychiatrist, the patient has failed
1746 or has refused to comply with the treatment ordered by the
1747 court, and, in the clinical judgment of the physician or
1748 psychiatric nurse, efforts were made to solicit compliance and
1749 the patient may meet the criteria for involuntary examination, a
1750 person may be brought to a receiving facility pursuant to s.
1751 394.463. If, after examination, the patient does not meet the
1752 criteria for involuntary inpatient placement pursuant to s.
1753 394.467, the patient must be discharged from the facility. The
1754 involuntary outpatient services order must ~~shall~~ remain in
1755 effect unless the service provider determines that the patient
1756 no longer meets the criteria for involuntary outpatient services
1757 or until the order expires. The service provider must determine
1758 whether modifications should be made to the existing treatment
1759 plan and must attempt to continue to engage the patient in
1760 treatment. For any material modification of the treatment plan
1761 to which the patient or the patient's guardian advocate, if
1762 applicable, agrees, the service provider shall send notice of
1763 the modification to the court. Any material modifications of the
1764 treatment plan which are contested by the patient or the
1765 patient's guardian advocate, if applicable, must be approved or
1766 disapproved by the court consistent with subsection (3).

1767 (8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
1768 SERVICES.—

1769 (a)1. If the person continues to meet the criteria for

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1770 involuntary outpatient services, the service provider must
1771 ~~shall~~, at least 10 days before the expiration of the period
1772 during which the treatment is ordered for the person, file in
1773 the court that issued the order for involuntary outpatient
1774 services a petition for continued involuntary outpatient
1775 services. The court shall immediately schedule a hearing on the
1776 petition to be held within 15 days after the petition is filed.

1777 2. The existing involuntary outpatient services order
1778 remains in effect until disposition on the petition for
1779 continued involuntary outpatient services.

1780 3. A certificate must ~~shall~~ be attached to the petition
1781 which includes a statement from the person's physician or a
1782 clinical psychologist with at least 3 years of clinical
1783 experience justifying the request, a brief description of the
1784 patient's treatment during the time he or she was receiving
1785 involuntary services, and an individualized plan of continued
1786 treatment.

1787 4. The service provider shall develop the individualized
1788 plan of continued treatment in consultation with the patient or
1789 the patient's guardian advocate, if applicable. When the
1790 petition has been filed, the clerk of the court shall provide
1791 copies of the certificate and the individualized plan of
1792 continued services to the department, the patient, the patient's
1793 guardian advocate, the state attorney, and the patient's private
1794 counsel or the public defender.

1795 Section 21. Subsection (2) of section 394.467, Florida
1796 Statutes, is amended to read:

1797 394.467 Involuntary inpatient placement.—

1798 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be

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1799 retained by a facility or involuntarily placed in a treatment
1800 facility upon the recommendation of the administrator of the
1801 facility where the patient has been examined and after adherence
1802 to the notice and hearing procedures provided in s. 394.4599.
1803 The recommendation must be supported by the opinion of a
1804 psychiatrist and the second opinion of a clinical psychologist
1805 with at least 3 years of clinical experience, ~~or~~ another
1806 psychiatrist, or a psychiatric nurse practicing within the
1807 framework of an established protocol with a psychiatrist, both
1808 of whom have personally examined the patient within the
1809 preceding 72 hours, that the criteria for involuntary inpatient
1810 placement are met. However, if the administrator certifies that
1811 a psychiatrist or a clinical psychologist with at least 3 years
1812 of clinical experience is not available to provide the second
1813 opinion, the second opinion may be provided by a licensed
1814 physician who has postgraduate training and experience in
1815 diagnosis and treatment of mental illness, a clinical
1816 psychologist with less than 3 years of clinical experience, or
1817 ~~by~~ a psychiatric nurse. Any opinion authorized in this
1818 subsection may be conducted through a face-to-face examination,
1819 in person, or by electronic means. Such recommendation must
1820 ~~shall~~ be entered on a petition for involuntary inpatient
1821 placement certificate that authorizes the facility to retain the
1822 patient pending transfer to a treatment facility or completion
1823 of a hearing.

1824 Section 22. Subsection (1) of section 394.4781, Florida
1825 Statutes, is amended to read:

1826 394.4781 Residential care for psychotic and emotionally
1827 disturbed children.—

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1828 (1) DEFINITIONS.—As used in this section, the term:
1829 (b)~~(a)~~ “Psychotic or severely emotionally disturbed child”
1830 means a child so diagnosed by a psychiatrist or a clinical
1831 psychologist with at least 3 years of clinical experience, each
1832 of whom must have ~~who has~~ specialty training and experience with
1833 children. Such a severely emotionally disturbed child or
1834 psychotic child shall be considered by this diagnosis to benefit
1835 by and require residential care as contemplated by this section.

1836 (a)~~(b)~~ “Department” means the Department of Children and
1837 Families.

1838 Section 23. Subsection (2) of section 394.4785, Florida
1839 Statutes, is amended to read:

1840 394.4785 Children and adolescents; admission and placement
1841 in mental facilities.—

1842 (2) A person under the age of 14 who is admitted to any
1843 hospital licensed pursuant to chapter 395 may not be admitted to
1844 a bed in a room or ward with an adult patient in a mental health
1845 unit or share common areas with an adult patient in a mental
1846 health unit. However, a person 14 years of age or older may be
1847 admitted to a bed in a room or ward in the mental health unit
1848 with an adult if the admitting physician or psychiatric nurse
1849 documents in the case record that such placement is medically
1850 indicated or for reasons of safety. Such placement must ~~shall~~ be
1851 reviewed by the attending physician or a designee or on-call
1852 physician each day and documented in the case record.

1853 Section 24. Effective upon this act becoming a law, the
1854 Agency for Health Care Administration shall seek federal
1855 approval for coverage and reimbursement authority for mobile
1856 crisis response services pursuant to 42 U.S.C. s. 1396w-6. The

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1857 Department of Children and Families must coordinate with the
1858 Agency for Health Care Administration to educate contracted
1859 providers of child, adolescent, and young adult mobile response
1860 team services on the process to enroll as a Medicaid provider;
1861 encourage and incentivize enrollment as a Medicaid provider; and
1862 reduce barriers to maximizing federal reimbursement for
1863 community-based mobile crisis response services.

1864 Section 25. Paragraph (a) of subsection (1) of section
1865 394.875, Florida Statutes, is amended to read:

1866 394.875 Crisis stabilization units, residential treatment
1867 facilities, and residential treatment centers for children and
1868 adolescents; authorized services; license required.—

1869 (1) (a) The purpose of a crisis stabilization unit is to
1870 stabilize and redirect a client to the most appropriate and
1871 least restrictive community setting available, consistent with
1872 the client's needs. Crisis stabilization units may screen,
1873 assess, and admit for stabilization persons who present
1874 themselves to the unit and persons who are brought to the unit
1875 under s. 394.463. Clients may be provided 24-hour observation,
1876 medication prescribed by a physician, ~~or~~ psychiatrist, or
1877 psychiatric nurse performing within the framework of an
1878 established protocol with a psychiatrist, and other appropriate
1879 services. Crisis stabilization units shall provide services
1880 regardless of the client's ability to pay and shall be limited
1881 in size to a maximum of 30 beds.

1882 Section 26. Paragraphs (i) and (j) are added to subsection
1883 (1) of section 395.1055, Florida Statutes, to read:

1884 395.1055 Rules and enforcement.—

1885 (1) The agency shall adopt rules pursuant to ss. 120.536(1)

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1886 and 120.54 to implement the provisions of this part, which shall
1887 include reasonable and fair minimum standards for ensuring that:

1888 (i) A hospital that accepts payment from any medical school
1889 in exchange for, or directly or indirectly related to, allowing
1890 students from the medical school to obtain clinical hours or
1891 instruction at that hospital gives priority to medical students
1892 enrolled in a medical school listed in s. 458.3145(1)(i),
1893 regardless of such payments.

1894 (j) All hospitals with an emergency department, including
1895 hospital-based off-campus emergency departments, submit to the
1896 agency for approval a nonemergent care access plan (NCAP) for
1897 assisting patients to gain access to appropriate care settings
1898 when they either present at the emergency department with
1899 nonemergent health care needs or indicate, when receiving a
1900 medical screening examination, triage, or treatment at the
1901 hospital, that they lack regular access to primary care.

1902 Effective July 1, 2025, such NCAP must be approved by the agency
1903 before the hospital may receive initial licensure or licensure
1904 renewal occurring after that date. A hospital with an approved
1905 NCAP must submit data to the agency demonstrating the
1906 implementation and results of its plan as part of the licensure
1907 renewal process and must update the plan as necessary, or as
1908 directed by the agency, before each licensure renewal. An NCAP
1909 must include:

1910 1. Procedures that ensure the plan does not conflict or
1911 interfere with the hospital's duties and responsibilities under
1912 s. 395.1041 or 42 U.S.C. s. 1395dd;

1913 2. Procedures to educate such patients about care that
1914 would be best provided in a primary care setting and the

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1915 importance of receiving regular primary care; and

1916 3. At least one of the following:

1917 a. A collaborative partnership with one or more nearby
1918 federally qualified health centers or other primary care
1919 settings. The goals of such partnership must include, but need
1920 not be limited to, identifying patients who have presented at
1921 the emergency department for nonemergent care, care that would
1922 best be provided in a primary care setting, or emergency care
1923 that could potentially have been avoided through the regular
1924 provision of primary care, and, if such a patient indicates that
1925 he or she lacks regular access to primary care, proactively
1926 seeking to establish a relationship between the patient and the
1927 federally qualified health center or other primary care setting
1928 so that the patient develops a medical home at such setting for
1929 nonemergent and preventive health care services. A hospital that
1930 establishes one or more collaborative partnerships under this
1931 sub-subparagraph may not enter into an arrangement relating to
1932 such partnership which would prevent a federally qualified
1933 health center or other primary care setting from establishing
1934 collaborative partnerships with other hospitals.

1935 b. The establishment, construction, and operation of a
1936 hospital-owned urgent care center colocated within or adjacent
1937 to the hospital emergency department location. After the
1938 hospital conducts a medical screening examination, and if
1939 appropriate for the patient's needs, the hospital may seek to
1940 divert to the urgent care center a patient who presents at the
1941 emergency department needing nonemergent health care services.
1942 An NCAP with procedures for diverting a patient from the
1943 emergency department in this manner must include procedures for

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1944 assisting such patient in identifying appropriate primary care
1945 settings, providing a current list, with contact information, of
1946 such settings within 20 miles of the hospital location, and
1947 subsequently assisting the patient in arranging for a follow-up
1948 examination in a primary care setting, as appropriate for the
1949 patient.

1950
1951 For such patients who are enrolled in the Medicaid program and
1952 are members of a Medicaid managed care plan, the hospital's NCAP
1953 must include outreach to the patient's Medicaid managed care
1954 plan and coordination with the managed care plan for
1955 establishing a relationship between the patient and a primary
1956 care setting as appropriate for the patient, which may include a
1957 federally qualified health center or other primary care setting
1958 with which the hospital has a collaborative partnership. For
1959 such a Medicaid enrollee, the agency shall establish a process
1960 for the hospital to share updated contact information for the
1961 patient, if such information is in the hospital's possession,
1962 with the patient's managed care plan. This paragraph may not be
1963 construed to preclude a hospital from complying with s. 395.1041
1964 or 42 U.S.C. s. 1395dd.

1965 Section 27. Present subsections (5) and (6) of section
1966 408.051, Florida Statutes, are redesignated as subsections (6)
1967 and (7), respectively, and a new subsection (5) is added to that
1968 section, to read:

1969 408.051 Florida Electronic Health Records Exchange Act.—

1970 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002(12)
1971 which maintains certified electronic health record technology
1972 must make available admit, transfer, and discharge data to the

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1973 agency's Florida Health Information Exchange program for the
1974 purpose of supporting public health data registries and patient
1975 care coordination. The agency may adopt rules to implement this
1976 subsection.

1977 Section 28. Present subsection (8) of section 409.909,
1978 Florida Statutes, is redesignated as subsection (10), a new
1979 subsection (8) and subsection (9) are added to that section, and
1980 paragraph (a) of subsection (6) of that section is amended, to
1981 read:

1982 409.909 Statewide Medicaid Residency Program.—

1983 (6) The Slots for Doctors Program is established to address
1984 the physician workforce shortage by increasing the supply of
1985 highly trained physicians through the creation of new resident
1986 positions, which will increase access to care and improve health
1987 outcomes for Medicaid recipients.

1988 (a)1. Notwithstanding subsection (4), the agency shall
1989 annually allocate \$100,000 to hospitals and qualifying
1990 institutions for each newly created resident position that is
1991 first filled on or after June 1, 2023, and filled thereafter,
1992 and that is accredited by the Accreditation Council for Graduate
1993 Medical Education or the Osteopathic Postdoctoral Training
1994 Institution in an initial or established accredited training
1995 program which is in a physician specialty or subspecialty in a
1996 statewide supply-and-demand deficit.

1997 2. Notwithstanding the requirement that a new resident
1998 position be created to receive funding under this subsection,
1999 the agency may allocate \$100,000 to hospitals and qualifying
2000 institutions, pursuant to subparagraph 1., for up to 200
2001 resident positions that existed before July 1, 2023, if such

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2002 resident position:

2003 a. Is in a physician specialty or subspecialty experiencing
2004 a statewide supply-and-demand deficit;

2005 b. Has been unfilled for a period of 3 or more years;

2006 c. Is subsequently filled on or after June 1, 2024, and
2007 remains filled thereafter; and

2008 d. Is accredited by the Accreditation Council for Graduate
2009 Medical Education or the Osteopathic Postdoctoral Training
2010 Institution in an initial or established accredited training
2011 program.

2012 3. If applications for resident positions under this
2013 paragraph exceed the number of authorized resident positions or
2014 the available funding allocated, the agency shall prioritize
2015 applications for resident positions that are in a primary care
2016 specialty as specified in paragraph (2) (a).

2017 (8) If a hospital or qualifying institution receives state
2018 funds, including, but not limited to, intergovernmental
2019 transfers, under any of the programs established under this
2020 chapter, that hospital or qualifying institution must annually
2021 report to the agency data on each resident position funded.

2022 (a) Specific to funds allocated under this section, other
2023 than funds allocated pursuant to subsection (5), the data
2024 required to be reported under this subsection must include, but
2025 is not limited to, all of the following:

2026 1. The sponsoring institution for the resident position. As
2027 used in this section, the term "sponsoring institution" means an
2028 organization that oversees, supports, and administers one or
2029 more resident positions.

2030 2. The year the position was created and the current

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2031 program year of the resident who is filling the position.

2032 3. Whether the position is currently filled and whether
2033 there has been any period of time when it was not filled.

2034 4. The specialty or subspecialty for which the position is
2035 accredited and whether the position is a fellowship position.

2036 5. Each state funding source that was used to create the
2037 position or is being used to maintain the position, and the
2038 general purpose for which the funds were used.

2039 (b) Specific to funds allocated pursuant to subsection (5)
2040 on or after July 1, 2021, the data must include, but is not
2041 limited to, all of the following:

2042 1. The date on which the hospital or qualifying institution
2043 applied for funds under the program.

2044 2. The date on which the position funded by the program
2045 became accredited.

2046 3. The date on which the position was first filled and
2047 whether it has remained filled.

2048 4. The specialty of the position created.

2049 (c) Beginning on July 1, 2025, each hospital or qualifying
2050 institution shall annually produce detailed financial records no
2051 later than 30 days after the end of its fiscal year, detailing
2052 the manner in which state funds allocated under this section
2053 were expended. This requirement does not apply to funds
2054 allocated before July 1, 2025. The agency may also require that
2055 any hospital or qualifying institution submit to an audit of its
2056 financial records related to funds allocated under this section
2057 after July 1, 2025.

2058 (d) If a hospital or qualifying institution fails to
2059 produce records as required by this section, such hospital or

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2060 qualifying institution is no longer eligible to participate in
2061 any program established under this section until the hospital or
2062 qualifying institution has met the agency's requirements for
2063 producing the required records.

2064 (e) Upon completion of a residency, each hospital or
2065 qualifying institution must request that the resident fill out
2066 an exit survey on a form developed by the agency. The completed
2067 exit surveys must be provided to the agency annually. The exit
2068 survey must include, but need not be limited to, questions on
2069 all of the following:

2070 1. Whether the exiting resident has procured employment.

2071 2. Whether the exiting resident plans to leave the state
2072 and, if so, for which reasons.

2073 3. Where and in which specialty the exiting resident
2074 intends to practice.

2075 4. Whether the exiting resident envisions himself or
2076 herself working in the medical field as a long-term career.

2077 (9) The Graduate Medical Education Committee is created
2078 within the agency.

2079 (a) The committee shall be composed of the following
2080 members:

2081 1. Three deans, or their designees, from medical schools in
2082 this state, appointed by the chair of the Council of Florida
2083 Medical School Deans.

2084 2. Four members appointed by the Governor, one of whom is a
2085 representative of the Florida Medical Association or the Florida
2086 Osteopathic Medical Association who has supervised or is
2087 currently supervising residents, one of whom is a member of the
2088 Florida Hospital Association, one of whom is a member of the

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2089 Safety Net Hospital Alliance, and one of whom is a physician
2090 licensed under chapter 458 or chapter 459 practicing at a
2091 qualifying institution.

2092 3. Two members appointed by the Secretary of Health Care
2093 Administration, one of whom represents a statutory teaching
2094 hospital as defined in s. 408.07(46) and one of whom is a
2095 physician who has supervised or is currently supervising
2096 residents.

2097 4. Two members appointed by the State Surgeon General, one
2098 of whom must represent a teaching hospital as defined in s.
2099 408.07 and one of whom is a physician who has supervised or is
2100 currently supervising residents or interns.

2101 5. Two members, one appointed by the President of the
2102 Senate and one appointed by the Speaker of the House of the
2103 Representatives.

2104 (b)1. The members of the committee appointed under
2105 subparagraph (a)1. shall serve 4-year terms. When such members'
2106 terms expire, the chair of the Council of Florida Medical School
2107 Deans shall appoint new members as detailed in paragraph (a)1.
2108 from different medical schools on a rotating basis and may not
2109 reappoint a dean from a medical school that has been represented
2110 on the committee until all medical schools in the state have had
2111 an opportunity to be represented on the committee.

2112 2. The members of the committee appointed under
2113 subparagraphs (a)2., 3., and 4. shall serve 4-year terms, with
2114 the initial term being 3 years for members appointed under
2115 subparagraph (a)4. and 2 years for members appointed under
2116 subparagraph (a)3. The committee shall elect a chair to serve
2117 for a 1-year term.

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2118 (c) Members shall serve without compensation but are
2119 entitled to reimbursement for per diem and travel expenses
2120 pursuant to s. 112.061.

2121 (d) The committee shall convene its first meeting by July
2122 1, 2024, and shall meet as often as necessary to conduct its
2123 business, but at least twice annually, at the call of the chair.
2124 The committee may conduct its meetings though teleconference or
2125 other electronic means. A majority of the members of the
2126 committee constitutes a quorum, and a meeting may not be held
2127 with less than a quorum present. The affirmative vote of a
2128 majority of the members of the committee present is necessary
2129 for any official action by the committee.

2130 (e) Beginning on July 1, 2025, the committee shall submit
2131 an annual report to the Governor, the President of the Senate,
2132 and the Speaker of the House of Representatives which must, at a
2133 minimum, detail all of the following:

2134 1. The role of residents and medical faculty in the
2135 provision of health care.

2136 2. The relationship of graduate medical education to the
2137 state's physician workforce.

2138 3. The typical workload for residents and the role such
2139 workload plays in retaining physicians in the long-term
2140 workforce.

2141 4. The costs of training medical residents for hospitals
2142 and qualifying institutions.

2143 5. The availability and adequacy of all sources of revenue
2144 available to support graduate medical education.

2145 6. The use of state funds, including, but not limited to,
2146 intergovernmental transfers, for graduate medical education for

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2147 each hospital or qualifying institution receiving such funds.

2148 (f) The agency shall provide reasonable and necessary
2149 support staff and materials to assist the committee in the
2150 performance of its duties. The agency shall also provide the
2151 information obtained pursuant to subsection (8) to the committee
2152 and assist the committee, as requested, in obtaining any other
2153 information deemed necessary by the committee to produce its
2154 report.

2155 Section 29. Section 409.91256, Florida Statutes, is created
2156 to read:

2157 409.91256 Training, Education, and Clinicals in Health
2158 (TEACH) Funding Program.—

2159 (1) PURPOSE AND INTENT.—The Training, Education, and
2160 Clinicals in Health (TEACH) Funding Program is created to
2161 provide a high-quality educational experience while supporting
2162 participating federally qualified health centers, community
2163 mental health centers, rural health clinics, and certified
2164 community behavioral health clinics by offsetting administrative
2165 costs and loss of revenue associated with training residents and
2166 students to become licensed health care practitioners. Further,
2167 it is the intent of the Legislature to use the program to
2168 support the state Medicaid program and underserved populations
2169 by expanding the available health care workforce.

2170 (2) DEFINITIONS.—As used in this section, the term:

2171 (a) "Agency" means the Agency for Health Care
2172 Administration.

2173 (b) "Preceptor" means a Florida-licensed health care
2174 practitioner who directs, teaches, supervises, and evaluates the
2175 learning experience of a resident or student during a clinical

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2176 rotation.

2177 (c) "Primary care specialty" means general internal
2178 medicine, family medicine, obstetrics and gynecology, general
2179 pediatrics, psychiatry, geriatric medicine, or any other
2180 specialty the agency identifies as primary care.

2181 (d) "Qualified facility" means a federally qualified health
2182 center, a community mental health center, rural health clinic,
2183 or a certified community behavioral health clinic.

2184 (3) APPLICATION FOR REIMBURSEMENT; AGREEMENTS;
2185 PARTICIPATION REQUIREMENTS.—The agency shall develop an
2186 application process for qualified facilities to apply for funds
2187 to offset the administrative costs and loss of revenue
2188 associated with establishing, maintaining, or expanding a
2189 clinical training program. Upon approving an application, the
2190 agency shall enter into an agreement with the qualified facility
2191 which, at minimum, must require the qualified facility to do all
2192 of the following:

2193 (a) Agree to provide appropriate supervision or precepting
2194 for one or more of the following categories of residents or
2195 students:

2196 1. Allopathic or osteopathic residents pursuing a primary
2197 care specialty.

2198 2. Dental residents.

2199 3. Advanced practice registered nursing students pursuing a
2200 primary care specialty.

2201 4. Nursing students.

2202 5. Allopathic or osteopathic medical students.

2203 6. Dental students.

2204 7. Dental hygiene students.

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2205 8. Physician assistant students.

2206 9. Behavioral health students, including students studying
2207 psychology, clinical social work, marriage and family therapy,
2208 or mental health counseling.

2209 (b) Meet and maintain all requirements to operate an
2210 accredited residency program if the qualified facility operates
2211 a residency program.

2212 (c) Obtain and maintain accreditation from an accreditation
2213 body approved by the agency if the qualified facility provides
2214 clinical rotations.

2215 (d) Ensure that clinical preceptors meet agency standards
2216 for precepting students, including the completion of any
2217 training required by the agency.

2218 (e) Submit quarterly reports to the agency by the first day
2219 of the second month following the end of a quarter to obtain
2220 reimbursement. At a minimum, the report must include all of the
2221 following:

2222 1. The type of residency or clinical rotation offered by
2223 the qualified facility, the number of residents or students
2224 participating in each type of clinical rotation or residency,
2225 and the number of hours worked by each resident or student each
2226 month.

2227 2. Evaluations by the residents and student participants of
2228 the clinical experience on an evaluation form developed by the
2229 agency.

2230 3. An itemized list of administrative costs associated with
2231 the operation of the clinical training program, including
2232 accreditation costs and other costs relating to the creation,
2233 implementation, and maintenance of the program.

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2234 4. A calculation of lost revenue associated with operating
2235 the clinical training program.

2236 (4) TRAINING.—The agency, in consultation with the
2237 Department of Health, shall develop, or contract for the
2238 development of, training for preceptors and make such training
2239 available in either a live or electronic format. The agency
2240 shall also provide technical support for preceptors.

2241 (5) REIMBURSEMENT.—Qualified facilities may be reimbursed
2242 under this section only to offset the administrative costs or
2243 lost revenue associated with training students, allopathic
2244 residents, osteopathic residents, or dental residents who are
2245 enrolled in an accredited educational or residency program based
2246 in this state.

2247 (a) Subject to an appropriation, the agency may reimburse a
2248 qualified facility based on the number of clinical training
2249 hours reported under subparagraph (3) (e)1. The allowed
2250 reimbursement per student is as follows:

- 2251 1. A medical or dental resident at a rate of \$50 per hour.
- 2252 2. A first-year medical student at a rate of \$27 per hour.
- 2253 3. A second-year medical student at a rate of \$27 per hour.
- 2254 4. A third-year medical student at a rate of \$29 per hour.
- 2255 5. A fourth-year medical student at a rate of \$29 per hour.
- 2256 6. A dental student at a rate of \$22 per hour.
- 2257 7. An advanced practice registered nursing student at a
2258 rate of \$22 per hour.
- 2259 8. A physician assistant student at a rate of \$22 per hour.
- 2260 9. A behavioral health student at a rate of \$15 per hour.
- 2261 10. A dental hygiene student at a rate of \$15 per hour.

2262 (b) A qualified facility may not be reimbursed more than

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2263 \$75,000 per fiscal year; however, if it operates a residency
2264 program, it may be reimbursed up to \$100,000 each fiscal year.

2265 (6) DATA.—A qualified facility that receives payment under
2266 the program shall furnish information requested by the agency
2267 for the purpose of the agency's duties under subsections (7) and
2268 (8).

2269 (7) REPORTS.—By December 1, 2025, and each December 1
2270 thereafter, the agency shall submit to the Governor, the
2271 President of the Senate, and the Speaker of the House of
2272 Representatives a report detailing the effects of the program
2273 for the prior fiscal year, including, but not limited to, all of
2274 the following:

2275 (a) The number of students trained in the program, by
2276 school, area of study, and clinical hours earned.

2277 (b) The number of students trained and the amount of
2278 program funds received by each participating qualified facility.

2279 (c) The number of program participants found to be employed
2280 by a participating qualified facility or in a federally
2281 designated health professional shortage area upon completion of
2282 their education and training.

2283 (d) Any other data the agency deems useful for determining
2284 the effectiveness of the program.

2285 (8) EVALUATION.—The agency shall contract with an
2286 independent third party to develop and conduct a design study to
2287 evaluate the impact of the TEACH funding program, including, but
2288 not limited to, the program's effectiveness in both of the
2289 following areas:

2290 (a) Enabling qualified facilities to provide clinical
2291 rotations and residency opportunities to students and medical

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2292 school graduates, as applicable.

2293 (b) Enabling the recruitment and retention of health care
2294 professionals in geographic and practice areas experiencing
2295 shortages.

2296
2297 The agency shall begin collecting data for the study by January
2298 1, 2025, and shall submit the results of the study to the
2299 Governor, the President of the Senate, and the Speaker of the
2300 House of Representatives by January 1, 2030.

2301 (9) RULES.—The agency may adopt rules to implement this
2302 section.

2303 (10) FEDERAL FUNDING.—The agency shall seek federal
2304 approval to use Title XIX matching funds for the program.

2305 (11) SUNSET.—This section is repealed on July 1, 2034.

2306 Section 30. Paragraph (e) of subsection (2) of section
2307 409.967, Florida Statutes, is amended to read:

2308 409.967 Managed care plan accountability.—

2309 (2) The agency shall establish such contract requirements
2310 as are necessary for the operation of the statewide managed care
2311 program. In addition to any other provisions the agency may deem
2312 necessary, the contract must require:

2313 (e) *Encounter data.*—The agency shall maintain and operate a
2314 Medicaid Encounter Data System to collect, process, store, and
2315 report on covered services provided to all Medicaid recipients
2316 enrolled in prepaid plans.

2317 1. Each prepaid plan must comply with the agency's
2318 reporting requirements for the Medicaid Encounter Data System.
2319 Prepaid plans must submit encounter data electronically in a
2320 format that complies with the Health Insurance Portability and

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2321 Accountability Act provisions for electronic claims and in
2322 accordance with deadlines established by the agency. Prepaid
2323 plans must certify that the data reported is accurate and
2324 complete.

2325 2. The agency is responsible for validating the data
2326 submitted by the plans. The agency shall develop methods and
2327 protocols for ongoing analysis of the encounter data that
2328 adjusts for differences in characteristics of prepaid plan
2329 enrollees to allow comparison of service utilization among plans
2330 and against expected levels of use. The analysis shall be used
2331 to identify possible cases of systemic underutilization or
2332 denials of claims and inappropriate service utilization such as
2333 higher-than-expected emergency department encounters. The
2334 analysis shall provide periodic feedback to the plans and enable
2335 the agency to establish corrective action plans when necessary.
2336 One of the focus areas for the analysis shall be the use of
2337 prescription drugs.

2338 3. The agency shall make encounter data available to those
2339 plans accepting enrollees who are assigned to them from other
2340 plans leaving a region.

2341 4. The agency shall annually produce a report entitled
2342 "Analysis of Potentially Preventable Health Care Events of
2343 Florida Medicaid Enrollees." The report must include, but need
2344 not be limited to, an analysis of the potentially preventable
2345 hospital emergency department visits, hospital admissions, and
2346 hospital readmissions that occurred during the previous state
2347 fiscal year which may have been prevented with better access to
2348 primary care, improved medication management, or better
2349 coordination of care, reported by age, eligibility group,

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2350 managed care plan, and region, including conditions contributing
2351 to each potentially preventable event or category of potentially
2352 preventable events. The agency may include any other data or
2353 analysis parameters to augment the report which it deems
2354 pertinent to the analysis. The report must demonstrate trends
2355 using applicable historical data. The agency shall submit the
2356 report to the Governor, the President of the Senate, and the
2357 Speaker of the House of Representatives by October 1, 2024, and
2358 each October 1 thereafter. The agency may contract with a third-
2359 party vendor to produce the report required under this
2360 subparagraph.

2361 Section 31. Subsection (4) of section 409.973, Florida
2362 Statutes, is amended to read:

2363 409.973 Benefits.—

2364 (4) PRIMARY CARE INITIATIVE.—Each plan operating in the
2365 managed medical assistance program shall establish a program to
2366 encourage enrollees to establish a relationship with their
2367 primary care provider. Each plan shall:

2368 (a) Provide information to each enrollee on the importance
2369 of and procedure for selecting a primary care provider, and
2370 thereafter automatically assign to a primary care provider any
2371 enrollee who fails to choose a primary care provider.

2372 (b) If the enrollee was not a Medicaid recipient before
2373 enrollment in the plan, assist the enrollee in scheduling an
2374 initial appointment with the primary care provider. If possible,
2375 such enrollee's initial ~~the~~ appointment should be made within 30
2376 days after enrollment in the plan. If an initial appointment is
2377 not made within such 30-day period, the plan must continue
2378 assisting the enrollee to schedule an initial appointment and

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2379 must report the delay and the reason for the delay to the
2380 agency. The plan shall seek to ensure that such an enrollee has
2381 at least one appointment annually with his or her primary care
2382 provider.

2383 (c) Report to the agency the number of enrollees assigned
2384 to each primary care provider within the plan's network.

2385 (d) Report to the agency the number of enrollees who have
2386 not had an appointment with their primary care provider within
2387 their first year of enrollment.

2388 (e) Report to the agency the number of emergency room
2389 visits by enrollees who have not had at least one appointment
2390 with their primary care provider.

2391 (f) Coordinate with a hospital that contacts the plan under
2392 the requirements of s. 395.1055(1)(j) for the purpose of
2393 establishing the appropriate delivery of primary care services
2394 for the plan's members who present at the hospital's emergency
2395 department for nonemergent care or emergency care that could
2396 potentially have been avoided through the regular provision of
2397 primary care. The plan shall coordinate with such member and the
2398 member's primary care provider for such purpose.

2399 Section 32. The Agency for Health Care Administration shall
2400 seek federal approval necessary to implement an acute hospital
2401 care at home program in the state Medicaid program which is
2402 substantially consistent with the parameters specified in 42
2403 U.S.C. s. 1395cc-7(a)(2) and (3).

2404 Section 33. Paragraph (f) of subsection (1) and subsections
2405 (3) and (8) of section 458.311, Florida Statutes, are amended to
2406 read:

2407 458.311 Licensure by examination; requirements; fees.—

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2408 (1) Any person desiring to be licensed as a physician, who
2409 does not hold a valid license in any state, shall apply to the
2410 department on forms furnished by the department. The department
2411 shall license each applicant who the board certifies:

2412 (f) Meets one of the following medical education and
2413 postgraduate training requirements:

2414 1.a. Is a graduate of an allopathic medical school or
2415 allopathic college recognized and approved by an accrediting
2416 agency recognized by the United States Office of Education or is
2417 a graduate of an allopathic medical school or allopathic college
2418 within a territorial jurisdiction of the United States
2419 recognized by the accrediting agency of the governmental body of
2420 that jurisdiction;

2421 b. If the language of instruction of the medical school is
2422 other than English, has demonstrated competency in English
2423 through presentation of a satisfactory grade on the Test of
2424 Spoken English of the Educational Testing Service or a similar
2425 test approved by rule of the board; and

2426 c. Has completed an approved residency of at least 1 year.

2427 2.a. Is a graduate of an allopathic foreign medical school
2428 registered with the World Health Organization and certified
2429 pursuant to s. 458.314 as having met the standards required to
2430 accredit medical schools in the United States or reasonably
2431 comparable standards;

2432 b. If the language of instruction of the foreign medical
2433 school is other than English, has demonstrated competency in
2434 English through presentation of the Educational Commission for
2435 Foreign Medical Graduates English proficiency certificate or by
2436 a satisfactory grade on the Test of Spoken English of the

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2437 Educational Testing Service or a similar test approved by rule
2438 of the board; and

2439 c. Has completed an approved residency of at least 1 year.

2440 3.a. Is a graduate of an allopathic foreign medical school
2441 which has not been certified pursuant to s. 458.314 and has not
2442 been excluded from consideration under s. 458.314(8);

2443 b. Has had his or her medical credentials evaluated by the
2444 Educational Commission for Foreign Medical Graduates, holds an
2445 active, valid certificate issued by that commission, and has
2446 passed the examination utilized by that commission; and

2447 c. Has completed an approved residency of at least 1 year;
2448 however, after October 1, 1992, the applicant shall have
2449 completed an approved residency or fellowship of at least 2
2450 years in one specialty area. However, to be acceptable, the
2451 fellowship experience and training must be counted toward
2452 regular or subspecialty certification by a board recognized and
2453 certified by the American Board of Medical Specialties.

2454 (3) Notwithstanding ~~the provisions of~~ subparagraph
2455 (1)(f)3., a graduate of a foreign medical school that has not
2456 been excluded from consideration under s. 458.314(8) need not
2457 present the certificate issued by the Educational Commission for
2458 Foreign Medical Graduates or pass the examination utilized by
2459 that commission if the graduate:

2460 (a) Has received a bachelor's degree from an accredited
2461 United States college or university.

2462 (b) Has studied at a medical school which is recognized by
2463 the World Health Organization.

2464 (c) Has completed all of the formal requirements of the
2465 foreign medical school, except the internship or social service

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2466 requirements, and has passed part I of the National Board of
2467 Medical Examiners examination or the Educational Commission for
2468 Foreign Medical Graduates examination equivalent.

2469 (d) Has completed an academic year of supervised clinical
2470 training in a hospital affiliated with a medical school approved
2471 by the Council on Medical Education of the American Medical
2472 Association and upon completion has passed part II of the
2473 National Board of Medical Examiners examination or the
2474 Educational Commission for Foreign Medical Graduates examination
2475 equivalent.

2476 (8) When the board determines that any applicant for
2477 licensure has failed to meet, to the board's satisfaction, each
2478 of the appropriate requirements set forth in this section, it
2479 may enter an order requiring one or more of the following terms:

2480 (a) Refusal to certify to the department an application for
2481 licensure, certification, or registration;

2482 (b) Certification to the department of an application for
2483 licensure, certification, or registration with restrictions on
2484 the scope of practice of the licensee; ~~or~~

2485 (c) Certification to the department of an application for
2486 licensure, certification, or registration with placement of the
2487 physician on probation for a period of time and subject to such
2488 conditions as the board may specify, including, but not limited
2489 to, requiring the physician to submit to treatment, attend
2490 continuing education courses, submit to reexamination, or work
2491 under the supervision of another physician;

2492 (d) Certification to the department of a person desiring to
2493 be licensed as a physician under this section who has held an
2494 active medical faculty certificate under s. 458.3145 for at

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2495 least 3 years and has held a full-time faculty appointment for
2496 at least 3 consecutive years to teach in a program of medicine
2497 listed under s. 458.3145(1)(i); or

2498 (e) Certification to the department of an application for
2499 licensure submitted by a graduate of a foreign medical school
2500 that has not been excluded from consideration under s.
2501 458.314(8) if the graduate has not completed an approved
2502 residency under sub-subparagraphs (1)(f)2.c. or 3.c. but meets
2503 the following criteria:

2504 1. Has an active, unencumbered license to practice medicine
2505 in a foreign country;

2506 2. Has actively practiced medicine during the entire 4-year
2507 period preceding the date of the submission of a licensure
2508 application;

2509 3. Has completed a residency or substantially similar
2510 postgraduate medical training in a country recognized by his or
2511 her licensing jurisdiction which is substantially similar to a
2512 residency program accredited by the Accreditation Council for
2513 Graduate Medical Education, as determined by the board;

2514 4. Has had his or her medical credentials evaluated by the
2515 Educational Commission for Foreign Medical Graduates, holds an
2516 active, valid certificate issued by that commission, and has
2517 passed the examination used by that commission; and

2518 5. Has an offer for full-time employment as a physician
2519 from a health care provider that operates in this state. For the
2520 purposes of this paragraph, the term "health care provider"
2521 means a health care professional, health care facility, or
2522 entity licensed or certified to provide health services in this
2523 state as recognized by the board.

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2524
2525 An applicant who is not certified for unrestricted licensure
2526 under this paragraph may be certified by the board under
2527 paragraph (b) or paragraph (c), as applicable. A physician
2528 licensed after receiving certification under this paragraph must
2529 maintain his or her employment with the original employer or
2530 with another health care provider that operates in this state,
2531 at a location within this state, for at least 2 consecutive
2532 years after licensure, in accordance with rules adopted by the
2533 board. Such physician must notify the board within 5 business
2534 days after any change of employer.

2535 Section 34. Section 458.3124, Florida Statutes, is
2536 repealed.

2537 Section 35. Subsection (8) of section 458.314, Florida
2538 Statutes, is amended to read:

2539 458.314 Certification of foreign educational institutions.—

2540 (8) If a foreign medical school does not seek certification
2541 under this section, the board may, at its discretion, exclude
2542 the foreign medical school from consideration as an institution
2543 that provides medical education that is reasonably comparable to
2544 that of similar accredited institutions in the United States and
2545 that adequately prepares its students for the practice of
2546 medicine in this state. However, a license or medical faculty
2547 certificate issued to a physician under this chapter before July
2548 1, 2024, is not affected by this subsection ~~Each institution~~
2549 ~~which has been surveyed before October 1, 1986, by the~~
2550 ~~Commission to Evaluate Foreign Medical Schools or the Commission~~
2551 ~~on Foreign Medical Education of the Federation of State Medical~~
2552 ~~Boards, Inc., and whose survey and supporting documentation~~

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2553 ~~demonstrates that it provides an educational program, including~~
2554 ~~curriculum, reasonably comparable to that of similar accredited~~
2555 ~~institutions in the United States shall be considered fully~~
2556 ~~certified, for purposes of chapter 86-245, Laws of Florida.~~

2557 Section 36. Subsections (1) and (4) of section 458.3145,
2558 Florida Statutes, are amended to read:

2559 458.3145 Medical faculty certificate.—

2560 (1) A medical faculty certificate may be issued without
2561 examination to an individual who meets all of the following
2562 criteria:

2563 (a) Is a graduate of an accredited medical school or its
2564 equivalent, or is a graduate of a foreign medical school listed
2565 with the World Health Organization which has not been excluded
2566 from consideration under s. 458.314(8).†

2567 (b) Holds a valid, current license to practice medicine in
2568 another jurisdiction.†

2569 (c) Has completed the application form and remitted a
2570 nonrefundable application fee not to exceed \$500.†

2571 (d) Has completed an approved residency or fellowship of at
2572 least 1 year or has received training that ~~which~~ has been
2573 determined by the board to be equivalent to the 1-year residency
2574 requirement.†

2575 (e) Is at least 21 years of age.†

2576 (f) Is of good moral character.†

2577 (g) Has not committed any act in this or any other
2578 jurisdiction which would constitute the basis for disciplining a
2579 physician under s. 458.331.†

2580 (h) For any applicant who has graduated from medical school
2581 after October 1, 1992, has completed, before entering medical

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2582 school, the equivalent of 2 academic years of preprofessional,
2583 postsecondary education, as determined by rule of the board,
2584 which must include, at a minimum, courses in such fields as
2585 anatomy, biology, and chemistry.~~†~~and

2586 (i) Has been offered and has accepted a full-time faculty
2587 appointment to teach in a program of medicine at any of the
2588 following institutions:

- 2589 1. The University of Florida.~~†~~
- 2590 2. The University of Miami.~~†~~
- 2591 3. The University of South Florida.~~†~~
- 2592 4. The Florida State University.~~†~~
- 2593 5. The Florida International University.~~†~~
- 2594 6. The University of Central Florida.~~†~~
- 2595 7. The Mayo Clinic College of Medicine and Science in
2596 Jacksonville, Florida.~~†~~
- 2597 8. The Florida Atlantic University.~~†~~
- 2598 9. The Johns Hopkins All Children's Hospital in St.
2599 Petersburg, Florida.~~†~~
- 2600 10. Nova Southeastern University.~~†~~~~or~~
- 2601 11. Lake Erie College of Osteopathic Medicine.
- 2602 12. Burrell College of Osteopathic Medicine in Melbourne,
2603 Florida.

2604 ~~(4) In any year, the maximum number of extended medical~~
2605 ~~faculty certificateholders as provided in subsection (2) may not~~
2606 ~~exceed 30 persons at each institution named in subparagraphs~~
2607 ~~(1)(i)1., 6., 8., and 9. and at the facility named in s. 1004.43~~
2608 ~~and may not exceed 10 persons at the institution named in~~
2609 ~~subparagraph (1)(i)7.~~

2610 Section 37. Section 458.315, Florida Statutes, is amended

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2611 to read:

2612 458.315 Temporary certificate for practice in areas of
2613 critical need.—

2614 (1) A physician or physician assistant who is licensed to
2615 practice in any jurisdiction of the United States and, whose
2616 license is currently valid, ~~and who pays an application fee of~~
2617 ~~\$300~~ may be issued a temporary certificate for practice in areas
2618 of critical need. A physician seeking such certificate must pay
2619 an application fee of \$300.

2620 (2) A temporary certificate may be issued under this
2621 section to a physician or physician assistant who will:

2622 (a) ~~Will~~ Practice in an area of critical need;

2623 (b) ~~Will~~ Be employed by or practice in a county health
2624 department; correctional facility; Department of Veterans'
2625 Affairs clinic; community health center funded by s. 329, s.
2626 330, or s. 340 of the United States Public Health Services Act;
2627 or other agency or institution that is approved by the State
2628 Surgeon General and provides health care services to meet the
2629 needs of underserved populations in this state; or

2630 (c) ~~Will~~ Practice for a limited time to address critical
2631 physician-specialty, demographic, or geographic needs for this
2632 state's physician workforce as determined by the State Surgeon
2633 General.

2634 (3) The board ~~of Medicine~~ may issue a this temporary
2635 certificate under this section subject to ~~with~~ the following
2636 restrictions:

2637 (a) The State Surgeon General shall determine the areas of
2638 critical need. Such areas include, but are not limited to,
2639 health professional shortage areas designated by the United

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2640 States Department of Health and Human Services.

2641 1. A recipient of a temporary certificate for practice in
2642 areas of critical need may use the certificate to work for any
2643 approved entity in any area of critical need or as authorized by
2644 the State Surgeon General.

2645 2. The recipient of a temporary certificate for practice in
2646 areas of critical need shall, within 30 days after accepting
2647 employment, notify the board of all approved institutions in
2648 which the licensee practices and of all approved institutions
2649 where practice privileges have been denied, as applicable.

2650 (b) The board may administer an abbreviated oral
2651 examination to determine the physician's or physician
2652 assistant's competency, but a written regular examination is not
2653 required. Within 60 days after receipt of an application for a
2654 temporary certificate, the board shall review the application
2655 and issue the temporary certificate, notify the applicant of
2656 denial, or notify the applicant that the board recommends
2657 additional assessment, training, education, or other
2658 requirements as a condition of certification. If the applicant
2659 has not actively practiced during the 3-year period immediately
2660 preceding the application ~~prior 3 years~~ and the board determines
2661 that the applicant may lack clinical competency, possess
2662 diminished or inadequate skills, lack necessary medical
2663 knowledge, or exhibit patterns of deficits in clinical
2664 decisionmaking, the board may:

2665 1. Deny the application;

2666 2. Issue a temporary certificate having reasonable
2667 restrictions that may include, but are not limited to, a
2668 requirement for the applicant to practice under the supervision

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2669 of a physician approved by the board; or

2670 3. Issue a temporary certificate upon receipt of
2671 documentation confirming that the applicant has met any
2672 reasonable conditions of the board which may include, but are
2673 not limited to, completing continuing education or undergoing an
2674 assessment of skills and training.

2675 (c) Any certificate issued under this section is valid only
2676 so long as the State Surgeon General determines that the reason
2677 for which it was issued remains a critical need to the state.
2678 The board ~~of Medicine~~ shall review each temporary
2679 certificateholder at least not less than annually to ascertain
2680 that the certificateholder is complying with the minimum
2681 requirements of the Medical Practice Act and its adopted rules,
2682 as applicable to the certificateholder ~~are being complied with~~.
2683 If it is determined that the certificateholder is not meeting
2684 such minimum requirements ~~are not being met~~, the board must
2685 ~~shall~~ revoke such certificate or ~~shall~~ impose restrictions or
2686 conditions, or both, as a condition of continued practice under
2687 the certificate.

2688 (d) The board may not issue a temporary certificate for
2689 practice in an area of critical need to any physician or
2690 physician assistant who is under investigation in any
2691 jurisdiction in the United States for an act that would
2692 constitute a violation of this chapter until such time as the
2693 investigation is complete, at which time ~~the provisions of s.~~
2694 458.331 applies ~~apply~~.

2695 (4) The application fee and all licensure fees, including
2696 neurological injury compensation assessments, are ~~shall be~~
2697 waived for those persons obtaining a temporary certificate to

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2698 practice in areas of critical need for the purpose of providing
2699 volunteer, uncompensated care for low-income residents. The
2700 applicant must submit an affidavit from the employing agency or
2701 institution stating that the physician or physician assistant
2702 will not receive any compensation for any health care services
2703 provided by the applicant ~~service involving the practice of~~
2704 ~~medicine.~~

2705 Section 38. Section 458.317, Florida Statutes, is amended
2706 to read:

2707 458.317 Limited licenses.—

2708 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2709 (a) Any person desiring to obtain a limited license under
2710 this subsection shall submit to the board an application and fee
2711 not to exceed \$300 and demonstrate that he or she has been
2712 licensed to practice medicine in any jurisdiction in the United
2713 States for at least 10 years and intends to practice only
2714 pursuant to the restrictions of a limited license granted
2715 pursuant to this subsection ~~section~~. However, a physician who is
2716 not fully retired in all jurisdictions may use a limited license
2717 only for noncompensated practice. If the person applying for a
2718 limited license submits a statement from the employing agency or
2719 institution stating that he or she will not receive compensation
2720 for any service involving the practice of medicine, the
2721 application fee and all licensure fees shall be waived. However,
2722 any person who receives a waiver of fees for a limited license
2723 shall pay such fees if the person receives compensation for the
2724 practice of medicine.

2725 (b) If it has been more than 3 years since active practice
2726 was conducted by the applicant, the full-time director of the

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2727 county health department or a licensed physician, approved by
2728 the board, must ~~shall~~ supervise the applicant for a period of 6
2729 months after he or she is granted a limited license under this
2730 subsection ~~for practice~~, unless the board determines that a
2731 shorter period of supervision will be sufficient to ensure that
2732 the applicant is qualified for licensure. Procedures for such
2733 supervision must ~~shall~~ be established by the board.

2734 (c) The recipient of a limited license under this
2735 subsection may practice only in the employ of public agencies or
2736 institutions or nonprofit agencies or institutions meeting the
2737 requirements of s. 501(c) (3) of the Internal Revenue Code, which
2738 agencies or institutions are located in the areas of critical
2739 medical need as determined by the board. Determination of
2740 medically underserved areas shall be made by the board after
2741 consultation with the department ~~of Health~~ and statewide medical
2742 organizations; however, such determination shall include, but
2743 not be limited to, health professional shortage areas designated
2744 by the United States Department of Health and Human Services. A
2745 recipient of a limited license under this subsection may use the
2746 license to work for any approved employer in any area of
2747 critical need approved by the board.

2748 (d) The recipient of a limited license shall, within 30
2749 days after accepting employment, notify the board of all
2750 approved institutions in which the licensee practices and of all
2751 approved institutions where practice privileges have been
2752 denied.

2753 (e) This subsection does not limit ~~Nothing herein limits in~~
2754 ~~any way~~ any policy by the board, otherwise authorized by law, to
2755 grant licenses to physicians duly licensed in other states under

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2756 conditions less restrictive than the requirements of this
2757 subsection ~~section~~. Notwithstanding the other provisions of this
2758 subsection ~~section~~, the board may refuse to authorize a
2759 physician otherwise qualified to practice in the employ of any
2760 agency or institution otherwise qualified if the agency or
2761 institution has caused or permitted violations of the provisions
2762 of this chapter which it knew or should have known were
2763 occurring.

2764 (f) ~~(2)~~ The board shall notify the director of the full-time
2765 local county health department of any county in which a licensee
2766 intends to practice under ~~the provisions of this subsection~~ act.
2767 The director of the full-time county health department shall
2768 assist in the supervision of any licensee within the county and
2769 shall notify the board ~~which issued the licensee his or her~~
2770 ~~license~~ if he or she becomes aware of any actions by the
2771 licensee which would be grounds for revocation of the limited
2772 license. The board shall establish procedures for such
2773 supervision.

2774 (g) ~~(3)~~ The board shall review the practice of each licensee
2775 biennially to verify compliance with the restrictions prescribed
2776 in this subsection ~~section~~ and other applicable provisions of
2777 this chapter.

2778 (h) ~~(4)~~ Any person holding an active license to practice
2779 medicine in this ~~the~~ state may convert that license to a limited
2780 license under this subsection for the purpose of providing
2781 volunteer, uncompensated care for low-income Floridians. The
2782 applicant must submit a statement from the employing agency or
2783 institution stating that he or she will not receive compensation
2784 for any service involving the practice of medicine. The

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2785 application fee and all licensure fees, including neurological
2786 injury compensation assessments, are ~~shall be~~ waived for such
2787 applicant.

2788 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant
2789 physician is a medical school graduate who meets the
2790 requirements of this subsection and has obtained a limited
2791 license from the board for the purpose of practicing temporarily
2792 under the direct supervision of a physician who has a full,
2793 active, and unencumbered license issued under this chapter,
2794 pending the graduate's entrance into a residency under the
2795 National Resident Match Program.

2796 (a) Any person desiring to obtain a limited license as a
2797 graduate assistant physician must submit to the board an
2798 application and demonstrate that he or she meets all of the
2799 following criteria:

2800 1. Is a graduate of an allopathic medical school or
2801 allopathic college approved by an accrediting agency recognized
2802 by the United States Department of Education.

2803 2. Has successfully passed all parts of the United States
2804 Medical Licensing Examination.

2805 3. Has not received and accepted a residency match from the
2806 National Resident Match Program within the first year following
2807 graduation from medical school.

2808 (b) The board shall issue a graduate assistant physician
2809 limited license for a duration of 2 years to an applicant who
2810 meets the requirements of paragraph (a) and all of the following
2811 criteria:

2812 1. Is at least 21 years of age.

2813 2. Is of good moral character.

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2814 3. Submits documentation that the applicant has agreed to
2815 enter into a written protocol drafted by a physician with a
2816 full, active, and unencumbered license issued under this chapter
2817 upon the board's issuance of a limited license to the applicant
2818 and submits a copy of the protocol. The board shall establish by
2819 rule specific provisions that must be included in a physician-
2820 drafted protocol.

2821 4. Has not committed any act or offense in this or any
2822 other jurisdiction which would constitute the basis for
2823 disciplining a physician under s. 458.331.

2824 5. Has submitted to the department a set of fingerprints on
2825 a form and under procedures specified by the department.

2826 6. The board may not certify to the department for limited
2827 licensure under this subsection any applicant who is under
2828 investigation in another jurisdiction for an offense which would
2829 constitute a violation of this chapter or chapter 456 until such
2830 investigation is completed. Upon completion of the
2831 investigation, s. 458.331 applies. Furthermore, the department
2832 may not issue a limited license to any individual who has
2833 committed any act or offense in any jurisdiction which would
2834 constitute the basis for disciplining a physician under s.
2835 458.331. If the board finds that an individual has committed an
2836 act or offense in any jurisdiction which would constitute the
2837 basis for disciplining a physician under s. 458.331, the board
2838 may enter an order imposing one of the following terms:

2839 a. Refusal to certify to the department an application for
2840 a graduate assistant physician limited license; or

2841 b. Certification to the department of an application for a
2842 graduate assistant physician limited license with restrictions

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2843 on the scope of practice of the licensee.

2844 (c) A graduate assistant physician limited licensee may
2845 apply for a one-time renewal of his or her limited license by
2846 submitting a board-approved application, documentation of actual
2847 practice under the required protocol during the initial limited
2848 licensure period, and documentation of applications he or she
2849 has submitted for accredited graduate medical education training
2850 programs. The one-time renewal terminates after 1 year. A
2851 graduate assistant physician who has received a limited license
2852 under this subsection is not eligible to apply for another
2853 limited license, regardless of whether he or she received a one-
2854 time renewal under this paragraph.

2855 (d) A limited licensed graduate assistant physician may
2856 provide health care services only under the direct supervision
2857 of a physician with a full, active, and unencumbered license
2858 issued under this chapter.

2859 (e) A physician must be approved by the board to supervise
2860 a limited licensed graduate assistant physician.

2861 (f) A physician may supervise no more than two graduate
2862 assistant physicians with limited licenses.

2863 (g) Supervision of limited licensed graduate assistant
2864 physicians requires the physical presence of the supervising
2865 physician at the location where the services are rendered.

2866 (h) A physician-drafted protocol must specify the duties
2867 and responsibilities of the limited licensed graduate assistant
2868 physician according to criteria adopted by board rule.

2869 (i) Each protocol that applies to a limited licensed
2870 graduate assistant physician and his or her supervising
2871 physician must ensure that:

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2872 1. There is a process for the evaluation of the limited
2873 licensed graduate assistant physicians' performance; and

2874 2. The delegation of any medical task or procedure is
2875 within the supervising physician's scope of practice and
2876 appropriate for the graduate assistant physician's level of
2877 competency.

2878 (j) A limited licensed graduate assistant physician's
2879 prescriptive authority is governed by the physician-drafted
2880 protocol and criteria adopted by the board and may not exceed
2881 that of his or her supervising physician. Any prescriptions and
2882 orders issued by the graduate assistant physician must identify
2883 both the graduate assistant physician and the supervising
2884 physician.

2885 (k) A physician who supervises a graduate assistant
2886 physician is liable for any acts or omissions of the graduate
2887 assistant physician acting under the physician's supervision and
2888 control. Third-party payors may reimburse employers of graduate
2889 assistant physicians for covered services rendered by graduate
2890 assistant physicians.

2891 (3) RULES.—The board may adopt rules to implement this
2892 section.

2893 Section 39. Section 459.0075, Florida Statutes, is amended
2894 to read:

2895 459.0075 Limited licenses.—

2896 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2897 (a) Any person desiring to obtain a limited license under
2898 this subsection must ~~shall~~:

2899 1. ~~(a)~~ Submit to the board a licensure application and fee
2900 required by this chapter. However, an osteopathic physician who

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2901 is not fully retired in all jurisdictions may use a limited
2902 license only for noncompensated practice. If the person applying
2903 for a limited license submits a statement from the employing
2904 agency or institution stating that she or he will not receive
2905 monetary compensation for any service involving the practice of
2906 osteopathic medicine, the application fee and all licensure fees
2907 shall be waived. However, any person who receives a waiver of
2908 fees for a limited license must ~~shall~~ pay such fees if the
2909 person receives compensation for the practice of osteopathic
2910 medicine.

2911 2. ~~(b)~~ Submit proof that such osteopathic physician has been
2912 licensed to practice osteopathic medicine in any jurisdiction in
2913 the United States in good standing and pursuant to law for at
2914 least 10 years.

2915 3. ~~(e)~~ Complete an amount of continuing education
2916 established by the board.

2917 (b) ~~(2)~~ If it has been more than 3 years since active
2918 practice was conducted by the applicant, the full-time director
2919 of the local county health department must ~~shall~~ supervise the
2920 applicant for a period of 6 months after the applicant is
2921 granted a limited license under this subsection ~~to practice~~,
2922 unless the board determines that a shorter period of supervision
2923 will be sufficient to ensure that the applicant is qualified for
2924 licensure under this subsection ~~pursuant to this section~~.
2925 Procedures for such supervision must ~~shall~~ be established by the
2926 board.

2927 (c) ~~(3)~~ The recipient of a limited license under this
2928 subsection may practice only in the employ of public agencies or
2929 institutions or nonprofit agencies or institutions meeting the

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2930 requirements of s. 501(c)(3) of the Internal Revenue Code, which
2931 agencies or institutions are located in areas of critical
2932 medical need or in medically underserved areas as determined
2933 pursuant to 42 U.S.C. s. 300e-1(7).

2934 (d)~~(4)~~ The board shall notify the director of the full-time
2935 local county health department of any county in which a licensee
2936 intends to practice under the provisions of this subsection
2937 ~~section~~. The director of the full-time county health department
2938 shall assist in the supervision of any licensee within the ~~her~~
2939 ~~or his~~ county and shall notify the board if she or he becomes
2940 aware of any action by the licensee which would be a ground for
2941 revocation of the limited license. The board shall establish
2942 procedures for such supervision.

2943 (e)~~(5)~~ The ~~State~~ board of ~~Osteopathic Medicine~~ shall review
2944 the practice of each licensee under this subsection ~~section~~
2945 biennially to verify compliance with the restrictions prescribed
2946 in this subsection ~~section~~ and other provisions of this chapter.

2947 (f)~~(6)~~ Any person holding an active license to practice
2948 osteopathic medicine in this ~~the~~ state may convert that license
2949 to a limited license under this subsection for the purpose of
2950 providing volunteer, uncompensated care for low-income
2951 Floridians. The applicant must submit a statement from the
2952 employing agency or institution stating that she or he ~~or she~~
2953 will not receive compensation for any service involving the
2954 practice of osteopathic medicine. The application fee and all
2955 licensure fees, including neurological injury compensation
2956 assessments, are shall be waived for such applicant.

2957 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant
2958 physician is a medical school graduate who meets the

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2959 requirements of this subsection and has obtained a limited
2960 license from the board for the purpose of practicing temporarily
2961 under the direct supervision of a physician who has a full,
2962 active, and unencumbered license issued under this chapter,
2963 pending the graduate's entrance into a residency under the
2964 National Resident Match Program.

2965 (a) Any person desiring to obtain a limited license as a
2966 graduate assistant physician must submit to the board an
2967 application and demonstrate that she or he meets all of the
2968 following criteria:

2969 1. Is a graduate of a school or college of osteopathic
2970 medicine approved by an accrediting agency recognized by the
2971 United States Department of Education.

2972 2. Has successfully passed all parts of the examination
2973 conducted by the National Board of Osteopathic Medical Examiners
2974 or other examination approved by the board.

2975 3. Has not received and accepted a residency match from the
2976 National Residency Match Program within the first year following
2977 graduation from medical school.

2978 (b) The board shall issue a graduate assistant physician
2979 limited license for a duration of 2 years to an applicant who
2980 meets the requirements of paragraph (a) and all of the following
2981 criteria:

2982 1. Is at least 21 years of age.

2983 2. Is of good moral character.

2984 3. Submits documentation that the applicant has agreed to
2985 enter into a written protocol drafted by a physician with a
2986 full, active, and unencumbered license issued under this chapter
2987 upon the board's issuance of a limited license to the applicant,

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2988 and submits a copy of the protocol. The board shall establish by
2989 rule specific provisions that must be included in a physician-
2990 drafted protocol.

2991 4. Has not committed any act or offense in this or any
2992 other jurisdiction which would constitute the basis for
2993 disciplining a physician under s. 459.015.

2994 5. Has submitted to the department a set of fingerprints on
2995 a form and under procedures specified by the department.

2996 6. The board may not certify to the department for limited
2997 licensure under this subsection any applicant who is under
2998 investigation in another jurisdiction for an offense which would
2999 constitute a violation of this chapter or chapter 456 until such
3000 investigation is completed. Upon completion of the
3001 investigation, s. 459.015 applies. Furthermore, the department
3002 may not issue a limited license to any individual who has
3003 committed any act or offense in any jurisdiction which would
3004 constitute the basis for disciplining a physician under s.
3005 459.015. If the board finds that an individual has committed an
3006 act or offense in any jurisdiction which would constitute the
3007 basis for disciplining a physician under s. 459.015, the board
3008 may enter an order imposing one of the following terms:

3009 a. Refusal to certify to the department an application for
3010 a graduate assistant physician limited license; or

3011 b. Certification to the department of an application for a
3012 graduate assistant physician limited license with restrictions
3013 on the scope of practice of the licensee.

3014 (c) A graduate assistant physician limited licensee may
3015 apply for a one-time renewal of his or her limited licensed by
3016 submitting a board-approved application, documentation of actual

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3017 practice under the required protocol during the initial limited
3018 licensure period, and documentation of applications he or she
3019 has submitted for accredited graduate medical education training
3020 programs. The one-time renewal terminates after 1 year. A
3021 graduate assistant physician who has received a limited license
3022 under this subsection is not eligible to apply for another
3023 limited license, regardless of whether he or she received a one-
3024 time renewal under this paragraph.

3025 (d) A limited licensed graduate assistant physician may
3026 provide health care services only under the direct supervision
3027 of a physician with a full, active, and unencumbered license
3028 issued under this chapter.

3029 (e) A physician must be approved by the board to supervise
3030 a limited licensed graduate assistant physician.

3031 (f) A physician may supervise no more than two graduate
3032 assistant physicians with limited licenses.

3033 (g) Supervision of limited licensed graduate assistant
3034 physicians requires the physical presence of the supervising
3035 physician at the location where the services are rendered.

3036 (h) A physician-drafted protocol must specify the duties
3037 and responsibilities of the limited licensed graduate assistant
3038 physician according to criteria adopted by board rule.

3039 (i) Each protocol that applies to a limited licensed
3040 graduate assistant physician and his or her supervising
3041 physician must ensure that:

3042 1. There is a process for the evaluation of the limited
3043 licensed graduate assistant physicians' performance; and

3044 2. The delegation of any medical task or procedure is
3045 within the supervising physician's scope of practice and

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3046 appropriate for the graduate assistant physician's level of
3047 competency.

3048 (j) A limited licensed graduate assistant physician's
3049 prescriptive authority is governed by the physician-drafted
3050 protocol and criteria adopted by the board and may not exceed
3051 that of his or her supervising physician. Any prescriptions and
3052 orders issued by the graduate assistant physician must identify
3053 both the graduate assistant physician and the supervising
3054 physician.

3055 (k) A physician who supervises a graduate assistant
3056 physician is liable for any acts or omissions of the graduate
3057 assistant physician acting under the physician's supervision and
3058 control. Third-party payors may reimburse employers of graduate
3059 assistant physicians for covered services rendered by graduate
3060 assistant physicians.

3061 (3) RULES.—The board may adopt rules to implement this
3062 section.

3063 Section 40. Section 459.0076, Florida Statutes, is amended
3064 to read:

3065 459.0076 Temporary certificate for practice in areas of
3066 critical need.—

3067 (1) A physician or physician assistant who holds a valid
3068 license ~~is licensed~~ to practice in any jurisdiction of the
3069 United States, ~~whose license is currently valid, and who pays an~~
3070 ~~application fee of \$300~~ may be issued a temporary certificate
3071 for practice in areas of critical need. A physician seeking such
3072 certificate must pay an application fee of \$300.

3073 (2) A temporary certificate may be issued under this
3074 section to a physician or physician assistant who will:

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3075 (a) ~~Will~~ Practice in an area of critical need;
3076 (b) ~~Will~~ Be employed by or practice in a county health
3077 department; correctional facility; Department of Veterans'
3078 Affairs clinic; community health center funded by s. 329, s.
3079 330, or s. 340 of the United States Public Health Services Act;
3080 or other agency or institution that is approved by the State
3081 Surgeon General and provides health care to meet the needs of
3082 underserved populations in this state; or
3083 (c) ~~Will~~ Practice for a limited time to address critical
3084 physician-specialty, demographic, or geographic needs for this
3085 state's physician workforce as determined by the State Surgeon
3086 General.
3087 (3) The board of ~~Osteopathic Medicine~~ may issue this
3088 temporary certificate subject to ~~with~~ the following
3089 restrictions:
3090 (a) The State Surgeon General shall determine the areas of
3091 critical need. Such areas include, but are not limited to,
3092 health professional shortage areas designated by the United
3093 States Department of Health and Human Services.
3094 1. A recipient of a temporary certificate for practice in
3095 areas of critical need may use the certificate to work for any
3096 approved entity in any area of critical need or as authorized by
3097 the State Surgeon General.
3098 2. The recipient of a temporary certificate for practice in
3099 areas of critical need shall, within 30 days after accepting
3100 employment, notify the board of all approved institutions in
3101 which the licensee practices and of all approved institutions
3102 where practice privileges have been denied, as applicable.
3103 (b) The board may administer an abbreviated oral

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3104 examination to determine the physician's or physician
3105 assistant's competency, but a written regular examination is not
3106 required. Within 60 days after receipt of an application for a
3107 temporary certificate, the board shall review the application
3108 and issue the temporary certificate, notify the applicant of
3109 denial, or notify the applicant that the board recommends
3110 additional assessment, training, education, or other
3111 requirements as a condition of certification. If the applicant
3112 has not actively practiced during the 3-year period immediately
3113 preceding the application ~~prior 3 years~~ and the board determines
3114 that the applicant may lack clinical competency, possess
3115 diminished or inadequate skills, lack necessary medical
3116 knowledge, or exhibit patterns of deficits in clinical
3117 decisionmaking, the board may:

- 3118 1. Deny the application;
- 3119 2. Issue a temporary certificate having reasonable
3120 restrictions that may include, but are not limited to, a
3121 requirement for the applicant to practice under the supervision
3122 of a physician approved by the board; or
- 3123 3. Issue a temporary certificate upon receipt of
3124 documentation confirming that the applicant has met any
3125 reasonable conditions of the board which may include, but are
3126 not limited to, completing continuing education or undergoing an
3127 assessment of skills and training.

3128 (c) Any certificate issued under this section is valid only
3129 so long as the State Surgeon General determines that the reason
3130 for which it was issued remains a critical need to the state.
3131 The board ~~of Osteopathic Medicine~~ shall review each temporary
3132 certificateholder at least ~~not less than~~ annually to ascertain

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3133 that the certificateholder is complying with the minimum
3134 requirements of the Osteopathic Medical Practice Act and its
3135 adopted rules, as applicable to the certificateholder ~~are being~~
3136 ~~complied with~~. If it is determined that the certificateholder is
3137 not meeting such minimum requirements ~~are not being met~~, the
3138 board must ~~shall~~ revoke such certificate or ~~shall~~ impose
3139 restrictions or conditions, or both, as a condition of continued
3140 practice under the certificate.

3141 (d) The board may not issue a temporary certificate for
3142 practice in an area of critical need to any physician or
3143 physician assistant who is under investigation in any
3144 jurisdiction in the United States for an act that would
3145 constitute a violation of this chapter until such time as the
3146 investigation is complete, at which time ~~the provisions of s.~~
3147 459.015 applies ~~apply~~.

3148 (4) The application fee and all licensure fees, including
3149 neurological injury compensation assessments, are ~~shall be~~
3150 waived for those persons obtaining a temporary certificate to
3151 practice in areas of critical need for the purpose of providing
3152 volunteer, uncompensated care for low-income residents. The
3153 applicant must submit an affidavit from the employing agency or
3154 institution stating that the physician or physician assistant
3155 will not receive any compensation for any health care services
3156 that he or she provides ~~service involving the practice of~~
3157 ~~medicine~~.

3158 Section 41. Section 464.0121, Florida Statutes, is created
3159 to read:

3160 464.0121 Temporary certificate for practice in areas of
3161 critical need.—

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3162 (1) An advanced practice registered nurse who is licensed
3163 to practice in any jurisdiction of the United States, whose
3164 license is currently valid, and who meets educational and
3165 training requirements established by the board may be issued a
3166 temporary certificate for practice in areas of critical need.

3167 (2) A temporary certificate may be issued under this
3168 section to an advanced practice registered nurse who will:

3169 (a) Practice in an area of critical need;

3170 (b) Be employed by or practice in a county health
3171 department; correctional facility; Department of Veterans'
3172 Affairs clinic; community health center funded by s. 329, s.
3173 330, or s. 340 of the United States Public Health Services Act;
3174 or another agency or institution that is approved by the State
3175 Surgeon General and that provides health care services to meet
3176 the needs of underserved populations in this state; or

3177 (c) Practice for a limited time to address critical health
3178 care specialty, demographic, or geographic needs relating to
3179 this state's accessibility of health care services as determined
3180 by the State Surgeon General.

3181 (3) The board may issue a temporary certificate under this
3182 section subject to the following restrictions:

3183 (a) The State Surgeon General shall determine the areas of
3184 critical need. Such areas include, but are not limited to,
3185 health professional shortage areas designated by the United
3186 States Department of Health and Human Services.

3187 1. A recipient of a temporary certificate for practice in
3188 areas of critical need may use the certificate to work for any
3189 approved entity in any area of critical need or as authorized by
3190 the State Surgeon General.

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3191 2. The recipient of a temporary certificate for practice in
3192 areas of critical need shall, within 30 days after accepting
3193 employment, notify the board of all approved institutions in
3194 which the licensee practices as part of his or her employment.

3195 (b) The board may administer an abbreviated oral
3196 examination to determine the advanced practice registered
3197 nurse's competency, but may not require a written regular
3198 examination. Within 60 days after receipt of an application for
3199 a temporary certificate, the board shall review the application
3200 and issue the temporary certificate, notify the applicant of
3201 denial, or notify the applicant that the board recommends
3202 additional assessment, training, education, or other
3203 requirements as a condition of certification. If the applicant
3204 has not actively practiced during the 3-year period immediately
3205 preceding the application and the board determines that the
3206 applicant may lack clinical competency, possess diminished or
3207 inadequate skills, lack necessary medical knowledge, or exhibit
3208 patterns of deficits in clinical decisionmaking, the board may:

3209 1. Deny the application;

3210 2. Issue a temporary certificate imposing reasonable
3211 restrictions that may include, but are not limited to, a
3212 requirement that the applicant practice under the supervision of
3213 a physician approved by the board; or

3214 3. Issue a temporary certificate upon receipt of
3215 documentation confirming that the applicant has met any
3216 reasonable conditions of the board, which may include, but are
3217 not limited to, completing continuing education or undergoing an
3218 assessment of skills and training.

3219 (c) Any certificate issued under this section is valid only

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3220 so long as the State Surgeon General maintains the determination
3221 that the critical need that supported the issuance of the
3222 temporary certificate remains a critical need to the state. The
3223 board shall review each temporary certificateholder at least
3224 annually to ascertain that the certificateholder is complying
3225 with the minimum requirements of the Nurse Practice Act and its
3226 adopted rules, as applicable to the certificateholder. If it is
3227 determined that the certificateholder is not meeting such
3228 minimum requirements, the board must revoke such certificate or
3229 impose restrictions or conditions, or both, as a condition of
3230 continued practice under the certificate.

3231 (d) The board may not issue a temporary certificate for
3232 practice in an area of critical need to any advanced practice
3233 registered nurse who is under investigation in any jurisdiction
3234 in the United States for an act that would constitute a
3235 violation of this part until such time as the investigation is
3236 complete, at which time s. 464.018 applies.

3237 (4) All licensure fees, including neurological injury
3238 compensation assessments, are waived for those persons obtaining
3239 a temporary certificate to practice in areas of critical need
3240 for the purpose of providing volunteer, uncompensated care for
3241 low-income residents. The applicant must submit an affidavit
3242 from the employing agency or institution stating that the
3243 advanced practice registered nurse will not receive any
3244 compensation for any health care services that he or she
3245 provides.

3246 Section 42. Paragraph (b) of subsection (3) of section
3247 464.0123, Florida Statutes, is amended to read:

3248 464.0123 Autonomous practice by an advanced practice

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3249 registered nurse.—

3250 (3) PRACTICE REQUIREMENTS.—

3251 (b)1. In order to provide out-of-hospital intrapartum care,
3252 a certified nurse midwife engaged in the autonomous practice of
3253 nurse midwifery must maintain a written policy for the transfer
3254 of patients needing a higher acuity of care or emergency
3255 services. The policy must prescribe and require the use of an
3256 emergency plan-of-care form, which must be signed by the patient
3257 before admission to intrapartum care. At a minimum, the form
3258 must include all of the following:

3259 a. The name and address of the closest hospital that
3260 provides maternity and newborn services.

3261 b. Reasons for which transfer of care would be necessary,
3262 including the transfer-of-care conditions prescribed by board
3263 rule.

3264 c. Ambulances or other emergency medical services that
3265 would be used to transport the patient in the event of an
3266 emergency.

3267 2. If transfer of care is determined necessary by the
3268 certified nurse midwife or under the terms of the written
3269 policy, the certified nurse midwife must document all of the
3270 following information on the patient's emergency plan-of-care
3271 form:

3272 a. The name, date of birth, and condition of the patient.

3273 b. The gravidity and parity of the patient and the
3274 gestational age and condition of the fetus or newborn infant.

3275 c. The reasons that necessitated the transfer of care.

3276 d. A description of the situation, relevant clinical
3277 background, assessment, and recommendations.

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3278 e. The planned mode of transporting the patient to the
3279 receiving facility.

3280 f. The expected time of arrival at the receiving facility.

3281 3. Before transferring the patient, or as soon as possible
3282 during or after an emergency transfer, the certified nurse
3283 midwife shall provide the receiving provider with a verbal
3284 summary of the information specified in subparagraph 2. and make
3285 himself or herself immediately available for consultation. Upon
3286 transfer of the patient to the receiving facility, the certified
3287 nurse midwife must provide the receiving provider with the
3288 patient's emergency plan-of-care form as soon as practicable.

3289 4. The certified nurse midwife shall provide the receiving
3290 provider, as soon as practicable, with the patient's prenatal
3291 records, including patient history, prenatal laboratory results,
3292 sonograms, prenatal care flow sheets, maternal fetal medical
3293 reports, and labor flow charting and current notations.

3294 5. The board shall adopt rules to prescribe transfer-of-
3295 care conditions, monitor for excessive transfers, conduct
3296 reviews of adverse maternal and neonatal outcomes, and monitor
3297 the licensure of certified nurse midwives engaged in autonomous
3298 practice ~~must have a written patient transfer agreement with a~~
3299 ~~hospital and a written referral agreement with a physician~~
3300 ~~licensed under chapter 458 or chapter 459 to engage in nurse~~
3301 ~~midwifery.~~

3302 Section 43. Subsection (10) of section 464.019, Florida
3303 Statutes, is amended to read:

3304 464.019 Approval of nursing education programs.—

3305 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing
3306 shall study the administration of this section and submit

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3307 reports to the Governor, the President of the Senate, and the
3308 Speaker of the House of Representatives annually by January 30,
3309 ~~through January 30, 2025~~. The annual reports shall address the
3310 previous academic year; provide data on the measures specified
3311 in paragraphs (a) and (b), as such data becomes available; and
3312 include an evaluation of such data for purposes of determining
3313 whether this section is increasing the availability of nursing
3314 education programs and the production of quality nurses. The
3315 department and each approved program or accredited program shall
3316 comply with requests for data from the Florida Center for
3317 Nursing.

3318 (a) The Florida Center for Nursing shall evaluate program-
3319 specific data for each approved program and accredited program
3320 conducted in the state, including, but not limited to:

- 3321 1. The number of programs and student slots available.
3322 2. The number of student applications submitted, the number
3323 of qualified applicants, and the number of students accepted.
3324 3. The number of program graduates.
3325 4. Program retention rates of students tracked from program
3326 entry to graduation.
3327 5. Graduate passage rates on the National Council of State
3328 Boards of Nursing Licensing Examination.
3329 6. The number of graduates who become employed as practical
3330 or professional nurses in the state.

3331 (b) The Florida Center for Nursing shall evaluate the
3332 board's implementation of the:

- 3333 1. Program application approval process, including, but not
3334 limited to, the number of program applications submitted under
3335 subsection (1), the number of program applications approved and

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3336 denied by the board under subsection (2), the number of denials
3337 of program applications reviewed under chapter 120, and a
3338 description of the outcomes of those reviews.

3339 2. Accountability processes, including, but not limited to,
3340 the number of programs on probationary status, the number of
3341 approved programs for which the program director is required to
3342 appear before the board under subsection (5), the number of
3343 approved programs terminated by the board, the number of
3344 terminations reviewed under chapter 120, and a description of
3345 the outcomes of those reviews.

3346 (c) The Florida Center for Nursing shall complete an annual
3347 assessment of compliance by programs with the accreditation
3348 requirements of subsection (11), include in the assessment a
3349 determination of the accreditation process status for each
3350 program, and submit the assessment as part of the reports
3351 required by this subsection.

3352 Section 44. Paragraph (e) of subsection (3) of section
3353 766.1115, Florida Statutes, is amended to read:

3354 766.1115 Health care providers; creation of agency
3355 relationship with governmental contractors.—

3356 (3) DEFINITIONS.—As used in this section, the term:

3357 (e) "Low-income" means:

3358 1. A person who is Medicaid-eligible under Florida law;

3359 2. A person who is without health insurance and whose
3360 family income does not exceed 300 ~~200~~ percent of the federal
3361 poverty level as defined annually by the federal Office of
3362 Management and Budget; or

3363 3. Any client of the department who voluntarily chooses to
3364 participate in a program offered or approved by the department

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3365 and meets the program eligibility guidelines of the department.

3366 Section 45. Paragraph (f) is added to subsection (3) of
3367 section 1002.32, Florida Statutes, to read:

3368 1002.32 Developmental research (laboratory) schools.—

3369 (3) MISSION.—The mission of a lab school shall be the
3370 provision of a vehicle for the conduct of research,
3371 demonstration, and evaluation regarding management, teaching,
3372 and learning. Programs to achieve the mission of a lab school
3373 shall embody the goals and standards established pursuant to ss.
3374 1000.03(5) and 1001.23(1) and shall ensure an appropriate
3375 education for its students.

3376 (f) Each lab school shall develop programs that accelerate
3377 the entry of enrolled lab school students into articulated
3378 health care programs at its affiliated university or at any
3379 public or private postsecondary institution, with the approval
3380 of the university president. Each lab school shall offer
3381 technical assistance to any Florida school district seeking to
3382 replicate the lab school's programs and must annually, beginning
3383 December 1, 2025, report to the President of the Senate and the
3384 Speaker of the House of Representatives on the development of
3385 such programs and their results.

3386 Section 46. Paragraph (b) of subsection (3) of section
3387 1009.8962, Florida Statutes, is amended to read:

3388 1009.8962 Linking Industry to Nursing Education (LINE)
3389 Fund.—

3390 (3) As used in this section, the term:

3391 (b) "Institution" means a school district career center
3392 under s. 1001.44;~~;~~ a charter technical career center under s.
3393 1002.34;~~;~~ a Florida College System institution;~~;~~ a state

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3394 university; ~~or~~ an independent nonprofit college or university
3395 located and chartered in this state and accredited by an agency
3396 or association that is recognized by the database created and
3397 maintained by the United States Department of Education to grant
3398 baccalaureate degrees; or an independent school, college, or
3399 university with an accredited program as defined in s. 464.003
3400 which is located in this state and licensed by the Commission
3401 for Independent Education pursuant to s. 1005.31, which has a
3402 nursing education program that meets or exceeds the following:

3403 1. For a certified nursing assistant program, a completion
3404 rate of at least 70 percent for the prior year.

3405 2. For a licensed practical nurse, associate of science in
3406 nursing, and bachelor of science in nursing program, a first-
3407 time passage rate on the National Council of State Boards of
3408 Nursing Licensing Examination of at least 75 ~~70~~ percent for the
3409 prior year based on a minimum of 10 testing participants.

3410 Section 47. Paragraph (f) of subsection (3) of section
3411 381.4018, Florida Statutes, is amended to read:

3412 381.4018 Physician workforce assessment and development.—

3413 (3) GENERAL FUNCTIONS.—The department shall maximize the
3414 use of existing programs under the jurisdiction of the
3415 department and other state agencies and coordinate governmental
3416 and nongovernmental stakeholders and resources in order to
3417 develop a state strategic plan and assess the implementation of
3418 such strategic plan. In developing the state strategic plan, the
3419 department shall:

3420 (f) Develop strategies to maximize federal and state
3421 programs that provide for the use of incentives to attract
3422 physicians to this state or retain physicians within the state.

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3423 Such strategies should explore and maximize federal-state
3424 partnerships that provide incentives for physicians to practice
3425 in federally designated shortage areas, in otherwise medically
3426 underserved areas, or in rural areas. Strategies shall also
3427 consider the use of state programs, such as the Medical
3428 Education Reimbursement and Loan Repayment Program pursuant to
3429 s. 381.402 ~~s. 1009.65~~, which provide for education loan
3430 repayment or loan forgiveness and provide monetary incentives
3431 for physicians to relocate to underserved areas of the state.

3432
3433 The department may adopt rules to implement this subsection,
3434 including rules that establish guidelines to implement the
3435 federal Conrad 30 Waiver Program created under s. 214(1) of the
3436 Immigration and Nationality Act.

3437 Section 48. Subsection (3) of section 395.602, Florida
3438 Statutes, is amended to read:

3439 395.602 Rural hospitals.—

3440 (3) USE OF FUNDS.—It is the intent of the Legislature that
3441 funds as appropriated shall be utilized by the department for
3442 the purpose of increasing the number of primary care physicians,
3443 physician assistants, certified nurse midwives, nurse
3444 practitioners, and nurses in rural areas, either through the
3445 Medical Education Reimbursement and Loan Repayment Program as
3446 defined by s. 381.402 ~~s. 1009.65~~ or through a federal loan
3447 repayment program which requires state matching funds. The
3448 department may use funds appropriated for the Medical Education
3449 Reimbursement and Loan Repayment Program as matching funds for
3450 federal loan repayment programs for health care personnel, such
3451 as that authorized in Pub. L. No. 100-177, s. 203. If the

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3452 department receives federal matching funds, the department shall
3453 only implement the federal program. Reimbursement through either
3454 program shall be limited to:

3455 (a) Primary care physicians, physician assistants,
3456 certified nurse midwives, nurse practitioners, and nurses
3457 employed by or affiliated with rural hospitals, as defined in
3458 this act; and

3459 (b) Primary care physicians, physician assistants,
3460 certified nurse midwives, nurse practitioners, and nurses
3461 employed by or affiliated with rural area health education
3462 centers, as defined in this section. These personnel shall
3463 practice:

3464 1. In a county with a population density of no greater than
3465 100 persons per square mile; or

3466 2. Within the boundaries of a hospital tax district which
3467 encompasses a population of no greater than 100 persons per
3468 square mile.

3469
3470 If the department administers a federal loan repayment program,
3471 priority shall be given to obligating state and federal matching
3472 funds pursuant to paragraphs (a) and (b). The department may use
3473 federal matching funds in other health workforce shortage areas
3474 and medically underserved areas in the state for loan repayment
3475 programs for primary care physicians, physician assistants,
3476 certified nurse midwives, nurse practitioners, and nurses who
3477 are employed by publicly financed health care programs that
3478 serve medically indigent persons.

3479 Section 49. Section 456.4501, Florida Statutes, is created
3480 to read:

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3481 456.4501 Interstate Medical Licensure Compact.—The
3482 Interstate Medical Licensure Compact is hereby enacted into law
3483 and entered into by this state with all other jurisdictions
3484 legally joining therein in the form substantially as follows:

3485
3486 SECTION 1

3487 PURPOSE

3488 In order to strengthen access to health care, and in
3489 recognition of the advances in the delivery of health care, the
3490 member states of the Interstate Medical Licensure Compact have
3491 allied in common purpose to develop a comprehensive process that
3492 complements the existing licensing and regulatory authority of
3493 state medical boards and provides a streamlined process that
3494 allows physicians to become licensed in multiple states, thereby
3495 enhancing the portability of a medical license and ensuring the
3496 safety of patients. The compact creates another pathway for
3497 licensure and does not otherwise change a state's existing
3498 medical practice act. The compact also adopts the prevailing
3499 standard for licensure and affirms that the practice of medicine
3500 occurs where the patient is located at the time of the
3501 physician-patient encounter and, therefore, requires the
3502 physician to be under the jurisdiction of the state medical
3503 board where the patient is located. State medical boards that
3504 participate in the compact retain the jurisdiction to impose an
3505 adverse action against a license to practice medicine in that
3506 state issued to a physician through the procedures in the
3507 compact.

3508
3509 SECTION 2

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3510 DEFINITIONS

3511 As used in the compact, the term:

3512 (1) "Bylaws" means those bylaws established by the
3513 Interstate Commission pursuant to Section 11 for its governance
3514 or for directing and controlling its actions and conduct.

3515 (2) "Commissioner" means the voting representative
3516 appointed by each member board pursuant to Section 11.

3517 (3) "Conviction" means a finding by a court that an
3518 individual is guilty of a criminal offense, through adjudication
3519 or entry of a plea of guilt or no contest to the charge by the
3520 offender. Evidence of an entry of a conviction of a criminal
3521 offense by the court shall be considered final for purposes of
3522 disciplinary action by a member board.

3523 (4) "Expedited license" means a full and unrestricted
3524 medical license granted by a member state to an eligible
3525 physician through the process set forth in the compact.

3526 (5) "Interstate Commission" means the Interstate Medical
3527 Licensure Compact Commission created pursuant to Section 11.

3528 (6) "License" means authorization by a state for a
3529 physician to engage in the practice of medicine, which would be
3530 unlawful without the authorization.

3531 (7) "Medical practice act" means laws and regulations
3532 governing the practice of allopathic and osteopathic medicine
3533 within a member state.

3534 (8) "Member board" means a state agency in a member state
3535 which acts in the sovereign interests of the state by protecting
3536 the public through licensure, regulation, and education of
3537 physicians as directed by the state government.

3538 (9) "Member state" means a state that has enacted the

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3539 compact.
3540 (10) "Offense" means a felony, high court misdemeanor, or
3541 crime of moral turpitude.
3542 (11) "Physician" means any person who:
3543 (a) Is a graduate of a medical school accredited by the
3544 Liaison Committee on Medical Education, the Commission on
3545 Osteopathic College Accreditation, or a medical school listed in
3546 the International Medical Education Directory or its equivalent;
3547 (b) Passed each component of the United States Medical
3548 Licensing Examination (USMLE) or the Comprehensive Osteopathic
3549 Medical Licensing Examination (COMLEX-USA) within three
3550 attempts, or any of its predecessor examinations accepted by a
3551 state medical board as an equivalent examination for licensure
3552 purposes;
3553 (c) Successfully completed graduate medical education
3554 approved by the Accreditation Council for Graduate Medical
3555 Education or the American Osteopathic Association;
3556 (d) Holds specialty certification or a time-unlimited
3557 specialty certificate recognized by the American Board of
3558 Medical Specialties or the American Osteopathic Association's
3559 Bureau of Osteopathic Specialists; however, the specialty
3560 certification or a time-unlimited specialty certificate does not
3561 have to be maintained once a physician is initially determined
3562 to be eligible for expedited licensure through the compact;
3563 (e) Possesses a full and unrestricted license to engage in
3564 the practice of medicine issued by a member board;
3565 (f) Has never been convicted or received adjudication,
3566 deferred adjudication, community supervision, or deferred
3567 disposition for any offense by a court of appropriate

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3568 jurisdiction;

3569 (g) Has never held a license authorizing the practice of
3570 medicine subjected to discipline by a licensing agency in any
3571 state, federal, or foreign jurisdiction, excluding any action
3572 related to nonpayment of fees related to a license;

3573 (h) Has never had a controlled substance license or permit
3574 suspended or revoked by a state or the United States Drug
3575 Enforcement Administration; and

3576 (i) Is not under active investigation by a licensing agency
3577 or law enforcement authority in any state, federal, or foreign
3578 jurisdiction.

3579 (12) "Practice of medicine" means the diagnosis, treatment,
3580 prevention, cure, or relieving of a human disease, ailment,
3581 defect, complaint, or other physical or mental condition by
3582 attendance, advice, device, diagnostic test, or other means, or
3583 offering, undertaking, attempting to do, or holding oneself out
3584 as able to do any of these acts.

3585 (13) "Rule" means a written statement by the Interstate
3586 Commission adopted pursuant to Section 12 of the compact which
3587 is of general applicability; implements, interprets, or
3588 prescribes a policy or provision of the compact or an
3589 organizational, procedural, or practice requirement of the
3590 Interstate Commission; and has the force and effect of statutory
3591 law in a member state, if the rule is not inconsistent with the
3592 laws of the member state. The term includes the amendment,
3593 repeal, or suspension of an existing rule.

3594 (14) "State" means any state, commonwealth, district, or
3595 territory of the United States.

3596 (15) "State of principal license" means a member state

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3597 where a physician holds a license to practice medicine and which
3598 has been designated as such by the physician for purposes of
3599 registration and participation in the compact.

3600
3601 SECTION 3

3602 ELIGIBILITY

3603 (1) A physician must meet the eligibility requirements as
3604 provided in subsection (11) of Section 2 to receive an expedited
3605 license under the terms of the compact.

3606 (2) A physician who does not meet the requirements
3607 specified in subsection (11) of Section 2 may obtain a license
3608 to practice medicine in a member state if the individual
3609 complies with all laws and requirements, other than the compact,
3610 relating to the issuance of a license to practice medicine in
3611 that state.

3612
3613 SECTION 4

3614 DESIGNATION OF STATE OF PRINCIPAL LICENSE

3615 (1) A physician shall designate a member state as the state
3616 of principal license for purposes of registration for expedited
3617 licensure through the compact if the physician possesses a full
3618 and unrestricted license to practice medicine in that state and
3619 the state is:

3620 (a) The state of primary residence for the physician;

3621 (b) The state where at least 25 percent of the physician's
3622 practice of medicine occurs;

3623 (c) The location of the physician's employer; or

3624 (d) If no state qualifies under paragraph (a), paragraph
3625 (b), or paragraph (c), the state designated as the physician's

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3626 state of residence for purpose of federal income tax.

3627 (2) A physician may redesignate a member state as state of
3628 principal license at any time, as long as the state meets one of
3629 the descriptions under subsection (1).

3630 (3) The Interstate Commission may develop rules to
3631 facilitate redesignation of another member state as the state of
3632 principal license.

3634 SECTION 5

3635 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

3636 (1) A physician seeking licensure through the compact must
3637 file an application for an expedited license with the member
3638 board of the state selected by the physician as the state of
3639 principal license.

3640 (2) Upon receipt of an application for an expedited
3641 license, the member board within the state selected as the state
3642 of principal license shall evaluate whether the physician is
3643 eligible for expedited licensure and issue a letter of
3644 qualification, verifying or denying the physician's eligibility,
3645 to the Interstate Commission.

3646 (a) Static qualifications, which include verification of
3647 medical education, graduate medical education, results of any
3648 medical or licensing examination, and other qualifications as
3649 determined by the Interstate Commission through rule, are not
3650 subject to additional primary source verification if already
3651 primary source-verified by the state of principal license.

3652 (b) The member board within the state selected as the state
3653 of principal license shall, in the course of verifying
3654 eligibility, perform a criminal background check of an

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3655 applicant, including the use of the results of fingerprint or
3656 other biometric data checks compliant with the requirements of
3657 the Federal Bureau of Investigation, with the exception of
3658 federal employees who have a suitability determination in
3659 accordance with 5 C.F.R. s. 731.202.

3660 (c) Appeal on the determination of eligibility must be made
3661 to the member state where the application was filed and is
3662 subject to the law of that state.

3663 (3) Upon verification in subsection (2), physicians
3664 eligible for an expedited license must complete the registration
3665 process established by the Interstate Commission to receive a
3666 license in a member state selected pursuant to subsection (1).

3667 (4) After receiving verification of eligibility under
3668 subsection (2) and upon an applicant's completion of any
3669 registration process required under subsection (3), a member
3670 board shall issue an expedited license to the physician. This
3671 license authorizes the physician to practice medicine in the
3672 issuing state consistent with the medical practice act and all
3673 applicable laws and regulations of the issuing member board and
3674 member state.

3675 (5) An expedited license is valid for a period consistent
3676 with the licensure period in the member state and in the same
3677 manner as required for other physicians holding a full and
3678 unrestricted license within the member state.

3679 (6) An expedited license obtained through the compact must
3680 be terminated if a physician fails to maintain a license in the
3681 state of principal license for a nondisciplinary reason, without
3682 redesignation of a new state of principal license.

3683 (7) The Interstate Commission may develop rules regarding

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3684 the application process and the issuance of an expedited
3685 license.

3686

3687 SECTION 6

3688 RENEWAL AND CONTINUED PARTICIPATION

3689 (1) A physician seeking to renew an expedited license
3690 granted in a member state shall complete a renewal process with
3691 the Interstate Commission if the physician:

3692 (a) Maintains a full and unrestricted license in a state of
3693 principal license;

3694 (b) Has not been convicted or received adjudication,
3695 deferred adjudication, community supervision, or deferred
3696 disposition for any offense by a court of appropriate
3697 jurisdiction;

3698 (c) Has not had a license authorizing the practice of
3699 medicine subject to discipline by a licensing agency in any
3700 state, federal, or foreign jurisdiction, excluding any action
3701 related to nonpayment of fees related to a license; and

3702 (d) Has not had a controlled substance license or permit
3703 suspended or revoked by a state or the United States Drug
3704 Enforcement Administration.

3705 (2) Physicians shall comply with all continuing
3706 professional development or continuing medical education
3707 requirements for renewal of a license issued by a member state.

3708 (3) Physician information collected by the Interstate
3709 Commission during the renewal process must be distributed to all
3710 member boards.

3711 (4) The Interstate Commission may develop rules to address
3712 renewal of licenses obtained through the compact.

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SECTION 7

COORDINATED INFORMATION SYSTEM

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

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

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

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

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

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

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

SECTION 8

JOINT INVESTIGATIONS

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3742 (1) Licensure and disciplinary records of physicians are
3743 deemed investigative.

3744 (2) In addition to the authority granted to a member board
3745 by its respective medical practice act or other applicable state
3746 law, a member board may participate with other member boards in
3747 joint investigations of physicians licensed by the member
3748 boards.

3749 (3) A subpoena issued by a member state is enforceable in
3750 other member states.

3751 (4) Member boards may share any investigative, litigation,
3752 or compliance materials in furtherance of any joint or
3753 individual investigation initiated under the compact.

3754 (5) Any member state may investigate actual or alleged
3755 violations of the statutes authorizing the practice of medicine
3756 in any other member state in which a physician holds a license
3757 to practice medicine.

3758
3759 SECTION 9

3760 DISCIPLINARY ACTIONS

3761 (1) Any disciplinary action taken by any member board
3762 against a physician licensed through the compact is deemed
3763 unprofessional conduct that may be subject to discipline by
3764 other member boards, in addition to any violation of the medical
3765 practice act or regulations in that state.

3766 (2) If a license granted to a physician by the member board
3767 in the state of principal license is revoked, surrendered or
3768 relinquished in lieu of discipline, or suspended, then all
3769 licenses issued to the physician by member boards shall
3770 automatically be placed, without further action necessary by any

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3771 member board, on the same status. If the member board in the
3772 state of principal license subsequently reinstates the
3773 physician's license, a license issued to the physician by any
3774 other member board must remain encumbered until that respective
3775 member board takes action to reinstate the license in a manner
3776 consistent with the medical practice act of that state.

3777 (3) If disciplinary action is taken against a physician by
3778 a member board not in the state of principal license, any other
3779 member board may deem the action conclusive as to matter of law
3780 and fact decided, and:

3781 (a) Impose the same or lesser sanctions against the
3782 physician so long as such sanctions are consistent with the
3783 medical practice act of that state; or

3784 (b) Pursue separate disciplinary action against the
3785 physician under its respective medical practice act, regardless
3786 of the action taken in other member states.

3787 (4) If a license granted to a physician by a member board
3788 is revoked, surrendered or relinquished in lieu of discipline,
3789 or suspended, any license issued to the physician by any other
3790 member board must be suspended, automatically and immediately
3791 without further action necessary by the other member boards, for
3792 90 days after entry of the order by the disciplining board, to
3793 permit the member boards to investigate the basis for the action
3794 under the medical practice act of that state. A member board may
3795 terminate the automatic suspension of the license it issued
3796 before the completion of the 90-day suspension period in a
3797 manner consistent with the medical practice act of that state.

3798

3799

SECTION 10

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INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

3800
3801 (1) The member states hereby create the Interstate Medical
3802 Licensure Compact Commission.

3803 (2) The purpose of the Interstate Commission is the
3804 administration of the compact, which is a discretionary state
3805 function.

3806 (3) The Interstate Commission is a body corporate and joint
3807 agency of the member states and has all the responsibilities,
3808 powers, and duties set forth in the compact, and such additional
3809 powers as may be conferred upon it by a subsequent concurrent
3810 action of the respective legislatures of the member states in
3811 accordance with the terms of the compact.

3812 (4) The Interstate Commission shall consist of two voting
3813 representatives appointed by each member state, who shall serve
3814 as commissioners. In states where allopathic and osteopathic
3815 physicians are regulated by separate member boards, or if the
3816 licensing and disciplinary authority is split between multiple
3817 member boards within a member state, the member state shall
3818 appoint one representative from each member board. Each
3819 commissioner must be one of the following:

3820 (a) An allopathic or osteopathic physician appointed to a
3821 member board.

3822 (b) An executive director, an executive secretary, or a
3823 similar executive of a member board.

3824 (c) A member of the public appointed to a member board.

3825 (5) The Interstate Commission shall meet at least once each
3826 calendar year. A portion of this meeting must be a business
3827 meeting to address such matters as may properly come before the
3828 commission, including the election of officers. The chairperson

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3829 may call additional meetings and shall call for a meeting upon
3830 the request of a majority of the member states.

3831 (6) The bylaws may provide for meetings of the Interstate
3832 Commission to be conducted by telecommunication or other
3833 electronic means.

3834 (7) Each commissioner participating at a meeting of the
3835 Interstate Commission is entitled to one vote. A majority of
3836 commissioners constitutes a quorum for the transaction of
3837 business, unless a larger quorum is required by the bylaws of
3838 the Interstate Commission. A commissioner may not delegate a
3839 vote to another commissioner. In the absence of its
3840 commissioner, a member state may delegate voting authority for a
3841 specified meeting to another person from that state who must
3842 meet the qualification requirements specified in subsection (4).

3843 (8) The Interstate Commission shall provide public notice
3844 of all meetings, and all meetings must be open to the public.
3845 The Interstate Commission may close a meeting, in full or in
3846 portion, where it determines by a two-thirds vote of the
3847 commissioners present that an open meeting would be likely to:

3848 (a) Relate solely to the internal personnel practices and
3849 procedures of the Interstate Commission;

3850 (b) Discuss matters specifically exempted from disclosure
3851 by federal statute;

3852 (c) Discuss trade secrets or commercial or financial
3853 information that is privileged or confidential;

3854 (d) Involve accusing a person of a crime, or formally
3855 censuring a person;

3856 (e) Discuss information of a personal nature, the
3857 disclosure of which would constitute a clearly unwarranted

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3858 invasion of personal privacy;

3859 (f) Discuss investigative records compiled for law
3860 enforcement purposes; or

3861 (g) Specifically relate to participation in a civil action
3862 or other legal proceeding.

3863 (9) The Interstate Commission shall keep minutes that fully
3864 describe all matters discussed in a meeting and provide a full
3865 and accurate summary of actions taken, including a record of any
3866 roll call votes.

3867 (10) The Interstate Commission shall make its information
3868 and official records, to the extent not otherwise designated in
3869 the compact or by its rules, available to the public for
3870 inspection.

3871 (11) The Interstate Commission shall establish an executive
3872 committee, which shall include officers, members, and others as
3873 determined by the bylaws. The executive committee has the power
3874 to act on behalf of the Interstate Commission, with the
3875 exception of rulemaking, during periods when the Interstate
3876 Commission is not in session. When acting on behalf of the
3877 Interstate Commission, the executive committee shall oversee the
3878 administration of the compact, including enforcement and
3879 compliance with the compact and its bylaws and rules, and other
3880 duties as necessary.

3881 (12) The Interstate Commission may establish other
3882 committees for governance and administration of the compact.

3883

3884 SECTION 11

3885 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

3886 The Interstate Commission has all of the following powers

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3887 and duties:

3888 (1) Overseeing and maintaining the administration of the
3889 compact.

3890 (2) Adopting rules, which shall be binding to the extent
3891 and in the manner provided for in the compact.

3892 (3) Issuing, upon the request of a member state or member
3893 board, advisory opinions concerning the meaning or
3894 interpretation of the compact and its bylaws, rules, and
3895 actions.

3896 (4) Enforcing compliance with the compact, the rules
3897 adopted by the Interstate Commission, and the bylaws, using all
3898 necessary and proper means, including, but not limited to, the
3899 use of judicial process.

3900 (5) Establishing and appointing committees, including, but
3901 not limited to, an executive committee as required by Section
3902 11, which shall have the power to act on behalf of the
3903 Interstate Commission in carrying out its powers and duties.

3904 (6) Paying for or providing for the payment of the expenses
3905 related to the establishment, organization, and ongoing
3906 activities of the Interstate Commission.

3907 (7) Establishing and maintaining one or more offices.

3908 (8) Borrowing, accepting, hiring, or contracting for
3909 services of personnel.

3910 (9) Purchasing and maintaining insurance and bonds.

3911 (10) Employing an executive director, who shall have the
3912 power to employ, select, or appoint employees, agents, or
3913 consultants and to determine their qualifications, define their
3914 duties, and fix their compensation.

3915 (11) Establishing personnel policies and programs relating

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3916 to conflicts of interest, rates of compensation, and
3917 qualifications of personnel.

3918 (12) Accepting donations and grants of money, equipment,
3919 supplies, materials, and services and receiving, using, and
3920 disposing of them in a manner consistent with the conflict-of-
3921 interest policies established by the Interstate Commission.

3922 (13) Leasing, purchasing, accepting contributions or
3923 donations of, or otherwise owning, holding, improving, or using
3924 any property, real, personal, or mixed.

3925 (14) Selling conveying, mortgaging, pledging, leasing,
3926 exchanging, abandoning, or otherwise disposing of any property,
3927 real, personal, or mixed.

3928 (15) Establishing a budget and making expenditures.

3929 (16) Adopting a seal and bylaws governing the management
3930 and operation of the Interstate Commission.

3931 (17) Reporting annually to the legislatures and governors
3932 of the member states concerning the activities of the Interstate
3933 Commission during the preceding year. Such reports must also
3934 include reports of financial audits and any recommendations that
3935 may have been adopted by the Interstate Commission.

3936 (18) Coordinating education, training, and public awareness
3937 regarding the compact and its implementation and operation.

3938 (19) Maintaining records in accordance with the bylaws.

3939 (20) Seeking and obtaining trademarks, copyrights, and
3940 patents.

3941 (21) Performing any other functions necessary or
3942 appropriate to achieve the purposes of the compact.

3943

3944

SECTION 12

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3945 FINANCE POWERS

3946 (1) The Interstate Commission may levy on and collect an
3947 annual assessment from each member state to cover the cost of
3948 the operations and activities of the Interstate Commission and
3949 its staff. The total assessment, subject to appropriation, must
3950 be sufficient to cover the annual budget approved each year for
3951 which revenue is not provided by other sources. The aggregate
3952 annual assessment amount must be allocated upon a formula to be
3953 determined by the Interstate Commission, which shall adopt a
3954 rule binding upon all member states.

3955 (2) The Interstate Commission may not incur obligations of
3956 any kind before securing the funds adequate to meet the same.

3957 (3) The Interstate Commission may not pledge the credit of
3958 any of the member states, except by, and with the authority of,
3959 the member state.

3960 (4) The Interstate Commission is subject to an annual
3961 financial audit conducted by a certified or licensed public
3962 accountant, and the report of the audit must be included in the
3963 annual report of the Interstate Commission.

3964
3965 SECTION 13

3966 ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

3967 (1) The Interstate Commission shall, by a majority of
3968 commissioners present and voting, adopt bylaws to govern its
3969 conduct as may be necessary or appropriate to carry out the
3970 purposes of the compact within 12 months after the first
3971 Interstate Commission meeting.

3972 (2) The Interstate Commission shall elect or appoint
3973 annually from among its commissioners a chairperson, a vice

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3974 chairperson, and a treasurer, each of whom shall have such
3975 authority and duties as may be specified in the bylaws. The
3976 chairperson, or in the chairperson's absence or disability, the
3977 vice chairperson, shall preside over all meetings of the
3978 Interstate Commission.

3979 (3) Officers selected pursuant to subsection (2) shall
3980 serve without remuneration from the Interstate Commission.

3981 (4) The officers and employees of the Interstate Commission
3982 are immune from suit and liability, either personally or in
3983 their official capacity, for a claim for damage to or loss of
3984 property or personal injury or other civil liability caused or
3985 arising out of, or relating to, an actual or alleged act, error,
3986 or omission that occurred, or that such person had a reasonable
3987 basis for believing occurred, within the scope of Interstate
3988 Commission employment, duties, or responsibilities; provided
3989 that such person is not protected from suit or liability for
3990 damage, loss, injury, or liability caused by the intentional or
3991 willful and wanton misconduct of such person.

3992 (a) The liability of the executive director and employees
3993 of the Interstate Commission or representatives of the
3994 Interstate Commission, acting within the scope of such person's
3995 employment or duties for acts, errors, or omissions occurring
3996 within such person's state, may not exceed the limits of
3997 liability set forth under the constitution and laws of that
3998 state for state officials, employees, and agents. The Interstate
3999 Commission is considered to be an instrumentality of the states
4000 for the purposes of any such action. Nothing in this subsection
4001 may be construed to protect such person from suit or liability
4002 for damage, loss, injury, or liability caused by the intentional

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4003 or willful and wanton misconduct of such person.

4004 (b) The Interstate Commission shall defend the executive
4005 director and its employees and, subject to the approval of the
4006 attorney general or other appropriate legal counsel of the
4007 member state represented by an Interstate Commission
4008 representative, shall defend such persons in any civil action
4009 seeking to impose liability arising out of an actual or alleged
4010 act, error, or omission that occurred within the scope of
4011 Interstate Commission employment, duties, or responsibilities,
4012 or that the defendant had a reasonable basis for believing
4013 occurred within the scope of Interstate Commission employment,
4014 duties, or responsibilities, provided that the actual or alleged
4015 act, error, or omission did not result from intentional or
4016 willful and wanton misconduct on the part of such person.

4017 (c) To the extent not covered by the state involved, the
4018 member state, or the Interstate Commission, the representatives
4019 or employees of the Interstate Commission must be held harmless
4020 in the amount of a settlement or judgment, including attorney
4021 fees and costs, obtained against such persons arising out of an
4022 actual or alleged act, error, or omission that occurred within
4023 the scope of Interstate Commission employment, duties, or
4024 responsibilities, or that such persons had a reasonable basis
4025 for believing occurred within the scope of Interstate Commission
4026 employment, duties, or responsibilities, provided that the
4027 actual or alleged act, error, or omission did not result from
4028 intentional or willful and wanton misconduct on the part of such
4029 persons.

4030
4031 SECTION 14

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RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

4032
4033 (1) The Interstate Commission shall adopt reasonable rules
4034 in order to effectively and efficiently achieve the purposes of
4035 the compact. However, in the event the Interstate Commission
4036 exercises its rulemaking authority in a manner that is beyond
4037 the scope of the purposes of the compact, or the powers granted
4038 hereunder, then such an action by the Interstate Commission is
4039 invalid and has no force or effect.

4040 (2) Rules deemed appropriate for the operations of the
4041 Interstate Commission must be made pursuant to a rulemaking
4042 process that substantially conforms to the "Model State
4043 Administrative Procedure Act" of 2010, and subsequent amendments
4044 thereto.

4045 (3) Not later than 30 days after a rule is adopted, any
4046 person may file a petition for judicial review of the rule in
4047 the United States District Court for the District of Columbia or
4048 the federal district where the Interstate Commission has its
4049 principal offices, provided that the filing of such a petition
4050 does not stay or otherwise prevent the rule from becoming
4051 effective unless the court finds that the petitioner has a
4052 substantial likelihood of success. The court must give deference
4053 to the actions of the Interstate Commission consistent with
4054 applicable law and may not find the rule to be unlawful if the
4055 rule represents a reasonable exercise of the authority granted
4056 to the Interstate Commission.

4057
4058 SECTION 15

4059 OVERSIGHT OF INTERSTATE COMPACT

4060 (1) The executive, legislative, and judicial branches of

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4061 state government in each member state shall enforce the compact
4062 and shall take all actions necessary and appropriate to
4063 effectuate the compact's purposes and intent. The compact and
4064 the rules adopted hereunder shall have standing as statutory law
4065 but do not override existing state authority to regulate the
4066 practice of medicine.

4067 (2) All courts shall take judicial notice of the compact
4068 and the rules in any judicial or administrative proceeding in a
4069 member state pertaining to the subject matter of the compact
4070 which may affect the powers, responsibilities, or actions of the
4071 Interstate Commission.

4072 (3) The Interstate Commission is entitled to receive all
4073 service of process in any such proceeding and shall have
4074 standing to intervene in the proceeding for all purposes.
4075 Failure to provide service of process to the Interstate
4076 Commission shall render a judgment or order void as to the
4077 Interstate Commission, the compact, or adopted rules, as
4078 applicable.

4079
4080 SECTION 16

4081 ENFORCEMENT OF INTERSTATE COMPACT

4082 (1) The Interstate Commission, in the reasonable exercise
4083 of its discretion, shall enforce the provisions and rules of the
4084 compact.

4085 (2) The Interstate Commission may, by majority vote of the
4086 commissioners, initiate legal action in the United States
4087 District Court for the District of Columbia, or, at the
4088 discretion of the Interstate Commission, in the federal district
4089 where the Interstate Commission has its principal offices, to

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4090 enforce compliance with the compact and its adopted rules and
4091 bylaws against a member state in default. The relief sought may
4092 include both injunctive relief and damages. In the event
4093 judicial enforcement is necessary, the prevailing party must be
4094 awarded all costs of such litigation, including reasonable
4095 attorney fees.

4096 (3) The remedies herein are not the exclusive remedies of
4097 the Interstate Commission. The Interstate Commission may avail
4098 itself of any other remedies available under state law or the
4099 regulation of a profession.

4100

4101 SECTION 17

4102 DEFAULT PROCEDURES

4103 (1) The grounds for default include, but are not limited
4104 to, failure of a member state to perform such obligations or
4105 responsibilities imposed upon it by the compact, or the rules
4106 and bylaws of the Interstate Commission adopted under the
4107 compact.

4108 (2) If the Interstate Commission determines that a member
4109 state has defaulted in the performance of its obligations or
4110 responsibilities under the compact, or the bylaws or adopted
4111 rules, the Interstate Commission shall:

4112 (a) Provide written notice to the defaulting state and
4113 other member states of the nature of the default, the means of
4114 curing the default, and any action taken by the Interstate
4115 Commission. The Interstate Commission shall specify the
4116 conditions by which the defaulting state must cure its default;
4117 and

4118 (b) Provide remedial training and specific technical

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4119 assistance regarding the default.

4120 (3) If the defaulting state fails to cure the default, the
4121 defaulting state may be terminated from the compact upon an
4122 affirmative vote of a majority of the commissioners and all
4123 rights, privileges, and benefits conferred by the compact
4124 terminate on the effective date of the termination. A cure of
4125 the default does not relieve the offending state of obligations
4126 or liabilities incurred during the period of the default.

4127 (4) Termination of membership in the compact must be
4128 imposed only after all other means of securing compliance have
4129 been exhausted. Notice of intent to terminate must be given by
4130 the Interstate Commission to the governor, the majority and
4131 minority leaders of the defaulting state's legislature, and each
4132 of the member states.

4133 (5) The Interstate Commission shall establish rules and
4134 procedures to address licenses and physicians that are
4135 materially impacted by the termination of a member state, or the
4136 withdrawal of a member state.

4137 (6) The member state which has been terminated is
4138 responsible for all dues, obligations, and liabilities incurred
4139 through the effective date of termination, including
4140 obligations, the performance of which extends beyond the
4141 effective date of termination.

4142 (7) The Interstate Commission shall not bear any costs
4143 relating to any state that has been found to be in default or
4144 which has been terminated from the compact, unless otherwise
4145 mutually agreed upon in writing between the Interstate
4146 Commission and the defaulting state.

4147 (8) The defaulting state may appeal the action of the

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4148 Interstate Commission by petitioning the United States District
4149 Court for the District of Columbia or the federal district where
4150 the Interstate Commission has its principal offices. The
4151 prevailing party must be awarded all costs of such litigation
4152 including reasonable attorney fees.

4153

4154 SECTION 18

4155 DISPUTE RESOLUTION

4156 (1) The Interstate Commission shall attempt, upon the
4157 request of a member state, to resolve disputes that are subject
4158 to the compact and that may arise among member states or member
4159 boards.

4160 (2) The Interstate Commission shall adopt rules providing
4161 for both mediation and binding dispute resolution as
4162 appropriate.

4163

4164 SECTION 19

4165 MEMBER STATES, EFFECTIVE DATE, AND AMENDMENT

4166 (1) Any state is eligible to become a member state of the
4167 compact.

4168 (2) The compact becomes effective and binding upon
4169 legislative enactment of the compact into law by no less than
4170 seven states. Thereafter, it becomes effective and binding on a
4171 state upon enactment of the compact into law by that state.

4172 (3) The governors of nonmember states, or their designees,
4173 must be invited to participate in the activities of the
4174 Interstate Commission on a nonvoting basis before adoption of
4175 the compact by all states.

4176 (4) The Interstate Commission may propose amendments to the

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4177 compact for enactment by the member states. No amendment becomes
4178 effective and binding upon the Interstate Commission and the
4179 member states unless and until it is enacted into law by
4180 unanimous consent of the member states.

4181
4182 SECTION 20
4183 WITHDRAWAL

4184 (1) Once effective, the compact shall continue in force and
4185 remain binding upon each member state. However, a member state
4186 may withdraw from the compact by specifically repealing the
4187 statute which enacted the compact into law.

4188 (2) Withdrawal from the compact must be made by the
4189 enactment of a statute repealing the same, but the withdrawal
4190 shall not take effect until 1 year after the effective date of
4191 such statute and until written notice of the withdrawal has been
4192 given by the withdrawing state to the governor of each other
4193 member state.

4194 (3) The withdrawing state shall immediately notify the
4195 chairperson of the Interstate Commission in writing upon the
4196 introduction of legislation repealing the compact in the
4197 withdrawing state.

4198 (4) The Interstate Commission shall notify the other member
4199 states of the withdrawing state's intent to withdraw within 60
4200 days after receipt of notice provided under subsection (3).

4201 (5) The withdrawing state is responsible for all dues,
4202 obligations, and liabilities incurred through the effective date
4203 of withdrawal, including obligations, the performance of which
4204 extend beyond the effective date of withdrawal.

4205 (6) Reinstatement following withdrawal of a member state

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4206 shall occur upon the withdrawing state reenacting the compact or
4207 upon such later date as determined by the Interstate Commission.

4208 (7) The Interstate Commission may develop rules to address
4209 the impact of the withdrawal of a member state on licenses
4210 granted in other member states to physicians who designated the
4211 withdrawing member state as the state of principal license.

4212
4213 SECTION 21

4214 DISSOLUTION

4215 (1) The compact shall dissolve effective upon the date of
4216 the withdrawal or default of the member state which reduces the
4217 membership in the compact to one member state.

4218 (2) Upon the dissolution of the compact, the compact
4219 becomes null and void and shall be of no further force or
4220 effect, the business and affairs of the Interstate Commission
4221 must be concluded, and surplus funds of the Interstate
4222 Commission must be distributed in accordance with the bylaws.

4223
4224 SECTION 22

4225 SEVERABILITY AND CONSTRUCTION

4226 (1) The provisions of the compact are severable, and if any
4227 phrase, clause, sentence, or provision is deemed unenforceable,
4228 the remaining provisions of the compact remain enforceable.

4229 (2) The provisions of the compact must be liberally
4230 construed to effectuate its purposes.

4231 (3) The compact may be construed to prohibit the
4232 applicability of other interstate compacts to which the states
4233 are members.

4234

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SECTION 23

BINDING EFFECT OF COMPACT AND OTHER LAWS

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

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

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

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

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

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

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

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4264 (1) Notwithstanding s. 120.569(2), the department shall
4265 notify the division within 45 days after receipt of a petition
4266 or request for a formal hearing.

4267 (2) The determination of whether the physician has violated
4268 the laws and rules regulating the practice of medicine or
4269 osteopathic medicine, as applicable, including a determination
4270 of the reasonable standard of care, is a conclusion of law that
4271 is to be determined by appropriate board and is not a finding of
4272 fact to be determined by an administrative law judge.

4273 (3) The administrative law judge shall issue a recommended
4274 order pursuant to chapter 120.

4275 (4) The Board of Medicine or the Board of Osteopathic
4276 Medicine, as applicable, shall determine and issue the final
4277 order in each disciplinary case. Such order shall constitute
4278 final agency action.

4279 (5) Any consent order or agreed-upon settlement is subject
4280 to the approval of the department.

4281 (6) The department shall have standing to seek judicial
4282 review of any final order of the board, pursuant to s. 120.68.

4283 Section 51. Section 456.4504, Florida Statutes, is created
4284 to read:

4285 456.4504 Interstate Medical Licensure Compact Rules.—The
4286 department may adopt rules to implement the Interstate Medical
4287 Licensure Compact.

4288 Section 52. Section 458.3129, Florida Statutes, is created
4289 to read:

4290 458.3129 Interstate Medical Licensure Compact.—A physician
4291 licensed to practice allopathic medicine under s. 456.4501 is
4292 deemed to also be licensed under this chapter.

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4293 Section 53. Section 459.074, Florida Statutes, is created
4294 to read:

4295 459.074 Interstate Medical Licensure Compact.—A physician
4296 licensed to practice osteopathic medicine under s. 456.4501 is
4297 deemed to also be licensed under this chapter.

4298 Section 54. Paragraph (j) is added to subsection (10) of
4299 section 768.28, Florida Statutes, to read:

4300 768.28 Waiver of sovereign immunity in tort actions;
4301 recovery limits; civil liability for damages caused during a
4302 riot; limitation on attorney fees; statute of limitations;
4303 exclusions; indemnification; risk management programs.—

4304 (10)

4305 (j) For purposes of this section, the representative
4306 appointed from the Board of Medicine and the representative
4307 appointed from the Board of Osteopathic Medicine, when serving
4308 as commissioners of the Interstate Medical Licensure Compact
4309 Commission pursuant to s. 456.4501, and any administrator,
4310 officer, executive director, employee, or representative of the
4311 Interstate Medical Licensure Compact Commission, when acting
4312 within the scope of their employment, duties, or
4313 responsibilities in this state, are considered agents of the
4314 state. The commission shall pay any claims or judgments pursuant
4315 to this section and may maintain insurance coverage to pay any
4316 such claims or judgments.

4317 Section 55. Section 468.1335, Florida Statutes, is created
4318 to read:

4319 468.1335 Audiology and Speech-Language Pathology Interstate
4320 Compact.—The Audiology and Speech-Language Pathology Interstate
4321 Compact is hereby enacted into law and entered into by this

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4322 state with all other states legally joining therein in the form
4323 substantially as follows:

4324

4325 ARTICLE I

4326 PURPOSE

4327 (1) The purpose of the compact is to facilitate the
4328 interstate practice of audiology and speech-language pathology
4329 with the goal of improving public access to audiology and
4330 speech-language pathology services.

4331 (2) The practice of audiology and speech-language pathology
4332 occurs in the state where the patient, client, or student is
4333 located at the time the services are provided.

4334 (3) The compact preserves the regulatory authority of
4335 states to protect the public health and safety through the
4336 current system of state licensure.

4337 (4) The compact is designed to achieve all of the following
4338 objectives:

4339 (a) Increase public access to audiology and speech-language
4340 pathology services by providing for the mutual recognition of
4341 other member state licenses.

4342 (b) Enhance the states' abilities to protect public health
4343 and safety.

4344 (c) Encourage the cooperation of member states in
4345 regulating multistate audiology and speech-language pathology
4346 practices.

4347 (d) Support spouses of relocating active duty military
4348 personnel.

4349 (e) Enhance the exchange of licensure, investigative, and
4350 disciplinary information between member states.

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4351 (f) Allow a remote state to hold a licensee with compact
4352 privilege in that state accountable to that state's practice
4353 standards.

4354 (g) Allow for the use of telehealth technology to
4355 facilitate increased access to audiology and speech-language
4356 pathology services.

4357
4358 ARTICLE II

4359 DEFINITIONS

4360 As used in the compact, the term:

4361 (1) "Active duty military" means full-time duty status in
4362 the active uniformed service of the United States, including
4363 members of the National Guard and Reserve on active duty orders
4364 pursuant to 10 U.S.C. chapters 1209 and 1211.

4365 (2) "Adverse action" means any administrative, civil,
4366 equitable, or criminal action permitted by a state's laws which
4367 is imposed by a licensing board against a licensee, including
4368 actions against an individual's license or privilege to
4369 practice, such as revocation, suspension, probation, monitoring
4370 of the licensee, or restriction on the licensee's practice.

4371 (3) "Alternative program" means a nondisciplinary
4372 monitoring process approved by an audiology licensing board or a
4373 speech-language pathology licensing board to address impaired
4374 licensees.

4375 (4) "Audiologist" means an individual who is licensed by a
4376 state to practice audiology.

4377 (5) "Audiology" means the care and services provided by a
4378 licensed audiologist as provided in the member state's rules and
4379 regulations.

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4380 (6) "Audiology and Speech-Language Pathology Interstate
4381 Compact Commission" or "commission" means the national
4382 administrative body whose membership consists of all states that
4383 have enacted the compact.

4384 (7) "Audiology licensing board" means the agency of a state
4385 which is responsible for the licensing and regulation of
4386 audiologists.

4387 (8) "Compact privilege" means the authorization granted by
4388 a remote state to allow a licensee from another member state to
4389 practice as an audiologist or speech-language pathologist in the
4390 remote state under its rules and regulations. The practice of
4391 audiology or speech-language pathology occurs in the member
4392 state where the patient, client, or student is located at the
4393 time the services are provided.

4394 (9) "Current significant investigative information,"
4395 "investigative materials," "investigative records," or
4396 "investigative reports" means information that a licensing
4397 board, after an inquiry or investigation that includes
4398 notification and an opportunity for the audiologist or speech-
4399 language pathologist to respond, if required by state law, has
4400 reason to believe is not groundless and, if proved true, would
4401 indicate more than a minor infraction.

4402 (10) "Data system" means a repository of information
4403 relating to licensees, including, but not limited to, continuing
4404 education, examination, licensure, investigative, compact
4405 privilege, and adverse action information.

4406 (11) "Encumbered license" means a license in which an
4407 adverse action restricts the practice of audiology or speech-
4408 language pathology by the licensee and the adverse action has

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4409 been reported to the National Practitioner Data Bank.

4410 (12) "Executive committee" means a group of directors
4411 elected or appointed to act on behalf of, and within the powers
4412 granted to them by, the commission.

4413 (13) "Home state" means the member state that is the
4414 licensee's primary state of residence.

4415 (14) "Impaired licensee" means a licensee whose
4416 professional practice is adversely affected by substance abuse,
4417 addiction, or other health-related conditions.

4418 (15) "Licensee" means a person who is licensed by his or
4419 her home state to practice as an audiologist or speech-language
4420 pathologist.

4421 (16) "Licensing board" means the agency of a state which is
4422 responsible for the licensing and regulation of audiologists or
4423 speech-language pathologists.

4424 (17) "Member state" means a state that has enacted the
4425 compact.

4426 (18) "Privilege to practice" means the legal authorization
4427 to practice audiology or speech-language pathology in a remote
4428 state.

4429 (19) "Remote state" means a member state, other than the
4430 home state, where a licensee is exercising or seeking to
4431 exercise his or her compact privilege.

4432 (20) "Rule" means a regulation, principle, or directive
4433 adopted by the commission which has the force of law.

4434 (21) "Single-state license" means an audiology or speech-
4435 language pathology license issued by a member state which
4436 authorizes practice only within the issuing state and does not
4437 include a privilege to practice in any other member state.

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4438 (22) "Speech-language pathologist" means an individual who
4439 is licensed to practice speech-language pathology.

4440 (23) "Speech-language pathology" means the care and
4441 services provided by a licensed speech-language pathologist as
4442 provided in the member state's rules and regulations.

4443 (24) "Speech-language pathology licensing board" means the
4444 agency of a state which is responsible for the licensing and
4445 regulation of speech-language pathologists.

4446 (25) "State" means any state, commonwealth, district, or
4447 territory of the United States of America which regulates the
4448 practice of audiology and speech-language pathology.

4449 (26) "State practice laws" means a member state's laws,
4450 rules, and regulations that govern the practice of audiology or
4451 speech-language pathology, define the scope of audiology or
4452 speech-language pathology practice, and create the methods and
4453 grounds for imposing discipline.

4454 (27) "Telehealth" means the application of
4455 telecommunication technology to deliver audiology or speech-
4456 language pathology services at a distance for assessment,
4457 intervention, or consultation.

4458
4459 ARTICLE III

4460 STATE PARTICIPATION

4461 (1) A license issued to an audiologist or speech-language
4462 pathologist by a home state to a resident in that state must be
4463 recognized by each member state as authorizing an audiologist or
4464 speech-language pathologist to practice audiology or speech-
4465 language pathology, under a privilege to practice, in each
4466 member state.

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4467 (2) A state must implement procedures for considering the
4468 criminal history records of applicants for initial privilege to
4469 practice. These procedures must include the submission of
4470 fingerprints or other biometric-based information by applicants
4471 for the purpose of obtaining an applicant's criminal history
4472 records from the Federal Bureau of Investigation and the agency
4473 responsible for retaining that state's criminal history records.

4474 (a) A member state must fully implement a criminal history
4475 records check procedure, within a timeframe established by rule,
4476 which requires the member state to receive an applicant's
4477 criminal history records from the Federal Bureau of
4478 Investigation and the agency responsible for retaining the
4479 member state's criminal history records and use such records in
4480 making licensure decisions.

4481 (b) Communication between a member state, the commission,
4482 and other member states regarding the verification of
4483 eligibility for licensure through the compact may not include
4484 any information received from the Federal Bureau of
4485 Investigation relating to a criminal history records check
4486 performed by a member state under Pub. L. No. 92-544.

4487 (3) Upon application for a privilege to practice, the
4488 licensing board in the issuing remote state must determine,
4489 through the data system, whether the applicant has ever held, or
4490 is the holder of, a license issued by any other state, whether
4491 there are any encumbrances on any license or privilege to
4492 practice held by the applicant, and whether any adverse action
4493 has been taken against any license or privilege to practice held
4494 by the applicant.

4495 (4) Each member state must require an applicant to obtain

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4496 or retain a license in his or her home state and meet the home
4497 state's qualifications for licensure or renewal of licensure and
4498 all other applicable state laws.

4499 (5) Each member state must require that an applicant meet
4500 all of the following criteria to receive the privilege to
4501 practice as an audiologist in the member state:

4502 (a) One of the following educational requirements:

4503 1. On or before December 31, 2007, has graduated with a
4504 master's degree or doctoral degree in audiology, or an
4505 equivalent degree, regardless of the name of such degree, from a
4506 program that is accredited by an accrediting agency recognized
4507 by the Council for Higher Education Accreditation, or its
4508 successor, or by the United States Department of Education and
4509 operated by a college or university accredited by a regional or
4510 national accrediting organization recognized by the board;

4511 2. On or after January 1, 2008, has graduated with a
4512 doctoral degree in audiology, or an equivalent degree,
4513 regardless of the name of such degree, from a program that is
4514 accredited by an accrediting agency recognized by the Council
4515 for Higher Education Accreditation, or its successor, or by the
4516 United States Department of Education and operated by a college
4517 or university accredited by a regional or national accrediting
4518 organization recognized by the board; or

4519 3. Has graduated from an audiology program that is housed
4520 in an institution of higher education outside of the United
4521 States for which the degree program and institution have been
4522 approved by the authorized accrediting body in the applicable
4523 country and the degree program has been verified by an
4524 independent credentials review agency to be comparable to a

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4525 state licensing board-approved program.

4526 (b) Has completed a supervised clinical practicum
4527 experience from an accredited educational institution or its
4528 cooperating programs as required by the commission.

4529 (c) Has successfully passed a national examination approved
4530 by the commission.

4531 (d) Holds an active, unencumbered license.

4532 (e) Has not been convicted or found guilty of, or entered a
4533 plea of guilty or nolo contendere to, regardless of
4534 adjudication, a felony in any jurisdiction which directly
4535 relates to the practice of his or her profession or the ability
4536 to practice his or her profession.

4537 (f) Has a valid United States social security number or a
4538 national provider identifier.

4539 (6) Each member state must require that an applicant meet
4540 all of the following criteria to receive the privilege to
4541 practice as a speech-language pathologist in the member state:

4542 (a) One of the following educational requirements:

4543 1. Has graduated with a master's degree from a speech-
4544 language pathology program that is accredited by an organization
4545 recognized by the United States Department of Education and
4546 operated by a college or university accredited by a regional or
4547 national accrediting organization recognized by the board; or

4548 2. Has graduated from a speech-language pathology program
4549 that is housed in an institution of higher education outside of
4550 the United States for which the degree program and institution
4551 have been approved by the authorized accrediting body in the
4552 applicable country and the degree program has been verified by
4553 an independent credentials review agency to be comparable to a

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4554 state licensing board-approved program.

4555 (b) Has completed a supervised clinical practicum
4556 experience from an educational institution or its cooperating
4557 programs as required by the commission.

4558 (c) Has completed a supervised postgraduate professional
4559 experience as required by the commission.

4560 (d) Has successfully passed a national examination approved
4561 by the commission.

4562 (e) Holds an active, unencumbered license.

4563 (f) Has not been convicted or found guilty of, or entered a
4564 plea of guilty or nolo contendere to, regardless of
4565 adjudication, a felony in any jurisdiction which directly
4566 relates to the practice of his or her profession or the ability
4567 to practice his or her profession.

4568 (g) Has a valid United States social security number or
4569 national provider identifier.

4570 (7) The privilege to practice is derived from the home
4571 state license.

4572 (8) An audiologist or speech-language pathologist
4573 practicing in a member state must comply with the state practice
4574 laws of the member state where the client is located at the time
4575 service is provided. The practice of audiology and speech-
4576 language pathology includes all audiology and speech-language
4577 pathology practices as defined by the state practice laws of the
4578 member state where the client is located. The practice of
4579 audiology and speech-language pathology in a member state under
4580 a privilege to practice subjects an audiologist or speech-
4581 language pathologist to the jurisdiction of the licensing
4582 boards, courts, and laws of the member state where the client is

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4583 located at the time service is provided.

4584 (9) Individuals not residing in a member state shall
4585 continue to be able to apply for a member state's single-state
4586 license as provided under the laws of each member state.
4587 However, the single-state license granted to these individuals
4588 may not be recognized as granting the privilege to practice
4589 audiology or speech-language pathology in any other member
4590 state. The compact does not affect the requirements established
4591 by a member state for the issuance of a single-state license.

4592 (10) Member states must comply with the bylaws and rules of
4593 the commission.

4594
4595 ARTICLE IV

4596 COMPACT PRIVILEGE

4597 (1) To exercise compact privilege under the compact, the
4598 audiologist or speech-language pathologist must meet all of the
4599 following criteria:

4600 (a) Hold an active license in the home state.

4601 (b) Have no encumbrance on any state license.

4602 (c) Be eligible for compact privilege in any member state
4603 in accordance with Article III.

4604 (d) Not have any adverse action against any license or
4605 compact privilege within the 2 years preceding the date of
4606 application.

4607 (e) Notify the commission that he or she is seeking compact
4608 privilege within a remote state or states.

4609 (f) Report to the commission any adverse action taken by
4610 any nonmember state within 30 days after the date the adverse
4611 action is taken.

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4612 (2) For the purposes of compact privilege, an audiologist
4613 or speech-language pathologist may hold only one home state
4614 license at a time.

4615 (3) Except as provided in Article VI, if an audiologist or
4616 speech-language pathologist changes his or her primary state of
4617 residence by moving between two member states, the audiologist
4618 or speech-language pathologist must apply for licensure in the
4619 new home state, and the license issued by the prior home state
4620 shall be deactivated in accordance with applicable rules adopted
4621 by the commission.

4622 (4) The audiologist or speech-language pathologist may
4623 apply for licensure in advance of a change in his or her primary
4624 state of residence.

4625 (5) A license may not be issued by the new home state until
4626 the audiologist or speech-language pathologist provides
4627 satisfactory evidence of a change in his or her primary state of
4628 residence to the new home state and satisfies all applicable
4629 requirements to obtain a license from the new home state.

4630 (6) If an audiologist or speech-language pathologist
4631 changes his or her primary state of residence by moving from a
4632 member state to a nonmember state, the license issued by the
4633 prior home state shall convert to a single-state license, valid
4634 only in the former home state.

4635 (7) Compact privilege is valid until the expiration date of
4636 the home state license. The licensee must comply with the
4637 requirements of subsection (1) to maintain compact privilege in
4638 the remote state.

4639 (8) A licensee providing audiology or speech-language
4640 pathology services in a remote state under compact privilege

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4641 shall function within the laws and regulations of the remote
4642 state.

4643 (9) A remote state may, in accordance with due process and
4644 state law, remove a licensee's compact privilege in the remote
4645 state for a specific period of time, impose fines, or take any
4646 other necessary actions to protect the health and safety of its
4647 residents.

4648 (10) If a home state license is encumbered, the licensee
4649 shall lose compact privilege in all remote states until both of
4650 the following occur:

4651 (a) The home state license is no longer encumbered.

4652 (b) Two years have lapsed from the date of the adverse
4653 action.

4654 (11) Once an encumbered license in the home state is
4655 restored to good standing, the licensee must meet the
4656 requirements of subsection (1) to obtain compact privilege in
4657 any remote state.

4658 (12) Once the requirements of subsection (10) have been
4659 met, the licensee must meet the requirements in subsection (1)
4660 to obtain compact privilege in a remote state.

4661

4662 ARTICLE V

4663 COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

4664 Member states shall recognize the right of an audiologist
4665 or speech-language pathologist, licensed by a home state in
4666 accordance with Article III and under rules adopted by the
4667 commission, to practice audiology or speech-language pathology
4668 in any member state through the use of telehealth under
4669 privilege to practice as provided in the compact and rules

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4670 adopted by the commission.

4671
4672 ARTICLE VI

4673 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

4674 Active duty military personnel, or their spouses, as
4675 applicable, shall designate a home state where the individual
4676 has a current license in good standing. The individual may
4677 retain the home state designation during the period the
4678 servicemember is on active duty. Subsequent to designating a
4679 home state, the individual shall change his or her home state
4680 only through application for licensure in the new state.

4681
4682 ARTICLE VII

4683 ADVERSE ACTIONS

4684 (1) In addition to the other powers conferred by state law,
4685 a remote state may:

4686 (a) Take adverse action against an audiologist's or speech-
4687 language pathologist's privilege to practice within that member
4688 state.

4689 1. Only the home state has the power to take adverse action
4690 against an audiologist's or a speech-language pathologist's
4691 license issued by the home state.

4692 2. For purposes of taking adverse action, the home state
4693 shall give the same priority and effect to reported conduct
4694 received from a member state as it would if the conduct had
4695 occurred within the home state. In so doing, the home state
4696 shall apply its own state laws to determine appropriate action.

4697 (b) Issue subpoenas for both hearings and investigations
4698 that require the attendance and testimony of witnesses as well

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4699 as the production of evidence. Subpoenas issued by a licensing
4700 board in a member state for the attendance and testimony of
4701 witnesses or the production of evidence from another member
4702 state must be enforced in the latter state by any court of
4703 competent jurisdiction according to the practice and procedure
4704 of that court applicable to subpoenas issued in proceedings
4705 pending before it. The issuing authority shall pay any witness
4706 fees, travel expenses, mileage, and other fees required by the
4707 service statutes of the state in which the witnesses or evidence
4708 is located.

4709 (c) Complete any pending investigations of an audiologist
4710 or speech-language pathologist who changes his or her primary
4711 state of residence during the course of the investigations. The
4712 home state also has the authority to take appropriate actions
4713 and shall promptly report the conclusions of the investigations
4714 to the administrator of the data system. The administrator of
4715 the data system shall promptly notify the new home state of any
4716 adverse actions.

4717 (d) If otherwise allowed by state law, recover from the
4718 affected audiologist or speech-language pathologist the costs of
4719 investigations and disposition of cases resulting from any
4720 adverse action taken against that audiologist or speech-language
4721 pathologist.

4722 (e) Take adverse action based on the factual findings of
4723 the remote state, provided that the member state follows the
4724 member state's own procedures for taking the adverse action.

4725 (2) (a) In addition to the authority granted to a member
4726 state by its respective audiology or speech-language pathology
4727 practice act or other applicable state law, any member state may

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4728 participate with other member states in joint investigations of
4729 licensees.

4730 (b) Member states shall share any investigative,
4731 litigation, or compliance materials in furtherance of any joint
4732 or individual investigation initiated under the compact.

4733 (3) If adverse action is taken by the home state against an
4734 audiologist's or a speech language pathologist's license, the
4735 audiologist's or speech-language pathologist's privilege to
4736 practice in all other member states shall be deactivated until
4737 all encumbrances have been removed from the home state license.

4738 All home state disciplinary orders that impose adverse action
4739 against an audiologist's or a speech language pathologist's
4740 license must include a statement that the audiologist's or
4741 speech-language pathologist's privilege to practice is
4742 deactivated in all member states during the pendency of the
4743 order.

4744 (4) If a member state takes adverse action, it must
4745 promptly notify the administrator of the data system. The
4746 administrator of the data system shall promptly notify the home
4747 state of any adverse actions by remote states.

4748 (5) The compact does not override a member state's decision
4749 that participation in an alternative program may be used in lieu
4750 of adverse action.

4751

4752 ARTICLE VIII

4753 ESTABLISHMENT OF THE AUDIOLOGY

4754 AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT COMMISSION

4755 (1) The member states hereby create and establish a joint
4756 public agency known as the Audiology and Speech-Language

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4757 Pathology Interstate Compact Commission.

4758 (a) The commission is an instrumentality of the compact
4759 states.

4760 (b) Venue is proper, and judicial proceedings by or against
4761 the commission must be brought solely and exclusively, in a
4762 court of competent jurisdiction where the principal office of
4763 the commission is located. The commission may waive venue and
4764 jurisdictional defenses to the extent it adopts or consents to
4765 participate in alternative dispute resolution proceedings.

4766 (c) The compact does not waive sovereign immunity except to
4767 the extent sovereign immunity is waived in the member states.

4768 (2) (a) Each member state must have two delegates selected
4769 by that member state's licensing boards. The delegates must be
4770 current members of the licensing boards. One delegate must be an
4771 audiologist and one delegate must be a speech-language
4772 pathologist.

4773 (b) An additional five delegates, who are either public
4774 members or board administrators from licensing boards, must be
4775 chosen by the executive committee from a pool of nominees
4776 provided by the commission at large.

4777 (c) A delegate may be removed or suspended from office as
4778 provided by the state law from which the delegate is appointed.

4779 (d) The member state board shall fill any vacancy occurring
4780 on the commission within 90 days after the vacancy occurs.

4781 (e) Each delegate is entitled to one vote with regard to
4782 the adoption of rules and creation of bylaws and shall otherwise
4783 have an opportunity to participate in the business and affairs
4784 of the commission.

4785 (f) A delegate shall vote in person or by other means as

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4786 provided in the bylaws. The bylaws may provide for delegates'
4787 participation in meetings by telephone or other means of
4788 communication.

4789 (g) The commission shall meet at least once during each
4790 calendar year. Additional meetings must be held as provided in
4791 the bylaws and rules.

4792 (3) The commission has the following powers and duties:

4793 (a) Establish the commission's fiscal year.

4794 (b) Establish bylaws.

4795 (c) Establish a code of ethics.

4796 (d) Maintain its financial records in accordance with the
4797 bylaws.

4798 (e) Meet and take actions as are consistent with the
4799 compact and the bylaws.

4800 (f) Adopt uniform rules to facilitate and coordinate
4801 implementation and administration of the compact. The rules have
4802 the force and effect of law and are binding on all member
4803 states.

4804 (g) Bring and prosecute legal proceedings or actions in the
4805 name of the commission, provided that the standing of an
4806 audiology licensing board or a speech-language pathology
4807 licensing board to sue or be sued under applicable law is not
4808 affected.

4809 (h) Purchase and maintain insurance and bonds.

4810 (i) Borrow, accept, or contract for services of personnel,
4811 including, but not limited to, employees of a member state.

4812 (j) Hire employees, elect or appoint officers, fix
4813 compensation, define duties, grant individuals appropriate
4814 authority to carry out the purposes of the compact, and

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4815 establish the commission's personnel policies and programs
4816 relating to conflicts of interest, qualifications of personnel,
4817 and other related personnel matters.

4818 (k) Accept any appropriate donations and grants of money,
4819 equipment, supplies, and materials and services, and receive,
4820 use, and dispose of the same, provided that at all times the
4821 commission must avoid any appearance of impropriety or conflict
4822 of interest.

4823 (l) Lease, purchase, accept appropriate gifts or donations
4824 of, or otherwise own, hold, improve, or use any property, real,
4825 personal, or mixed, provided that at all times the commission
4826 shall avoid any appearance of impropriety.

4827 (m) Sell, convey, mortgage, pledge, lease, exchange,
4828 abandon, or otherwise dispose of any property real, personal, or
4829 mixed.

4830 (n) Establish a budget and make expenditures.

4831 (o) Borrow money.

4832 (p) Appoint committees, including standing committees,
4833 composed of members and other interested persons as may be
4834 designated in the compact and the bylaws.

4835 (q) Provide and receive information from, and cooperate
4836 with, law enforcement agencies.

4837 (r) Establish and elect an executive committee.

4838 (s) Perform other functions as may be necessary or
4839 appropriate to achieve the purposes of the compact consistent
4840 with the state regulation of audiology and speech-language
4841 pathology licensure and practice.

4842 (4) The executive committee shall have the power to act on
4843 behalf of the commission according to the terms of the compact.

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4844 (a) The executive committee must be composed of 10 members
4845 as follows:

4846 1. Seven voting members who are elected by the commission
4847 from the current membership of the commission.

4848 2. Two ex officio members, consisting of one nonvoting
4849 member from a recognized national audiology professional
4850 association and one nonvoting member from a recognized national
4851 speech-language pathology association.

4852 3. One ex officio, nonvoting member from the recognized
4853 membership organization of the audiology and speech-language
4854 pathology licensing boards.

4855 (b) The ex officio members must be selected by their
4856 respective organizations.

4857 (c) The commission may remove any member of the executive
4858 committee as provided in the bylaws.

4859 (d) The executive committee shall meet at least annually.

4860 (e) The executive committee has the following duties and
4861 responsibilities:

4862 1. Recommend to the entire commission changes to the rules
4863 or bylaws and changes to this compact legislation.

4864 2. Ensure compact administration services are appropriately
4865 provided, contractual or otherwise.

4866 3. Prepare and recommend the budget.

4867 4. Maintain financial records on behalf of the commission.

4868 5. Monitor compact compliance of member states and provide
4869 compliance reports to the commission.

4870 6. Establish additional committees as necessary.

4871 7. Other duties as provided by rule or bylaw.

4872 (f) All meetings must be open to the public, and public

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4873 notice of meetings must be given in the same manner as required
4874 under the rulemaking provisions in Article X.

4875 (g) If a meeting or any portion of a meeting is closed
4876 under this subsection, the commission's legal counsel or
4877 designee must certify that the meeting may be closed and must
4878 reference each relevant exempting provision.

4879 (h) The commission shall keep minutes that fully and
4880 clearly describe all matters discussed in a meeting and shall
4881 provide a full and accurate summary of actions taken, and the
4882 reasons therefore, including a description of the views
4883 expressed. All documents considered in connection with an action
4884 must be identified in minutes. All minutes and documents of a
4885 closed meeting must remain under seal, subject to release by a
4886 majority vote of the commission or order of a court of competent
4887 jurisdiction.

4888 (5) Relating to the financing of the commission, the
4889 commission:

4890 (a) Shall pay, or provide for the payment of, the
4891 reasonable expenses of its establishment, organization, and
4892 ongoing activities.

4893 (b) May accept any and all appropriate revenue sources,
4894 donations, and grants of money, equipment, supplies, materials,
4895 and services.

4896 (c) May not incur obligations of any kind before securing
4897 the funds adequate to meet the same and may not pledge the
4898 credit of any of the member states, except by and with the
4899 authority of the member state.

4900 (d) Shall keep accurate accounts of all receipts and
4901 disbursements of funds. The receipts and disbursements of funds

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4902 of the commission are subject to the audit and accounting
4903 procedures established under its bylaws. However, all receipts
4904 and disbursements of funds handled by the commission must be
4905 audited yearly by a certified or licensed public accountant, and
4906 the report of the audit must be included in and become part of
4907 the annual report of the commission.

4908 (6) Relating to qualified immunity, defense, and
4909 indemnification:

4910 (a) The members, officers, executive director, employees,
4911 and representatives of the commission are immune from suit and
4912 liability, either personally or in their official capacity, for
4913 any claim for damage to or loss of property or personal injury
4914 or other civil liability caused by or arising out of any actual
4915 or alleged act, error, or omission that occurred, or that the
4916 person against whom the claim is made had a reasonable basis for
4917 believing occurred, within the scope of commission employment,
4918 duties, or responsibilities; provided that this paragraph may
4919 not be construed to protect any person from suit or liability
4920 for any damage, loss, injury, or liability caused by the
4921 intentional or willful or wanton misconduct of that person.

4922 (b) The commission shall defend any member, officer,
4923 executive director, employee, or representative of the
4924 commission in any civil action seeking to impose liability
4925 arising out of any actual or alleged act, error, or omission
4926 that occurred within the scope of commission employment, duties,
4927 or responsibilities, or that the person against whom the claim
4928 is made had a reasonable basis for believing occurred within the
4929 scope of commission employment, duties, or responsibilities;
4930 provided that this paragraph may not be construed to prohibit

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4931 that person from retaining his or her own counsel; and provided
4932 further that the actual or alleged act, error, or omission did
4933 not result from that person's intentional or willful or wanton
4934 misconduct.

4935 (c) The commission shall indemnify and hold harmless any
4936 member, officer, executive director, employee, or representative
4937 of the commission for the amount of any settlement or judgment
4938 obtained against that person arising out of any actual or
4939 alleged act, error, or omission that occurred within the scope
4940 of commission employment, duties, or responsibilities, or that
4941 the person had a reasonable basis for believing occurred within
4942 the scope of commission employment, duties, or responsibilities,
4943 provided that the actual or alleged act, error, or omission did
4944 not result from the intentional or willful or wanton misconduct
4945 of that person.

4946

4947 ARTICLE IX

4948 DATA SYSTEM

4949 (1) The commission shall provide for the development,
4950 maintenance, and use of a coordinated database and reporting
4951 system containing licensure, adverse action, and current
4952 significant investigative information on all licensed
4953 individuals in member states.

4954 (2) Notwithstanding any other law to the contrary, a member
4955 state shall submit a uniform data set to the data system on all
4956 individuals to whom the compact is applicable as required by the
4957 rules of the commission, including all of the following
4958 information:

4959 (a) Identifying information.

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- 4960 (b) Licensure data.
- 4961 (c) Adverse actions against a license or compact privilege.
- 4962 (d) Nonconfidential information related to alternative
4963 program participation.
- 4964 (e) Any denial of application for licensure, and the reason
4965 for such denial.
- 4966 (f) Other information that may facilitate the
4967 administration of the compact, as determined by the rules of the
4968 commission.
- 4969 (3) Current significant investigative information
4970 pertaining to a licensee in a member state must be available
4971 only to other member states.
- 4972 (4) The commission shall promptly notify all member states
4973 of any adverse action taken against a licensee or an individual
4974 applying for a license. Adverse action information pertaining to
4975 a licensee or an individual applying for a license in any member
4976 state must be available to any other member state.
- 4977 (5) Member states contributing information to the data
4978 system may designate information that may not be shared with the
4979 public without the express permission of the contributing state.
- 4980 (6) Any information submitted to the data system that is
4981 subsequently required to be expunged by the laws of the member
4982 state contributing the information must be removed from the data
4983 system.

4984

4985 ARTICLE X

4986 RULEMAKING

- 4987 (1) The commission shall exercise its rulemaking powers
4988 pursuant to the criteria provided in this article and the rules

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4989 adopted thereunder. Rules and amendments become binding as of
4990 the date specified in each rule or amendment.

4991 (2) If a majority of the legislatures of the member states
4992 rejects a rule by enactment of a statute or resolution in the
4993 same manner used to adopt the compact within 4 years after the
4994 date of adoption of the rule, the rule has no further force and
4995 effect in any member state.

4996 (3) Rules or amendments to the rules must be adopted at a
4997 regular or special meeting of the commission.

4998 (4) Before adoption of a final rule or rules by the
4999 commission, and at least 30 days before the meeting at which the
5000 rule shall be considered and voted upon, the commission shall
5001 file a notice of proposed rulemaking:

5002 (a) On the website of the commission or other publicly
5003 accessible platform; and

5004 (b) On the website of each member state audiology licensing
5005 board and speech-language pathology licensing board or other
5006 publicly accessible platform or the publication where each state
5007 would otherwise publish proposed rules.

5008 (5) The notice of proposed rulemaking must include all of
5009 the following:

5010 (a) The proposed time, date, and location of the meeting in
5011 which the rule will be considered and voted upon.

5012 (b) The text of and reason for the proposed rule or
5013 amendment.

5014 (c) A request for comments on the proposed rule from any
5015 interested person.

5016 (d) The manner in which interested persons may submit
5017 notice to the commission of their intention to attend the public

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5018 hearing and any written comments.

5019 (6) Before the adoption of a proposed rule, the commission
5020 shall allow persons to submit written data, facts, opinions, and
5021 arguments, which shall be made available to the public.

5022 (a) The commission shall grant an opportunity for a public
5023 hearing before it adopts a rule or amendment if a hearing is
5024 requested by:

5025 1. At least 25 persons;

5026 2. A state or federal governmental subdivision or agency;

5027 or

5028 3. An association having at least 25 members.

5029 (b) If a hearing is held on the proposed rule or amendment,
5030 the commission must publish the place, time, and date of the
5031 scheduled public hearing. If the hearing is held via electronic
5032 means, the commission must publish the mechanism for access to
5033 the electronic hearing.

5034 (c) All persons wishing to be heard at the hearing shall
5035 notify the executive director of the commission or other
5036 designated member in writing of their desire to appear and
5037 testify at the hearing not less than 5 business days before the
5038 scheduled date of the hearing.

5039 (d) Hearings must be conducted in a manner providing each
5040 person who wishes to comment a fair and reasonable opportunity
5041 to comment orally or in writing.

5042 (e) All hearings must be recorded. A copy of the recording
5043 must be made available on request.

5044 (7) This article does not require a separate hearing on
5045 each rule. Rules may be grouped for the convenience of the
5046 commission at hearings required by this article.

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5047 (8) Following the scheduled hearing date, or by the close
5048 of business on the scheduled hearing date if the hearing was not
5049 held, the commission shall consider all written and oral
5050 comments received.

5051 (9) If no written notice of intent to attend the public
5052 hearing by interested parties is received, the commission may
5053 proceed with adoption of the proposed rule without a public
5054 hearing.

5055 (10) The commission shall, by majority vote of all members,
5056 take final action on the proposed rule and shall determine the
5057 effective date of the rule, if any, based on the rulemaking
5058 record and the full text of the rule.

5059 (11) Upon determination that an emergency exists, the
5060 commission may consider and adopt an emergency rule without
5061 prior notice, opportunity for comment, or hearing, provided that
5062 the usual rulemaking procedures provided in the compact and in
5063 this article retroactively apply to the rule as soon as
5064 reasonably possible, but in no event later than 90 days after
5065 the effective date of the rule. For purposes of this subsection,
5066 an emergency rule is one that must be adopted immediately in
5067 order to:

5068 (a) Meet an imminent threat to public health, safety, or
5069 welfare;

5070 (b) Prevent a loss of commission or member state funds; or

5071 (c) Meet a deadline for the promulgation of an
5072 administrative rule that is established by federal law or rule.

5073 (12) The commission or an authorized committee of the
5074 commission may direct revisions to a previously adopted rule or
5075 amendment for purposes of correcting typographical errors,

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5076 errors in format, errors in consistency, or grammatical errors.
5077 Public notice of any revisions must be posted on the website of
5078 the commission. The revisions are subject to challenge by any
5079 person for a period of 30 days after posting. A revision may be
5080 challenged only on grounds that it results in a material change
5081 to a rule. A challenge must be made in writing and delivered to
5082 the chair of the commission before the end of the notice period.
5083 If no challenge is made, the revision takes effect without
5084 further action. If the revision is challenged, the revision may
5085 not take effect without the approval of the commission.

5086

5087

ARTICLE XI

5088

DISPUTE RESOLUTION

5089

AND ENFORCEMENT

5090

(1) (a) Upon request by a member state, the commission shall
5091 attempt to resolve disputes related to the compact which arise
5092 among member states and between member and nonmember states.

5093

(b) The commission shall adopt a rule providing for both
5094 mediation and binding dispute resolution for disputes as
5095 appropriate.

5096

(2) (a) The commission, in the reasonable exercise of its
5097 discretion, shall enforce the compact.

5098

(b) By majority vote, the commission may initiate legal
5099 action in the United States District Court for the District of
5100 Columbia or the federal district where the commission has its
5101 principal offices against a member state in default to enforce
5102 compliance with the compact and its adopted rules and bylaws.

5103

The relief sought may include both injunctive relief and

5104

damages. In the event judicial enforcement is necessary, the

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5105 prevailing member must be awarded all costs of litigation,
5106 including reasonable attorney fees.

5107 (c) The remedies provided in this subsection are not the
5108 exclusive remedies of the commission. The commission may pursue
5109 any other remedies available under federal or state law.

5111 ARTICLE XII

5112 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

5113 (1) The compact becomes effective and binding on the date
5114 of legislative enactment of the compact by no fewer than 10
5115 member states. The provisions, which become effective at that
5116 time, shall be limited to the powers granted to the commission
5117 relating to assembly and the adoption of rules. Thereafter, the
5118 commission shall meet and exercise rulemaking powers as
5119 necessary to implement and administer the compact.

5120 (2) Any state that joins the compact subsequent to the
5121 commission's initial adoption of the rules is subject to the
5122 rules as they exist on the date on which the compact becomes law
5123 in that state. Any rule that has been previously adopted by the
5124 commission has the full force and effect of law on the day the
5125 compact becomes law in that state.

5126 (3) A member state may withdraw from the compact by
5127 enacting a statute repealing the compact.

5128 (a) A member state's withdrawal does not take effect until
5129 6 months after enactment of the repealing statute.

5130 (b) Withdrawal does not affect the continuing requirement
5131 of the withdrawing state's audiology licensing board or speech-
5132 language pathology licensing board to comply with the
5133 investigative and adverse action reporting requirements of the

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5134 compact before the effective date of withdrawal.

5135 (4) The compact does not invalidate or prevent any
5136 audiology or speech-language pathology licensure agreement or
5137 other cooperative arrangement between a member state and a
5138 nonmember state which does not conflict with the compact.

5139 (5) The compact may be amended by the member states. An
5140 amendment to the compact does not become effective and binding
5141 upon any member state until it is enacted into the laws of all
5142 member states.

5143

5144 ARTICLE XIII

5145 CONSTRUCTION AND SEVERABILITY

5146 The compact must be liberally construed so as to effectuate
5147 its purposes. The provisions of the compact are severable and if
5148 any phrase, clause, sentence, or provision of the compact is
5149 declared to be contrary to the constitution of any member state
5150 or of the United States or the applicability thereof to any
5151 government, agency, person, or circumstance is held invalid, the
5152 validity of the remainder of the compact and the applicability
5153 thereof to any government, agency, person, or circumstance is
5154 not affected. If the compact is held contrary to the
5155 constitution of any member state, it shall remain in full force
5156 and effect as to the remaining member states and in full force
5157 and effect as to the member state affected as to all severable
5158 matters.

5159

5160 ARTICLE XIV

5161 BINDING EFFECT OF COMPACT AND OTHER LAWS

5162 (1) This compact does not prevent the enforcement of any

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5163 other law of a member state which is not inconsistent with the
5164 compact.

5165 (2) All laws of a member state in conflict with the compact
5166 are superseded to the extent of the conflict.

5167 (3) All lawful actions of the commission, including all
5168 rules and bylaws adopted by the commission, are binding upon the
5169 member states.

5170 (4) All agreements between the commission and the member
5171 states are binding in accordance with their terms.

5172 (5) In the event any provision of the compact exceeds the
5173 constitutional limits imposed on the legislature of any member
5174 state, the provision is ineffective to the extent of the
5175 conflict with the constitutional provision in question in that
5176 member state.

5177 Section 56. Present subsections (4), (5), and (6) of
5178 section 468.1135, Florida Statutes, are redesignated as
5179 subsections (5), (6), and (7), respectively, and a new
5180 subsection (4) is added to that section, to read:

5181 468.1135 Board of Speech-Language Pathology and Audiology.—

5182 (4) The board shall appoint two of its members to serve as
5183 the state's delegates on the Audiology and Speech-Language
5184 Pathology Interstate Compact Commission, as required under s.
5185 468.1335, one of whom must be an audiologist and one of whom
5186 must be a speech-language pathologist.

5187 Section 57. Subsection (6) is added to section 468.1185,
5188 Florida Statutes, to read:

5189 468.1185 Licensure.—

5190 (6) A person licensed as an audiologist or a speech-
5191 language pathologist in another state who is practicing under

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5192 the Audiology and Speech-Language Pathology Interstate Compact
5193 pursuant to s. 468.1335, and only within the scope provided
5194 therein, is exempt from the licensure requirements of this
5195 section.

5196 Section 58. Subsections (1) and (2) of section 468.1295,
5197 Florida Statutes, are amended to read:

5198 468.1295 Disciplinary proceedings.—

5199 (1) The following acts constitute grounds for denial of a
5200 license or disciplinary action, as specified in s. 456.072(2) or
5201 s. 468.1335:

5202 (a) Procuring, or attempting to procure, a license by
5203 bribery, by fraudulent misrepresentation, or through an error of
5204 the department or the board.

5205 (b) Having a license revoked, suspended, or otherwise acted
5206 against, including denial of licensure, by the licensing
5207 authority of another state, territory, or country.

5208 (c) Being convicted or found guilty of, or entering a plea
5209 of nolo contendere to, regardless of adjudication, a crime in
5210 any jurisdiction which directly relates to the practice of
5211 speech-language pathology or audiology.

5212 (d) Making or filing a report or record which the licensee
5213 knows to be false, intentionally or negligently failing to file
5214 a report or records required by state or federal law, willfully
5215 impeding or obstructing such filing, or inducing another person
5216 to impede or obstruct such filing. Such report or record shall
5217 include only those reports or records which are signed in one's
5218 capacity as a licensed speech-language pathologist or
5219 audiologist.

5220 (e) Advertising goods or services in a manner which is

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5221 fraudulent, false, deceptive, or misleading in form or content.

5222 (f) Being proven guilty of fraud or deceit or of
5223 negligence, incompetency, or misconduct in the practice of
5224 speech-language pathology or audiology.

5225 (g) Violating a lawful order of the board or department
5226 previously entered in a disciplinary hearing, or failing to
5227 comply with a lawfully issued subpoena of the board or
5228 department.

5229 (h) Practicing with a revoked, suspended, inactive, or
5230 delinquent license.

5231 (i) Using, or causing or promoting the use of, any
5232 advertising matter, promotional literature, testimonial,
5233 guarantee, warranty, label, brand, insignia, or other
5234 representation, however disseminated or published, which is
5235 misleading, deceiving, or untruthful.

5236 (j) Showing or demonstrating or, in the event of sale,
5237 delivery of a product unusable or impractical for the purpose
5238 represented or implied by such action.

5239 (k) Failing to submit to the board on an annual basis, or
5240 such other basis as may be provided by rule, certification of
5241 testing and calibration of such equipment as designated by the
5242 board and on the form approved by the board.

5243 (l) Aiding, assisting, procuring, employing, or advising
5244 any licensee or business entity to practice speech-language
5245 pathology or audiology contrary to this part, chapter 456, or
5246 any rule adopted pursuant thereto.

5247 (m) Misrepresenting the professional services available in
5248 the fitting, sale, adjustment, service, or repair of a hearing
5249 aid, or using any other term or title which might connote the

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5250 availability of professional services when such use is not
5251 accurate.

5252 (n) Representing, advertising, or implying that a hearing
5253 aid or its repair is guaranteed without providing full
5254 disclosure of the identity of the guarantor; the nature, extent,
5255 and duration of the guarantee; and the existence of conditions
5256 or limitations imposed upon the guarantee.

5257 (o) Representing, directly or by implication, that a
5258 hearing aid utilizing bone conduction has certain specified
5259 features, such as the absence of anything in the ear or leading
5260 to the ear, or the like, without disclosing clearly and
5261 conspicuously that the instrument operates on the bone
5262 conduction principle and that in many cases of hearing loss this
5263 type of instrument may not be suitable.

5264 (p) Stating or implying that the use of any hearing aid
5265 will improve or preserve hearing or prevent or retard the
5266 progression of a hearing impairment or that it will have any
5267 similar or opposite effect.

5268 (q) Making any statement regarding the cure of the cause of
5269 a hearing impairment by the use of a hearing aid.

5270 (r) Representing or implying that a hearing aid is or will
5271 be "custom-made," "made to order," or "prescription-made," or in
5272 any other sense specially fabricated for an individual, when
5273 such is not the case.

5274 (s) Canvassing from house to house or by telephone, either
5275 in person or by an agent, for the purpose of selling a hearing
5276 aid, except that contacting persons who have evidenced an
5277 interest in hearing aids, or have been referred as in need of
5278 hearing aids, shall not be considered canvassing.

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5279 (t) Failing to notify the department in writing of a change
5280 in current mailing and place-of-practice address within 30 days
5281 after such change.

5282 (u) Failing to provide all information as described in ss.
5283 468.1225(5)(b), 468.1245(1), and 468.1246.

5284 (v) Exercising influence on a client in such a manner as to
5285 exploit the client for financial gain of the licensee or of a
5286 third party.

5287 (w) Practicing or offering to practice beyond the scope
5288 permitted by law or accepting and performing professional
5289 responsibilities the licensee or certificateholder knows, or has
5290 reason to know, the licensee or certificateholder is not
5291 competent to perform.

5292 (x) Aiding, assisting, procuring, or employing any
5293 unlicensed person to practice speech-language pathology or
5294 audiology.

5295 (y) Delegating or contracting for the performance of
5296 professional responsibilities by a person when the licensee
5297 delegating or contracting for performance of such
5298 responsibilities knows, or has reason to know, such person is
5299 not qualified by training, experience, and authorization to
5300 perform them.

5301 (z) Committing any act upon a patient or client which would
5302 constitute sexual battery or which would constitute sexual
5303 misconduct as defined pursuant to s. 468.1296.

5304 (aa) Being unable to practice the profession for which he
5305 or she is licensed or certified under this chapter with
5306 reasonable skill or competence as a result of any mental or
5307 physical condition or by reason of illness, drunkenness, or use

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5308 of drugs, narcotics, chemicals, or any other substance. In
5309 enforcing this paragraph, upon a finding by the State Surgeon
5310 General, his or her designee, or the board that probable cause
5311 exists to believe that the licensee or certificateholder is
5312 unable to practice the profession because of the reasons stated
5313 in this paragraph, the department shall have the authority to
5314 compel a licensee or certificateholder to submit to a mental or
5315 physical examination by a physician, psychologist, clinical
5316 social worker, marriage and family therapist, or mental health
5317 counselor designated by the department or board. If the licensee
5318 or certificateholder refuses to comply with the department's
5319 order directing the examination, such order may be enforced by
5320 filing a petition for enforcement in the circuit court in the
5321 circuit in which the licensee or certificateholder resides or
5322 does business. The department shall be entitled to the summary
5323 procedure provided in s. 51.011. A licensee or certificateholder
5324 affected under this paragraph shall at reasonable intervals be
5325 afforded an opportunity to demonstrate that he or she can resume
5326 the competent practice for which he or she is licensed or
5327 certified with reasonable skill and safety to patients.

5328 (bb) Violating any provision of this chapter or chapter
5329 456, or any rules adopted pursuant thereto.

5330 (2) (a) The board may enter an order denying licensure or
5331 imposing any of the penalties in s. 456.072(2) against any
5332 applicant for licensure or licensee who is found guilty of
5333 violating any provision of subsection (1) of this section or who
5334 is found guilty of violating any provision of s. 456.072(1).

5335 (b) The board may take adverse action against an
5336 audiologist's or a speech-language pathologist's compact

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5337 privilege under the Audiology and Speech-Language Pathology
5338 Interstate Compact pursuant to s. 468.1335 and may impose any of
5339 the penalties in s. 456.072(2) if an audiologist or a speech-
5340 language pathologist commits an act specified in subsection (1)
5341 or s. 456.072(1).

5342 Section 59. Paragraph (j) is added to subsection (10) of
5343 section 768.28, Florida Statutes, to read:

5344 768.28 Waiver of sovereign immunity in tort actions;
5345 recovery limits; civil liability for damages caused during a
5346 riot; limitation on attorney fees; statute of limitations;
5347 exclusions; indemnification; risk management programs.—

5348 (10)

5349 (j) For purposes of this section, the individuals appointed
5350 under s. 468.1135(4) as the state's delegates on the Audiology
5351 and Speech-Language Pathology Interstate Compact Commission,
5352 when serving in that capacity pursuant to s. 468.1335, and any
5353 administrator, officer, executive director, employee, or
5354 representative of the commission, when acting within the scope
5355 of his or her employment, duties, or responsibilities in this
5356 state, is considered an agent of the state. The commission shall
5357 pay any claims or judgments pursuant to this section and may
5358 maintain insurance coverage to pay any such claims or judgments.

5359 Section 60. Section 486.112, Florida Statutes, is created
5360 to read:

5361 486.112 Physical Therapy Licensure Compact.—The Physical
5362 Therapy Licensure Compact is hereby enacted into law and entered
5363 into by this state with all other jurisdictions legally joining
5364 therein in the form substantially as follows:

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5366 ARTICLE I

5367 PURPOSE AND OBJECTIVES

5368 (1) The purpose of the compact is to facilitate interstate
5369 practice of physical therapy with the goal of improving public
5370 access to physical therapy services. The compact preserves the
5371 regulatory authority of member states to protect public health
5372 and safety through their current systems of state licensure. For
5373 purposes of state regulation under the compact, the practice of
5374 physical therapy is deemed to have occurred in the state where
5375 the patient is located at the time physical therapy is provided
5376 to the patient.

5377 (2) The compact is designed to achieve all of the following
5378 objectives:

5379 (a) Increase public access to physical therapy services by
5380 providing for the mutual recognition of other member state
5381 licenses.

5382 (b) Enhance the states' ability to protect the public's
5383 health and safety.

5384 (c) Encourage the cooperation of member states in
5385 regulating multistate physical therapy practice.

5386 (d) Support spouses of relocating military members.

5387 (e) Enhance the exchange of licensure, investigative, and
5388 disciplinary information between member states.

5389 (f) Allow a remote state to hold a provider of services
5390 with a compact privilege in that state accountable to that
5391 state's practice standards.

5393 ARTICLE II

5394 DEFINITIONS

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5395 As used in the compact, and except as otherwise provided,
5396 the term:

5397 (1) "Active duty military" means full-time duty status in
5398 the active uniformed service of the United States, including
5399 members of the National Guard and Reserve on active duty orders
5400 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

5401 (2) "Adverse action" means disciplinary action taken by a
5402 physical therapy licensing board based upon misconduct,
5403 unacceptable performance, or a combination of both.

5404 (3) "Alternative program" means a nondisciplinary
5405 monitoring or practice remediation process approved by a state's
5406 physical therapy licensing board. The term includes, but is not
5407 limited to, programs that address substance abuse issues.

5408 (4) "Compact privilege" means the authorization granted by
5409 a remote state to allow a licensee from another member state to
5410 practice as a physical therapist or physical therapist assistant
5411 in the remote state under its laws and rules.

5412 (5) "Continuing competence" means a requirement, as a
5413 condition of license renewal, to provide evidence of
5414 participation in, and completion of, educational and
5415 professional activities relevant to the practice of physical
5416 therapy.

5417 (6) "Data system" means the coordinated database and
5418 reporting system created by the Physical Therapy Compact
5419 Commission for the exchange of information between member states
5420 relating to licensees or applicants under the compact, including
5421 identifying information, licensure data, investigative
5422 information, adverse actions, nonconfidential information
5423 related to alternative program participation, any denials of

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5424 applications for licensure, and other information as specified
5425 by commission rule.

5426 (7) "Encumbered license" means a license that a physical
5427 therapy licensing board has limited in any way.

5428 (8) "Executive board" means a group of directors elected or
5429 appointed to act on behalf of, and within the powers granted to
5430 them by, the commission.

5431 (9) "Home state" means the member state that is the
5432 licensee's primary state of residence.

5433 (10) "Investigative information" means information,
5434 records, and documents received or generated by a physical
5435 therapy licensing board pursuant to an investigation.

5436 (11) "Jurisprudence requirement" means the assessment of an
5437 individual's knowledge of the laws and rules governing the
5438 practice of physical therapy in a specific state.

5439 (12) "Licensee" means an individual who currently holds an
5440 authorization from a state to practice as a physical therapist
5441 or physical therapist assistant.

5442 (13) "Member state" means a state that has enacted the
5443 compact.

5444 (14) "Physical therapist" means an individual licensed by a
5445 state to practice physical therapy.

5446 (15) "Physical therapist assistant" means an individual
5447 licensed by a state to assist a physical therapist in specified
5448 areas of physical therapy.

5449 (16) "Physical therapy" or "the practice of physical
5450 therapy" means the care and services provided by or under the
5451 direction and supervision of a licensed physical therapist.

5452 (17) "Physical Therapy Compact Commission" or "commission"

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5453 means the national administrative body whose membership consists
5454 of all states that have enacted the compact.

5455 (18) "Physical therapy licensing board" means the agency of
5456 a state which is responsible for the licensing and regulation of
5457 physical therapists and physical therapist assistants.

5458 (19) "Remote state" means a member state other than the
5459 home state where a licensee is exercising or seeking to exercise
5460 the compact privilege.

5461 (20) "Rule" means a regulation, principle, or directive
5462 adopted by the commission which has the force of law.

5463 (21) "State" means any state, commonwealth, district, or
5464 territory of the United States of America which regulates the
5465 practice of physical therapy.

5466

5467 ARTICLE III

5468 STATE PARTICIPATION IN THE COMPACT

5469 (1) To participate in the compact, a state must do all of
5470 the following:

5471 (a) Participate fully in the commission's data system,
5472 including using the commission's unique identifier, as defined
5473 by commission rule.

5474 (b) Have a mechanism in place for receiving and
5475 investigating complaints about licensees.

5476 (c) Notify the commission, in accordance with the terms of
5477 the compact and rules, of any adverse action or the availability
5478 of investigative information regarding a licensee.

5479 (d) Fully implement a criminal background check
5480 requirement, within a timeframe established by commission rule,
5481 which uses results from the Federal Bureau of Investigation

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5482 record search on criminal background checks to make licensure
5483 decisions in accordance with subsection (2).

5484 (e) Comply with the commission's rules.

5485 (f) Use a recognized national examination as a requirement
5486 for licensure pursuant to the commission's rules.

5487 (g) Have continuing competence requirements as a condition
5488 for license renewal.

5489 (2) Upon adoption of the compact, a member state has the
5490 authority to obtain biometric-based information from each
5491 licensee applying for a compact privilege and submit this
5492 information to the Federal Bureau of Investigation for a
5493 criminal background check in accordance with 28 U.S.C. s. 534
5494 and 34 U.S.C. s. 40316.

5495 (3) A member state must grant the compact privilege to a
5496 licensee holding a valid unencumbered license in another member
5497 state in accordance with the terms of the compact and rules.

5498

5499 ARTICLE IV

5500 COMPACT PRIVILEGE

5501 (1) To exercise the compact privilege under the compact, a
5502 licensee must satisfy all of the following conditions:

5503 (a) Hold a license in the home state.

5504 (b) Not have an encumbrance on any state license.

5505 (c) Be eligible for a compact privilege in all member
5506 states in accordance with subsections (4), (7), and (8).

5507 (d) Not have had an adverse action against any license or
5508 compact privilege within the preceding 2 years.

5509 (e) Notify the commission that the licensee is seeking the
5510 compact privilege within a remote state.

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5511 (f) Meet any jurisprudence requirements established by the
5512 remote state in which the licensee is seeking a compact
5513 privilege.

5514 (g) Report to the commission adverse action taken by any
5515 nonmember state within 30 days after the date the adverse action
5516 is taken.

5517 (2) The compact privilege is valid until the expiration
5518 date of the home license. The licensee must continue to meet the
5519 requirements of subsection (1) to maintain the compact privilege
5520 in a remote state.

5521 (3) A licensee providing physical therapy in a remote state
5522 under the compact privilege must comply with the laws and rules
5523 of the remote state.

5524 (4) A licensee providing physical therapy in a remote state
5525 is subject to that state's regulatory authority. A remote state
5526 may, in accordance with due process and that state's laws,
5527 remove a licensee's compact privilege in the remote state for a
5528 specific period of time, impose fines, and take any other
5529 necessary actions to protect the health and safety of its
5530 citizens. The licensee is not eligible for a compact privilege
5531 in any member state until the specific period of time for
5532 removal has ended and all fines are paid.

5533 (5) If a home state license is encumbered, the licensee
5534 loses the compact privilege in any remote state until the
5535 following conditions are met:

5536 (a) The home state license is no longer encumbered.

5537 (b) Two years have elapsed from the date of the adverse
5538 action.

5539 (6) Once an encumbered license in the home state is

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5540 restored to good standing, the licensee must meet the
5541 requirements of subsection (1) to obtain a compact privilege in
5542 any remote state.

5543 (7) If a licensee's compact privilege in any remote state
5544 is removed, the licensee loses the compact privilege in all
5545 remote states until all of the following conditions are met:

5546 (a) The specific period of time for which the compact
5547 privilege was removed has ended.

5548 (b) All fines have been paid.

5549 (c) Two years have elapsed from the date of the adverse
5550 action.

5551 (8) Once the requirements of subsection (7) have been met,
5552 the licensee must meet the requirements of subsection (1) to
5553 obtain a compact privilege in a remote state.

5554

5555 ARTICLE V

5556 ACTIVE DUTY MILITARY PERSONNEL AND THEIR SPOUSES

5557 A licensee who is active duty military or is the spouse of
5558 an individual who is active duty military may choose any of the
5559 following locations to designate his or her home state:

5560 (1) Home of record.

5561 (2) Permanent change of station location.

5562 (3) State of current residence, if it is different from the
5563 home of record or permanent change of station location.

5564

5565 ARTICLE VI

5566 ADVERSE ACTIONS

5567 (1) A home state has exclusive power to impose adverse
5568 action against a license issued by the home state.

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5569 (2) A home state may take adverse action based on the
5570 investigative information of a remote state, so long as the home
5571 state follows its own procedures for imposing adverse action.

5572 (3) The compact does not override a member state's decision
5573 that participation in an alternative program may be used in lieu
5574 of adverse action and that such participation remain nonpublic
5575 if required by the member state's laws. Member states must
5576 require licensees who enter any alternative programs in lieu of
5577 discipline to agree not to practice in any other member state
5578 during the term of the alternative program without prior
5579 authorization from such other member state.

5580 (4) A member state may investigate actual or alleged
5581 violations of the laws and rules for the practice of physical
5582 therapy committed in any other member state by a physical
5583 therapist or physical therapist assistant practicing under the
5584 compact who holds a license or compact privilege in such other
5585 member state.

5586 (5) A remote state may do any of the following:

5587 (a) Take adverse actions as set forth in subsection (4) of
5588 article IV against a licensee's compact privilege in the state.

5589 (b) Issue subpoenas for both hearings and investigations
5590 which require the attendance and testimony of witnesses and the
5591 production of evidence. Subpoenas issued by a physical therapy
5592 licensing board in a member state for the attendance and
5593 testimony of witnesses or for the production of evidence from
5594 another member state must be enforced in the latter state by any
5595 court of competent jurisdiction, according to the practice and
5596 procedure of that court applicable to subpoenas issued in
5597 proceedings pending before it. The issuing authority shall pay

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5598 any witness fees, travel expenses, mileage, and other fees
5599 required by the service laws of the state where the witnesses or
5600 evidence is located.

5601 (c) If otherwise permitted by state law, recover from the
5602 licensee the costs of investigations and disposition of cases
5603 resulting from any adverse action taken against that licensee.

5604 (6) (a) In addition to the authority granted to a member
5605 state by its respective physical therapy practice act or other
5606 applicable state law, a member state may participate with other
5607 member states in joint investigations of licensees.

5608 (b) Member states shall share any investigative,
5609 litigation, or compliance materials in furtherance of any joint
5610 or individual investigation initiated under the compact.

5611

5612 ARTICLE VII

5613 ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

5614 (1) COMMISSION CREATED.—The member states hereby create and
5615 establish a joint public agency known as the Physical Therapy
5616 Compact Commission:

5617 (a) The commission is an instrumentality of the member
5618 states.

5619 (b) Venue is proper, and judicial proceedings by or against
5620 the commission must be brought solely and exclusively, in a
5621 court of competent jurisdiction where the principal office of
5622 the commission is located. The commission may waive venue and
5623 jurisdictional defenses to the extent it adopts or consents to
5624 participate in alternative dispute resolution proceedings.

5625 (c) The compact may not be construed to be a waiver of
5626 sovereign immunity.

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5627 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

5628 (a) Each member state has and is limited to one delegate
5629 selected by that member state's physical therapy licensing board
5630 to serve on the commission. The delegate must be a current
5631 member of the physical therapy licensing board who is a physical
5632 therapist, a physical therapist assistant, a public member, or
5633 the board administrator.

5634 (b) A delegate may be removed or suspended from office as
5635 provided by the law of the state from which the delegate is
5636 appointed. Any vacancy occurring on the commission must be
5637 filled by the physical therapy licensing board of the member
5638 state for which the vacancy exists.

5639 (c) Each delegate is entitled to one vote with regard to
5640 the adoption of rules and bylaws and shall otherwise have an
5641 opportunity to participate in the business and affairs of the
5642 commission.

5643 (d) A delegate shall vote in person or by such other means
5644 as provided in the bylaws. The bylaws may provide for delegates'
5645 participation in meetings by telephone or other means of
5646 communication.

5647 (e) The commission shall meet at least once during each
5648 calendar year. Additional meetings may be held as set forth in
5649 the bylaws.

5650 (f) All meetings must be open to the public, and public
5651 notice of meetings must be given in the same manner as required
5652 under the rulemaking provisions in Article IX.

5653 (g) The commission or the executive board or other
5654 committees of the commission may convene in a closed, nonpublic
5655 meeting if the commission or executive board or other committees

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5656 of the commission must discuss any of the following:
5657 1. Noncompliance of a member state with its obligations
5658 under the compact.
5659 2. The employment, compensation, or discipline of, or other
5660 matters, practices, or procedures related to, specific employees
5661 or other matters related to the commission's internal personnel
5662 practices and procedures.
5663 3. Current, threatened, or reasonably anticipated
5664 litigation against the commission, executive board, or other
5665 committees of the commission.
5666 4. Negotiation of contracts for the purchase, lease, or
5667 sale of goods, services, or real estate.
5668 5. An accusation of any person of a crime or a formal
5669 censure of any person.
5670 6. Information disclosing trade secrets or commercial or
5671 financial information that is privileged or confidential.
5672 7. Information of a personal nature where disclosure would
5673 constitute a clearly unwarranted invasion of personal privacy.
5674 8. Investigatory records compiled for law enforcement
5675 purposes.
5676 9. Information related to any investigative reports
5677 prepared by or on behalf of or for use of the commission or
5678 other committee charged with responsibility for investigation or
5679 determination of compliance issues pursuant to the compact.
5680 10. Matters specifically exempted from disclosure by
5681 federal or member state statute.
5682 (h) If a meeting, or portion of a meeting, is closed
5683 pursuant to this subsection, the commission's legal counsel or
5684 designee must certify that the meeting may be closed and must

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5685 reference each relevant exempting provision.

5686 (i) The commission shall keep minutes that fully and
5687 clearly describe all matters discussed in a meeting and shall
5688 provide a full and accurate summary of actions taken and the
5689 reasons therefor, including a description of the views
5690 expressed. All documents considered in connection with an action
5691 must be identified in the minutes. All minutes and documents of
5692 a closed meeting must remain under seal, subject to release only
5693 by a majority vote of the commission or order of a court of
5694 competent jurisdiction.

5695 (3) DUTIES.—The commission shall do all of the following:

5696 (a) Establish the fiscal year of the commission.

5697 (b) Establish bylaws.

5698 (c) Maintain its financial records in accordance with the
5699 bylaws.

5700 (d) Meet and take such actions as are consistent with the
5701 provisions of the compact and the bylaws.

5702 (4) POWERS.—The commission may do any of the following:

5703 (a) Adopt uniform rules to facilitate and coordinate
5704 implementation and administration of the compact. The rules have
5705 the force and effect of law and are binding in all member
5706 states.

5707 (b) Bring and prosecute legal proceedings or actions in the
5708 name of the commission, provided that the standing of any state
5709 physical therapy licensing board to sue or be sued under
5710 applicable law is not affected.

5711 (c) Purchase and maintain insurance and bonds.

5712 (d) Borrow, accept, or contract for services of personnel,
5713 including, but not limited to, employees of a member state.

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5714 (e) Hire employees and elect or appoint officers; fix the
5715 compensation of, define the duties of, and grant appropriate
5716 authority to such individuals to carry out the purposes of the
5717 compact; and establish the commission's personnel policies and
5718 programs relating to conflicts of interest, qualifications of
5719 personnel, and other related personnel matters.

5720 (f) Accept any appropriate donations and grants of money,
5721 equipment, supplies, materials, and services and receive, use,
5722 and dispose of the same, provided that at all times the
5723 commission avoids any appearance of impropriety or conflict of
5724 interest.

5725 (g) Lease, purchase, accept appropriate gifts or donations
5726 of, or otherwise own, hold, improve, or use any property, real,
5727 personal, or mixed, provided that at all times the commission
5728 avoids any appearance of impropriety or conflict of interest.

5729 (h) Sell, convey, mortgage, pledge, lease, exchange,
5730 abandon, or otherwise dispose of any property, real, personal,
5731 or mixed.

5732 (i) Establish a budget and make expenditures.

5733 (j) Borrow money.

5734 (k) Appoint committees, including standing committees
5735 composed of members, state regulators, state legislators or
5736 their representatives, and consumer representatives, and such
5737 other interested persons as may be designated in the compact and
5738 the bylaws.

5739 (l) Provide information to, receive information from, and
5740 cooperate with law enforcement agencies.

5741 (m) Establish and elect an executive board.

5742 (n) Perform such other functions as may be necessary or

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5743 appropriate to achieve the purposes of the compact consistent
5744 with the state regulation of physical therapy licensure and
5745 practice.

5746 (5) THE EXECUTIVE BOARD.—

5747 (a) The executive board may act on behalf of the commission
5748 according to the terms of the compact.

5749 (b) The executive board shall be composed of the following
5750 nine members:

5751 1. Seven voting members who are elected by the commission
5752 from the current membership of the commission.

5753 2. One ex officio, nonvoting member from the recognized
5754 national physical therapy professional association.

5755 3. One ex officio, nonvoting member from the recognized
5756 membership organization of the physical therapy licensing
5757 boards.

5758 (c) The ex officio members shall be selected by their
5759 respective organizations.

5760 (d) The commission may remove any member of the executive
5761 board as provided in its bylaws.

5762 (e) The executive board shall meet at least annually.

5763 (f) The executive board shall do all of the following:

5764 1. Recommend to the entire commission changes to the rules
5765 or bylaws, compact legislation, fees paid by compact member
5766 states, such as annual dues, and any commission compact fee
5767 charged to licensees for the compact privilege.

5768 2. Ensure compact administration services are appropriately
5769 provided, contractually or otherwise.

5770 3. Prepare and recommend the budget.

5771 4. Maintain financial records on behalf of the commission.

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5772 5. Monitor compact compliance of member states and provide
5773 compliance reports to the commission.
5774 6. Establish additional committees as necessary.
5775 7. Perform other duties as provided in the rules or bylaws.
5776 (6) FINANCING OF THE COMMISSION.—
5777 (a) The commission shall pay, or provide for the payment
5778 of, the reasonable expenses of its establishment, organization,
5779 and ongoing activities.
5780 (b) The commission may accept any appropriate revenue
5781 sources, donations, and grants of money, equipment, supplies,
5782 materials, and services.
5783 (c) The commission may levy and collect an annual
5784 assessment from each member state or impose fees on other
5785 parties to cover the cost of the operations and activities of
5786 the commission and its staff. Such assessments and fees must
5787 total to an amount sufficient to cover the commission's annual
5788 budget as approved each year for which revenue is not provided
5789 by other sources. The aggregate annual assessment amount must be
5790 allocated based upon a formula to be determined by the
5791 commission, which shall adopt a rule binding upon all member
5792 states.
5793 (d) The commission may not incur obligations of any kind
5794 before securing the funds adequate to meet such obligations; nor
5795 may the commission pledge the credit of any of the member
5796 states, except by and with the authority of the member state.
5797 (e) The commission shall keep accurate accounts of all
5798 receipts and disbursements. The receipts and disbursements of
5799 the commission are subject to the audit and accounting
5800 procedures established under its bylaws. However, all receipts

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5801 and disbursements of funds handled by the commission must be
5802 audited yearly by a certified or licensed public accountant, and
5803 the report of the audit must be included in and become part of
5804 the annual report of the commission.

5805 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

5806 (a) The members, officers, executive director, employees,
5807 and representatives of the commission are immune from suit and
5808 liability, whether personally or in their official capacity, for
5809 any claim for damage to or loss of property or personal injury
5810 or other civil liability caused by or arising out of any actual
5811 or alleged act, error, or omission that occurred, or that the
5812 person against whom the claim is made had a reasonable basis for
5813 believing occurred, within the scope of commission employment,
5814 duties, or responsibilities. However, this paragraph may not be
5815 construed to protect any such person from suit or liability for
5816 any damage, loss, injury, or liability caused by the
5817 intentional, willful, or wanton misconduct of that person.

5818 (b) The commission shall defend any member, officer,
5819 executive director, employee, or representative of the
5820 commission in any civil action seeking to impose liability
5821 arising out of any actual or alleged act, error, or omission
5822 that occurred within the scope of commission employment, duties,
5823 or responsibilities, or that the person against whom the claim
5824 is made had a reasonable basis for believing occurred within the
5825 scope of commission employment, duties, or responsibilities.
5826 However, this subsection may not be construed to prohibit any
5827 member, officer, executive director, employee, or representative
5828 of the commission from retaining his or her own counsel or to
5829 require the commission to defend such person if the actual or

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5830 alleged act, error, or omission resulted from that person's
5831 intentional, willful, or wanton misconduct.

5832 (c) The commission shall indemnify and hold harmless any
5833 member, officer, executive director, employee, or representative
5834 of the commission for the amount of any settlement or judgment
5835 obtained against that person arising out of any actual or
5836 alleged act, error, or omission that occurred within the scope
5837 of commission employment, duties, or responsibilities, or that
5838 such person had a reasonable basis for believing occurred within
5839 the scope of commission employment, duties, or responsibilities,
5840 provided that the actual or alleged act, error, or omission did
5841 not result from the intentional, willful, or wanton misconduct
5842 of that person.

5843
5844 ARTICLE VIII

5845 DATA SYSTEM

5846 (1) The commission shall provide for the development,
5847 maintenance, and use of a coordinated database and reporting
5848 system containing licensure, adverse action, and investigative
5849 information on all licensees in member states.

5850 (2) Notwithstanding any other provision of state law to the
5851 contrary, a member state shall submit a uniform data set to the
5852 data system on all individuals to whom the compact is applicable
5853 as required by the rules of the commission, which data set must
5854 include all of the following:

5855 (a) Identifying information.

5856 (b) Licensure data.

5857 (c) Investigative information.

5858 (d) Adverse actions against a license or compact privilege.

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5859 (e) Nonconfidential information related to alternative
5860 program participation.

5861 (f) Any denial of application for licensure and the reason
5862 for such denial.

5863 (g) Other information that may facilitate the
5864 administration of the compact, as determined by the rules of the
5865 commission.

5866 (3) Investigative information in the system pertaining to a
5867 licensee in any member state must be available only to other
5868 member states.

5869 (4) The commission shall promptly notify all member states
5870 of any adverse action taken against a licensee or an individual
5871 applying for a license in a member state. Adverse action
5872 information pertaining to a licensee in any member state must be
5873 available to all other member states.

5874 (5) Member states contributing information to the data
5875 system may designate information that may not be shared with the
5876 public without the express permission of the contributing state.

5877 (6) Any information submitted to the data system which is
5878 subsequently required to be expunged by the laws of the member
5879 state contributing the information must be removed from the data
5880 system.

5881

5882 ARTICLE IX

5883 RULEMAKING

5884 (1) The commission shall exercise its rulemaking powers
5885 pursuant to the criteria set forth in this article and the rules
5886 adopted thereunder. Rules and amendments become binding as of
5887 the date specified in each rule or amendment.

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5888 (2) If a majority of the legislatures of the member states
5889 rejects a rule by enactment of a statute or resolution in the
5890 same manner used to adopt the compact within 4 years after the
5891 date of adoption of the rule, such rule does not have further
5892 force and effect in any member state.

5893 (3) Rules or amendments to the rules must be adopted at a
5894 regular or special meeting of the commission.

5895 (4) Before adoption of a final rule by the commission, and
5896 at least 30 days before the meeting at which the rule will be
5897 considered and voted upon, the commission must file a notice of
5898 proposed rulemaking on all of the following:

5899 (a) The website of the commission or another publicly
5900 accessible platform.

5901 (b) The website of each member state physical therapy
5902 licensing board or another publicly accessible platform or the
5903 publication in which each state would otherwise publish proposed
5904 rules.

5905 (5) The notice of proposed rulemaking must include all of
5906 the following:

5907 (a) The proposed date, time, and location of the meeting in
5908 which the rule or amendment will be considered and voted upon.

5909 (b) The text of the proposed rule or amendment and the
5910 reason for the proposed rule.

5911 (c) A request for comments on the proposed rule or
5912 amendment from any interested person.

5913 (d) The manner in which interested persons may submit
5914 notice to the commission of their intention to attend the public
5915 hearing and any written comments.

5916 (6) Before adoption of a proposed rule or amendment, the

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5917 commission must allow persons to submit written data, facts,
5918 opinions, and arguments, which must be made available to the
5919 public.

5920 (7) The commission must grant an opportunity for a public
5921 hearing before it adopts a rule or an amendment if a hearing is
5922 requested by any of the following:

5923 (a) At least 25 persons.

5924 (b) A state or federal governmental subdivision or agency.

5925 (c) An association having at least 25 members.

5926 (8) If a scheduled public hearing is held on the proposed
5927 rule or amendment, the commission must publish the date, time,
5928 and location of the hearing. If the hearing is held through
5929 electronic means, the commission must publish the mechanism for
5930 access to the electronic hearing.

5931 (a) All persons wishing to be heard at the hearing must
5932 notify the executive director of the commission or another
5933 designated member in writing of their desire to appear and
5934 testify at the hearing at least 5 business days before the
5935 scheduled date of the hearing.

5936 (b) Hearings must be conducted in a manner providing each
5937 person who wishes to comment a fair and reasonable opportunity
5938 to comment orally or in writing.

5939 (c) All hearings must be recorded. A copy of the recording
5940 must be made available on request.

5941 (d) This article may not be construed to require a separate
5942 hearing on each rule. Rules may be grouped for the convenience
5943 of the commission at hearings required by this article.

5944 (9) Following the scheduled hearing date, or by the close
5945 of business on the scheduled hearing date if the hearing was not

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5946 held, the commission shall consider all written and oral
5947 comments received.

5948 (10) If no written notice of intent to attend the public
5949 hearing by interested parties is received, the commission may
5950 proceed with adoption of the proposed rule without a public
5951 hearing.

5952 (11) The commission shall, by majority vote of all members,
5953 take final action on the proposed rule and shall determine the
5954 effective date of the rule, if any, based on the rulemaking
5955 record and the full text of the rule.

5956 (12) Upon determination that an emergency exists, the
5957 commission may consider and adopt an emergency rule without
5958 prior notice, opportunity for comment, or hearing, provided that
5959 the usual rulemaking procedures provided in the compact and in
5960 this article are retroactively applied to the rule as soon as
5961 reasonably possible, in no event later than 90 days after the
5962 effective date of the rule. For the purposes of this subsection,
5963 an emergency rule is one that must be adopted immediately in
5964 order to do any of the following:

5965 (a) Meet an imminent threat to public health, safety, or
5966 welfare.

5967 (b) Prevent a loss of commission or member state funds.

5968 (c) Meet a deadline for the adoption of an administrative
5969 rule established by federal law or rule.

5970 (d) Protect public health and safety.

5971 (13) The commission or an authorized committee of the
5972 commission may direct revisions to a previously adopted rule or
5973 amendment for purposes of correcting typographical errors,
5974 errors in format, errors in consistency, or grammatical errors.

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5975 Public notice of any revisions must be posted on the website of
5976 the commission. The revision is subject to challenge by any
5977 person for a period of 30 days after posting. The revision may
5978 be challenged only on grounds that the revision results in a
5979 material change to a rule. A challenge must be made in writing
5980 and delivered to the chair of the commission before the end of
5981 the notice period. If a challenge is not made, the revision
5982 takes effect without further action. If the revision is
5983 challenged, the revision may not take effect without the
5984 approval of the commission.

5985

5986 ARTICLE X

5987 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

5988 (1) OVERSIGHT.—

5989 (a) The executive, legislative, and judicial branches of
5990 state government in each member state shall enforce the compact
5991 and take all actions necessary and appropriate to carry out the
5992 compact's purposes and intent. The provisions of the compact and
5993 the rules adopted pursuant thereto shall have standing as
5994 statutory law.

5995 (b) All courts shall take judicial notice of the compact
5996 and the rules in any judicial or administrative proceeding in a
5997 member state pertaining to the subject matter of the compact
5998 which may affect the powers, responsibilities, or actions of the
5999 commission.

6000 (c) The commission is entitled to receive service of
6001 process in any such proceeding and has standing to intervene in
6002 such a proceeding for all purposes. Failure to provide service
6003 of process to the commission renders a judgment or an order void

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6004 as to the commission, the compact, or the adopted rules.
6005 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—
6006 (a) If the commission determines that a member state has
6007 defaulted in the performance of its obligations or
6008 responsibilities under the compact or the adopted rules, the
6009 commission must do all of the following:
6010 1. Provide written notice to the defaulting state and other
6011 member states of the nature of the default, the proposed means
6012 of curing the default, and any other action to be taken by the
6013 commission.
6014 2. Provide remedial training and specific technical
6015 assistance regarding the default.
6016 (b) If a state in default fails to cure the default, the
6017 defaulting state may be terminated from the compact upon an
6018 affirmative vote of a majority of the member states, and all
6019 rights, privileges, and benefits conferred by the compact may be
6020 terminated on the effective date of termination. A cure of the
6021 default does not relieve the offending state of obligations or
6022 liabilities incurred during the period of default.
6023 (c) Termination of membership in the compact may be imposed
6024 only after all other means of securing compliance have been
6025 exhausted. The commission shall give notice of intent to suspend
6026 or terminate a defaulting member state to the governor and
6027 majority and minority leaders of the defaulting state's
6028 legislature and to each of the member states.
6029 (d) A state that has been terminated from the compact is
6030 responsible for all assessments, obligations, and liabilities
6031 incurred through the effective date of termination, including
6032 obligations that extend beyond the effective date of

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6033 termination.

6034 (e) The commission does not bear any costs related to a
6035 state that is found to be in default or that has been terminated
6036 from the compact, unless agreed upon in writing between the
6037 commission and the defaulting state.

6038 (f) The defaulting state may appeal the action of the
6039 commission by petitioning the U.S. District Court for the
6040 District of Columbia or the federal district where the
6041 commission has its principal offices. The prevailing member
6042 shall be awarded all costs of such litigation, including
6043 reasonable attorney fees.

6044 (3) DISPUTE RESOLUTION.—

6045 (a) Upon request by a member state, the commission must
6046 attempt to resolve disputes related to the compact which arise
6047 among member states and between member and nonmember states.

6048 (b) The commission shall adopt a rule providing for both
6049 mediation and binding dispute resolution for disputes as
6050 appropriate.

6051 (4) ENFORCEMENT.—

6052 (a) The commission, in the reasonable exercise of its
6053 discretion, shall enforce the compact and the commission's
6054 rules.

6055 (b) By majority vote, the commission may initiate legal
6056 action in the United States District Court for the District of
6057 Columbia or the federal district where the commission has its
6058 principal offices against a member state in default to enforce
6059 compliance with the provisions of the compact and its adopted
6060 rules and bylaws. The relief sought may include both injunctive
6061 relief and damages. In the event judicial enforcement is

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6062 necessary, the prevailing member shall be awarded all costs of
6063 such litigation, including reasonable attorney fees.

6064 (c) The remedies under this article are not the exclusive
6065 remedies of the commission. The commission may pursue any other
6066 remedies available under federal or state law.

6067
6068 ARTICLE XI

6069 DATE OF IMPLEMENTATION OF THE PHYSICAL THERAPY COMPACT AND
6070 ASSOCIATED RULES; WITHDRAWAL; AND AMENDMENTS

6071 (1) The compact becomes effective on the date that the
6072 compact statute is enacted into law in the tenth member state.
6073 The provisions that become effective at that time are limited to
6074 the powers granted to the commission relating to assembly and
6075 the adoption of rules. Thereafter, the commission shall meet and
6076 exercise rulemaking powers necessary for the implementation and
6077 administration of the compact.

6078 (2) Any state that joins the compact subsequent to the
6079 commission's initial adoption of the rules is subject to the
6080 rules as they exist on the date that the compact becomes law in
6081 that state. Any rule that has been previously adopted by the
6082 commission has the full force and effect of law on the day the
6083 compact becomes law in that state.

6084 (3) Any member state may withdraw from the compact by
6085 enacting a statute repealing the same.

6086 (a) A member state's withdrawal does not take effect until
6087 6 months after enactment of the repealing statute.

6088 (b) Withdrawal does not affect the continuing requirement
6089 of the withdrawing state's physical therapy licensing board to
6090 comply with the investigative and adverse action reporting

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6091 requirements of this act before the effective date of
6092 withdrawal.

6093 (4) The compact may not be construed to invalidate or
6094 prevent any physical therapy licensure agreement or other
6095 cooperative arrangement between a member state and a nonmember
6096 state which does not conflict with the provisions of the
6097 compact.

6098 (5) The compact may be amended by the member states. An
6099 amendment to the compact does not become effective and binding
6100 upon any member state until it is enacted into the laws of all
6101 member states.

6102
6103 ARTICLE XII

6104 CONSTRUCTION AND SEVERABILITY

6105 The compact must be liberally construed so as to carry out
6106 the purposes thereof. The provisions of the compact are
6107 severable, and if any phrase, clause, sentence, or provision of
6108 the compact is declared to be contrary to the constitution of
6109 any member state or of the United States or the applicability
6110 thereof to any government, agency, person, or circumstance is
6111 held invalid, the validity of the remainder of the compact and
6112 the applicability thereof to any government, agency, person, or
6113 circumstance is not affected thereby. If the compact is held
6114 contrary to the constitution of any member state, the compact
6115 remains in full force and effect as to the remaining member
6116 states and in full force and effect as to the member state
6117 affected as to all severable matters.

6118 Section 61. Subsection (10) of section 456.073, Florida
6119 Statutes, is amended to read:

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6120 456.073 Disciplinary proceedings.—Disciplinary proceedings
6121 for each board shall be within the jurisdiction of the
6122 department.

6123 (10) (a) The complaint and all information obtained pursuant
6124 to the investigation by the department are confidential and
6125 exempt from s. 119.07(1) until 10 days after probable cause has
6126 been found to exist by the probable cause panel or by the
6127 department, or until the regulated professional or subject of
6128 the investigation waives his or her privilege of
6129 confidentiality, whichever occurs first.

6130 (b) The department shall report any significant
6131 investigation information relating to a nurse holding a
6132 multistate license to the coordinated licensure information
6133 system pursuant to s. 464.0095; any investigative information
6134 relating to an audiologist or a speech-language pathologist
6135 holding a compact privilege under the Audiology and Speech-
6136 Language Pathology Interstate Compact to the data system
6137 pursuant to s. 468.1335; any investigative information relating
6138 to a physical therapist or physical therapist assistant holding
6139 a compact privilege under the Physical Therapy Licensure Compact
6140 to the data system pursuant to s. 486.112; any significant
6141 investigatory information relating to a psychologist practicing
6142 under the Psychology Interjurisdictional Compact to the
6143 coordinated licensure information system pursuant to s.
6144 490.0075;~~7~~ and any significant investigatory information
6145 relating to a health care practitioner practicing under the
6146 Professional Counselors Licensure Compact to the data system
6147 pursuant to s. 491.017,~~7~~ ~~and any significant investigatory~~
6148 ~~information relating to a psychologist practicing under the~~

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6149 ~~Psychology Interjurisdictional Compact to the coordinated~~
6150 ~~licensure information system pursuant to s. 490.0075.~~

6151 (c) Upon completion of the investigation and a
6152 recommendation by the department to find probable cause, and
6153 pursuant to a written request by the subject or the subject's
6154 attorney, the department shall provide the subject an
6155 opportunity to inspect the investigative file or, at the
6156 subject's expense, forward to the subject a copy of the
6157 investigative file. Notwithstanding s. 456.057, the subject may
6158 inspect or receive a copy of any expert witness report or
6159 patient record connected with the investigation if the subject
6160 agrees in writing to maintain the confidentiality of any
6161 information received under this subsection until 10 days after
6162 probable cause is found and to maintain the confidentiality of
6163 patient records pursuant to s. 456.057. The subject may file a
6164 written response to the information contained in the
6165 investigative file. Such response must be filed within 20 days
6166 of mailing by the department, unless an extension of time has
6167 been granted by the department.

6168 (d) This subsection does not prohibit the department from
6169 providing the complaint and any information obtained pursuant to
6170 the department's investigation ~~such information~~ to any law
6171 enforcement agency or to any other regulatory agency.

6172 Section 62. Subsection (5) of section 456.076, Florida
6173 Statutes, is amended to read:

6174 456.076 Impaired practitioner programs.—

6175 (5) A consultant shall enter into a participant contract
6176 with an impaired practitioner and shall establish the terms of
6177 monitoring and shall include the terms in a participant

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6178 contract. In establishing the terms of monitoring, the
6179 consultant may consider the recommendations of one or more
6180 approved evaluators, treatment programs, or treatment providers.
6181 A consultant may modify the terms of monitoring if the
6182 consultant concludes, through the course of monitoring, that
6183 extended, additional, or amended terms of monitoring are
6184 required for the protection of the health, safety, and welfare
6185 of the public. If the impaired practitioner is an audiologist or
6186 a speech-language pathologist practicing under the Audiology and
6187 Speech-Language Pathology Interstate Compact pursuant to s.
6188 468.1335, a physical therapist or physical therapist assistant
6189 practicing under the Physical Therapy Licensure Compact pursuant
6190 to s. 486.112, a psychologist practicing under the Psychology
6191 Interjurisdictional Compact pursuant to s. 490.0075, or a health
6192 care practitioner practicing under the Professional Counselors
6193 Licensure Compact pursuant to s. 491.017, the terms of the
6194 monitoring contract must include the impaired practitioner's
6195 withdrawal from all practice under the compact unless authorized
6196 by a member state. ~~If the impaired practitioner is a~~
6197 ~~psychologist practicing under the Psychology Interjurisdictional~~
6198 ~~Compact pursuant to s. 490.0075, the terms of the monitoring~~
6199 ~~contract must include the impaired practitioner's withdrawal~~
6200 ~~from all practice under the compact.~~

6201 Section 63. Subsection (5) is added to section 486.023,
6202 Florida Statutes, to read:

6203 486.023 Board of Physical Therapy Practice.—

6204 (5) The board shall appoint an individual to serve as the
6205 state's delegate on the Physical Therapy Compact Commission, as
6206 required under s. 486.112.

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6207 Section 64. Section 486.028, Florida Statutes, is amended
6208 to read:

6209 486.028 License to practice physical therapy required.—A ~~No~~
6210 person may not shall practice, or hold herself or himself out as
6211 being able to practice, physical therapy in this state unless
6212 she or he is licensed under ~~in accordance with the provisions of~~
6213 this chapter or holds a compact privilege in this state under
6214 the Physical Therapy Licensure Compact as specified in s.
6215 486.112. ~~however, Nothing in~~ This chapter does not shall
6216 prohibit any person licensed in this state under any other law
6217 from engaging in the practice for which she or he is licensed.

6218 Section 65. Section 486.031, Florida Statutes, is amended
6219 to read:

6220 486.031 Physical therapist; licensing requirements;
6221 exemption.—

6222 (1) To be eligible for licensing as a physical therapist,
6223 an applicant must:

6224 (a) ~~(1)~~ Be at least 18 years old;

6225 (b) ~~(2)~~ Be of good moral character; and

6226 (c) ~~1. (3) (a)~~ Have ~~been~~ graduated from a school of physical
6227 therapy which has been approved for the educational preparation
6228 of physical therapists by the appropriate accrediting agency
6229 recognized by the Council for Higher Education Accreditation or
6230 its successor Commission on Recognition of Postsecondary
6231 Accreditation or the United States Department of Education at
6232 the time of her or his graduation and have passed, to the
6233 satisfaction of the board, the American Registry Examination
6234 before ~~prior to~~ 1971 or a national examination approved by the
6235 board to determine her or his fitness for practice as a physical

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6236 therapist under this chapter as hereinafter provided;

6237 ~~2.(b)~~ Have received a diploma from a program in physical
6238 therapy in a foreign country and have educational credentials
6239 deemed equivalent to those required for the educational
6240 preparation of physical therapists in this country, as
6241 recognized by the appropriate agency as identified by the board,
6242 and have passed to the satisfaction of the board an examination
6243 to determine her or his fitness for practice as a physical
6244 therapist under this chapter as hereinafter provided; or

6245 ~~3.(e)~~ Be entitled to licensure without examination as
6246 provided in s. 486.081.

6247 (2) A person licensed as a physical therapist in another
6248 state who is practicing under the Physical Therapy Licensure
6249 Compact pursuant to s. 486.112, and only within the scope
6250 provided therein, is exempt from the licensure requirements of
6251 this section.

6252 Section 66. Section 486.081, Florida Statutes, is amended
6253 to read:

6254 486.081 Physical therapist; issuance of license without
6255 examination to person passing examination of another authorized
6256 examining board; fee; exemption.-

6257 (1) The board may grant ~~cause~~ a license without
6258 examination, to be issued by ~~through~~ the department, ~~without~~
6259 ~~examination~~ to any applicant who presents evidence satisfactory
6260 to the board of having passed the American Registry Examination
6261 before ~~prior to~~ 1971 or an examination in physical therapy
6262 before a similar lawfully authorized examining board of another
6263 state, the District of Columbia, a territory, or a foreign
6264 country, if the standards for licensure in physical therapy in

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6265 such other state, district, territory, or foreign country are
6266 determined by the board to be as high as those of this state, as
6267 established by rules adopted under ~~pursuant to~~ this chapter. Any
6268 person who holds a license pursuant to this section may use the
6269 words "physical therapist" or "physiotherapist" or the letters
6270 "P.T." in connection with her or his name or place of business
6271 to denote her or his licensure hereunder. A person who holds a
6272 license pursuant to this section and obtains a doctoral degree
6273 in physical therapy may use the letters "D.P.T." and "P.T." A
6274 physical therapist who holds a degree of Doctor of Physical
6275 Therapy may not use the title "doctor" without also clearly
6276 informing the public of his or her profession as a physical
6277 therapist.

6278 (2) At the time of filing an ~~making~~ application for
6279 licensure without examination under ~~pursuant to the terms of~~
6280 this section, the applicant shall pay to the department a
6281 nonrefundable fee not to exceed \$175, as determined ~~fixed~~ by the
6282 board, ~~no part of which will be returned.~~

6283 (3) A person licensed as a physical therapist in another
6284 state who is practicing under the Physical Therapy Licensure
6285 Compact pursuant to s. 486.112, and only within the scope
6286 provided therein, is exempt from the licensure requirements of
6287 this section.

6288 Section 67. Section 486.102, Florida Statutes, is amended
6289 to read:

6290 486.102 Physical therapist assistant; licensing
6291 requirements; exemption.—

6292 (1) To be eligible for licensing by the board as a physical
6293 therapist assistant, an applicant must:

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6294 ~~(a)~~⁽¹⁾ Be at least 18 years old;

6295 ~~(b)~~⁽²⁾ Be of good moral character; and

6296 ~~(c)~~^{1.}~~(3)~~^(a) Have ~~been~~ graduated from a school providing
6297 ~~giving~~ a course of at least ~~not less than~~ 2 years for physical
6298 therapist assistants, which has been approved for the
6299 educational preparation of physical therapist assistants by the
6300 appropriate accrediting agency recognized by the Council for
6301 Higher Education Accreditation or its successor ~~Commission on~~
6302 ~~Recognition of Postsecondary Accreditation~~ or the United States
6303 Department of Education, at the time of her or his graduation
6304 and have passed to the satisfaction of the board an examination
6305 to determine her or his fitness for practice as a physical
6306 therapist assistant under this chapter ~~as hereinafter provided~~;

6307 ~~2.~~^(b) Have ~~been~~ graduated from a school providing ~~giving~~ a
6308 course for physical therapist assistants in a foreign country
6309 and have educational credentials deemed equivalent to those
6310 required for the educational preparation of physical therapist
6311 assistants in this country, as recognized by the appropriate
6312 agency as identified by the board, and passed to the
6313 satisfaction of the board an examination to determine her or his
6314 fitness for practice as a physical therapist assistant under
6315 this chapter ~~as hereinafter provided~~;

6316 ~~3.~~^(e) Be entitled to licensure without examination as
6317 provided in s. 486.107; or

6318 ~~4.~~^(d) Have been enrolled between July 1, 2014, and July 1,
6319 2016, in a physical therapist assistant school in this state
6320 which was accredited at the time of enrollment; and

6321 ~~a.~~^{1.} Have ~~been~~ graduated or be eligible to graduate from
6322 such school no later than July 1, 2018; and

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6323 ~~b.2.~~ Have passed to the satisfaction of the board an
6324 examination to determine his or her fitness for practice as a
6325 physical therapist assistant as provided in s. 486.104.

6326 (2) A person licensed as a physical therapist assistant in
6327 another state who is practicing under the Physical Therapy
6328 Licensure Compact pursuant to s. 486.112, and only within the
6329 scope provided therein, is exempt from the licensure
6330 requirements of this section.

6331 Section 68. Section 486.107, Florida Statutes, is amended
6332 to read:

6333 486.107 Physical therapist assistant; issuance of license
6334 without examination to person licensed in another jurisdiction;
6335 fee; exemption.—

6336 (1) The board may grant ~~cause~~ a license without
6337 examination, to be issued by ~~through~~ the department, ~~without~~
6338 ~~examination~~ to any applicant who presents evidence to the board,
6339 under oath, of licensure in another state, the District of
6340 Columbia, or a territory, if the standards for registering as a
6341 physical therapist assistant or licensing of a physical
6342 therapist assistant, as applicable ~~the case may be,~~ in such
6343 other state are determined by the board to be as high as those
6344 of this state, as established by rules adopted under ~~pursuant to~~
6345 this chapter. Any person who holds a license pursuant to this
6346 section may use the words "physical therapist assistant," or the
6347 letters "P.T.A.," in connection with her or his name to denote
6348 licensure hereunder.

6349 (2) At the time of filing an ~~making~~ application for
6350 licensing without examination under ~~pursuant to the terms of~~
6351 this section, the applicant shall pay to the department a

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6352 nonrefundable fee not to exceed \$175, as determined ~~fixed~~ by the
6353 board, ~~no part of which will be returned.~~

6354 (3) A person licensed as a physical therapist assistant in
6355 another state who is practicing under the Physical Therapy
6356 Licensure Compact pursuant to s. 486.112, and only within the
6357 scope provided therein, is exempt from the licensure
6358 requirements of this section.

6359 Section 69. Section 486.125, Florida Statutes, is amended
6360 to read:

6361 486.125 Refusal, revocation, or suspension of license;
6362 administrative fines and other disciplinary measures.—

6363 (1) The following acts constitute grounds for denial of a
6364 license or disciplinary action, as specified in s. 456.072(2) or
6365 s. 486.112:

6366 (a) Being unable to practice physical therapy with
6367 reasonable skill and safety to patients by reason of illness or
6368 use of alcohol, drugs, narcotics, chemicals, or any other type
6369 of material or as a result of any mental or physical condition.

6370 1. In enforcing this paragraph, upon a finding of the State
6371 Surgeon General or the State Surgeon General's designee that
6372 probable cause exists to believe that the licensee is unable to
6373 practice physical therapy due to the reasons stated in this
6374 paragraph, the department shall have the authority to compel a
6375 physical therapist or physical therapist assistant to submit to
6376 a mental or physical examination by a physician designated by
6377 the department. If the licensee refuses to comply with such
6378 order, the department's order directing such examination may be
6379 enforced by filing a petition for enforcement in the circuit
6380 court where the licensee resides or serves as a physical therapy

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6381 practitioner. The licensee against whom the petition is filed
6382 may ~~shall~~ not be named or identified by initials in any public
6383 court records or documents, and the proceedings must ~~shall~~ be
6384 closed to the public. The department shall be entitled to the
6385 summary procedure provided in s. 51.011.

6386 2. A physical therapist or physical therapist assistant
6387 whose license is suspended or revoked pursuant to this
6388 subsection shall, at reasonable intervals, be given an
6389 opportunity to demonstrate that she or he can resume the
6390 competent practice of physical therapy with reasonable skill and
6391 safety to patients.

6392 3. Neither the record of proceeding nor the orders entered
6393 by the board in any proceeding under this subsection may be used
6394 against a physical therapist or physical therapist assistant in
6395 any other proceeding.

6396 (b) Having committed fraud in the practice of physical
6397 therapy or deceit in obtaining a license as a physical therapist
6398 or as a physical therapist assistant.

6399 (c) Being convicted or found guilty regardless of
6400 adjudication, of a crime in any jurisdiction which directly
6401 relates to the practice of physical therapy or to the ability to
6402 practice physical therapy. The entry of any plea of nolo
6403 contendere is ~~shall be~~ considered a conviction for purpose of
6404 this chapter.

6405 (d) Having treated or undertaken to treat human ailments by
6406 means other than by physical therapy, as defined in this
6407 chapter.

6408 (e) Failing to maintain acceptable standards of physical
6409 therapy practice as set forth by the board in rules adopted

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6410 pursuant to this chapter.

6411 (f) Engaging directly or indirectly in the dividing,
6412 transferring, assigning, rebating, or refunding of fees received
6413 for professional services, or having been found to profit by
6414 means of a credit or other valuable consideration, such as an
6415 unearned commission, discount, or gratuity, with any person
6416 referring a patient or with any relative or business associate
6417 of the referring person. ~~Nothing in This chapter may not shall~~
6418 be construed to prohibit the members of any regularly and
6419 properly organized business entity which is comprised of
6420 physical therapists and which is recognized under the laws of
6421 this state from making any division of their total fees among
6422 themselves as they determine necessary.

6423 (g) Having a license revoked or suspended; having had other
6424 disciplinary action taken against her or him; or having had her
6425 or his application for a license refused, revoked, or suspended
6426 by the licensing authority of another state, territory, or
6427 country.

6428 (h) Violating a lawful order of the board or department
6429 previously entered in a disciplinary hearing.

6430 (i) Making or filing a report or record which the licensee
6431 knows to be false. Such reports or records shall include only
6432 those which are signed in the capacity of a physical therapist.

6433 (j) Practicing or offering to practice beyond the scope
6434 permitted by law or accepting and performing professional
6435 responsibilities which the licensee knows or has reason to know
6436 that she or he is not competent to perform, including, but not
6437 limited to, specific spinal manipulation.

6438 (k) Violating any provision of this chapter or chapter 456,

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6439 or any rules adopted pursuant thereto.

6440 (2) (a) The board may enter an order denying licensure or
6441 imposing any of the penalties in s. 456.072(2) against any
6442 applicant for licensure or licensee who is found guilty of
6443 violating any provision of subsection (1) ~~of this section~~ or who
6444 is found guilty of violating any provision of s. 456.072(1).

6445 (b) The board may take adverse action against a physical
6446 therapist's or a physical therapist assistant's compact
6447 privilege under the Physical Therapy Licensure Compact pursuant
6448 to s. 486.112 and may impose any of the penalties in s.
6449 456.072(2), if a physical therapist or physical therapist
6450 assistant commits an act specified in subsection (1) or s.
6451 456.072(1).

6452 (3) The board may ~~shall~~ not reinstate the license of a
6453 physical therapist or physical therapist assistant or approve
6454 ~~cause~~ a license to be issued to a person it has deemed
6455 unqualified until such time as it is satisfied that she or he
6456 has complied with all the terms and conditions set forth in the
6457 final order and that such person is capable of safely engaging
6458 in the practice of physical therapy.

6459 Section 70. Paragraph (j) is added to subsection (10) of
6460 section 768.28, Florida Statutes, to read:

6461 768.28 Waiver of sovereign immunity in tort actions;
6462 recovery limits; civil liability for damages caused during a
6463 riot; limitation on attorney fees; statute of limitations;
6464 exclusions; indemnification; risk management programs.—

6465 (10)

6466 (j) For purposes of this section, the individual appointed
6467 under s. 486.023(5) as the state's delegate on the Physical

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6468 Therapy Compact Commission, when serving in that capacity
6469 pursuant to s. 486.112, and any administrator, officer,
6470 executive director, employee, or representative of the Physical
6471 Therapy Compact Commission, when acting within the scope of his
6472 or her employment, duties, or responsibilities in this state, is
6473 considered an agent of the state. The commission shall pay any
6474 claims or judgments pursuant to this section and may maintain
6475 insurance coverage to pay any such claims or judgments.

6476 Section 71. Section 486.025, Florida Statutes, is amended
6477 to read:

6478 486.025 Powers and duties of the Board of Physical Therapy
6479 Practice.—The board may administer oaths, summon witnesses, take
6480 testimony in all matters relating to its duties under this
6481 chapter, establish or modify minimum standards of practice of
6482 physical therapy as defined in s. 486.021, including, but not
6483 limited to, standards of practice for the performance of dry
6484 needling by physical therapists, and adopt rules pursuant to ss.
6485 120.536(1) and 120.54 to implement this chapter. The board may
6486 also review the standing and reputability of any school or
6487 college offering courses in physical therapy and whether the
6488 courses of such school or college in physical therapy meet the
6489 standards established by the appropriate accrediting agency
6490 referred to in s. 486.031(1)(c) ~~s. 486.031(3)(a)~~. In determining
6491 the standing and reputability of any such school and whether the
6492 school and courses meet such standards, the board may
6493 investigate and personally inspect the school and courses.

6494 Section 72. Paragraph (b) of subsection (1) of section
6495 486.0715, Florida Statutes, is amended to read:

6496 486.0715 Physical therapist; issuance of temporary permit.—

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6497 (1) The board shall issue a temporary physical therapist
6498 permit to an applicant who meets the following requirements:

6499 (b) Is a graduate of an approved United States physical
6500 therapy educational program and meets all the eligibility
6501 requirements for licensure under ch. 456, s. 486.031(1)(a), (b),
6502 and (c)1. s. ~~486.031(1)-(3)(a)~~, and related rules, except
6503 passage of a national examination approved by the board is not
6504 required.

6505 Section 73. Paragraph (b) of subsection (1) of section
6506 486.1065, Florida Statutes, is amended to read:

6507 486.1065 Physical therapist assistant; issuance of
6508 temporary permit.—

6509 (1) The board shall issue a temporary physical therapist
6510 assistant permit to an applicant who meets the following
6511 requirements:

6512 (b) Is a graduate of an approved United States physical
6513 therapy assistant educational program and meets all the
6514 eligibility requirements for licensure under ch. 456, s.
6515 486.102(1)(a), (b), and (c)1. s. ~~486.102(1)-(3)(a)~~, and related
6516 rules, except passage of a national examination approved by the
6517 board is not required.

6518 Section 74. Effective July 1, 2024, for the 2024-2025
6519 fiscal year, the sum of \$30 million in recurring funds from the
6520 General Revenue Fund is appropriated in the Grants and Aids -
6521 Health Care Education Reimbursement and Loan Repayment Program
6522 category to the Department of Health for the Florida
6523 Reimbursement Assistance for Medical Education Program
6524 established in s. 381.402, Florida Statutes.

6525 Section 75. Effective July 1, 2024, for the 2024-2025

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6526 fiscal year, the sum of \$8 million in recurring funds from the
6527 General Revenue Fund is appropriated in the Dental Student Loan
6528 Repayment Program category to the Department of Health for the
6529 Dental Student Loan Repayment Program established in s.
6530 381.4019, Florida Statutes.

6531 Section 76. Effective July 1, 2024, for the 2024-2025
6532 fiscal year, the sum of \$23,357,876 in recurring funds from the
6533 General Revenue Fund is appropriated in the Grants and Aids -
6534 Minority Health Initiatives category to the Department of Health
6535 to expand statewide the telehealth minority maternity care
6536 program established in s. 383.2163, Florida Statutes. The
6537 department shall establish 15 regions in which to implement the
6538 program statewide based on the location of hospitals providing
6539 obstetrics and maternity care and pertinent data from nearby
6540 counties for severe maternal morbidity and maternal mortality.
6541 The department shall identify the criteria for selecting
6542 providers for regional implementation and, at a minimum,
6543 consider the maternal level of care designations for hospitals
6544 within the region, the neonatal intensive care unit levels of
6545 hospitals within the region, and the experience of community-
6546 based organizations to screen for and treat common pregnancy-
6547 related complications.

6548 Section 77. Effective July 1, 2024, for the 2024-2025
6549 fiscal year, the sum of \$25 million in recurring funds from the
6550 General Revenue Fund is appropriated to the Agency for Health
6551 Care Administration to implement the Training, Education, and
6552 Clinicals in Health (TEACH) Funding Program established in s.
6553 409.91256, Florida Statutes, as created by this act.

6554 Section 78. Effective July 1, 2024, for the 2024-2025

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6555 fiscal year, the sum of \$2 million in recurring funds from the
6556 General Revenue Fund is appropriated to the University of
6557 Florida, Florida State University, Florida Atlantic University,
6558 and Florida Agricultural and Mechanical University for the
6559 purpose of implementing lab school articulated health care
6560 programs required by s. 1002.32, Florida Statutes. Each of these
6561 state universities shall receive \$500,000 from this
6562 appropriation.

6563 Section 79. Effective July 1, 2024, for the 2024-2025
6564 fiscal year, the sum of \$5 million in recurring funds from the
6565 General Revenue Fund is appropriated in the Aid to Local
6566 Governments Grants and Aids - Nursing Education category to the
6567 Department of Education for the purpose of implementing the
6568 Linking Industry to Nursing Education (LINE) Fund established in
6569 s. 1009.8962, Florida Statutes.

6570 Section 80. Effective July 1, 2024, for the 2024-2025
6571 fiscal year, the sums of \$21,315,000 in recurring funds from the
6572 General Revenue Fund and \$28,685,000 in recurring funds from the
6573 Medical Care Trust Fund are appropriated in the Graduate Medical
6574 Education category to the Agency for Health Care Administration
6575 for the Slots for Doctors Program established in s. 409.909,
6576 Florida Statutes.

6577 Section 81. Effective July 1, 2024, for the 2024-2025
6578 fiscal year, the sums of \$42,630,000 in recurring funds from the
6579 Grants and Donations Trust Fund and \$57,370,000 in recurring
6580 funds from the Medical Care Trust Fund are appropriated in the
6581 Graduate Medical Education category to the Agency for Health
6582 Care Administration to provide to statutory teaching hospitals
6583 as defined in s. 408.07(46), Florida Statutes, which provide

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6584 highly specialized tertiary care, including comprehensive stroke
6585 and Level 2 adult cardiovascular services; NICU II and III; and
6586 adult open heart; and which have more than 30 full-time
6587 equivalent (FTE) residents over the Medicare cap in accordance
6588 with the CMS-2552 provider 2021 fiscal year-end federal Centers
6589 for Medicare and Medicaid Services Healthcare Cost Report, HCRIS
6590 data extract on December 1, 2022, worksheet E-4, line 6 minus
6591 worksheet E-4, line 5, shall be designated as a High Tertiary
6592 Statutory Teaching Hospital and be eligible for funding
6593 calculated on a per Graduate Medical Education resident-FTE
6594 proportional allocation that shall be in addition to any other
6595 Graduate Medical Education funding. Of these funds, \$44,562,400
6596 shall be first distributed to hospitals with greater than 500
6597 unweighted fiscal year 2022-2023 FTEs. The remaining funds shall
6598 be distributed proportionally based on the total unweighted
6599 fiscal year 2022-2023 FTEs. Payments to providers under this
6600 section are contingent upon the nonfederal share being provided
6601 through intergovernmental transfers in the Grants and Donations
6602 Trust Fund. In the event the funds are not available in the
6603 Grants and Donations Trust Fund, the State of Florida is not
6604 obligated to make payments under this section.

6605 Section 82. Effective July 1, 2024, for the 2024-2025
6606 fiscal year, the sums of \$57,402,343 in recurring funds from the
6607 General Revenue Fund and \$77,250,115 in recurring funds from the
6608 Medical Care Trust Fund are appropriated to the Agency for
6609 Health Care Administration to establish a Pediatric Normal
6610 Newborn, Pediatric Obstetrics, and Adult Obstetrics Diagnosis
6611 Related Grouping (DRG) reimbursement methodology. The fiscal
6612 year 2024-2025 General Appropriations Act shall establish the

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6613 DRG reimbursement methodology for hospital inpatient services as
6614 directed in s. 409.905(5)(c), Florida Statutes.

6615 Section 83. Effective October 1, 2024, for the 2024-2025
6616 fiscal year, the sums of \$14,888,903 in recurring funds from the
6617 General Revenue Fund and \$20,036,979 in recurring funds from the
6618 Medical Care Trust Fund are appropriated to the Agency for
6619 Health Care Administration to provide a Medicaid reimbursement
6620 rate increase for dental care services. The funding shall be
6621 held in reserve. The agency shall develop a plan to increase
6622 Medicaid reimbursement rates for preventive dental care services
6623 by September 1, 2024. The agency may submit a budget amendment
6624 pursuant to chapter 216, Florida Statutes, requesting release of
6625 the funding. The budget amendment must include the final plan to
6626 increase Medicaid reimbursement rates for preventive dental care
6627 services. Health plans that participate in the Statewide
6628 Medicaid Managed Care program shall pass through the fee
6629 increase to providers in this appropriation.

6630 Section 84. Effective July 1, 2024, for the 2024-2025
6631 fiscal year, the sums of \$83,456,275 in recurring funds from the
6632 General Revenue Fund and \$112,312,609 in recurring funds from
6633 the Operations and Maintenance Trust Fund are appropriated in
6634 the Home and Community-Based Services Waiver category to the
6635 Agency for Persons with Disabilities to provide a uniform
6636 iBudget Waiver provider rate increase.

6637 Section 85. Effective July 1, 2024, for the 2024-2025
6638 fiscal year, the sum of \$11,525,152 in recurring funds from the
6639 General Revenue Fund is appropriated in the Grants and Aids -
6640 Community Mental Health Services category to the Department of
6641 Children and Families to enhance crisis diversion through mobile

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6642 response teams established under s. 394.495, Florida Statutes,
6643 by expanding existing or establishing new mobile response teams
6644 to increase access, reduce response times, and ensure coverage
6645 in every county.

6646 Section 86. Effective July 1, 2024, for the 2024-2025
6647 fiscal year, the sum of \$10 million in recurring funds from the
6648 General Revenue Fund is appropriated to the Department of Health
6649 to implement the Health Care Screening and Services Grant
6650 Program established in s. 381.9855, Florida Statutes, as created
6651 by this act.

6652 Section 87. Effective July 1, 2024, for the 2024-2025
6653 fiscal year, the sums of \$150,000 in nonrecurring funds from the
6654 General Revenue Fund and \$150,000 in nonrecurring funds from the
6655 Medical Care Trust Fund are appropriated to the Agency for
6656 Health Care Administration to contract with a vendor to develop
6657 a reimbursement methodology for covered services at advanced
6658 birth centers. The agency shall submit the reimbursement
6659 methodology and estimated fiscal impact to the Executive Office
6660 of the Governor's Office of Policy and Budget, the chair of the
6661 Senate Appropriations Committee, and the chair of the House
6662 Appropriations Committee no later than December 31, 2024.

6663 Section 88. Effective October 1, 2024, for the 2024-2025
6664 fiscal year, the sums of \$12,365,771 in recurring funds from the
6665 General Revenue Fund, \$127,300 in recurring funds from the
6666 Refugee Assistance Trust Fund, and \$16,514,132 in recurring
6667 funds from the Medical Care Trust Fund are appropriated to the
6668 Agency for Health Care Administration to provide a Medicaid
6669 reimbursement rate increase for private duty nursing services
6670 provided by licensed practical nurses and registered nurses.

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6671 Health plans that participate in the Statewide Medicaid Managed
6672 Care program shall pass through the fee increase to providers in
6673 this appropriation.

6674 Section 89. Effective October 1, 2024, for the 2024-2025
6675 fiscal year, the sums of \$14,580,660 in recurring funds from the
6676 General Revenue Fund and \$19,622,154 in recurring funds from the
6677 Medical Care Trust Fund are appropriated to the Agency for
6678 Health Care Administration to provide a Medicaid reimbursement
6679 rate increase for occupational therapy, physical therapy, and
6680 speech therapy providers. Health plans that participate in the
6681 Statewide Medicaid Managed Care program shall pass through the
6682 fee increase to providers in this appropriation.

6683 Section 90. Effective October 1, 2024, for the 2024-2025
6684 fiscal year, the sums of \$5,522,795 in recurring funds from the
6685 General Revenue Fund and \$7,432,390 in recurring funds from the
6686 Medical Care Trust Fund are appropriated to the Agency for
6687 Health Care Administration to provide a Medicaid reimbursement
6688 rate increase for Current Procedural Terminology codes 97153 and
6689 97155 related to behavioral analysis services. Health plans that
6690 participate in the Statewide Medicaid Managed Care program shall
6691 pass through the fee increase to providers in this
6692 appropriation.

6693 Section 91. Effective July 1, 2024, for the 2024-2025
6694 fiscal year, the sums of \$585,758 in recurring funds and
6695 \$1,673,421 in nonrecurring funds from the General Revenue Fund,
6696 \$928,001 in recurring funds and \$54,513 in nonrecurring funds
6697 from the Health Care Trust Fund, \$100,000 in nonrecurring funds
6698 from the Administrative Trust Fund, and \$585,758 in recurring
6699 funds and \$1,573,421 in nonrecurring funds from the Medical Care

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6700 Trust Fund are appropriated to the Agency for Health Care
6701 Administration, and 20 full-time equivalent positions with the
6702 associated salary rate of 1,247,140 are authorized for the
6703 purpose of implementing this act.

6704 Section 92. Effective July 1, 2024, for the 2024-2025
6705 fiscal year, the sums of \$2,389,146 in recurring funds and
6706 \$1,190,611 in nonrecurring funds from the General Revenue Fund
6707 and \$1,041,578 in recurring funds and \$287,633 in nonrecurring
6708 funds from the Medical Quality Assurance Trust Fund are
6709 appropriated to the Department of Health, and 25 full-time
6710 equivalent positions with the associated salary rate of
6711 1,739,740, are authorized for the purpose of implementing this
6712 act.

6713 Section 93. Except as otherwise expressly provided in this
6714 act, this act shall take effect upon becoming a law.