

FOR CONSIDERATION By the Committee on Health Policy

588-01750B-24

20247016pb

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

588-01750B-24

20247016pb

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

588-01750B-24

20247016pb

59 opportunities; authorizing the department to contract
60 with a third-party vendor to create and maintain the
61 portal; specifying requirements for the portal;
62 requiring the department to coordinate with county
63 health departments for a specified purpose; requiring
64 the department to include a clear and conspicuous link
65 to the portal on the homepage of its website;
66 requiring the department to publicize and encourage
67 the use of the portal and enlist the aid of county
68 health departments for such outreach; amending s.
69 383.2163, F.S.; expanding the telehealth minority
70 maternity care program from a pilot program to a
71 statewide program; requiring the department to submit
72 annual reports to the Governor and the Legislature;
73 providing requirements for the reports; amending s.
74 383.302, F.S.; defining the terms "advanced birth
75 center" and "medical director"; revising the
76 definition of the term "consultant"; creating s.
77 383.3081, F.S.; providing requirements for birth
78 centers designated as advanced birth centers with
79 respect to operating procedures, staffing, and
80 equipment; requiring advanced birth centers to enter
81 into a written agreement with a blood bank for
82 emergency blood bank services; requiring that a
83 patient who receives an emergency blood transfusion at
84 an advanced birth center be immediately transferred to
85 a hospital for further care; requiring the agency to
86 establish by rule a process for birth centers to be
87 designated as advanced birth centers; amending s.

588-01750B-24

20247016pb

88 383.309, F.S.; providing minimum standards for
89 advanced birth centers; amending s. 383.313, F.S.;
90 making technical and conforming changes; creating s.
91 383.3131, F.S.; providing requirements for laboratory
92 and surgical services at advanced birth centers;
93 providing conditions for administration of anesthesia;
94 authorizing the intrapartur use of chemical agents;
95 amending s. 383.315, F.S.; requiring advanced birth
96 centers to employ or maintain an agreement with an
97 obstetrician for specified purposes; amending s.
98 383.316, F.S.; requiring advanced birth centers to
99 provide for the transport of emergency patients to a
100 hospital; requiring each advanced birth center to
101 enter into a written transfer agreement with a local
102 hospital or an obstetrician for such transfers;
103 requiring birth centers and advanced birth centers to
104 assess and document transportation services and
105 transfer protocols annually; amending s. 383.318,
106 F.S.; providing protocols for postpartum care of
107 clients and infants at advanced birth centers;
108 amending s. 394.455, F.S.; revising definitions;
109 amending s. 394.457, F.S.; requiring the Department of
110 Children and Families to adopt certain minimum
111 standards for mobile crisis response services;
112 amending s. 394.4598, F.S.; authorizing certain
113 psychiatric nurses to provide opinions to the court
114 for the appointment of guardian advocates; authorizing
115 certain psychiatric nurses to consult with guardian
116 advocates for purposes of obtaining consent for

588-01750B-24

20247016pb

117 treatment; amending s. 394.4615, F.S.; authorizing
118 psychiatric nurses to make certain determinations
119 related to the release of clinical records; amending
120 s. 394.4625, F.S.; requiring certain treating
121 psychiatric nurses to document specified information
122 in a patient's clinical record within a specified
123 timeframe of his or her voluntary admission for mental
124 health treatment; requiring clinical psychologists who
125 make determinations of involuntary placement at
126 certain mental health facilities to have specified
127 clinical experience; authorizing certain psychiatric
128 nurses to order emergency treatment for certain
129 patients; amending s. 394.463, F.S.; authorizing
130 certain psychiatric nurses to order emergency
131 treatment of certain patients; requiring a clinical
132 psychologist to have specified clinical experience to
133 approve the release of an involuntary patient at
134 certain mental health facilities; amending s.
135 394.4655, F.S.; requiring clinical psychologists to
136 have specified clinical experience in order to
137 recommend involuntary outpatient services for mental
138 health treatment; authorizing certain psychiatric
139 nurses to recommend involuntary outpatient services
140 for mental health treatment; providing an exception;
141 authorizing psychiatric nurses to make certain
142 clinical determinations that warrant bringing a
143 patient to a receiving facility for an involuntary
144 examination; making a conforming change; amending s.
145 394.467, F.S.; requiring clinical psychologists to

588-01750B-24

20247016pb

146 have specified clinical experience in order to
147 recommend involuntary inpatient services for mental
148 health treatment; authorizing certain psychiatric
149 nurses to recommend involuntary inpatient services for
150 mental health treatment; providing an exception;
151 amending s. 394.4781, F.S.; revising the definition of
152 the term "psychotic or severely emotionally disturbed
153 child"; amending s. 394.4785, F.S.; authorizing
154 psychiatric nurses to admit individuals over a certain
155 age into certain mental health units of a hospital
156 under certain conditions; requiring the agency to seek
157 federal approval for Medicaid coverage and
158 reimbursement authority for mobile crisis response
159 services; requiring the Department of Children and
160 Families to coordinate with the agency to provide
161 specified education to contracted mobile response team
162 services providers; amending s. 394.875, F.S.;

163 authorizing certain psychiatric nurses to prescribe
164 medication to clients of crisis stabilization units;
165 amending s. 395.1055, F.S.; requiring the agency to
166 adopt rules ensuring that hospitals do not accept
167 certain payments and requiring certain hospitals to
168 submit an emergency department diversion plan to the
169 agency for approval before initial licensure or
170 licensure renewal; providing that, beginning on a
171 specified date, such plan must be approved before a
172 license may be issued or renewed; requiring such
173 hospitals to submit specified data to the agency on an
174 annual basis and update their plans as needed, or as

588-01750B-24

20247016pb

175 directed by the agency, before each licensure renewal;
176 specifying requirements for the diversion plans;
177 requiring the agency to establish process for
178 hospitals to share certain information with certain
179 patients' managed care plans; amending s. 408.051,
180 F.S.; requiring certain hospitals to make available
181 certain data to the agency's Florida Health
182 Information Exchange program for a specified purpose;
183 authorizing the agency to adopt rules; amending s.
184 409.909, F.S.; authorizing the agency to allocate
185 specified funds under the Slots for Doctors Program
186 for existing resident positions at hospitals and
187 qualifying institutions if certain conditions are met;
188 requiring hospitals and qualifying institutions that
189 receive certain state funds to report specified data
190 to the agency annually; defining the term "sponsoring
191 institution"; requiring such hospitals and qualifying
192 institutions, beginning on a specified date, to
193 produce certain financial records or submit to certain
194 financial audits; providing applicability; providing
195 that hospitals and qualifying institutions that fail
196 to produce such financial records to the agency are no
197 longer eligible to participate in the Statewide
198 Medicaid Residency Program until a certain
199 determination is made by the agency; requiring
200 hospitals and qualifying institutions to request exit
201 surveys of residents upon completion of their
202 residency; providing requirements for the exit
203 surveys; creating the Graduate Medical Education

588-01750B-24

20247016pb

204 Committee within the agency; providing for membership
205 and meetings of the committee; requiring the
206 committee, beginning on a specified date, to submit an
207 annual report to the Governor and the Legislature
208 detailing specified information; requiring the agency
209 to provide administrative support to assist the
210 committee in the performance of its duties and to
211 provide certain information to the committee; creating
212 s. 409.91256, F.S.; creating the Training, Education,
213 and Clinicals in Health (TEACH) Funding Program for a
214 specified purpose; providing legislative intent;
215 defining terms; requiring the agency to develop an
216 application process and enter into certain agreements
217 to implement the program; specifying requirements to
218 qualify to receive reimbursements under the program;
219 requiring the agency, in consultation with the
220 Department of Health, to develop, or contract for the
221 development of, specified training for, and to provide
222 assistance to, preceptors; providing for reimbursement
223 under the program; requiring the agency to submit an
224 annual report to the Governor and the Legislature;
225 providing requirements for the report; requiring the
226 agency to contract with an independent third party to
227 develop and conduct a design study for evaluating the
228 impact of the program; specifying requirements for the
229 design study; requiring the agency to begin collecting
230 data for the study and submit the study results to the
231 Governor and the Legislature by specified dates;
232 authorizing the agency to adopt rules; requiring the

588-01750B-24

20247016pb

233 agency to seek federal approval to use specified
234 matching funds for the program; providing for future
235 repeal of the program; amending s. 409.967, F.S.;
236 requiring the agency to produce a specified annual
237 report on patient encounter data under the statewide
238 managed care program; providing requirements for the
239 report; requiring the agency to submit the report to
240 the Governor and the Legislature by a specified date;
241 authorizing the agency to contract with a third-party
242 vendor to produce the report; amending s. 409.973,
243 F.S.; requiring Medicaid managed care plans to
244 continue assisting certain enrollees in scheduling an
245 initial appointment with a primary care provider;
246 requiring such plans to coordinate with hospitals that
247 contact them for a specified purpose; requiring the
248 plans to coordinate with their members and members'
249 primary care providers for such purpose; requiring the
250 agency to seek federal approval necessary to implement
251 an acute hospital care at home program meeting
252 specified criteria; amending s. 458.311, F.S.;
253 revising an education and training requirement for
254 physician licensure; exempting foreign-trained
255 applicants for physician licensure from the residency
256 requirement if they meet specified criteria; providing
257 certain employment requirements for such applicants;
258 requiring such applicants to notify the Board of
259 Medicine of any changes in employment within a
260 specified timeframe; repealing s. 458.3124, F.S.,
261 relating to restricted licenses of certain experienced

588-01750B-24

20247016pb

262 foreign-trained physicians; amending s. 458.314, F.S.;

263 authorizing the board to exclude certain foreign

264 medical schools from consideration as an institution

265 that provides medical education that is reasonably

266 comparable to similar accredited institutions in the

267 United States; providing construction; deleting

268 obsolete language; amending s. 458.3145, F.S.;

269 revising criteria for medical faculty certificates;

270 deleting a cap on the maximum number of extended

271 medical faculty certificates that may be issued at

272 specified institutions; amending ss. 458.315 and

273 459.0076, F.S.; authorizing temporary certificates for

274 practice in areas of critical need to be issued to

275 physician assistants, rather than only to physicians,

276 who meet specified criteria; making conforming and

277 technical changes; amending ss. 458.317 and 459.0075,

278 F.S.; specifying who may be considered a graduate

279 assistant physician; creating limited licenses for

280 graduate assistant physicians; specifying criteria a

281 person must meet to obtain such licensure; requiring

282 the Board of Medicine and the Board of Osteopathic

283 Medicine, respectively, to establish certain

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

285 of such licenses; authorizing limited licensed

286 graduate assistant physicians to provide health care

287 services only under the direct supervision of a

288 physician and pursuant to a written protocol;

289 providing requirements for, and limitations on, such

290 supervision and practice; providing requirements for

588-01750B-24

20247016pb

291 the supervisory protocols; providing that supervising
292 physicians are liable for any acts or omissions of
293 such graduate assistant physicians acting under their
294 supervision and control; authorizing third-party
295 payors to provide reimbursement for covered services
296 rendered by graduate assistant physicians; authorizing
297 the Board of Medicine and the Board of Osteopathic
298 Medicine, respectively, to adopt rules; creating s.
299 464.0121, F.S.; providing that temporary certificates
300 for practice in areas of critical need may be issued
301 to advanced practice registered nurses who meet
302 specified criteria; providing restrictions on the
303 issuance of temporary certificates; waiving licensure
304 fees for such applicants under certain circumstances;
305 amending s. 464.0123, F.S.; requiring certain
306 certified nurse midwives, as a condition precedent to
307 providing out-of-hospital intrapartum care, to
308 maintain a written policy for the transfer of patients
309 needing a higher acuity of care or emergency services;
310 requiring that such policy prescribe and require the
311 use of an emergency plan-of-care form; providing
312 requirements for the form; requiring such certified
313 nurse midwives to document specified information on
314 the form if a transfer of care is determined to be
315 necessary; requiring certified nurse midwives to
316 verbally provide the receiving provider with specified
317 information and make himself or herself immediately
318 available for consultation; requiring certified nurse
319 midwives to provide the patient's emergency plan-of-

588-01750B-24

20247016pb

320 care form, as well as certain patient records, to the
321 receiving provider upon the patient's transfer;
322 requiring the Board of Nursing to adopt certain rules;
323 amending s. 464.019, F.S.; deleting the sunset date of
324 a certain annual report required of the Florida Center
325 for Nursing; amending s. 766.1115, F.S.; revising the
326 definition of the term "low-income" for purposes of
327 certain government contracts for health care services;
328 amending s. 1002.32, F.S.; requiring developmental
329 research (laboratory) schools (lab schools) to develop
330 programs for a specified purpose; requiring lab
331 schools to offer technical assistance to any school
332 district seeking to replicate the lab school's
333 programs; requiring lab schools, beginning on a
334 specified date, to annually report to the Legislature
335 on the development of such programs and their results;
336 amending s. 1009.8962, F.S.; revising the definition
337 of the term "institution" for purposes of the Linking
338 Industry to Nursing Education (LINE) Fund; amending
339 ss. 381.4018, 395.602, 458.313, 458.316, and 458.3165,
340 F.S.; conforming provisions to changes made by the
341 act; providing appropriations; providing effective
342 dates.

343

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

345

346 Section 1. Section 381.4019, Florida Statutes, is amended
347 to read:

348 381.4019 Dental Student Loan Repayment Program.—The Dental

588-01750B-24

20247016pb

349 Student Loan Repayment Program is established to support the
350 state Medicaid program and promote access to dental care by
351 supporting qualified dentists and dental hygienists who treat
352 medically underserved populations in dental health professional
353 shortage areas or medically underserved areas.

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

355 (a) "Dental health professional shortage area" means a
356 geographic area designated as such by the Health Resources and
357 Services Administration of the United States Department of
358 Health and Human Services.

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

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

362 (d) "Loan program" means the Dental Student Loan Repayment
363 Program.

364 (e)~~(d)~~ "Medically underserved area" means a geographic
365 area, an area having a special population, or a facility which
366 is designated by department rule as a health professional
367 shortage area as defined by federal regulation and which has a
368 shortage of dental health professionals who serve Medicaid
369 recipients and other low-income patients.

370 (f)~~(e)~~ "Public health program" means a county health
371 department, the Children's Medical Services program, a federally
372 funded community health center, a federally funded migrant
373 health center, or other publicly funded or nonprofit health care
374 program designated by the department.

375 (2) The department shall establish a dental student loan
376 repayment program to benefit Florida-licensed dentists and
377 dental hygienists who:

588-01750B-24

20247016pb

378 (a) Demonstrate, as required by department rule, active
379 employment in a public health program or private practice that
380 serves Medicaid recipients and other low-income patients and is
381 located in a dental health professional shortage area or a
382 medically underserved area; and

383 (b) Volunteer 25 hours per year providing dental services
384 in a free clinic that is located in a dental health professional
385 shortage area or a medically underserved area or through another
386 volunteer program operated by the state pursuant to part IV of
387 chapter 110. In order to meet the requirements of this
388 paragraph, the volunteer hours must be verifiable in a manner
389 determined by the department.

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

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

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

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

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

588-01750B-24

20247016pb

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

410 (4) A dentist or dental hygienist is not ~~no longer~~ eligible
411 to receive funds under the loan program if the dentist or dental
412 hygienist:

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

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

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

421 (5) A dentist or dental hygienist who receives payment
422 under the program shall furnish information requested by the
423 department for the purpose of the department's duties under s.
424 381.4021.

425 (6) The department shall adopt rules to administer the loan
426 program.

427 ~~(7)(6)~~ Implementation of the loan program is subject to
428 legislative appropriation.

429 (8) The Agency for Health Care Administration shall seek
430 federal authority to use Title XIX matching funds for this
431 program.

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

433 Section 2. Section 1009.65, Florida Statutes, is
434 transferred, renumbered as section 381.402, Florida Statutes,
435 and amended to read:

588-01750B-24

20247016pb

436 381.402 ~~1009.65~~ Florida Reimbursement Assistance for
437 Medical Education Reimbursement and Loan Repayment Program.—

438 (1) To support the state Medicaid program and to encourage
439 qualified medical professionals to practice in underserved
440 locations where there are shortages of such personnel, there is
441 established the Florida Reimbursement Assistance for Medical
442 Education Reimbursement and Loan Repayment Program. The function
443 of the program is to make payments that offset loans and
444 educational expenses incurred by students for studies leading to
445 a medical or nursing degree, medical or nursing licensure, or
446 advanced practice registered nurse licensure or physician
447 assistant licensure.

448 (2) The following licensed or certified health care
449 practitioners ~~professionals~~ are eligible to participate in the
450 ~~this~~ program:

451 (a) Medical doctors with primary care specialties. —

452 (b) Doctors of osteopathic medicine with primary care
453 specialties. —

454 (c) Advanced practice registered nurses registered to
455 engage in autonomous practice under s. 464.0123 and practicing
456 in a primary care specialty. ~~physician assistants, licensed~~
457 ~~practical nurses and registered nurses, and~~

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

460 (e) Physician assistants.

461 (f) Mental health professionals, including licensed
462 clinical social workers, licensed marriage and family
463 therapists, licensed mental health counselors, and licensed
464 psychologists.

588-01750B-24

20247016pb

465 (g) Licensed practical nurses and registered nurses.

466
467 Primary care medical specialties for physicians include
468 obstetrics, gynecology, general and family practice, geriatrics,
469 internal medicine, pediatrics, psychiatry, and other specialties
470 which may be identified by the Department of Health.

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

473 (a)1. For a 4-year period of continued proof of practice in
474 an area specified in paragraph (b), up to \$150,000 for
475 physicians, up to \$90,000 for advanced practice registered
476 nurses registered to engage in autonomous practice under s.
477 464.0123, up to \$75,000 for advanced practice registered nurses
478 and physician assistants, up to \$75,000 for mental health
479 professionals, and up to \$45,000 ~~\$4,000 per year~~ for licensed
480 practical nurses and registered nurses. Each practitioner is
481 eligible to receive an award for only one 4-year period of
482 continued proof of practice. At the end of each year that a
483 practitioner participates in the program, the department shall
484 award 25 percent of a practitioner's principal loan amount at
485 the time he or she applied for the program, ~~up to \$10,000 per~~
486 ~~year for advanced practice registered nurses and physician~~
487 ~~assistants, and up to \$20,000 per year for physicians.~~ Penalties
488 for noncompliance ~~are~~ shall be the same as those in the National
489 Health Services Corps Loan Repayment Program. Educational
490 expenses include costs for tuition, matriculation, registration,
491 books, laboratory and other fees, other educational costs, and
492 reasonable living expenses as determined by the Department of
493 Health.

588-01750B-24

20247016pb

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

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

499 b. For practitioners other than physicians and advanced
500 practice registered nurses, practice in other settings,
501 including, but not limited to, a nursing home facility as
502 defined in s. 400.021, a home health agency as defined in s.
503 400.462, or an intermediate care facility for the
504 developmentally disabled as defined in s. 400.960. Any such
505 setting must be located in, or serve residents or patients in,
506 an underserved area designated by the Department of Health and
507 must provide services to Medicaid patients.

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

514 (c) Correctional facilities, state hospitals, and other
515 state institutions that employ medical personnel must ~~shall~~ be
516 designated by the Department of Health as underserved locations.
517 Locations with high incidences of infant mortality, high
518 morbidity, or low Medicaid participation by health care
519 professionals may be designated as underserved.

520 ~~(b) Advanced practice registered nurses registered to~~
521 ~~engage in autonomous practice under s. 464.0123 and practicing~~
522 ~~in the primary care specialties of family medicine, general~~

588-01750B-24

20247016pb

523 ~~pediatrics, general internal medicine, or midwifery. From the~~
524 ~~funds available, the Department of Health shall make payments of~~
525 ~~up to \$15,000 per year to advanced practice registered nurses~~
526 ~~registered under s. 464.0123 who demonstrate, as required by~~
527 ~~department rule, active employment providing primary care~~
528 ~~services in a public health program, an independent practice, or~~
529 ~~a group practice that serves Medicaid recipients and other low-~~
530 ~~income patients and that is located in a primary care health~~
531 ~~professional shortage area. Only loans to pay the costs of~~
532 ~~tuition, books, medical equipment and supplies, uniforms, and~~
533 ~~living expenses may be covered. For the purposes of this~~
534 ~~paragraph:~~

535 ~~1. "Primary care health professional shortage area" means a~~
536 ~~geographic area, an area having a special population, or a~~
537 ~~facility with a score of at least 18, as designated and~~
538 ~~calculated by the Federal Health Resources and Services~~
539 ~~Administration or a rural area as defined by the Federal Office~~
540 ~~of Rural Health Policy.~~

541 ~~2. "Public health program" means a county health~~
542 ~~department, the Children's Medical Services program, a federally~~
543 ~~funded community health center, a federally funded migrant~~
544 ~~health center, or any other publicly funded or nonprofit health~~
545 ~~care program designated by the department.~~

546 ~~(4)-(2)~~ The Department of Health may use funds appropriated
547 for the Medical Education Reimbursement and Loan Repayment
548 program as matching funds for federal loan repayment programs
549 such as the National Health Service Corps State Loan Repayment
550 Program.

551 (5) A health care practitioner who receives payment under

588-01750B-24

20247016pb

552 the program shall furnish information requested by the
553 department for the purpose of the department's duties under s.
554 381.4021.

555 (6)~~(3)~~ The Department of Health may adopt ~~any~~ rules
556 ~~necessary~~ for the administration of the ~~Medical Education~~
557 ~~Reimbursement and Loan Repayment~~ program. The department may
558 also solicit technical advice regarding conduct of the program
559 from the Department of Education and Florida universities and
560 Florida College System institutions. The Department of Health
561 shall submit a budget request for an amount sufficient to fund
562 medical education reimbursement, loan repayments, and program
563 administration.

564 (7) The Agency for Health Care Administration shall seek
565 federal authority to use Title XIX matching funds for this
566 program.

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

568 Section 3. Section 381.4021, Florida Statutes, is created
569 to read:

570 381.4021 Student loan repayment programs reporting.-

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

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

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

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

579 (d) The type of practitioner to whom each loan payment was
580 made.

588-01750B-24

20247016pb

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

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

585 (2) (a) The department shall contract with an independent
586 third party to develop and conduct a design study to evaluate
587 the impact of the student loan repayment programs established in
588 ss. 381.4019 and 381.402, including, but not limited to, the
589 effectiveness of the programs in recruiting and retaining health
590 care professionals in geographic and practice areas experiencing
591 shortages. The department shall begin collecting data for the
592 study by January 1, 2025, and shall submit the results of the
593 study to the Governor, the President of the Senate, and the
594 Speaker of the House of Representatives by January 1, 2030.

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

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

600 Section 4. Section 381.9855, Florida Statutes, is created
601 to read:

602 381.9855 Health Care Screening and Services Grant Program;
603 portal.-

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

609 1. Publicize the availability of funds and enlist the aid

588-01750B-24

20247016pb

610 of county health departments for outreach to potential
611 applicants at the local level.

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

614 3. Develop guidelines a grant recipient must follow for the
615 expenditure of grant funds and uniform data reporting
616 requirements for the purpose of evaluating the performance of
617 grant recipients.

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

621 (c) A nonprofit entity that has previously implemented a
622 specific health care screening or services program at one or
623 more specific locations may apply for grant funds in order to
624 provide the same or similar screenings or services at new
625 locations or through a mobile health clinic or mobile unit in
626 order to expand the program's delivery capabilities.

627 (d) An entity that receives a grant under this section
628 must:

629 1. Follow Department of Health guidelines for reporting on
630 expenditure of grant funds and measures to evaluate the
631 effectiveness of the entity's health care screening or services
632 program.

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

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

637 (2) (a) The Department of Health shall create and maintain
638 an Internet-based portal to direct the general public to events,

588-01750B-24

20247016pb

639 organizations, and venues in this state from which health
640 screenings or services may be obtained at no cost or at a
641 reduced cost and for the purpose of directing licensed health
642 care practitioners to opportunities for volunteering their
643 services to conduct, administer, or facilitate such health
644 screenings or services. The department may contract for the
645 creation or maintenance of the portal with a third-party vendor.

646 (b) The portal must be easily accessible by the public, not
647 require a sign-up or login, and include the ability for a member
648 of the public to enter his or her address and obtain localized
649 and current data on opportunities for screenings and services
650 and volunteer opportunities for health care practitioners. The
651 portal must include, but need not be limited to, all statutorily
652 created screening programs that are funded and operational under
653 the department's authority. The department shall coordinate with
654 county health departments so that the portal includes
655 information on such health screenings and services provided by
656 county health departments or by nonprofit entities in
657 partnership with county health departments.

658 (c) The department shall include a clear and conspicuous
659 link to the portal on the homepage of its website. The
660 department shall publicize the portal to, and encourage the use
661 of the portal by, the general public and shall enlist the aid of
662 county health departments for such outreach.

663 Section 5. Section 383.2163, Florida Statutes, is amended
664 to read:

665 383.2163 Telehealth minority maternity care program ~~program~~
666 ~~programs.~~ ~~By July 1, 2022,~~ The department shall establish a
667 statewide telehealth minority maternity care ~~program~~ that

588-01750B-24

20247016pb

668 ~~in Duval County and Orange County which~~ uses telehealth to
669 expand the capacity for positive maternal health outcomes in
670 racial and ethnic minority populations. The department shall
671 direct and assist ~~the~~ county health departments ~~in Duval County~~
672 ~~and Orange County~~ to implement the program ~~programs~~.

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

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

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

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

680 (d) "Health professional shortage area" means a geographic
681 area designated as such by the Health Resources and Services
682 Administration of the United States Department of Health and
683 Human Services.

684 (e) "Indigenous population" means any Indian tribe, band,
685 or nation or other organized group or community of Indians
686 recognized as eligible for services provided to Indians by the
687 United States Secretary of the Interior because of their status
688 as Indians, including any Alaskan native village as defined in
689 43 U.S.C. s. 1602(c), the Alaska Native Claims Settlement Act,
690 as that definition existed on the effective date of this act.

691 (f) "Maternal mortality" means a death occurring during
692 pregnancy or the postpartum period which is caused by pregnancy
693 or childbirth complications.

694 (g) "Medically underserved population" means the population
695 of an urban or rural area designated by the United States
696 Secretary of Health and Human Services as an area with a

588-01750B-24

20247016pb

697 shortage of personal health care services or a population group
698 designated by the United States Secretary of Health and Human
699 Services as having a shortage of such services.

700 (h) "Perinatal professionals" means doulas, personnel from
701 Healthy Start and home visiting programs, childbirth educators,
702 community health workers, peer supporters, certified lactation
703 consultants, nutritionists and dietitians, social workers, and
704 other licensed and nonlicensed professionals who assist women
705 through their prenatal or postpartum periods.

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

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

712 (k) "Technology-enabled collaborative learning and capacity
713 building model" means a distance health care education model
714 that connects health care professionals, particularly
715 specialists, with other health care professionals through
716 simultaneous interactive videoconferencing for the purpose of
717 facilitating case-based learning, disseminating best practices,
718 and evaluating outcomes in the context of maternal health care.

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

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

- 724 1. Ethnic and minority populations.
725 2. Health professional shortage areas.

588-01750B-24

20247016pb

726 3. Areas with significant racial and ethnic disparities in
727 maternal health outcomes and high rates of adverse maternal
728 health outcomes, including, but not limited to, maternal
729 mortality and severe maternal morbidity.

730 4. Medically underserved populations.

731 5. Indigenous populations.

732 (b) Provide for the adoption of and use of telehealth
733 services that allow for screening and treatment of common
734 pregnancy-related complications, including, but not limited to,
735 anxiety, depression, substance use disorder, hemorrhage,
736 infection, amniotic fluid embolism, thrombotic pulmonary or
737 other embolism, hypertensive disorders relating to pregnancy,
738 diabetes, cerebrovascular accidents, cardiomyopathy, and other
739 cardiovascular conditions.

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

745 (a) Referrals to Healthy Start's coordinated intake and
746 referral program to offer families prenatal home visiting
747 services.

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

750 1. Housing placement options.

751 2. Transportation services or information on how to access
752 such services.

753 3. Nutrition counseling.

754 4. Access to healthy foods.

588-01750B-24

20247016pb

- 755 5. Lactation support.
- 756 6. Lead abatement and other efforts to improve air and
757 water quality.
- 758 7. Child care options.
- 759 8. Car seat installation and training.
- 760 9. Wellness and stress management programs.
- 761 10. Coordination across safety net and social support
762 services and programs.
- 763 (c) Evidence-based health literacy and pregnancy,
764 childbirth, and parenting education for women in the prenatal
765 and postpartum periods.
- 766 (d) For women during their pregnancies through the
767 postpartum periods, connection to support from doulas and other
768 perinatal health workers.
- 769 (e) Tools for prenatal women to conduct key components of
770 maternal wellness checks, including, but not limited to, all of
771 the following:
- 772 1. A device to measure body weight, such as a scale.
- 773 2. A device to measure blood pressure which has a verbal
774 reader to assist the pregnant woman in reading the device and to
775 ensure that the health care practitioner performing the wellness
776 check through telehealth is able to hear the reading.
- 777 3. A device to measure blood sugar levels with a verbal
778 reader to assist the pregnant woman in reading the device and to
779 ensure that the health care practitioner performing the wellness
780 check through telehealth is able to hear the reading.
- 781 4. Any other device that the health care practitioner
782 performing wellness checks through telehealth deems necessary.
- 783 (4) TRAINING.—The program ~~pilot programs~~ shall provide

588-01750B-24

20247016pb

784 training to participating health care practitioners and other
785 perinatal professionals on all of the following:

786 (a) Implicit and explicit biases, racism, and
787 discrimination in the provision of maternity care and how to
788 eliminate these barriers to accessing adequate and competent
789 maternity care.

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

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

796 (d) Best practices in screening for and, as needed,
797 evaluating and treating maternal mental health conditions and
798 substance use disorders.

799 (e) Information collection, recording, and evaluation
800 activities to:

- 801 1. Study the impact of the ~~pilot~~ program;
- 802 2. Ensure access to and the quality of care;
- 803 3. Evaluate patient outcomes as a result of the ~~pilot~~
804 program;
- 805 4. Measure patient experience; and
- 806 5. Identify best practices for the future expansion of the
807 ~~pilot~~ program.

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

588-01750B-24

20247016pb

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

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

817 (c) The number of participants identified as having
818 experienced pregnancy-related complications, the number of
819 participants who received treatments for such complications, and
820 the final outcome of the pregnancy for such participants.

821 (d) The number of referrals made to the Healthy Start
822 program or other prenatal home visiting programs and the number
823 of participants who subsequently received services from such
824 programs.

825 (e) The number of referrals made to doulas and other
826 perinatal professionals and the number of participants who
827 subsequently received services from doulas and other perinatal
828 professionals.

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

831 (g) The average length of participation by program
832 participants.

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

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

837 (j) The results of a survey of the health care
838 practitioners trained under the program. The survey must address
839 the quality and impact of the training provided, the health care
840 practitioners' experiences using remote patient monitoring
841 tools, the best practices provided in the training, and any

588-01750B-24

20247016pb

842 suggestions for improvements.

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

845 (l) For the initial report, all available quantifiable data
846 related to the telehealth minority maternity care pilot
847 programs.

848 (6) FUNDING.~~The pilot programs shall be funded using funds~~
849 ~~appropriated by the Legislature for the Closing the Gap grant~~
850 ~~program.~~ The department's Division of Community Health Promotion
851 and Office of Minority Health and Health Equity shall ~~also~~ work
852 in partnership to apply for federal funds that are available to
853 assist the department in accomplishing the program's purpose and
854 successfully implementing the program pilot programs.

855 (7)~~(6)~~ RULES.~~The department may adopt rules to implement~~
856 ~~this section.~~

857 Section 6. Present subsections (1) through (8), (9), and
858 (10) of section 383.302, Florida Statutes, are redesignated as
859 subsections (2) through (9), (11), and (12), respectively, new
860 subsections (1) and (10) are added to that section, and present
861 subsection (4) of that section is amended, to read:

862 383.302 Definitions of terms used in ss. 383.30-383.332.—As
863 used in ss. 383.30-383.332, the term:

864 (1) "Advanced birth center" means a licensed birth center
865 designated as an advanced birth center which may perform trial
866 of labor after cesarean deliveries for screened patients who
867 qualify, planned low-risk cesarean deliveries, and anticipated
868 vaginal deliveries for laboring patients from the beginning of
869 the 37th week of gestation through the end of the 41st week of
870 gestation.

588-01750B-24

20247016pb

871 (5)~~(4)~~ "Consultant" means a physician licensed pursuant to
872 chapter 458 or chapter 459 who agrees to provide advice and
873 services to a birth center and who either:

874 (a) Is certified or eligible for certification by the
875 American Board of Obstetrics and Gynecology or the American
876 Osteopathic Board of Obstetrics and Gynecology;~~7~~ or

877 (b) Has hospital obstetrical privileges.

878 (10) "Medical director" means a person who holds an active
879 unrestricted license as a physician under chapter 458 or chapter
880 459.

881 Section 7. Section 383.3081, Florida Statutes, is created
882 to read:

883 383.3081 Advanced birth center designation.—

884 (1) To be designated as an advanced birth center, a birth
885 center must, in addition to maintaining compliance with all of
886 the requirements under ss. 383.30–383.332 applicable to birth
887 centers and advanced birth centers, meet all of the following
888 criteria:

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

891 (b) Employ two medical directors to oversee the activities
892 of the center, one of whom must be a board-certified
893 obstetrician and one of whom must be a board-certified
894 anesthesiologist.

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

897 (d) Employ at least one registered nurse and ensure that at
898 least one registered nurse is present in the center at all times
899 and has the ability to stabilize and facilitate the transfer of

588-01750B-24

20247016pb

900 patients and newborn infants when appropriate.

901 (e) Enter into a written agreement with a blood bank for
902 emergency blood bank services and have written protocols for the
903 management of obstetrical hemorrhage which include provisions
904 for emergency blood transfusions. If a patient admitted to an
905 advanced birth center receives an emergency blood transfusion at
906 the center, the patient must immediately thereafter be
907 transferred to a hospital for further care.

908 (f) Meet all standards adopted by rule for birth centers,
909 unless specified otherwise, and advanced birth centers pursuant
910 to s. 383.309.

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

913 (h) Qualify for, enter into, and maintain a Medicaid
914 provider agreement with the agency pursuant to s. 409.907 and
915 provide services to Medicaid recipients according to the terms
916 of the provider agreement.

917 (2) The agency shall establish by rule a process for
918 designating a birth center that meets the requirements of this
919 section as an advanced birth center.

920 Section 8. Section 383.309, Florida Statutes, is amended to
921 read:

922 383.309 Minimum standards for birth centers and advanced
923 birth centers; rules and enforcement.-

924 (1) The agency shall adopt and enforce rules to administer
925 ss. 383.30-383.332 and part II of chapter 408, which rules shall
926 include, but are not limited to, reasonable and fair minimum
927 standards for ensuring that:

928 (a) Sufficient numbers and qualified types of personnel and

588-01750B-24

20247016pb

929 occupational disciplines are available at all times to provide
930 necessary and adequate patient care and safety.

931 (b) Infection control, housekeeping, sanitary conditions,
932 disaster plan, and medical record procedures that will
933 adequately protect patient care and provide safety are
934 established and implemented.

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

937 (2) The standards adopted by rule for designating a birth
938 center as an advanced birth center must, at a minimum, be
939 equivalent to the minimum standards adopted for ambulatory
940 surgical centers pursuant to s. 395.1055 and must include
941 standards for quality of care, blood transfusions, and sanitary
942 conditions for food handling and food service.

943 (3) The agency may not establish any rule governing the
944 design, construction, erection, alteration, modification,
945 repair, or demolition of birth centers. It is the intent of the
946 Legislature to preempt that function to the Florida Building
947 Commission and the State Fire Marshal through adoption and
948 maintenance of the Florida Building Code and the Florida Fire
949 Prevention Code. However, the agency shall provide technical
950 assistance to the commission and the State Fire Marshal in
951 updating the construction standards of the Florida Building Code
952 and the Florida Fire Prevention Code which govern birth centers.
953 In addition, the agency may enforce the special-occupancy
954 provisions of the Florida Building Code and the Florida Fire
955 Prevention Code which apply to birth centers in conducting any
956 inspection authorized under this chapter or part II of chapter
957 408.

588-01750B-24

20247016pb

958 Section 9. Section 383.313, Florida Statutes, is amended to
959 read:

960 383.313 Birth center performance of laboratory and surgical
961 services; use of anesthetic and chemical agents.—

962 (1) LABORATORY SERVICES.—A birth center may collect
963 specimens for those tests that are requested under protocol. A
964 birth center must obtain and continuously maintain certification
965 by the Centers for Medicare and Medicaid Services under the
966 federal Clinical Laboratory Improvement Amendments and the
967 federal rules adopted thereunder in order to perform laboratory
968 tests specified by rule of the agency, and which are appropriate
969 to meet the needs of the patient.

970 (2) SURGICAL SERVICES.—Except for advanced birth centers
971 authorized to provide surgical services under s. 383.3131, only
972 those surgical procedures that are shall be limited to those
973 normally performed during uncomplicated childbirths, such as
974 episiotomies and repairs, may be performed at a birth center.
975 ~~and shall not include~~ Operative obstetrics or caesarean sections
976 may not be performed at a birth center.

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

983 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may not be
984 inhibited, stimulated, or augmented with chemical agents during
985 the first or second stage of labor unless prescribed by
986 personnel who have the ~~with~~ statutory authority to do so and

588-01750B-24

20247016pb

987 unless in connection with and before ~~prior to~~ emergency
988 transport.

989 Section 10. Section 383.3131, Florida Statutes, is created
990 to read:

991 383.3131 Advanced birth center performance of laboratory
992 and surgical services; use of anesthetic and chemical agents.—

993 (1) LABORATORY SERVICES.—An advanced birth center shall
994 have a clinical laboratory on site. The clinical laboratory
995 must, at a minimum, be capable of providing laboratory testing
996 for hematology, metabolic screening, liver function, and
997 coagulation studies. An advanced birth center may collect
998 specimens for those tests that are requested under protocol. An
999 advanced birth center may perform laboratory tests as defined by
1000 rule of the agency. Laboratories located in advanced birth
1001 centers must be appropriately certified by the Centers for
1002 Medicare and Medicaid Services under the federal Clinical
1003 Laboratory Improvement Amendments and the federal rules adopted
1004 thereunder.

1005 (2) SURGICAL SERVICES.—In addition to surgical procedures
1006 authorized under s. 383.313(2), surgical procedures for low-risk
1007 cesarean deliveries and surgical management of immediate
1008 complications may also be performed at an advanced birth center.
1009 Postpartum sterilization may be performed before discharge of
1010 the patient who has given birth during that admission.
1011 Circumcisions may be performed before discharge of the newborn
1012 infant.

1013 (3) ADMINISTRATION OF ANALGESIA AND ANESTHESIA.—General,
1014 conduction, and local anesthesia may be administered at an
1015 advanced birth center if administered by personnel who have the

588-01750B-24

20247016pb

1016 statutory authority to do so. All general anesthesia must be
1017 administered by an anesthesiologist or a certified registered
1018 nurse anesthetist in accordance with s. 464.012. When general
1019 anesthesia is administered, a physician or a certified
1020 registered nurse anesthetist must be present in the advanced
1021 birth center during the anesthesia and postanesthesia recovery
1022 period until the patient is fully alert. Each advanced birth
1023 center shall comply with s. 395.0191(2)(b).

1024 (4) INTRAPARTAL USE OF CHEMICAL AGENTS.—Labor may be
1025 inhibited, stimulated, or augmented with chemical agents during
1026 the first or second stage of labor at an advanced birth center
1027 if prescribed by personnel who have the statutory authority to
1028 do so. Labor may be electively induced beginning at the 39th
1029 week of gestation for a patient with a documented Bishop score
1030 of 8 or greater.

1031 Section 11. Subsection (3) is added to section 383.315,
1032 Florida Statutes, to read:

1033 383.315 Agreements with consultants for advice or services;
1034 maintenance.—

1035 (3) An advanced birth center shall employ or maintain an
1036 agreement with an obstetrician who must be on call at all times
1037 during which a patient is in active labor in the center to
1038 attend deliveries, available to respond to emergencies, and,
1039 when necessary, available to perform cesarean deliveries.

1040 Section 12. Section 383.316, Florida Statutes, is amended
1041 to read:

1042 383.316 Transfer and transport of clients to hospitals.—

1043 (1) If unforeseen complications arise during labor,
1044 delivery, or postpartum recovery, the client must ~~shall~~ be

588-01750B-24

20247016pb

1045 transferred to a hospital.

1046 (2) Each birth center ~~licensed facility~~ shall make
1047 arrangements with a local ambulance service licensed under
1048 chapter 401 for the transport of emergency patients to a
1049 hospital. Such arrangements must ~~shall~~ be documented in the
1050 center's policy and procedures manual ~~of the facility~~ if the
1051 birth center does not own or operate a licensed ambulance. The
1052 policy and procedures manual ~~shall~~ also must contain specific
1053 protocols for the transfer of any patient to a licensed
1054 hospital.

1055 (3) Each advanced birth center shall enter into a written
1056 transfer agreement with a local hospital licensed under chapter
1057 395 for the transfer and admission of emergency patients to the
1058 hospital or a written agreement with an obstetrician who has
1059 hospital privileges to provide coverage at all times and who has
1060 agreed to accept the transfer of the advanced birth center's
1061 patients.

1062 (4) A birth center ~~licensed facility~~ shall identify
1063 neonatal-specific transportation services, including ground and
1064 air ambulances; list their particular qualifications; and have
1065 the telephone numbers for access to these services clearly
1066 listed and immediately available.

1067 (5) ~~(4)~~ The birth center shall assess and document ~~Annual~~
1068 ~~assessments~~ of the transportation services and transfer
1069 protocols annually shall be made and documented.

1070 Section 13. Present subsections (2) and (3) of section
1071 383.318, Florida Statutes, are redesignated as subsections (3)
1072 and (4), respectively, a new subsection (2) is added to that
1073 section, and subsection (1) of that section is amended, to read:

588-01750B-24

20247016pb

1074 383.318 Postpartum care for birth center clients and
1075 infants.-

1076 (1) Except at advanced birth centers that must adhere to
1077 the requirements of subsection (2), a mother and her infant must
1078 ~~shall~~ be dismissed from a ~~the~~ birth center within 24 hours after
1079 the birth of the infant, except in unusual circumstances as
1080 defined by rule of the agency. If a mother or an infant is
1081 retained at the birth center for more than 24 hours after the
1082 birth, a report must ~~shall~~ be filed with the agency within 48
1083 hours after ~~of~~ the birth and must describe ~~describing~~ the
1084 circumstances and the reasons for the decision.

1085 (2) (a) A mother and her infant must be dismissed from an
1086 advanced birth center within 48 hours after a vaginal delivery
1087 of the infant or within 72 hours after a delivery by cesarean
1088 section, except in unusual circumstances as defined by rule of
1089 the agency.

1090 (b) If a mother or an infant is retained at the advanced
1091 birth center for more than the timeframes set forth in paragraph
1092 (a), a report must be filed with the agency within 48 hours
1093 after the scheduled discharge time and must describe the
1094 circumstances and the reasons for the decision.

1095 Section 14. Subsections (5), (31), and (36) of section
1096 394.455, Florida Statutes, are amended to read:

1097 394.455 Definitions.—As used in this part, the term:

1098 (5) "Clinical psychologist" means a person licensed to
1099 practice psychology under chapter 490 ~~a psychologist as defined~~
1100 ~~in s. 490.003(7) with 3 years of postdoctoral experience in the~~
1101 ~~practice of clinical psychology, inclusive of the experience~~
1102 ~~required for licensure,~~ or a psychologist employed by a facility

588-01750B-24

20247016pb

1103 operated by the United States Department of Veterans Affairs
1104 that qualifies as a receiving or treatment facility under this
1105 part.

1106 (31) "Mobile crisis response service" or "mobile response
1107 team" means a nonresidential behavioral health crisis service
1108 available 24 hours per day, 7 days per week which provides
1109 immediate intensive assessments and interventions, including
1110 screening for admission into a mental health receiving facility,
1111 an addictions receiving facility, or a detoxification facility,
1112 for the purpose of identifying appropriate treatment services.

1113 (36) "Psychiatric nurse" means an advanced practice
1114 registered nurse licensed under s. 464.012 who has a master's or
1115 doctoral degree in psychiatric nursing and, holds a national
1116 advanced practice certification as a psychiatric mental health
1117 advanced practice nurse, and has 1 year ~~2 years~~ of post-master's
1118 clinical experience under the supervision of a physician.

1119 Section 15. Paragraph (c) of subsection (5) of section
1120 394.457, Florida Statutes, is amended to read:

1121 394.457 Operation and administration.—

1122 (5) RULES.—

1123 (c) The department shall adopt rules establishing minimum
1124 standards for services provided by a mental health overlay
1125 program or a mobile crisis response service. Minimum standards
1126 for a mobile crisis response service must:

1127 1. Include the requirements of the child, adolescent, and
1128 young adult mobile response teams established under s.
1129 394.495(7) and ensure coverage of all counties by these
1130 specified teams; and

1131 2. Create a structure for general mobile response teams

588-01750B-24

20247016pb

1132 which focuses on emergency room diversion and the reduction of
1133 involuntary commitment under this chapter. The structure must
1134 require, but need not be limited to, the following:

1135 a. Triage and rapid crisis intervention within 60 minutes;

1136 b. Provision of and referral to evidence-based services
1137 that are responsive to the needs of the individual and the
1138 individual's family;

1139 c. Screening, assessment, early identification, and care
1140 coordination; and

1141 d. Follow-up at 90 and 180 days to gather outcome data on a
1142 mobile crisis response encounter to determine efficacy of the
1143 mobile crisis response service.

1144 Section 16. Subsections (1) and (3) of section 394.4598,
1145 Florida Statutes, are amended to read:

1146 394.4598 Guardian advocate.—

1147 (1) The administrator may petition the court for the
1148 appointment of a guardian advocate based upon the opinion of a
1149 psychiatrist or psychiatric nurse practicing within the
1150 framework of an established protocol with a psychiatrist that
1151 the patient is incompetent to consent to treatment. If the court
1152 finds that a patient is incompetent to consent to treatment and
1153 has not been adjudicated incapacitated and had a guardian with
1154 the authority to consent to mental health treatment appointed,
1155 the court must ~~it shall~~ appoint a guardian advocate. The patient
1156 has the right to have an attorney represent him or her at the
1157 hearing. If the person is indigent, the court must ~~shall~~ appoint
1158 the office of the public defender to represent him or her at the
1159 hearing. The patient has the right to testify, cross-examine
1160 witnesses, and present witnesses. The proceeding must ~~shall~~ be

588-01750B-24

20247016pb

1161 recorded, either electronically or stenographically, and
1162 testimony must ~~shall~~ be provided under oath. One of the
1163 professionals authorized to give an opinion in support of a
1164 petition for involuntary placement, as described in s. 394.4655
1165 or s. 394.467, must testify. A guardian advocate must meet the
1166 qualifications of a guardian contained in part IV of chapter
1167 744, except that a professional referred to in this part, an
1168 employee of the facility providing direct services to the
1169 patient under this part, a departmental employee, a facility
1170 administrator, or member of the Florida local advocacy council
1171 shall not be appointed. A person ~~who is~~ appointed as a guardian
1172 advocate must agree to the appointment.

1173 (3) A facility requesting appointment of a guardian
1174 advocate must, before ~~prior to~~ the appointment, provide the
1175 prospective guardian advocate with information about the duties
1176 and responsibilities of guardian advocates, including the
1177 information about the ethics of medical decisionmaking. Before
1178 asking a guardian advocate to give consent to treatment for a
1179 patient, the facility shall provide to the guardian advocate
1180 sufficient information so that the guardian advocate can decide
1181 whether to give express and informed consent to the treatment,
1182 including information that the treatment is essential to the
1183 care of the patient, and that the treatment does not present an
1184 unreasonable risk of serious, hazardous, or irreversible side
1185 effects. Before giving consent to treatment, the guardian
1186 advocate must meet and talk with the patient and the patient's
1187 physician or psychiatric nurse practicing within the framework
1188 of an established protocol with a psychiatrist in person, if at
1189 all possible, and by telephone, if not. The decision of the

588-01750B-24

20247016pb

1190 guardian advocate may be reviewed by the court, upon petition of
1191 the patient's attorney, the patient's family, or the facility
1192 administrator.

1193 Section 17. Subsection (11) of section 394.4615, Florida
1194 Statutes, is amended to read:

1195 394.4615 Clinical records; confidentiality.—

1196 (11) Patients must ~~shall~~ have reasonable access to their
1197 clinical records, unless such access is determined by the
1198 patient's physician or the patient's psychiatric nurse to be
1199 harmful to the patient. If the patient's right to inspect his or
1200 her clinical record is restricted by the facility, written
1201 notice of such restriction must ~~shall~~ be given to the patient
1202 and the patient's guardian, guardian advocate, attorney, and
1203 representative. In addition, the restriction must ~~shall~~ be
1204 recorded in the clinical record, together with the reasons for
1205 it. The restriction of a patient's right to inspect his or her
1206 clinical record expires ~~shall expire~~ after 7 days but may be
1207 renewed, after review, for subsequent 7-day periods.

1208 Section 18. Paragraph (f) of subsection (1) and subsection
1209 (5) of section 394.4625, Florida Statutes, are amended to read:

1210 394.4625 Voluntary admissions.—

1211 (1) AUTHORITY TO RECEIVE PATIENTS.—

1212 (f) Within 24 hours after admission of a voluntary patient,
1213 the treating admitting physician or psychiatric nurse practicing
1214 within the framework of an established protocol with a
1215 psychiatrist shall document in the patient's clinical record
1216 that the patient is able to give express and informed consent
1217 for admission. If the patient is not able to give express and
1218 informed consent for admission, the facility must ~~shall~~ either

588-01750B-24

20247016pb

1219 discharge the patient or transfer the patient to involuntary
1220 status pursuant to subsection (5).

1221 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
1222 patient, or an authorized person on the patient's behalf, makes
1223 a request for discharge, the request for discharge, unless
1224 freely and voluntarily rescinded, must be communicated to a
1225 physician, a clinical psychologist with at least 3 years of
1226 clinical experience, or a psychiatrist as quickly as possible,
1227 but not later than 12 hours after the request is made. If the
1228 patient meets the criteria for involuntary placement, the
1229 administrator of the facility must file with the court a
1230 petition for involuntary placement, within 2 court working days
1231 after the request for discharge is made. If the petition is not
1232 filed within 2 court working days, the patient must ~~shall~~ be
1233 discharged. Pending the filing of the petition, the patient may
1234 be held and emergency treatment rendered in the least
1235 restrictive manner, upon the written order of a physician or a
1236 psychiatric nurse practicing within the framework of an
1237 established protocol with a psychiatrist, if it is determined
1238 that such treatment is necessary for the safety of the patient
1239 or others.

1240 Section 19. Paragraph (f) of subsection (2) of section
1241 394.463, Florida Statutes, is amended to read:

1242 394.463 Involuntary examination.—

1243 (2) INVOLUNTARY EXAMINATION.—

1244 (f) A patient must ~~shall~~ be examined by a physician or a
1245 clinical psychologist, or by a psychiatric nurse performing
1246 within the framework of an established protocol with a
1247 psychiatrist at a facility without unnecessary delay to

588-01750B-24

20247016pb

1248 determine if the criteria for involuntary services are met.
1249 Emergency treatment may be provided upon the order of a
1250 physician or a psychiatric nurse practicing within the framework
1251 of an established protocol with a psychiatrist if the physician
1252 or psychiatric nurse determines that such treatment is necessary
1253 for the safety of the patient or others. The patient may not be
1254 released by the receiving facility or its contractor without the
1255 documented approval of a psychiatrist or a clinical psychologist
1256 with at least 3 years of clinical experience or, if the
1257 receiving facility is owned or operated by a hospital, health
1258 system, or nationally accredited community mental health center,
1259 the release may also be approved by a psychiatric nurse
1260 performing within the framework of an established protocol with
1261 a psychiatrist, or an attending emergency department physician
1262 with experience in the diagnosis and treatment of mental illness
1263 after completion of an involuntary examination pursuant to this
1264 subsection. A psychiatric nurse may not approve the release of a
1265 patient if the involuntary examination was initiated by a
1266 psychiatrist unless the release is approved by the initiating
1267 psychiatrist. The release may be approved through telehealth.

1268 Section 20. Paragraphs (a) and (b) of subsection (3),
1269 paragraph (b) of subsection (7), and paragraph (a) of subsection
1270 (8) of section 394.4655, Florida Statutes, are amended to read:

1271 394.4655 Involuntary outpatient services.—

1272 (3) INVOLUNTARY OUTPATIENT SERVICES.—

1273 (a)1. A patient who is being recommended for involuntary
1274 outpatient services by the administrator of the facility where
1275 the patient has been examined may be retained by the facility
1276 after adherence to the notice procedures provided in s.

588-01750B-24

20247016pb

1277 394.4599. The recommendation must be supported by the opinion of
1278 a psychiatrist and the second opinion of a clinical psychologist
1279 with at least 3 years of clinical experience, ~~or~~ another
1280 psychiatrist, or a psychiatric nurse practicing within the
1281 framework of an established protocol with a psychiatrist, both
1282 of whom have personally examined the patient within the
1283 preceding 72 hours, that the criteria for involuntary outpatient
1284 services are met. However, if the administrator certifies that a
1285 psychiatrist or a clinical psychologist with at least 3 years of
1286 clinical experience is not available to provide the second
1287 opinion, the second opinion may be provided by a licensed
1288 physician who has postgraduate training and experience in
1289 diagnosis and treatment of mental illness, a physician assistant
1290 who has at least 3 years' experience and is supervised by such
1291 licensed physician or a psychiatrist, a clinical social worker,
1292 a clinical psychologist with less than 3 years of clinical
1293 experience, or by a psychiatric nurse. Any second opinion
1294 authorized in this subparagraph may be conducted through a face-
1295 to-face examination, in person or by electronic means. Such
1296 recommendation must be entered on an involuntary outpatient
1297 services certificate that authorizes the facility to retain the
1298 patient pending completion of a hearing. The certificate must be
1299 made a part of the patient's clinical record.

1300 2. If the patient has been stabilized and no longer meets
1301 the criteria for involuntary examination pursuant to s.
1302 394.463(1), the patient must be released from the facility while
1303 awaiting the hearing for involuntary outpatient services. Before
1304 filing a petition for involuntary outpatient services, the
1305 administrator of the facility or a designated department

588-01750B-24

20247016pb

1306 representative must identify the service provider that will have
1307 primary responsibility for service provision under an order for
1308 involuntary outpatient services, unless the person is otherwise
1309 participating in outpatient psychiatric treatment and is not in
1310 need of public financing for that treatment, in which case the
1311 individual, if eligible, may be ordered to involuntary treatment
1312 pursuant to the existing psychiatric treatment relationship.

1313 3. The service provider shall prepare a written proposed
1314 treatment plan in consultation with the patient or the patient's
1315 guardian advocate, if appointed, for the court's consideration
1316 for inclusion in the involuntary outpatient services order that
1317 addresses the nature and extent of the mental illness and any
1318 co-occurring substance use disorder that necessitate involuntary
1319 outpatient services. The treatment plan must specify the likely
1320 level of care, including the use of medication, and anticipated
1321 discharge criteria for terminating involuntary outpatient
1322 services. Service providers may select and supervise other
1323 individuals to implement specific aspects of the treatment plan.
1324 The services in the plan must be deemed clinically appropriate
1325 by a physician, clinical psychologist, psychiatric nurse, mental
1326 health counselor, marriage and family therapist, or clinical
1327 social worker who consults with, or is employed or contracted
1328 by, the service provider. The service provider must certify to
1329 the court in the proposed plan whether sufficient services for
1330 improvement and stabilization are currently available and
1331 whether the service provider agrees to provide those services.
1332 If the service provider certifies that the services in the
1333 proposed treatment plan are not available, the petitioner may
1334 not file the petition. The service provider must notify the

588-01750B-24

20247016pb

1335 managing entity if the requested services are not available. The
1336 managing entity must document such efforts to obtain the
1337 requested services.

1338 (b) If a patient in involuntary inpatient placement meets
1339 the criteria for involuntary outpatient services, the
1340 administrator of the facility may, before the expiration of the
1341 period during which the facility is authorized to retain the
1342 patient, recommend involuntary outpatient services. The
1343 recommendation must be supported by the opinion of a
1344 psychiatrist and the second opinion of a clinical psychologist
1345 with at least 3 years of clinical experience, ~~or~~ another
1346 psychiatrist, or a psychiatric nurse practicing within the
1347 framework of an established protocol with a psychiatrist, both
1348 of whom have personally examined the patient within the
1349 preceding 72 hours, that the criteria for involuntary outpatient
1350 services are met. However, if the administrator certifies that a
1351 psychiatrist or a clinical psychologist with at least 3 years of
1352 clinical experience is not available to provide the second
1353 opinion, the second opinion may be provided by a licensed
1354 physician who has postgraduate training and experience in
1355 diagnosis and treatment of mental illness, a physician assistant
1356 who has at least 3 years' experience and is supervised by such
1357 licensed physician or a psychiatrist, a clinical social worker,
1358 a clinical psychologist with less than 3 years of clinical
1359 experience, or by a psychiatric nurse. Any second opinion
1360 authorized in this subparagraph may be conducted through a face-
1361 to-face examination, in person or by electronic means. Such
1362 recommendation must be entered on an involuntary outpatient
1363 services certificate, and the certificate must be made a part of

588-01750B-24

20247016pb

1364 the patient's clinical record.

1365 (7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—

1366 (b)1. If the court concludes that the patient meets the
1367 criteria for involuntary outpatient services pursuant to
1368 subsection (2), the court must ~~shall~~ issue an order for
1369 involuntary outpatient services. The court order must ~~shall~~ be
1370 for a period of up to 90 days. The order must specify the nature
1371 and extent of the patient's mental illness. The order of the
1372 court and the treatment plan must be made part of the patient's
1373 clinical record. The service provider shall discharge a patient
1374 from involuntary outpatient services when the order expires or
1375 any time the patient no longer meets the criteria for
1376 involuntary placement. Upon discharge, the service provider
1377 shall send a certificate of discharge to the court.

1378 2. The court may not order the department or the service
1379 provider to provide services if the program or service is not
1380 available in the patient's local community, if there is no space
1381 available in the program or service for the patient, or if
1382 funding is not available for the program or service. The service
1383 provider must notify the managing entity if the requested
1384 services are not available. The managing entity must document
1385 such efforts to obtain the requested services. A copy of the
1386 order must be sent to the managing entity by the service
1387 provider within 1 working day after it is received from the
1388 court. The order may be submitted electronically through
1389 existing data systems. After the order for involuntary services
1390 is issued, the service provider and the patient may modify the
1391 treatment plan. For any material modification of the treatment
1392 plan to which the patient or, if one is appointed, the patient's

588-01750B-24

20247016pb

1393 guardian advocate agrees, the service provider shall send notice
1394 of the modification to the court. Any material modifications of
1395 the treatment plan which are contested by the patient or the
1396 patient's guardian advocate, if applicable, must be approved or
1397 disapproved by the court consistent with subsection (3).

1398 3. If, in the clinical judgment of a physician or a
1399 psychiatric nurse practicing within the framework of an
1400 established protocol with a psychiatrist, the patient has failed
1401 or has refused to comply with the treatment ordered by the
1402 court, and, in the clinical judgment of the physician or
1403 psychiatric nurse, efforts were made to solicit compliance and
1404 the patient may meet the criteria for involuntary examination, a
1405 person may be brought to a receiving facility pursuant to s.
1406 394.463. If, after examination, the patient does not meet the
1407 criteria for involuntary inpatient placement pursuant to s.
1408 394.467, the patient must be discharged from the facility. The
1409 involuntary outpatient services order must ~~shall~~ remain in
1410 effect unless the service provider determines that the patient
1411 no longer meets the criteria for involuntary outpatient services
1412 or until the order expires. The service provider must determine
1413 whether modifications should be made to the existing treatment
1414 plan and must attempt to continue to engage the patient in
1415 treatment. For any material modification of the treatment plan
1416 to which the patient or the patient's guardian advocate, if
1417 applicable, agrees, the service provider shall send notice of
1418 the modification to the court. Any material modifications of the
1419 treatment plan which are contested by the patient or the
1420 patient's guardian advocate, if applicable, must be approved or
1421 disapproved by the court consistent with subsection (3).

588-01750B-24

20247016pb

1422 (8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
1423 SERVICES.—

1424 (a)1. If the person continues to meet the criteria for
1425 involuntary outpatient services, the service provider must
1426 ~~shall~~, at least 10 days before the expiration of the period
1427 during which the treatment is ordered for the person, file in
1428 the court that issued the order for involuntary outpatient
1429 services a petition for continued involuntary outpatient
1430 services. The court shall immediately schedule a hearing on the
1431 petition to be held within 15 days after the petition is filed.

1432 2. The existing involuntary outpatient services order
1433 remains in effect until disposition on the petition for
1434 continued involuntary outpatient services.

1435 3. A certificate must ~~shall~~ be attached to the petition
1436 which includes a statement from the person's physician or a
1437 clinical psychologist with at least 3 years of clinical
1438 experience justifying the request, a brief description of the
1439 patient's treatment during the time he or she was receiving
1440 involuntary services, and an individualized plan of continued
1441 treatment.

1442 4. The service provider shall develop the individualized
1443 plan of continued treatment in consultation with the patient or
1444 the patient's guardian advocate, if applicable. When the
1445 petition has been filed, the clerk of the court shall provide
1446 copies of the certificate and the individualized plan of
1447 continued services to the department, the patient, the patient's
1448 guardian advocate, the state attorney, and the patient's private
1449 counsel or the public defender.

1450 Section 21. Subsection (2) of section 394.467, Florida

588-01750B-24

20247016pb

1451 Statutes, is amended to read:

1452 394.467 Involuntary inpatient placement.—

1453 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1454 retained by a facility or involuntarily placed in a treatment
1455 facility upon the recommendation of the administrator of the
1456 facility where the patient has been examined and after adherence
1457 to the notice and hearing procedures provided in s. 394.4599.
1458 The recommendation must be supported by the opinion of a
1459 psychiatrist and the second opinion of a clinical psychologist
1460 with at least 3 years of clinical experience, ~~or~~ another
1461 psychiatrist, or a psychiatric nurse practicing within the
1462 framework of an established protocol with a psychiatrist, both
1463 of whom have personally examined the patient within the
1464 preceding 72 hours, that the criteria for involuntary inpatient
1465 placement are met. However, if the administrator certifies that
1466 a psychiatrist or a clinical psychologist with at least 3 years
1467 of clinical experience is not available to provide the second
1468 opinion, the second opinion may be provided by a licensed
1469 physician who has postgraduate training and experience in
1470 diagnosis and treatment of mental illness, a clinical
1471 psychologist with less than 3 years of clinical experience, or
1472 by a psychiatric nurse. Any opinion authorized in this
1473 subsection may be conducted through a face-to-face examination,
1474 in person, or by electronic means. Such recommendation must
1475 shall be entered on a petition for involuntary inpatient
1476 placement certificate that authorizes the facility to retain the
1477 patient pending transfer to a treatment facility or completion
1478 of a hearing.

1479 Section 22. Subsection (1) of section 394.4781, Florida

588-01750B-24

20247016pb

1480 Statutes, is amended to read:

1481 394.4781 Residential care for psychotic and emotionally
1482 disturbed children.—

1483 (1) DEFINITIONS.—As used in this section, the term:

1484 (b) ~~(a)~~ "Psychotic or severely emotionally disturbed child"
1485 means a child so diagnosed by a psychiatrist or a clinical
1486 psychologist with at least 3 years of clinical experience, each
1487 of whom must have ~~who has~~ specialty training and experience with
1488 children. Such a severely emotionally disturbed child or
1489 psychotic child shall be considered by this diagnosis to benefit
1490 by and require residential care as contemplated by this section.

1491 (a) ~~(b)~~ "Department" means the Department of Children and
1492 Families.

1493 Section 23. Subsection (2) of section 394.4785, Florida
1494 Statutes, is amended to read:

1495 394.4785 Children and adolescents; admission and placement
1496 in mental facilities.—

1497 (2) A person under the age of 14 who is admitted to any
1498 hospital licensed pursuant to chapter 395 may not be admitted to
1499 a bed in a room or ward with an adult patient in a mental health
1500 unit or share common areas with an adult patient in a mental
1501 health unit. However, a person 14 years of age or older may be
1502 admitted to a bed in a room or ward in the mental health unit
1503 with an adult if the admitting physician or psychiatric nurse
1504 documents in the case record that such placement is medically
1505 indicated or for reasons of safety. Such placement must ~~shall~~ be
1506 reviewed by the attending physician or a designee or on-call
1507 physician each day and documented in the case record.

1508 Section 24. Effective upon this act becoming a law, the

588-01750B-24

20247016pb

1509 Agency for Health Care Administration shall seek federal
1510 approval for coverage and reimbursement authority for mobile
1511 crisis response services pursuant to 42 U.S.C. s. 1396w-6. The
1512 Department of Children and Families must coordinate with the
1513 Agency for Health Care Administration to educate contracted
1514 providers of child, adolescent, and young adult mobile response
1515 team services on the process to enroll as a Medicaid provider;
1516 encourage and incentivize enrollment as a Medicaid provider; and
1517 reduce barriers to maximizing federal reimbursement for
1518 community-based mobile crisis response services.

1519 Section 25. Paragraph (a) of subsection (1) of section
1520 394.875, Florida Statutes, is amended to read:

1521 394.875 Crisis stabilization units, residential treatment
1522 facilities, and residential treatment centers for children and
1523 adolescents; authorized services; license required.—

1524 (1) (a) The purpose of a crisis stabilization unit is to
1525 stabilize and redirect a client to the most appropriate and
1526 least restrictive community setting available, consistent with
1527 the client's needs. Crisis stabilization units may screen,
1528 assess, and admit for stabilization persons who present
1529 themselves to the unit and persons who are brought to the unit
1530 under s. 394.463. Clients may be provided 24-hour observation,
1531 medication prescribed by a physician, ~~or~~ psychiatrist, or
1532 psychiatric nurse performing within the framework of an
1533 established protocol with a psychiatrist, and other appropriate
1534 services. Crisis stabilization units shall provide services
1535 regardless of the client's ability to pay and shall be limited
1536 in size to a maximum of 30 beds.

1537 Section 26. Paragraphs (i) and (j) are added to subsection

588-01750B-24

20247016pb

1538 (1) of section 395.1055, Florida Statutes, to read:

1539 395.1055 Rules and enforcement.—

1540 (1) The agency shall adopt rules pursuant to ss. 120.536(1)
1541 and 120.54 to implement the provisions of this part, which shall
1542 include reasonable and fair minimum standards for ensuring that:

1543 (i) A hospital does not accept any payment from a medical
1544 school in exchange for, or directly or indirectly related to,
1545 allowing students from the medical school to obtain clinical
1546 hours or instruction at that hospital.

1547 (j) All hospitals with an emergency department, including
1548 hospital-based off-campus emergency departments, submit to the
1549 agency for approval a plan for assisting patients to gain access
1550 to appropriate care settings when patients either present at the
1551 emergency department with nonemergent health care needs or
1552 indicate, when receiving triage or treatment at the hospital,
1553 that they lack regular access to primary care, in order to
1554 divert such patients from presenting at the emergency department
1555 for future nonemergent care. Effective July 1, 2025, such
1556 emergency department diversion plan must be approved by the
1557 agency before the hospital may receive initial licensure or
1558 licensure renewal occurring after that date. A hospital with an
1559 approved emergency department diversion plan must submit data to
1560 the agency demonstrating the effectiveness of its plan on an
1561 annual basis and must update the plan as necessary, or as
1562 directed by the agency, before each licensure renewal. An
1563 emergency department diversion plan must include at least one of
1564 the following:

1565 1. A partnership agreement with one or more nearby
1566 federally qualified health centers or other primary care

588-01750B-24

20247016pb

1567 settings. The goals of such partnership agreement must include,
1568 but need not be limited to, identifying patients who present at
1569 the emergency department for nonemergent care, care that would
1570 best be provided in a primary care setting, or emergency care
1571 that could potentially have been avoided through the regular
1572 provision of primary care, and establishing a relationship
1573 between the patient and the federally qualified health center or
1574 other primary care setting so that the patient develops a
1575 medical home at such setting for nonemergent and preventative
1576 health care services.

1577 2. The establishment, construction, and operation of a
1578 hospital-owned urgent care center adjacent to the hospital
1579 emergency department location or an agreement with an urgent
1580 care center within 3 miles of the emergency department if
1581 located in an urban area as defined in s. 189.041(1)(b) and
1582 within 10 miles of the emergency department if located in a
1583 rural community as defined in s. 288.0656(2). Under the
1584 hospital's emergency department diversion plan, and as
1585 appropriate for the patients' needs, the hospital shall seek to
1586 divert to the urgent care center those patients who present at
1587 the emergency department needing nonemergent health care
1588 services and subsequently assist the patient in obtaining
1589 primary care.

1590
1591 For such patients who are enrolled in the Medicaid program and
1592 are members of a Medicaid managed care plan, the hospital's
1593 emergency department diversion plan must include outreach to the
1594 patient's Medicaid managed care plan and coordination with the
1595 managed care plan for establishing a relationship between the

588-01750B-24

20247016pb

1596 patient and a primary care setting as appropriate for the
1597 patient, which may include a federally qualified health center
1598 or other primary care setting with which the hospital has a
1599 partnership agreement. For such a Medicaid enrollee, the agency
1600 shall establish a process for the hospital to share updated
1601 contact information for the patient, if in the hospital's
1602 possession, with the patient's managed care plan.

1603 Section 27. Present subsections (5) and (6) of section
1604 408.051, Florida Statutes, are redesignated as subsections (6)
1605 and (7), respectively, and a new subsection (5) is added to that
1606 section, to read:

1607 408.051 Florida Electronic Health Records Exchange Act.—
1608 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002(12)
1609 which maintains certified electronic health record technology
1610 must make available admit, transfer, and discharge data to the
1611 agency's Florida Health Information Exchange program for the
1612 purpose of supporting public health data registries and patient
1613 care coordination. The agency may adopt rules to implement this
1614 subsection.

1615 Section 28. Present subsection (8) of section 409.909,
1616 Florida Statutes, is redesignated as subsection (10), a new
1617 subsection (8) and subsection (9) are added to that section, and
1618 paragraph (a) of subsection (6) of that section is amended, to
1619 read:

1620 409.909 Statewide Medicaid Residency Program.—
1621 (6) The Slots for Doctors Program is established to address
1622 the physician workforce shortage by increasing the supply of
1623 highly trained physicians through the creation of new resident
1624 positions, which will increase access to care and improve health

588-01750B-24

20247016pb

1625 outcomes for Medicaid recipients.

1626 (a)1. Notwithstanding subsection (4), the agency shall
1627 annually allocate \$100,000 to hospitals and qualifying
1628 institutions for each newly created resident position that is
1629 first filled on or after June 1, 2023, and filled thereafter,
1630 and that is accredited by the Accreditation Council for Graduate
1631 Medical Education or the Osteopathic Postdoctoral Training
1632 Institution in an initial or established accredited training
1633 program which is in a physician specialty or subspecialty in a
1634 statewide supply-and-demand deficit.

1635 2. Notwithstanding the requirement that a new resident
1636 position be created to receive funding under this subsection,
1637 the agency may allocate \$100,000 to hospitals and qualifying
1638 institutions, pursuant to subparagraph 1., for up to 200
1639 resident positions that existed before July 1, 2023, if such
1640 resident position:

1641 a. Is in a physician specialty or subspecialty experiencing
1642 a statewide supply-and-demand deficit;

1643 b. Has been unfilled for a period of 3 or more years;

1644 c. Is subsequently filled on or after June 1, 2024, and
1645 remains filled thereafter; and

1646 d. Is accredited by the Accreditation Council for Graduate
1647 Medical Education or the Osteopathic Postdoctoral Training
1648 Institution in an initial or established accredited training
1649 program.

1650 3. If applications for resident positions under this
1651 paragraph exceed the number of authorized resident positions or
1652 the available funding allocated, the agency shall prioritize
1653 applications for resident positions that are in a primary care

588-01750B-24

20247016pb

1654 specialty as specified in paragraph (2) (a).

1655 (8) If a hospital or qualifying institution receives state
1656 funds, including, but not limited to, intergovernmental
1657 transfers, under any of the programs established under this
1658 chapter, that hospital or qualifying institution must annually
1659 report to the agency data on each resident position funded.

1660 (a) Specific to funds allocated under this section, other
1661 than funds allocated pursuant to subsection (5), the data
1662 required to be reported under this subsection must include, but
1663 is not limited to, all of the following:

1664 1. The sponsoring institution for the resident position. As
1665 used in this section, the term "sponsoring institution" means an
1666 organization that oversees, supports, and administers one or
1667 more resident positions.

1668 2. The year the position was created and the current
1669 program year of the resident who is filling the position.

1670 3. Whether the position is currently filled and whether
1671 there has been any period of time when it was not filled.

1672 4. The specialty or subspecialty for which the position is
1673 accredited and whether the position is a fellowship position.

1674 5. Each state funding source that was used to create the
1675 position or is being used to maintain the position, and the
1676 general purpose for which the funds were used.

1677 (b) Specific to funds allocated pursuant to subsection (5)
1678 on or after July 1, 2021, the data must include, but is not
1679 limited to, all of the following:

1680 1. The date on which the hospital or qualifying institution
1681 applied for funds under the program.

1682 2. The date on which the position funded by the program

588-01750B-24

20247016pb

1683 became accredited.

1684 3. The date on which the position was first filled and
1685 whether it has remained filled.

1686 4. The specialty of the position created.

1687 (c) Beginning on July 1, 2025, each hospital or qualifying
1688 institution shall annually produce detailed financial records no
1689 later than 30 days after the end of its fiscal year, detailing
1690 the manner in which state funds allocated under this section
1691 were expended. This requirement does not apply to funds
1692 allocated before July 1, 2025. The agency may also require that
1693 any hospital or qualifying institution submit to an audit of its
1694 financial records related to funds allocated under this section
1695 after July 1, 2025.

1696 (d) If a hospital or qualifying institution fails to
1697 produce records as required by this section, such hospital or
1698 qualifying institution is no longer eligible to participate in
1699 any program established under this section until the hospital or
1700 qualifying institution has met the agency's requirements for
1701 producing the required records.

1702 (e) Upon completion of a residency, each hospital or
1703 qualifying institution must request that the resident fill out
1704 an exit survey on a form developed by the agency. The completed
1705 exit surveys must be provided to the agency annually. The exit
1706 survey must include, but need not be limited to, questions on
1707 all of the following:

1708 1. Whether the exiting resident has procured employment.

1709 2. Whether the exiting resident plans to leave the state
1710 and, if so, for which reasons.

1711 3. Where and in which specialty the exiting resident

588-01750B-24

20247016pb

1712 intends to practice.

1713 4. Whether the exiting resident envisions himself or
1714 herself working in the medical field as a long-term career.

1715 (9) The Graduate Medical Education Committee is created
1716 within the agency.

1717 (a) The committee shall be composed of the following
1718 members:

1719 1. Three deans, or their designees, from medical schools in
1720 this state, appointed by the chair of the Council of Florida
1721 Medical School Deans.

1722 2. Four members appointed by the Governor, one of whom is a
1723 representative of the Florida Medical Association or the Florida
1724 Osteopathic Medical Association who has supervised or is
1725 currently supervising residents, one of whom is a member of the
1726 Florida Hospital Association, one of whom is a member of the
1727 Safety Net Hospital Alliance, and one of whom is a physician
1728 licensed under chapter 458 or chapter 459 practicing at a
1729 qualifying institution.

1730 3. Two members appointed by the Secretary of Health Care
1731 Administration, one of whom represents a statutory teaching
1732 hospital as defined in s. 408.07(46) and one of whom is a
1733 physician who has supervised or is currently supervising
1734 residents.

1735 4. Two members appointed by the State Surgeon General, one
1736 of whom must represent a teaching hospital as defined in s.
1737 408.07 and one of whom is a physician who has supervised or is
1738 currently supervising residents or interns.

1739 5. Two members, one appointed by the President of the
1740 Senate and one appointed by the Speaker of the House of the

588-01750B-24

20247016pb

1741 Representatives.

1742 (b)1. The members of the committee appointed under
1743 subparagraph (a)1. shall serve 4-year terms. When such members'
1744 terms expire, the chair of the Council of Florida Medical School
1745 Deans shall appoint new members as detailed in paragraph (a)1.
1746 from different medical schools on a rotating basis and may not
1747 reappoint a dean from a medical school that has been represented
1748 on the committee until all medical schools in the state have had
1749 an opportunity to be represented on the committee.

1750 2. The members of the committee appointed under
1751 subparagraphs (a)2., 3., and 4. shall serve 4-year terms, with
1752 the initial term being 3 years for members appointed under
1753 subparagraph (a)4. and 2 years for members appointed under
1754 subparagraph (a)3. The committee shall elect a chair to serve
1755 for a 1-year term.

1756 (c) Members shall serve without compensation but are
1757 entitled to reimbursement for per diem and travel expenses
1758 pursuant to s. 112.061.

1759 (d) The committee shall convene its first meeting by July
1760 1, 2024, and shall meet as often as necessary to conduct its
1761 business, but at least twice annually, at the call of the chair.
1762 The committee may conduct its meetings though teleconference or
1763 other electronic means. A majority of the members of the
1764 committee constitutes a quorum, and a meeting may not be held
1765 with less than a quorum present. The affirmative vote of a
1766 majority of the members of the committee present is necessary
1767 for any official action by the committee.

1768 (e) Beginning on July 1, 2025, the committee shall submit
1769 an annual report to the Governor, the President of the Senate,

588-01750B-24

20247016pb

1770 and the Speaker of the House of Representatives which must, at a
1771 minimum, detail all of the following:

1772 1. The role of residents and medical faculty in the
1773 provision of health care.

1774 2. The relationship of graduate medical education to the
1775 state's physician workforce.

1776 3. The typical workload for residents and the role such
1777 workload plays in retaining physicians in the long-term
1778 workforce.

1779 4. The costs of training medical residents for hospitals
1780 and qualifying institutions.

1781 5. The availability and adequacy of all sources of revenue
1782 available to support graduate medical education.

1783 6. The use of state funds, including, but not limited to,
1784 intergovernmental transfers, for graduate medical education for
1785 each hospital or qualifying institution receiving such funds.

1786 (f) The agency shall provide reasonable and necessary
1787 support staff and materials to assist the committee in the
1788 performance of its duties. The agency shall also provide the
1789 information obtained pursuant to subsection (8) to the committee
1790 and assist the committee, as requested, in obtaining any other
1791 information deemed necessary by the committee to produce its
1792 report.

1793 Section 29. Section 409.91256, Florida Statutes, is created
1794 to read:

1795 409.91256 Training, Education, and Clinicals in Health
1796 (TEACH) Funding Program.—

1797 (1) PURPOSE AND INTENT.—The Training, Education, and
1798 Clinicals in Health (TEACH) Funding Program is created to

588-01750B-24

20247016pb

1799 provide a high-quality educational experience while supporting
1800 participating federally qualified health centers, community
1801 mental health centers, rural health clinics, and certified
1802 community behavioral health clinics by offsetting administrative
1803 costs and loss of revenue associated with training residents and
1804 students to become licensed health care practitioners. Further,
1805 it is the intent of the Legislature to use the program to
1806 support the state Medicaid program and underserved populations
1807 by expanding the available health care workforce.

1808 (2) DEFINITIONS.—As used in this section, the term:

1809 (a) "Agency" means the Agency for Health Care
1810 Administration.

1811 (b) "Preceptor" means a Florida-licensed health care
1812 practitioner who directs, teaches, supervises, and evaluates the
1813 learning experience of a resident or student during a clinical
1814 rotation.

1815 (c) "Primary care specialty" means general internal
1816 medicine, family medicine, obstetrics and gynecology, general
1817 pediatrics, psychiatry, geriatric medicine, or any other
1818 specialty the agency identifies as primary care.

1819 (d) "Qualified facility" means a federally qualified health
1820 center, a community mental health center, rural health clinic,
1821 or a certified community behavioral health clinic.

1822 (3) APPLICATION FOR REIMBURSEMENT; AGREEMENTS;
1823 PARTICIPATION REQUIREMENTS.—The agency shall develop an
1824 application process for qualified facilities to apply for funds
1825 to offset the administrative costs and loss of revenue
1826 associated with establishing, maintaining, or expanding a
1827 clinical training program. Upon approving an application, the

588-01750B-24

20247016pb

1828 agency shall enter into an agreement with the qualified facility
1829 which, at minimum, must require the qualified facility to do all
1830 of the following:

1831 (a) Agree to provide appropriate supervision or precepting
1832 for one or more of the following categories of residents or
1833 students:

1834 1. Allopathic or osteopathic residents pursuing a primary
1835 care specialty.

1836 2. Advanced practice registered nursing students pursuing a
1837 primary care specialty.

1838 3. Nursing students.

1839 4. Allopathic or osteopathic medical students.

1840 5. Dental students.

1841 6. Physician assistant students.

1842 7. Behavioral health students, including students studying
1843 psychology, clinical social work, marriage and family therapy,
1844 or mental health counseling.

1845 (b) Meet and maintain all requirements to operate an
1846 accredited residency program if the qualified facility operates
1847 a residency program.

1848 (c) Obtain and maintain accreditation from an accreditation
1849 body approved by the agency if the qualified facility provides
1850 clinical rotations.

1851 (d) Ensure that clinical preceptors meet agency standards
1852 for precepting students, including the completion of any
1853 training required by the agency.

1854 (e) Submit quarterly reports to the agency by the first day
1855 of the second month following the end of a quarter to obtain
1856 reimbursement. At a minimum, the report must include all of the

588-01750B-24

20247016pb

1857 following:

1858 1. The type of residency or clinical rotation offered by
1859 the qualified facility, the number of residents or students
1860 participating in each type of clinical rotation or residency,
1861 and the number of hours worked by each resident or student each
1862 month.

1863 2. Evaluations by the residents and student participants of
1864 the clinical experience on an evaluation form developed by the
1865 agency.

1866 3. An itemized list of administrative costs associated with
1867 the operation of the clinical training program, including
1868 accreditation costs and other costs relating to the creation,
1869 implementation, and maintenance of the program.

1870 4. A calculation of lost revenue associated with operating
1871 the clinical training program.

1872 (4) TRAINING.—The agency, in consultation with the
1873 Department of Health, shall develop, or contract for the
1874 development of, training for preceptors and make such training
1875 available in either a live or electronic format. The agency
1876 shall also provide technical support for preceptors.

1877 (5) REIMBURSEMENT.—Qualified facilities may be reimbursed
1878 under this section only to offset the administrative costs or
1879 lost revenue associated with training students, allopathic
1880 residents, or osteopathic residents who are enrolled in an
1881 accredited educational or residency program based in this state.

1882 (a) Subject to an appropriation, the agency may reimburse a
1883 qualified facility based on the number of clinical training
1884 hours reported under subparagraph (3) (e)1. The allowed
1885 reimbursement per student is as follows:

588-01750B-24

20247016pb

- 1886 1. A medical resident at a rate of \$50 per hour.
- 1887 2. A first-year medical student at a rate of \$27 per hour.
- 1888 3. A second-year medical student at a rate of \$27 per hour.
- 1889 4. A third-year medical student at a rate of \$29 per hour.
- 1890 5. A fourth-year medical student at a rate of \$29 per hour.
- 1891 6. A dental student at a rate of \$22 per hour.
- 1892 7. An advanced practice registered nursing student at a
1893 rate of \$22 per hour.
- 1894 8. A physician assistant student at a rate of \$22 per hour.
- 1895 9. A behavioral health student at a rate of \$15 per hour.
- 1896 (b) A qualified facility may not be reimbursed more than
1897 \$75,000 per fiscal year; however, if it operates a residency
1898 program, it may be reimbursed up to \$100,000 each fiscal year.
- 1899 (6) DATA.—A qualified facility that receives payment under
1900 the program shall furnish information requested by the agency
1901 for the purpose of the agency's duties under subsections (7) and
1902 (8).
- 1903 (7) REPORTS.—By December 1, 2025, and each December 1
1904 thereafter, the agency shall submit to the Governor, the
1905 President of the Senate, and the Speaker of the House of
1906 Representatives a report detailing the effects of the program
1907 for the prior fiscal year, including, but not limited to, all of
1908 the following:
- 1909 (a) The number of students trained in the program, by
1910 school, area of study, and clinical hours earned.
- 1911 (b) The number of students trained and the amount of
1912 program funds received by each participating qualified facility.
- 1913 (c) The number of program participants found to be employed
1914 by a participating qualified facility or in a federally

588-01750B-24

20247016pb

1915 designated health professional shortage area upon completion of
1916 their education and training.

1917 (d) Any other data the agency deems useful for determining
1918 the effectiveness of the program.

1919 (8) EVALUATION.—The agency shall contract with an
1920 independent third party to develop and conduct a design study to
1921 evaluate the impact of the TEACH funding program, including, but
1922 not limited to, the program's effectiveness in both of the
1923 following areas:

1924 (a) Enabling qualified facilities to provide clinical
1925 rotations and residency opportunities to students and medical
1926 school graduates, as applicable.

1927 (b) Enabling the recruitment and retention of health care
1928 professionals in geographic and practice areas experiencing
1929 shortages.

1930
1931 The agency shall begin collecting data for the study by January
1932 1, 2025, and shall submit the results of the study to the
1933 Governor, the President of the Senate, and the Speaker of the
1934 House of Representatives by January 1, 2030.

1935 (9) RULES.—The agency may adopt rules to implement this
1936 section.

1937 (10) FEDERAL FUNDING.—The agency shall seek federal
1938 approval to use Title XIX matching funds for the program.

1939 (11) SUNSET.—This section is repealed on July 1, 2034.

1940 Section 30. Paragraph (e) of subsection (2) of section
1941 409.967, Florida Statutes, is amended to read:

1942 409.967 Managed care plan accountability.—

1943 (2) The agency shall establish such contract requirements

588-01750B-24

20247016pb

1944 as are necessary for the operation of the statewide managed care
1945 program. In addition to any other provisions the agency may deem
1946 necessary, the contract must require:

1947 (e) *Encounter data.*—The agency shall maintain and operate a
1948 Medicaid Encounter Data System to collect, process, store, and
1949 report on covered services provided to all Medicaid recipients
1950 enrolled in prepaid plans.

1951 1. Each prepaid plan must comply with the agency's
1952 reporting requirements for the Medicaid Encounter Data System.
1953 Prepaid plans must submit encounter data electronically in a
1954 format that complies with the Health Insurance Portability and
1955 Accountability Act provisions for electronic claims and in
1956 accordance with deadlines established by the agency. Prepaid
1957 plans must certify that the data reported is accurate and
1958 complete.

1959 2. The agency is responsible for validating the data
1960 submitted by the plans. The agency shall develop methods and
1961 protocols for ongoing analysis of the encounter data that
1962 adjusts for differences in characteristics of prepaid plan
1963 enrollees to allow comparison of service utilization among plans
1964 and against expected levels of use. The analysis shall be used
1965 to identify possible cases of systemic underutilization or
1966 denials of claims and inappropriate service utilization such as
1967 higher-than-expected emergency department encounters. The
1968 analysis shall provide periodic feedback to the plans and enable
1969 the agency to establish corrective action plans when necessary.
1970 One of the focus areas for the analysis shall be the use of
1971 prescription drugs.

1972 3. The agency shall make encounter data available to those

588-01750B-24

20247016pb

1973 plans accepting enrollees who are assigned to them from other
1974 plans leaving a region.

1975 4. The agency shall annually produce a report entitled
1976 "Analysis of Potentially Preventable Health Care Events of
1977 Florida Medicaid Enrollees." The report must include, but need
1978 not be limited to, an analysis of the potentially preventable
1979 hospital emergency department visits, hospital admissions, and
1980 hospital readmissions that occurred during the previous state
1981 fiscal year which may have been prevented with better access to
1982 primary care, improved medication management, or better
1983 coordination of care, reported by age, eligibility group,
1984 managed care plan, and region, including conditions contributing
1985 to each potentially preventable event or category of potentially
1986 preventable events. The agency may include any other data or
1987 analysis parameters to augment the report which it deems
1988 pertinent to the analysis. The report must demonstrate trends
1989 using applicable historical data. The agency shall submit the
1990 report to the Governor, the President of the Senate, and the
1991 Speaker of the House of Representatives by October 1, 2024, and
1992 each October 1 thereafter. The agency may contract with a third-
1993 party vendor to produce the report required under this
1994 subparagraph.

1995 Section 31. Subsection (4) of section 409.973, Florida
1996 Statutes, is amended to read:

1997 409.973 Benefits.—

1998 (4) PRIMARY CARE INITIATIVE.—Each plan operating in the
1999 managed medical assistance program shall establish a program to
2000 encourage enrollees to establish a relationship with their
2001 primary care provider. Each plan shall:

588-01750B-24

20247016pb

2002 (a) Provide information to each enrollee on the importance
2003 of and procedure for selecting a primary care provider, and
2004 thereafter automatically assign to a primary care provider any
2005 enrollee who fails to choose a primary care provider.

2006 (b) If the enrollee was not a Medicaid recipient before
2007 enrollment in the plan, assist the enrollee in scheduling an
2008 appointment with the primary care provider. If possible, the
2009 appointment should be made within 30 days after enrollment in
2010 the plan. If an appointment is not made within such 30-day
2011 period, the plan must continue assisting the enrollee to
2012 schedule an initial appointment.

2013 (c) Report to the agency the number of enrollees assigned
2014 to each primary care provider within the plan's network.

2015 (d) Report to the agency the number of enrollees who have
2016 not had an appointment with their primary care provider within
2017 their first year of enrollment.

2018 (e) Report to the agency the number of emergency room
2019 visits by enrollees who have not had at least one appointment
2020 with their primary care provider.

2021 (f) Coordinate with a hospital that contacts the plan under
2022 the requirements of s. 395.1055(1)(j) for the purpose of
2023 establishing the appropriate delivery of primary care services
2024 for the plan's members who present at the hospital's emergency
2025 department for nonemergent care or emergency care that could
2026 potentially have been avoided through the regular provision of
2027 primary care. The plan shall coordinate with such member and the
2028 member's primary care provider for such purpose.

2029 Section 32. The Agency for Health Care Administration shall
2030 seek federal approval necessary to implement an acute hospital

588-01750B-24

20247016pb

2031 care at home program in the state Medicaid program which is
2032 substantially consistent with the parameters specified in 42
2033 U.S.C. s. 1395cc-7(a)(2) and (3).

2034 Section 33. Present subsections (3) through (8) of section
2035 458.311, Florida Statutes, are redesignated as subsections (4)
2036 through (9), respectively, a new subsection (3) is added to that
2037 section, and paragraph (f) of subsection (1) and present
2038 subsections (3) and (5) of that section are amended, to read:

2039 458.311 Licensure by examination; requirements; fees.—

2040 (1) Any person desiring to be licensed as a physician, who
2041 does not hold a valid license in any state, shall apply to the
2042 department on forms furnished by the department. The department
2043 shall license each applicant who the board certifies:

2044 (f) Meets one of the following medical education and
2045 postgraduate training requirements:

2046 1.a. Is a graduate of an allopathic medical school or
2047 allopathic college recognized and approved by an accrediting
2048 agency recognized by the United States Office of Education or is
2049 a graduate of an allopathic medical school or allopathic college
2050 within a territorial jurisdiction of the United States
2051 recognized by the accrediting agency of the governmental body of
2052 that jurisdiction;

2053 b. If the language of instruction of the medical school is
2054 other than English, has demonstrated competency in English
2055 through presentation of a satisfactory grade on the Test of
2056 Spoken English of the Educational Testing Service or a similar
2057 test approved by rule of the board; and

2058 c. Has completed an approved residency of at least 1 year.

2059 2.a. Is a graduate of an allopathic foreign medical school

588-01750B-24

20247016pb

2060 registered with the World Health Organization and certified
2061 pursuant to s. 458.314 as having met the standards required to
2062 accredit medical schools in the United States or reasonably
2063 comparable standards;

2064 b. If the language of instruction of the foreign medical
2065 school is other than English, has demonstrated competency in
2066 English through presentation of the Educational Commission for
2067 Foreign Medical Graduates English proficiency certificate or by
2068 a satisfactory grade on the Test of Spoken English of the
2069 Educational Testing Service or a similar test approved by rule
2070 of the board; and

2071 c. Has completed an approved residency of at least 1 year.

2072 3.a. Is a graduate of an allopathic foreign medical school
2073 which has not been certified pursuant to s. 458.314 and has not
2074 been excluded from consideration under s. 458.314(8);

2075 b. Has had his or her medical credentials evaluated by the
2076 Educational Commission for Foreign Medical Graduates, holds an
2077 active, valid certificate issued by that commission, and has
2078 passed the examination utilized by that commission; and

2079 c. Has completed an approved residency of at least 1 year;
2080 however, after October 1, 1992, the applicant shall have
2081 completed an approved residency or fellowship of at least 2
2082 years in one specialty area. However, to be acceptable, the
2083 fellowship experience and training must be counted toward
2084 regular or subspecialty certification by a board recognized and
2085 certified by the American Board of Medical Specialties.

2086 (3) Notwithstanding sub-subparagraphs (1)(f)2.c. and 3.c.,
2087 a graduate of a foreign medical school that has not been
2088 excluded from consideration under s. 458.314(8) is not required

588-01750B-24

20247016pb

2089 to complete an approved residency if he or she meets all of the
2090 following criteria:

2091 (a) Has an active, unencumbered license to practice
2092 medicine in a foreign country.

2093 (b) Has actively practiced medicine in the 4-year period
2094 preceding the date of the submission of a licensure application.

2095 (c) Has completed a residency or substantially similar
2096 postgraduate medical training in a country recognized by his or
2097 her licensing jurisdiction.

2098 (d) Has an offer for full-time employment as a physician
2099 from a health care provider that operates in this state.

2100
2101 A physician licensed after meeting the requirements of this
2102 subsection must maintain his or her employment with the original
2103 employer under paragraph (d) or with another health care
2104 provider that operates in this state, at a location within this
2105 state, for at least 2 consecutive years after licensure, in
2106 accordance with rules adopted by the board. Such physician must
2107 notify the board within 5 business days after any change of
2108 employer.

2109 (4)~~(3)~~ Notwithstanding the provisions of subparagraph
2110 (1) (f) 3., a graduate of a foreign medical school that has not
2111 been excluded from consideration under s. 458.314(8) need not
2112 present the certificate issued by the Educational Commission for
2113 Foreign Medical Graduates or pass the examination utilized by
2114 that commission if the graduate:

2115 (a) Has received a bachelor's degree from an accredited
2116 United States college or university.

2117 (b) Has studied at a medical school which is recognized by

588-01750B-24

20247016pb

2118 the World Health Organization.

2119 (c) Has completed all of the formal requirements of the
2120 foreign medical school, except the internship or social service
2121 requirements, and has passed part I of the National Board of
2122 Medical Examiners examination or the Educational Commission for
2123 Foreign Medical Graduates examination equivalent.

2124 (d) Has completed an academic year of supervised clinical
2125 training in a hospital affiliated with a medical school approved
2126 by the Council on Medical Education of the American Medical
2127 Association and upon completion has passed part II of the
2128 National Board of Medical Examiners examination or the
2129 Educational Commission for Foreign Medical Graduates examination
2130 equivalent.

2131 (6)~~(5)~~ The board may not certify to the department for
2132 licensure any applicant who is under investigation in another
2133 jurisdiction for an offense which would constitute a violation
2134 of this chapter until such investigation is completed. Upon
2135 completion of the investigation, ~~the provisions of s. 458.331~~
2136 shall apply. Furthermore, the department may not issue an
2137 unrestricted license to any individual who has committed any act
2138 or offense in any jurisdiction which would constitute the basis
2139 for disciplining a physician pursuant to s. 458.331. When the
2140 board finds that an individual has committed an act or offense
2141 in any jurisdiction which would constitute the basis for
2142 disciplining a physician pursuant to s. 458.331, ~~then~~ the board
2143 may enter an order imposing one or more of the terms set forth
2144 in subsection (9) ~~(8)~~.

2145 Section 34. Section 458.3124, Florida Statutes, is
2146 repealed.

588-01750B-24

20247016pb

2147 Section 35. Subsection (8) of section 458.314, Florida
2148 Statutes, is amended to read:

2149 458.314 Certification of foreign educational institutions.—

2150 (8) If a foreign medical school does not seek certification
2151 under this section, the board may, at its discretion, exclude
2152 the foreign medical school from consideration as an institution
2153 that provides medical education that is reasonably comparable to
2154 that of similar accredited institutions in the United States and
2155 that adequately prepares its students for the practice of
2156 medicine in this state. However, a license or medical faculty
2157 certificate issued to a physician under this chapter before July
2158 1, 2024, is not affected by this subsection ~~Each institution~~
2159 ~~which has been surveyed before October 1, 1986, by the~~
2160 ~~Commission to Evaluate Foreign Medical Schools or the Commission~~
2161 ~~on Foreign Medical Education of the Federation of State Medical~~
2162 ~~Boards, Inc., and whose survey and supporting documentation~~
2163 ~~demonstrates that it provides an educational program, including~~
2164 ~~curriculum, reasonably comparable to that of similar accredited~~
2165 ~~institutions in the United States shall be considered fully~~
2166 ~~certified, for purposes of chapter 86-245, Laws of Florida.~~

2167 Section 36. Subsections (1) and (4) of section 458.3145,
2168 Florida Statutes, are amended to read:

2169 458.3145 Medical faculty certificate.—

2170 (1) A medical faculty certificate may be issued without
2171 examination to an individual who meets all of the following
2172 criteria:

2173 (a) Is a graduate of an accredited medical school or its
2174 equivalent, or is a graduate of a foreign medical school listed
2175 with the World Health Organization which has not been excluded

588-01750B-24

20247016pb

2176 from consideration under s. 458.314(8).~~†~~

2177 (b) Holds a valid, current license to practice medicine in
2178 another jurisdiction.~~†~~

2179 (c) Has completed the application form and remitted a
2180 nonrefundable application fee not to exceed \$500.~~†~~

2181 (d) Has completed an approved residency or fellowship of at
2182 least 1 year or has received training that ~~which~~ has been
2183 determined by the board to be equivalent to the 1-year residency
2184 requirement.~~†~~

2185 (e) Is at least 21 years of age.~~†~~

2186 (f) Is of good moral character.~~†~~

2187 (g) Has not committed any act in this or any other
2188 jurisdiction which would constitute the basis for disciplining a
2189 physician under s. 458.331.~~†~~

2190 (h) For any applicant who has graduated from medical school
2191 after October 1, 1992, has completed, before entering medical
2192 school, the equivalent of 2 academic years of preprofessional,
2193 postsecondary education, as determined by rule of the board,
2194 which must include, at a minimum, courses in such fields as
2195 anatomy, biology, and chemistry.~~†~~~~and~~

2196 (i) Has been offered and has accepted a full-time faculty
2197 appointment to teach in a program of medicine at any of the
2198 following institutions:

2199 1. The University of Florida.~~†~~

2200 2. The University of Miami.~~†~~

2201 3. The University of South Florida.~~†~~

2202 4. The Florida State University.~~†~~

2203 5. The Florida International University.~~†~~

2204 6. The University of Central Florida.~~†~~

588-01750B-24

20247016pb

2205 7. The Mayo Clinic College of Medicine and Science in
2206 Jacksonville, Florida.~~†~~

2207 8. The Florida Atlantic University.~~†~~

2208 9. The Johns Hopkins All Children's Hospital in St.
2209 Petersburg, Florida.~~†~~

2210 10. Nova Southeastern University.~~†~~~~or~~

2211 11. Lake Erie College of Osteopathic Medicine.

2212 ~~(4) In any year, the maximum number of extended medical~~
2213 ~~faculty certificateholders as provided in subsection (2) may not~~
2214 ~~exceed 30 persons at each institution named in subparagraphs~~
2215 ~~(1)(i)1., 6., 8., and 9. and at the facility named in s. 1004.43~~
2216 ~~and may not exceed 10 persons at the institution named in~~
2217 ~~subparagraph (1)(i)7.~~

2218 Section 37. Section 458.315, Florida Statutes, is amended
2219 to read:

2220 458.315 Temporary certificate for practice in areas of
2221 critical need.—

2222 (1) A physician or physician assistant who is licensed to
2223 practice in any jurisdiction of the United States and~~†~~ whose
2224 license is currently valid, ~~and who pays an application fee of~~
2225 ~~\$300~~ may be issued a temporary certificate for practice in areas
2226 of critical need. A physician seeking such certificate must pay
2227 an application fee of \$300.

2228 (2) A temporary certificate may be issued under this
2229 section to a physician or physician assistant who will:

2230 (a) ~~Will~~ Practice in an area of critical need;

2231 (b) ~~Will~~ Be employed by or practice in a county health
2232 department; correctional facility; Department of Veterans'
2233 Affairs clinic; community health center funded by s. 329, s.

588-01750B-24

20247016pb

2234 330, or s. 340 of the United States Public Health Services Act;
2235 or other agency or institution that is approved by the State
2236 Surgeon General and provides health care services to meet the
2237 needs of underserved populations in this state; or

2238 (c) ~~Will~~ Practice for a limited time to address critical
2239 physician-specialty, demographic, or geographic needs for this
2240 state's physician workforce as determined by the State Surgeon
2241 General.

2242 (3) The board ~~of Medicine~~ may issue a ~~this~~ temporary
2243 certificate under this section subject to ~~with~~ the following
2244 restrictions:

2245 (a) The State Surgeon General shall determine the areas of
2246 critical need. Such areas include, but are not limited to,
2247 health professional shortage areas designated by the United
2248 States Department of Health and Human Services.

2249 1. A recipient of a temporary certificate for practice in
2250 areas of critical need may use the certificate to work for any
2251 approved entity in any area of critical need or as authorized by
2252 the State Surgeon General.

2253 2. The recipient of a temporary certificate for practice in
2254 areas of critical need shall, within 30 days after accepting
2255 employment, notify the board of all approved institutions in
2256 which the licensee practices and of all approved institutions
2257 where practice privileges have been denied, as applicable.

2258 (b) The board may administer an abbreviated oral
2259 examination to determine the physician's or physician
2260 assistant's competency, but a written regular examination is not
2261 required. Within 60 days after receipt of an application for a
2262 temporary certificate, the board shall review the application

588-01750B-24

20247016pb

2263 and issue the temporary certificate, notify the applicant of
2264 denial, or notify the applicant that the board recommends
2265 additional assessment, training, education, or other
2266 requirements as a condition of certification. If the applicant
2267 has not actively practiced during the 3-year period immediately
2268 preceding the application ~~prior 3 years~~ and the board determines
2269 that the applicant may lack clinical competency, possess
2270 diminished or inadequate skills, lack necessary medical
2271 knowledge, or exhibit patterns of deficits in clinical
2272 decisionmaking, the board may:

2273 1. Deny the application;

2274 2. Issue a temporary certificate having reasonable
2275 restrictions that may include, but are not limited to, a
2276 requirement for the applicant to practice under the supervision
2277 of a physician approved by the board; or

2278 3. Issue a temporary certificate upon receipt of
2279 documentation confirming that the applicant has met any
2280 reasonable conditions of the board which may include, but are
2281 not limited to, completing continuing education or undergoing an
2282 assessment of skills and training.

2283 (c) Any certificate issued under this section is valid only
2284 so long as the State Surgeon General determines that the reason
2285 for which it was issued remains a critical need to the state.

2286 The board ~~of Medicine~~ shall review each temporary
2287 certificateholder at least ~~not less than~~ annually to ascertain
2288 that the certificateholder is complying with the minimum
2289 requirements of the Medical Practice Act and its adopted rules,
2290 as applicable to the certificateholder ~~are being complied with~~.

2291 If it is determined that the certificateholder is not meeting

588-01750B-24

20247016pb

2292 such minimum requirements ~~are not being met~~, the board must
2293 ~~shall~~ revoke such certificate or ~~shall~~ impose restrictions or
2294 conditions, or both, as a condition of continued practice under
2295 the certificate.

2296 (d) The board may not issue a temporary certificate for
2297 practice in an area of critical need to any physician or
2298 physician assistant who is under investigation in any
2299 jurisdiction in the United States for an act that would
2300 constitute a violation of this chapter until such time as the
2301 investigation is complete, at which time ~~the provisions of s.~~
2302 458.331 applies ~~apply~~.

2303 (4) The application fee and all licensure fees, including
2304 neurological injury compensation assessments, are ~~shall be~~
2305 waived for those persons obtaining a temporary certificate to
2306 practice in areas of critical need for the purpose of providing
2307 volunteer, uncompensated care for low-income residents. The
2308 applicant must submit an affidavit from the employing agency or
2309 institution stating that the physician or physician assistant
2310 will not receive any compensation for any health care services
2311 provided by the applicant ~~service involving the practice of~~
2312 ~~medicine~~.

2313 Section 38. Section 458.317, Florida Statutes, is amended
2314 to read:

2315 458.317 Limited licenses.—

2316 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2317 (a) Any person desiring to obtain a limited license under
2318 this subsection shall submit to the board an application and fee
2319 not to exceed \$300 and demonstrate that he or she has been
2320 licensed to practice medicine in any jurisdiction in the United

588-01750B-24

20247016pb

2321 States for at least 10 years and intends to practice only
2322 pursuant to the restrictions of a limited license granted
2323 pursuant to this subsection ~~section~~. However, a physician who is
2324 not fully retired in all jurisdictions may use a limited license
2325 only for noncompensated practice. If the person applying for a
2326 limited license submits a statement from the employing agency or
2327 institution stating that he or she will not receive compensation
2328 for any service involving the practice of medicine, the
2329 application fee and all licensure fees shall be waived. However,
2330 any person who receives a waiver of fees for a limited license
2331 shall pay such fees if the person receives compensation for the
2332 practice of medicine.

2333 (b) If it has been more than 3 years since active practice
2334 was conducted by the applicant, the full-time director of the
2335 county health department or a licensed physician, approved by
2336 the board, must ~~shall~~ supervise the applicant for a period of 6
2337 months after he or she is granted a limited license under this
2338 subsection ~~for practice~~, unless the board determines that a
2339 shorter period of supervision will be sufficient to ensure that
2340 the applicant is qualified for licensure. Procedures for such
2341 supervision must ~~shall~~ be established by the board.

2342 (c) The recipient of a limited license under this
2343 subsection may practice only in the employ of public agencies or
2344 institutions or nonprofit agencies or institutions meeting the
2345 requirements of s. 501(c)(3) of the Internal Revenue Code, which
2346 agencies or institutions are located in the areas of critical
2347 medical need as determined by the board. Determination of
2348 medically underserved areas shall be made by the board after
2349 consultation with the department ~~of Health~~ and statewide medical

588-01750B-24

20247016pb

2350 organizations; however, such determination shall include, but
2351 not be limited to, health professional shortage areas designated
2352 by the United States Department of Health and Human Services. A
2353 recipient of a limited license under this subsection may use the
2354 license to work for any approved employer in any area of
2355 critical need approved by the board.

2356 (d) The recipient of a limited license shall, within 30
2357 days after accepting employment, notify the board of all
2358 approved institutions in which the licensee practices and of all
2359 approved institutions where practice privileges have been
2360 denied.

2361 (e) This subsection does not limit ~~Nothing herein limits in~~
2362 ~~any way~~ any policy by the board, otherwise authorized by law, to
2363 grant licenses to physicians duly licensed in other states under
2364 conditions less restrictive than the requirements of this
2365 subsection ~~section~~. Notwithstanding the other provisions of this
2366 subsection ~~section~~, the board may refuse to authorize a
2367 physician otherwise qualified to practice in the employ of any
2368 agency or institution otherwise qualified if the agency or
2369 institution has caused or permitted violations of the provisions
2370 of this chapter which it knew or should have known were
2371 occurring.

2372 (f) ~~(2)~~ The board shall notify the director of the full-time
2373 local county health department of any county in which a licensee
2374 intends to practice under ~~the provisions of this subsection~~ act.
2375 The director of the full-time county health department shall
2376 assist in the supervision of any licensee within the county and
2377 shall notify the board ~~which issued the licensee his or her~~
2378 ~~license~~ if he or she becomes aware of any actions by the

588-01750B-24

20247016pb

2379 licensee which would be grounds for revocation of the limited
2380 license. The board shall establish procedures for such
2381 supervision.

2382 (g)~~(3)~~ The board shall review the practice of each licensee
2383 biennially to verify compliance with the restrictions prescribed
2384 in this subsection ~~section~~ and other applicable provisions of
2385 this chapter.

2386 (h)~~(4)~~ Any person holding an active license to practice
2387 medicine in this ~~the~~ state may convert that license to a limited
2388 license under this subsection for the purpose of providing
2389 volunteer, uncompensated care for low-income Floridians. The
2390 applicant must submit a statement from the employing agency or
2391 institution stating that he or she will not receive compensation
2392 for any service involving the practice of medicine. The
2393 application fee and all licensure fees, including neurological
2394 injury compensation assessments, are ~~shall be~~ waived for such
2395 applicant.

2396 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant
2397 physician is a medical school graduate who meets the
2398 requirements of this subsection and has obtained a limited
2399 license from the board for the purpose of practicing temporarily
2400 under the direct supervision of a physician who has a full,
2401 active, and unencumbered license issued under this chapter,
2402 pending the graduate's entrance into a residency under the
2403 National Resident Match Program.

2404 (a) Any person desiring to obtain a limited license as a
2405 graduate assistant physician must submit to the board an
2406 application and demonstrate that he or she meets all of the
2407 following criteria:

588-01750B-24

20247016pb

2408 1. Is a graduate of an allopathic medical school or
2409 allopathic college approved by an accrediting agency recognized
2410 by the United States Department of Education.

2411 2. Has successfully passed all parts of the United States
2412 Medical Licensing Examination.

2413 3. Has not received and accepted a residency match from the
2414 National Resident Match Program within the first year following
2415 graduation from medical school.

2416 (b) The board shall issue a graduate assistant physician
2417 limited license for a duration of 2 years to an applicant who
2418 meets the requirements of paragraph (a) and all of the following
2419 criteria:

2420 1. Is at least 21 years of age.

2421 2. Is of good moral character.

2422 3. Submits documentation that the applicant has agreed to
2423 enter into a written protocol drafted by a physician with a
2424 full, active, and unencumbered license issued under this chapter
2425 upon the board's issuance of a limited license to the applicant
2426 and submits a copy of the protocol. The board shall establish by
2427 rule specific provisions that must be included in a physician-
2428 drafted protocol.

2429 4. Has not committed any act or offense in this or any
2430 other jurisdiction which would constitute the basis for
2431 disciplining a physician under s. 458.331.

2432 5. Has submitted to the department a set of fingerprints on
2433 a form and under procedures specified by the department.

2434 6. The board may not certify to the department for limited
2435 licensure under this subsection any applicant who is under
2436 investigation in another jurisdiction for an offense which would

588-01750B-24

20247016pb

2437 constitute a violation of this chapter or chapter 456 until such
2438 investigation is completed. Upon completion of the
2439 investigation, s. 458.331 applies. Furthermore, the department
2440 may not issue a limited license to any individual who has
2441 committed any act or offense in any jurisdiction which would
2442 constitute the basis for disciplining a physician under s.
2443 458.331. If the board finds that an individual has committed an
2444 act or offense in any jurisdiction which would constitute the
2445 basis for disciplining a physician under s. 458.331, the board
2446 may enter an order imposing one of the following terms:

2447 a. Refusal to certify to the department an application for
2448 a graduate assistant physician limited license; or

2449 b. Certification to the department of an application for a
2450 graduate assistant physician limited license with restrictions
2451 on the scope of practice of the licensee.

2452 (c) A graduate assistant physician limited licensee may
2453 apply for a one-time renewal of his or her limited license by
2454 submitting a board-approved application, documentation of actual
2455 practice under the required protocol during the initial limited
2456 licensure period, and documentation of applications he or she
2457 has submitted for accredited graduate medical education training
2458 programs. The one-time renewal terminates after 1 year.

2459 (d) A limited licensed graduate assistant physician may
2460 provide health care services only under the direct supervision
2461 of a physician with a full, active, and unencumbered license
2462 issued under this chapter.

2463 (e) A physician must be approved by the board to supervise
2464 a limited licensed graduate assistant physician.

2465 (f) A physician may supervise no more than two graduate

588-01750B-24

20247016pb

2466 assistant physicians with limited licenses.

2467 (g) Supervision of limited licensed graduate assistant
2468 physicians requires the physical presence of the supervising
2469 physician at the location where the services are rendered.

2470 (h) A physician-drafted protocol must specify the duties
2471 and responsibilities of the limited licensed graduate assistant
2472 physician according to criteria adopted by board rule.

2473 (i) Each protocol that applies to a limited licensed
2474 graduate assistant physician and his or her supervising
2475 physician must ensure that:

2476 1. There is a process for the evaluation of the limited
2477 licensed graduate assistant physicians' performance; and

2478 2. The delegation of any medical task or procedure is
2479 within the supervising physician's scope of practice and
2480 appropriate for the graduate assistant physician's level of
2481 competency.

2482 (j) A limited licensed graduate assistant physician's
2483 prescriptive authority is governed by the physician-drafted
2484 protocol and criteria adopted by the board and may not exceed
2485 that of his or her supervising physician. Any prescriptions and
2486 orders issued by the graduate assistant physician must identify
2487 both the graduate assistant physician and the supervising
2488 physician.

2489 (k) A physician who supervises a graduate assistant
2490 physician is liable for any acts or omissions of the graduate
2491 assistant physician acting under the physician's supervision and
2492 control. Third-party payors may reimburse employers of graduate
2493 assistant physicians for covered services rendered by graduate
2494 assistant physicians.

588-01750B-24

20247016pb

2495 (3) RULES.—The board may adopt rules to implement this
2496 section.

2497 Section 39. Section 459.0075, Florida Statutes, is amended
2498 to read:

2499 459.0075 Limited licenses.—

2500 (1) PHYSICIANS LICENSED IN UNITED STATES JURISDICTIONS.—

2501 (a) Any person desiring to obtain a limited license under
2502 this subsection must shall:

2503 1.(a) Submit to the board a licensure application and fee
2504 required by this chapter. However, an osteopathic physician who
2505 is not fully retired in all jurisdictions may use a limited
2506 license only for noncompensated practice. If the person applying
2507 for a limited license submits a statement from the employing
2508 agency or institution stating that she or he will not receive
2509 monetary compensation for any service involving the practice of
2510 osteopathic medicine, the application fee and all licensure fees
2511 shall be waived. However, any person who receives a waiver of
2512 fees for a limited license must shall pay such fees if the
2513 person receives compensation for the practice of osteopathic
2514 medicine.

2515 2.(b) Submit proof that such osteopathic physician has been
2516 licensed to practice osteopathic medicine in any jurisdiction in
2517 the United States in good standing and pursuant to law for at
2518 least 10 years.

2519 3.(c) Complete an amount of continuing education
2520 established by the board.

2521 (b)(2) If it has been more than 3 years since active
2522 practice was conducted by the applicant, the full-time director
2523 of the local county health department must shall supervise the

588-01750B-24

20247016pb

2524 applicant for a period of 6 months after the applicant is
2525 granted a limited license under this subsection ~~to practice,~~
2526 unless the board determines that a shorter period of supervision
2527 will be sufficient to ensure that the applicant is qualified for
2528 licensure under this subsection ~~pursuant to this section.~~
2529 Procedures for such supervision must ~~shall~~ be established by the
2530 board.

2531 (c) ~~(3)~~ The recipient of a limited license under this
2532 subsection may practice only in the employ of public agencies or
2533 institutions or nonprofit agencies or institutions meeting the
2534 requirements of s. 501(c)(3) of the Internal Revenue Code, which
2535 agencies or institutions are located in areas of critical
2536 medical need or in medically underserved areas as determined
2537 pursuant to 42 U.S.C. s. 300e-1(7).

2538 (d) ~~(4)~~ The board shall notify the director of the full-time
2539 local county health department of any county in which a licensee
2540 intends to practice under the provisions of this subsection
2541 ~~section~~. The director of the full-time county health department
2542 shall assist in the supervision of any licensee within the ~~her~~
2543 ~~or his~~ county and shall notify the board if she or he becomes
2544 aware of any action by the licensee which would be a ground for
2545 revocation of the limited license. The board shall establish
2546 procedures for such supervision.

2547 (e) ~~(5)~~ The ~~State~~ board of ~~Osteopathic Medicine~~ shall review
2548 the practice of each licensee under this subsection ~~section~~
2549 biennially to verify compliance with the restrictions prescribed
2550 in this subsection ~~section~~ and other provisions of this chapter.

2551 (f) ~~(6)~~ Any person holding an active license to practice
2552 osteopathic medicine in this ~~the~~ state may convert that license

588-01750B-24

20247016pb

2553 to a limited license under this subsection for the purpose of
2554 providing volunteer, uncompensated care for low-income
2555 Floridians. The applicant must submit a statement from the
2556 employing agency or institution stating that she or he ~~or she~~
2557 will not receive compensation for any service involving the
2558 practice of osteopathic medicine. The application fee and all
2559 licensure fees, including neurological injury compensation
2560 assessments, are shall be waived for such applicant.

2561 (2) GRADUATE ASSISTANT PHYSICIANS.—A graduate assistant
2562 physician is a medical school graduate who meets the
2563 requirements of this subsection and has obtained a limited
2564 license from the board for the purpose of practicing temporarily
2565 under the direct supervision of a physician who has a full,
2566 active, and unencumbered license issued under this chapter,
2567 pending the graduate's entrance into a residency under the
2568 National Resident Match Program.

2569 (a) Any person desiring to obtain a limited license as a
2570 graduate assistant physician must submit to the board an
2571 application and demonstrate that she or he meets all of the
2572 following criteria:

2573 1. Is a graduate of a school or college of osteopathic
2574 medicine approved by an accrediting agency recognized by the
2575 United States Department of Education.

2576 2. Has successfully passed all parts of the examination
2577 conducted by the National Board of Osteopathic Medical Examiners
2578 or other examination approved by the board.

2579 3. Has not received and accepted a residency match from the
2580 National Residency Match Program within the first year following
2581 graduation from medical school.

588-01750B-24

20247016pb

2582 (b) The board shall issue a graduate assistant physician
2583 limited license for a duration of 2 years to an applicant who
2584 meets the requirements of paragraph (a) and all of the following
2585 criteria:

2586 1. Is at least 21 years of age.

2587 2. Is of good moral character.

2588 3. Submits documentation that the applicant has agreed to
2589 enter into a written protocol drafted by a physician with a
2590 full, active, and unencumbered license issued under this chapter
2591 upon the board's issuance of a limited license to the applicant,
2592 and submits a copy of the protocol. The board shall establish by
2593 rule specific provisions that must be included in a physician-
2594 drafted protocol.

2595 4. Has not committed any act or offense in this or any
2596 other jurisdiction which would constitute the basis for
2597 disciplining a physician under s. 459.015.

2598 5. Has submitted to the department a set of fingerprints on
2599 a form and under procedures specified by the department.

2600 6. The board may not certify to the department for limited
2601 licensure under this subsection any applicant who is under
2602 investigation in another jurisdiction for an offense which would
2603 constitute a violation of this chapter or chapter 456 until such
2604 investigation is completed. Upon completion of the
2605 investigation, s. 459.015 applies. Furthermore, the department
2606 may not issue a limited license to any individual who has
2607 committed any act or offense in any jurisdiction which would
2608 constitute the basis for disciplining a physician under s.
2609 459.015. If the board finds that an individual has committed an
2610 act or offense in any jurisdiction which would constitute the

588-01750B-24

20247016pb

2611 basis for disciplining a physician under s. 459.015, the board
2612 may enter an order imposing one of the following terms:

2613 a. Refusal to certify to the department an application for
2614 a graduate assistant physician limited license; or

2615 b. Certification to the department of an application for a
2616 graduate assistant physician limited license with restrictions
2617 on the scope of practice of the licensee.

2618 (c) A graduate assistant physician limited licensee may
2619 apply for a one-time renewal of his or her limited licensed by
2620 submitting a board-approved application, documentation of actual
2621 practice under the required protocol during the initial limited
2622 licensure period, and documentation of applications he or she
2623 has submitted for accredited graduate medical education training
2624 programs. The one-time renewal terminates after 1 year.

2625 (d) A limited licensed graduate assistant physician may
2626 provide health care services only under the direct supervision
2627 of a physician with a full, active, and unencumbered license
2628 issued under this chapter.

2629 (e) A physician must be approved by the board to supervise
2630 a limited licensed graduate assistant physician.

2631 (f) A physician may supervise no more than two graduate
2632 assistant physicians with limited licenses.

2633 (g) Supervision of limited licensed graduate assistant
2634 physicians requires the physical presence of the supervising
2635 physician at the location where the services are rendered.

2636 (h) A physician-drafted protocol must specify the duties
2637 and responsibilities of the limited licensed graduate assistant
2638 physician according to criteria adopted by board rule.

2639 (i) Each protocol that applies to a limited licensed

588-01750B-24

20247016pb

2640 graduate assistant physician and his or her supervising
2641 physician must ensure that:

2642 1. There is a process for the evaluation of the limited
2643 licensed graduate assistant physicians' performance; and

2644 2. The delegation of any medical task or procedure is
2645 within the supervising physician's scope of practice and
2646 appropriate for the graduate assistant physician's level of
2647 competency.

2648 (j) A limited licensed graduate assistant physician's
2649 prescriptive authority is governed by the physician-drafted
2650 protocol and criteria adopted by the board and may not exceed
2651 that of his or her supervising physician. Any prescriptions and
2652 orders issued by the graduate assistant physician must identify
2653 both the graduate assistant physician and the supervising
2654 physician.

2655 (k) A physician who supervises a graduate assistant
2656 physician is liable for any acts or omissions of the graduate
2657 assistant physician acting under the physician's supervision and
2658 control. Third-party payors may reimburse employers of graduate
2659 assistant physicians for covered services rendered by graduate
2660 assistant physicians.

2661 (3) RULES.—The board may adopt rules to implement this
2662 section.

2663 Section 40. Section 459.0076, Florida Statutes, is amended
2664 to read:

2665 459.0076 Temporary certificate for practice in areas of
2666 critical need.—

2667 (1) A physician or physician assistant who holds a valid
2668 license ~~is licensed~~ to practice in any jurisdiction of the

588-01750B-24

20247016pb

2669 United States, ~~whose license is currently valid, and who pays an~~
2670 ~~application fee of \$300~~ may be issued a temporary certificate
2671 for practice in areas of critical need. A physician seeking such
2672 certificate must pay an application fee of \$300.

2673 (2) A temporary certificate may be issued under this
2674 section to a physician or physician assistant who will:

2675 (a) ~~Will~~ Practice in an area of critical need;

2676 (b) ~~Will~~ Be employed by or practice in a county health
2677 department; correctional facility; Department of Veterans'
2678 Affairs clinic; community health center funded by s. 329, s.
2679 330, or s. 340 of the United States Public Health Services Act;
2680 or other agency or institution that is approved by the State
2681 Surgeon General and provides health care to meet the needs of
2682 underserved populations in this state; or

2683 (c) ~~Will~~ Practice for a limited time to address critical
2684 physician-specialty, demographic, or geographic needs for this
2685 state's physician workforce as determined by the State Surgeon
2686 General.

2687 (3) The board of ~~Osteopathic Medicine~~ may issue this
2688 temporary certificate subject to ~~with~~ the following
2689 restrictions:

2690 (a) The State Surgeon General shall determine the areas of
2691 critical need. Such areas include, but are not limited to,
2692 health professional shortage areas designated by the United
2693 States Department of Health and Human Services.

2694 1. A recipient of a temporary certificate for practice in
2695 areas of critical need may use the certificate to work for any
2696 approved entity in any area of critical need or as authorized by
2697 the State Surgeon General.

588-01750B-24

20247016pb

2698 2. The recipient of a temporary certificate for practice in
2699 areas of critical need shall, within 30 days after accepting
2700 employment, notify the board of all approved institutions in
2701 which the licensee practices and of all approved institutions
2702 where practice privileges have been denied, as applicable.

2703 (b) The board may administer an abbreviated oral
2704 examination to determine the physician's or physician
2705 assistant's competency, but a written regular examination is not
2706 required. Within 60 days after receipt of an application for a
2707 temporary certificate, the board shall review the application
2708 and issue the temporary certificate, notify the applicant of
2709 denial, or notify the applicant that the board recommends
2710 additional assessment, training, education, or other
2711 requirements as a condition of certification. If the applicant
2712 has not actively practiced during the 3-year period immediately
2713 preceding the application ~~prior 3 years~~ and the board determines
2714 that the applicant may lack clinical competency, possess
2715 diminished or inadequate skills, lack necessary medical
2716 knowledge, or exhibit patterns of deficits in clinical
2717 decisionmaking, the board may:

2718 1. Deny the application;

2719 2. Issue a temporary certificate having reasonable
2720 restrictions that may include, but are not limited to, a
2721 requirement for the applicant to practice under the supervision
2722 of a physician approved by the board; or

2723 3. Issue a temporary certificate upon receipt of
2724 documentation confirming that the applicant has met any
2725 reasonable conditions of the board which may include, but are
2726 not limited to, completing continuing education or undergoing an

588-01750B-24

20247016pb

2727 assessment of skills and training.

2728 (c) Any certificate issued under this section is valid only
2729 so long as the State Surgeon General determines that the reason
2730 for which it was issued remains a critical need to the state.
2731 The board of ~~Osteopathic Medicine~~ shall review each temporary
2732 certificateholder at least not less than annually to ascertain
2733 that the certificateholder is complying with the minimum
2734 requirements of the Osteopathic Medical Practice Act and its
2735 adopted rules, as applicable to the certificateholder ~~are being~~
2736 ~~complied with~~. If it is determined that the certificateholder is
2737 not meeting such minimum requirements ~~are not being met~~, the
2738 board must ~~shall~~ revoke such certificate or ~~shall~~ impose
2739 restrictions or conditions, or both, as a condition of continued
2740 practice under the certificate.

2741 (d) The board may not issue a temporary certificate for
2742 practice in an area of critical need to any physician or
2743 physician assistant who is under investigation in any
2744 jurisdiction in the United States for an act that would
2745 constitute a violation of this chapter until such time as the
2746 investigation is complete, at which time ~~the provisions of s.~~
2747 459.015 applies ~~apply~~.

2748 (4) The application fee and all licensure fees, including
2749 neurological injury compensation assessments, are ~~shall be~~
2750 waived for those persons obtaining a temporary certificate to
2751 practice in areas of critical need for the purpose of providing
2752 volunteer, uncompensated care for low-income residents. The
2753 applicant must submit an affidavit from the employing agency or
2754 institution stating that the physician or physician assistant
2755 will not receive any compensation for any health care services

588-01750B-24

20247016pb

2756 ~~that he or she provides service involving the practice of~~
2757 ~~medicine.~~

2758 Section 41. Section 464.0121, Florida Statutes, is created
2759 to read:

2760 464.0121 Temporary certificate for practice in areas of
2761 critical need.—

2762 (1) An advanced practice registered nurse who is licensed
2763 to practice in any jurisdiction of the United States, whose
2764 license is currently valid, and who meets educational and
2765 training requirements established by the board may be issued a
2766 temporary certificate for practice in areas of critical need.

2767 (2) A temporary certificate may be issued under this
2768 section to an advanced practice registered nurse who will:

2769 (a) Practice in an area of critical need;

2770 (b) Be employed by or practice in a county health
2771 department; correctional facility; Department of Veterans'
2772 Affairs clinic; community health center funded by s. 329, s.
2773 330, or s. 340 of the United States Public Health Services Act;
2774 or another agency or institution that is approved by the State
2775 Surgeon General and that provides health care services to meet
2776 the needs of underserved populations in this state; or

2777 (c) Practice for a limited time to address critical health
2778 care specialty, demographic, or geographic needs relating to
2779 this state's accessibility of health care services as determined
2780 by the State Surgeon General.

2781 (3) The board may issue a temporary certificate under this
2782 section subject to the following restrictions:

2783 (a) The State Surgeon General shall determine the areas of
2784 critical need. Such areas include, but are not limited to,

588-01750B-24

20247016pb

2785 health professional shortage areas designated by the United
2786 States Department of Health and Human Services.

2787 1. A recipient of a temporary certificate for practice in
2788 areas of critical need may use the certificate to work for any
2789 approved entity in any area of critical need or as authorized by
2790 the State Surgeon General.

2791 2. The recipient of a temporary certificate for practice in
2792 areas of critical need shall, within 30 days after accepting
2793 employment, notify the board of all approved institutions in
2794 which the licensee practices as part of his or her employment.

2795 (b) The board may administer an abbreviated oral
2796 examination to determine the advanced practice registered
2797 nurse's competency, but may not require a written regular
2798 examination. Within 60 days after receipt of an application for
2799 a temporary certificate, the board shall review the application
2800 and issue the temporary certificate, notify the applicant of
2801 denial, or notify the applicant that the board recommends
2802 additional assessment, training, education, or other
2803 requirements as a condition of certification. If the applicant
2804 has not actively practiced during the 3-year period immediately
2805 preceding the application and the board determines that the
2806 applicant may lack clinical competency, possess diminished or
2807 inadequate skills, lack necessary medical knowledge, or exhibit
2808 patterns of deficits in clinical decisionmaking, the board may:

2809 1. Deny the application;

2810 2. Issue a temporary certificate imposing reasonable
2811 restrictions that may include, but are not limited to, a
2812 requirement that the applicant practice under the supervision of
2813 a physician approved by the board; or

588-01750B-24

20247016pb

2814 3. Issue a temporary certificate upon receipt of
2815 documentation confirming that the applicant has met any
2816 reasonable conditions of the board, which may include, but are
2817 not limited to, completing continuing education or undergoing an
2818 assessment of skills and training.

2819 (c) Any certificate issued under this section is valid only
2820 so long as the State Surgeon General maintains the determination
2821 that the critical need that supported the issuance of the
2822 temporary certificate remains a critical need to the state. The
2823 board shall review each temporary certificateholder at least
2824 annually to ascertain that the certificateholder is complying
2825 with the minimum requirements of the Nurse Practice Act and its
2826 adopted rules, as applicable to the certificateholder. If it is
2827 determined that the certificateholder is not meeting such
2828 minimum requirements, the board must revoke such certificate or
2829 impose restrictions or conditions, or both, as a condition of
2830 continued practice under the certificate.

2831 (d) The board may not issue a temporary certificate for
2832 practice in an area of critical need to any advanced practice
2833 registered nurse who is under investigation in any jurisdiction
2834 in the United States for an act that would constitute a
2835 violation of this part until such time as the investigation is
2836 complete, at which time s. 464.018 applies.

2837 (4) All licensure fees, including neurological injury
2838 compensation assessments, are waived for those persons obtaining
2839 a temporary certificate to practice in areas of critical need
2840 for the purpose of providing volunteer, uncompensated care for
2841 low-income residents. The applicant must submit an affidavit
2842 from the employing agency or institution stating that the

588-01750B-24

20247016pb

2843 advanced practice registered nurse will not receive any
2844 compensation for any health care services that he or she
2845 provides.

2846 Section 42. Paragraph (b) of subsection (3) of section
2847 464.0123, Florida Statutes, is amended to read:

2848 464.0123 Autonomous practice by an advanced practice
2849 registered nurse.—

2850 (3) PRACTICE REQUIREMENTS.—

2851 (b)1. In order to provide out-of-hospital intrapartum care,
2852 a certified nurse midwife engaged in the autonomous practice of
2853 nurse midwifery must maintain a written policy for the transfer
2854 of patients needing a higher acuity of care or emergency
2855 services. The policy must prescribe and require the use of an
2856 emergency plan-of-care form, which must be signed by the patient
2857 before admission to intrapartum care. At a minimum, the form
2858 must include all of the following:

2859 a. The name and address of the closest hospital that
2860 provides maternity and newborn services.

2861 b. Reasons for which transfer of care would be necessary,
2862 including the transfer-of-care conditions prescribed by board
2863 rule.

2864 c. Ambulances or other emergency medical services that
2865 would be used to transport the patient in the event of an
2866 emergency.

2867 2. If transfer of care is determined necessary by the
2868 certified nurse midwife or under the terms of the written
2869 policy, the certified nurse midwife must document all of the
2870 following information on the patient's emergency plan-of-care
2871 form:

588-01750B-24

20247016pb

- 2872 a. The name, date of birth, and condition of the patient.
- 2873 b. The gravidity and parity of the patient and the
- 2874 gestational age and condition of the fetus or newborn infant.
- 2875 c. The reasons that necessitated the transfer of care.
- 2876 d. A description of the situation, relevant clinical
- 2877 background, assessment, and recommendations.
- 2878 e. The planned mode of transporting the patient to the
- 2879 receiving facility.
- 2880 f. The expected time of arrival at the receiving facility.
- 2881 3. Before transferring the patient, or as soon as possible
- 2882 during or after an emergency transfer, the certified nurse
- 2883 midwife shall provide the receiving provider with a verbal
- 2884 summary of the information specified in subparagraph 2. and make
- 2885 himself or herself immediately available for consultation. Upon
- 2886 transfer of the patient to the receiving facility, the certified
- 2887 nurse midwife must provide the receiving provider with the
- 2888 patient's emergency plan-of-care form as soon as practicable.
- 2889 4. The certified nurse midwife shall provide the receiving
- 2890 provider, as soon as practicable, with the patient's prenatal
- 2891 records, including patient history, prenatal laboratory results,
- 2892 sonograms, prenatal care flow sheets, maternal fetal medical
- 2893 reports, and labor flow charting and current notations.
- 2894 5. The board shall adopt rules to prescribe transfer-of-
- 2895 care conditions, monitor for excessive transfers, conduct
- 2896 reviews of adverse maternal and neonatal outcomes, and monitor
- 2897 the licensure of certified nurse midwives engaged in autonomous
- 2898 practice must have a written patient transfer agreement with a
- 2899 hospital and a written referral agreement with a physician
- 2900 licensed under chapter 458 or chapter 459 to engage in nurse

588-01750B-24

20247016pb

2901 ~~midwifery.~~

2902 Section 43. Subsection (10) of section 464.019, Florida
2903 Statutes, is amended to read:

2904 464.019 Approval of nursing education programs.—

2905 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing
2906 shall study the administration of this section and submit
2907 reports to the Governor, the President of the Senate, and the
2908 Speaker of the House of Representatives annually by January 30~~7~~
2909 ~~through January 30, 2025.~~ The annual reports shall address the
2910 previous academic year; provide data on the measures specified
2911 in paragraphs (a) and (b), as such data becomes available; and
2912 include an evaluation of such data for purposes of determining
2913 whether this section is increasing the availability of nursing
2914 education programs and the production of quality nurses. The
2915 department and each approved program or accredited program shall
2916 comply with requests for data from the Florida Center for
2917 Nursing.

2918 (a) The Florida Center for Nursing shall evaluate program-
2919 specific data for each approved program and accredited program
2920 conducted in the state, including, but not limited to:

- 2921 1. The number of programs and student slots available.
- 2922 2. The number of student applications submitted, the number
2923 of qualified applicants, and the number of students accepted.
- 2924 3. The number of program graduates.
- 2925 4. Program retention rates of students tracked from program
2926 entry to graduation.
- 2927 5. Graduate passage rates on the National Council of State
2928 Boards of Nursing Licensing Examination.
- 2929 6. The number of graduates who become employed as practical

588-01750B-24

20247016pb

2930 or professional nurses in the state.

2931 (b) The Florida Center for Nursing shall evaluate the
2932 board's implementation of the:

2933 1. Program application approval process, including, but not
2934 limited to, the number of program applications submitted under
2935 subsection (1), the number of program applications approved and
2936 denied by the board under subsection (2), the number of denials
2937 of program applications reviewed under chapter 120, and a
2938 description of the outcomes of those reviews.

2939 2. Accountability processes, including, but not limited to,
2940 the number of programs on probationary status, the number of
2941 approved programs for which the program director is required to
2942 appear before the board under subsection (5), the number of
2943 approved programs terminated by the board, the number of
2944 terminations reviewed under chapter 120, and a description of
2945 the outcomes of those reviews.

2946 (c) The Florida Center for Nursing shall complete an annual
2947 assessment of compliance by programs with the accreditation
2948 requirements of subsection (11), include in the assessment a
2949 determination of the accreditation process status for each
2950 program, and submit the assessment as part of the reports
2951 required by this subsection.

2952 Section 44. Paragraph (e) of subsection (3) of section
2953 766.1115, Florida Statutes, is amended to read:

2954 766.1115 Health care providers; creation of agency
2955 relationship with governmental contractors.-

2956 (3) DEFINITIONS.—As used in this section, the term:

2957 (e) "Low-income" means:

2958 1. A person who is Medicaid-eligible under Florida law;

588-01750B-24

20247016pb

2959 2. A person who is without health insurance and whose
2960 family income does not exceed 300 ~~200~~ percent of the federal
2961 poverty level as defined annually by the federal Office of
2962 Management and Budget; or

2963 3. Any client of the department who voluntarily chooses to
2964 participate in a program offered or approved by the department
2965 and meets the program eligibility guidelines of the department.

2966 Section 45. Paragraph (f) is added to subsection (3) of
2967 section 1002.32, Florida Statutes, to read:

2968 1002.32 Developmental research (laboratory) schools.—

2969 (3) MISSION.—The mission of a lab school shall be the
2970 provision of a vehicle for the conduct of research,
2971 demonstration, and evaluation regarding management, teaching,
2972 and learning. Programs to achieve the mission of a lab school
2973 shall embody the goals and standards established pursuant to ss.
2974 1000.03(5) and 1001.23(1) and shall ensure an appropriate
2975 education for its students.

2976 (f) Each lab school shall develop programs that accelerate
2977 the entry of enrolled lab school students into articulated
2978 health care programs at its affiliated university or at any
2979 public or private postsecondary institution, with the approval
2980 of the university president. Each lab school shall offer
2981 technical assistance to any Florida school district seeking to
2982 replicate the lab school's programs and must annually, beginning
2983 December 1, 2025, report to the President of the Senate and the
2984 Speaker of the House of Representatives on the development of
2985 such programs and their results.

2986 Section 46. Paragraph (b) of subsection (3) of section
2987 1009.8962, Florida Statutes, is amended to read:

588-01750B-24

20247016pb

2988 1009.8962 Linking Industry to Nursing Education (LINE)
2989 Fund.—
2990 (3) As used in this section, the term:
2991 (b) "Institution" means a school district career center
2992 under s. 1001.44;~~;~~ a charter technical career center under s.
2993 1002.34;~~;~~ a Florida College System institution;~~;~~ a state
2994 university;~~;~~ ~~or~~ an independent nonprofit college or university
2995 located and chartered in this state and accredited by an agency
2996 or association that is recognized by the database created and
2997 maintained by the United States Department of Education to grant
2998 baccalaureate degrees;~~;~~ or an independent school, college, or
2999 university with an accredited program as defined in s. 464.003
3000 which is located in and chartered by the state and is licensed
3001 by the Commission for Independent Education pursuant to s.
3002 1005.31, which has a nursing education program that meets or
3003 exceeds the following:
3004 1. For a certified nursing assistant program, a completion
3005 rate of at least 70 percent for the prior year.
3006 2. For a licensed practical nurse, associate of science in
3007 nursing, and bachelor of science in nursing program, a first-
3008 time passage rate on the National Council of State Boards of
3009 Nursing Licensing Examination of at least 75 ~~70~~ percent for the
3010 prior year based on a minimum of 10 testing participants.
3011 Section 47. Paragraph (f) of subsection (3) of section
3012 381.4018, Florida Statutes, is amended to read:
3013 381.4018 Physician workforce assessment and development.—
3014 (3) GENERAL FUNCTIONS.—The department shall maximize the
3015 use of existing programs under the jurisdiction of the
3016 department and other state agencies and coordinate governmental

588-01750B-24

20247016pb

3017 and nongovernmental stakeholders and resources in order to
3018 develop a state strategic plan and assess the implementation of
3019 such strategic plan. In developing the state strategic plan, the
3020 department shall:

3021 (f) Develop strategies to maximize federal and state
3022 programs that provide for the use of incentives to attract
3023 physicians to this state or retain physicians within the state.
3024 Such strategies should explore and maximize federal-state
3025 partnerships that provide incentives for physicians to practice
3026 in federally designated shortage areas, in otherwise medically
3027 underserved areas, or in rural areas. Strategies shall also
3028 consider the use of state programs, such as the Medical
3029 Education Reimbursement and Loan Repayment Program pursuant to
3030 s. 381.402 ~~s. 1009.65~~, which provide for education loan
3031 repayment or loan forgiveness and provide monetary incentives
3032 for physicians to relocate to underserved areas of the state.
3033

3034 The department may adopt rules to implement this subsection,
3035 including rules that establish guidelines to implement the
3036 federal Conrad 30 Waiver Program created under s. 214(1) of the
3037 Immigration and Nationality Act.

3038 Section 48. Subsection (3) of section 395.602, Florida
3039 Statutes, is amended to read:

3040 395.602 Rural hospitals.—

3041 (3) USE OF FUNDS.—It is the intent of the Legislature that
3042 funds as appropriated shall be utilized by the department for
3043 the purpose of increasing the number of primary care physicians,
3044 physician assistants, certified nurse midwives, nurse
3045 practitioners, and nurses in rural areas, either through the

588-01750B-24

20247016pb

3046 Medical Education Reimbursement and Loan Repayment Program as
3047 defined by s. 381.402 ~~s. 1009.65~~ or through a federal loan
3048 repayment program which requires state matching funds. The
3049 department may use funds appropriated for the Medical Education
3050 Reimbursement and Loan Repayment Program as matching funds for
3051 federal loan repayment programs for health care personnel, such
3052 as that authorized in Pub. L. No. 100-177, s. 203. If the
3053 department receives federal matching funds, the department shall
3054 only implement the federal program. Reimbursement through either
3055 program shall be limited to:

3056 (a) Primary care physicians, physician assistants,
3057 certified nurse midwives, nurse practitioners, and nurses
3058 employed by or affiliated with rural hospitals, as defined in
3059 this act; and

3060 (b) Primary care physicians, physician assistants,
3061 certified nurse midwives, nurse practitioners, and nurses
3062 employed by or affiliated with rural area health education
3063 centers, as defined in this section. These personnel shall
3064 practice:

3065 1. In a county with a population density of no greater than
3066 100 persons per square mile; or

3067 2. Within the boundaries of a hospital tax district which
3068 encompasses a population of no greater than 100 persons per
3069 square mile.

3070
3071 If the department administers a federal loan repayment program,
3072 priority shall be given to obligating state and federal matching
3073 funds pursuant to paragraphs (a) and (b). The department may use
3074 federal matching funds in other health workforce shortage areas

588-01750B-24

20247016pb

3075 and medically underserved areas in the state for loan repayment
3076 programs for primary care physicians, physician assistants,
3077 certified nurse midwives, nurse practitioners, and nurses who
3078 are employed by publicly financed health care programs that
3079 serve medically indigent persons.

3080 Section 49. Subsection (1) of section 458.313, Florida
3081 Statutes, is amended to read:

3082 458.313 Licensure by endorsement; requirements; fees.—

3083 (1) The department shall issue a license by endorsement to
3084 any applicant who, upon applying to the department on forms
3085 furnished by the department and remitting a fee set by the board
3086 not to exceed \$500, the board certifies:

3087 (a) Has met the qualifications for licensure in s.
3088 458.311(1)(b)-(g) or in s. 458.311(1)(b)-(e) and (g) and (4)
3089 ~~(3)~~;

3090 (b) Before ~~Prior to~~ January 1, 2000, has obtained a passing
3091 score, as established by rule of the board, on the licensure
3092 examination of the Federation of State Medical Boards of the
3093 United States, Inc. (FLEX), on the United States Medical
3094 Licensing Examination (USMLE), or on the examination of the
3095 National Board of Medical Examiners, or on a combination
3096 thereof, and on or after January 1, 2000, has obtained a passing
3097 score on the United States Medical Licensing Examination
3098 (USMLE); and

3099 (c) Has submitted evidence of the active licensed practice
3100 of medicine in another jurisdiction, for at least 2 of the
3101 immediately preceding 4 years, or evidence of successful
3102 completion of either a board-approved postgraduate training
3103 program within 2 years preceding filing of an application or a

588-01750B-24

20247016pb

3104 board-approved clinical competency examination within the year
3105 preceding the filing of an application for licensure. For
3106 purposes of this paragraph, the term "active licensed practice
3107 of medicine" means that practice of medicine by physicians,
3108 including those employed by any governmental entity in community
3109 or public health, as defined by this chapter, medical directors
3110 under s. 641.495(11) who are practicing medicine, and those on
3111 the active teaching faculty of an accredited medical school.

3112 Section 50. Subsection (1) of section 458.316, Florida
3113 Statutes, is amended to read:

3114 458.316 Public health certificate.—

3115 (1) Any person desiring to obtain a public health
3116 certificate shall submit an application fee not to exceed \$300
3117 and shall demonstrate to the board that he or she is a graduate
3118 of an accredited medical school and holds a master of public
3119 health degree or is board eligible or certified in public health
3120 or preventive medicine, or is licensed to practice medicine
3121 without restriction in another jurisdiction in the United States
3122 and holds a master of public health degree or is board eligible
3123 or certified in public health or preventive medicine, and shall
3124 meet the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~.

3125 Section 51. Section 458.3165, Florida Statutes, is amended
3126 to read:

3127 458.3165 Public psychiatry certificate.—The board shall
3128 issue a public psychiatry certificate to an individual who
3129 remits an application fee not to exceed \$300, as set by the
3130 board, who is a board-certified psychiatrist, who is licensed to
3131 practice medicine without restriction in another state, and who
3132 meets the requirements in s. 458.311(1)(a)-(g) and (6) ~~(5)~~. A

588-01750B-24

20247016pb

3133 recipient of a public psychiatry certificate may use the
3134 certificate to work at any public mental health facility or
3135 program funded in part or entirely by state funds.

3136 (1) Such certificate shall:

3137 (a) Authorize the holder to practice only in a public
3138 mental health facility or program funded in part or entirely by
3139 state funds.

3140 (b) Be issued and renewable biennially if the State Surgeon
3141 General and the chair of the department of psychiatry at one of
3142 the public medical schools or the chair of the department of
3143 psychiatry at the accredited medical school at the University of
3144 Miami recommend in writing that the certificate be issued or
3145 renewed.

3146 (c) Automatically expire if the holder's relationship with
3147 a public mental health facility or program expires.

3148 (d) Not be issued to a person who has been adjudged
3149 unqualified or guilty of any of the prohibited acts in this
3150 chapter.

3151 (2) The board may take disciplinary action against a
3152 certificateholder for noncompliance with any part of this
3153 section or for any reason for which a regular licensee may be
3154 subject to discipline.

3155 Section 52. Effective July 1, 2024, for the 2024-2025
3156 fiscal year, the sum of \$50 million in recurring funds from the
3157 General Revenue Fund is appropriated in the Grants and Aids -
3158 Health Care Education Reimbursement and Loan Repayment Program
3159 category to the Department of Health for the Florida
3160 Reimbursement Assistance for Medical Education Program
3161 established in s. 381.402, Florida Statutes.

588-01750B-24

20247016pb

3162 Section 53. Effective July 1, 2024, for the 2024-2025
3163 fiscal year, the sum of \$13.2 million in recurring funds from
3164 the General Revenue Fund is appropriated in the Dental Student
3165 Loan Repayment Program category to the Department of Health for
3166 the Dental Student Loan Repayment Program established in s.
3167 381.4019, Florida Statutes.

3168 Section 54. Effective July 1, 2024, for the 2024-2025
3169 fiscal year, the sum of \$23,357,876 in recurring funds from the
3170 General Revenue Fund is appropriated in the Grants and Aids -
3171 Minority Health Initiatives category to the Department of Health
3172 to expand statewide the telehealth minority maternity care
3173 program, established in s. 383.2163, Florida Statutes. The
3174 department shall establish 15 regions in which to implement the
3175 program statewide based on the location of hospitals providing
3176 obstetrics and maternity care and pertinent data from nearby
3177 counties for severe maternal morbidity and maternal mortality.
3178 The department shall identify the criteria for selecting
3179 providers for regional implementation and, at a minimum,
3180 consider the maternal level of care designations for hospitals
3181 within the region, the neonatal intensive care unit levels of
3182 hospitals within the region, and the experience of community-
3183 based organizations to screen for and treat common pregnancy-
3184 related complications.

3185 Section 55. Effective July 1, 2024, for the 2024-2025
3186 fiscal year, the sum of \$40 million in recurring funds from the
3187 General Revenue Fund is appropriated to the Agency for Health
3188 Care Administration to implement the Training, Education, and
3189 Clinicals in Health (TEACH) Funding Program established in s.
3190 409.91256, Florida Statutes, as created by this act.

588-01750B-24

20247016pb

3191 Section 56. Effective July 1, 2024, for the 2024-2025
3192 fiscal year, the sum of \$2 million in recurring funds from the
3193 General Revenue Fund is appropriated to the University of
3194 Florida, Florida State University, Florida Atlantic University,
3195 and Florida Agricultural and Mechanical University for the
3196 purpose of implementing lab school articulated health care
3197 programs required by s. 1002.32, Florida Statutes. Each state
3198 university shall receive \$500,000 from this appropriation.

3199 Section 57. Effective July 1, 2024, for the 2024-2025
3200 fiscal year, the sum of \$5 million in recurring funds from the
3201 General Revenue Fund is appropriated in the Aid to Local
3202 Governments Grants and Aids - Nursing Education category to the
3203 Department of Education for the purpose of implementing the
3204 Linking Industry to Nursing Education (LINE) Fund established in
3205 s. 1009.8962, Florida Statutes.

3206 Section 58. Effective July 1, 2024, for the 2024-2025
3207 fiscal year, the sums of \$29,428,000 in recurring funds from the
3208 General Revenue Fund and \$40,572,000 in recurring funds from the
3209 Medical Care Trust Fund are appropriated in the Graduate Medical
3210 Education category to the Agency for Health Care Administration
3211 for the Slots for Doctors Program established in s. 409.909,
3212 Florida Statutes.

3213 Section 59. Effective July 1, 2024, for the 2024-2025
3214 fiscal year, the sums of \$42,040,000 in recurring funds from the
3215 Grants and Donations Trust Fund and \$57,960,000 in recurring
3216 funds from the Medical Care Trust Fund are appropriated in the
3217 Graduate Medical Education category to the Agency for Health
3218 Care Administration to provide to statutory teaching hospitals
3219 as defined in s. 408.07(46), Florida Statutes, which provide

588-01750B-24

20247016pb

3220 highly specialized tertiary care, including comprehensive stroke
3221 and Level 2 adult cardiovascular services; NICU II and III; and
3222 adult open heart; and which have more than 30 full-time
3223 equivalent (FTE) residents over the Medicare cap in accordance
3224 with the CMS-2552 provider 2021 fiscal year-end federal Centers
3225 for Medicare and Medicaid Services Healthcare Cost Report, HCRIS
3226 data extract on December 1, 2022, worksheet E-4, line 6 minus
3227 worksheet E-4, line 5, shall be designated as a High Tertiary
3228 Statutory Teaching Hospital and be eligible for funding
3229 calculated on a per Graduate Medical Education resident-FTE
3230 proportional allocation that shall be in addition to any other
3231 Graduate Medical Education funding. Of these funds, \$44,562,400
3232 shall be first distributed to hospitals with greater than 500
3233 unweighted fiscal year 2022-2023 FTEs. The remaining funds shall
3234 be distributed proportionally based on the total unweighted
3235 fiscal year 2022-2023 FTEs. Payments to providers under this
3236 section are contingent upon the nonfederal share being provided
3237 through intergovernmental transfers in the Grants and Donations
3238 Trust Fund. In the event the funds are not available in the
3239 Grants and Donations Trust Fund, the State of Florida is not
3240 obligated to make payments under this section.

3241 Section 60. Effective July 1, 2024, for the 2024-2025
3242 fiscal year, the sums of \$64,030,325 in recurring funds from the
3243 General Revenue Fund and \$88,277,774 in recurring funds from the
3244 Medical Care Trust Fund are appropriated to the Agency for
3245 Health Care Administration to establish a Pediatric Normal
3246 Newborn, Pediatric Obstetrics, and Adult Obstetrics Diagnosis
3247 Related Grouping (DRG) reimbursement methodology and increase
3248 the existing marginal cost percentages for transplant

588-01750B-24

20247016pb

3249 pediatrics, pediatrics, and neonates.

3250 Section 61. Effective October 1, 2024, for the 2024-2025
3251 fiscal year, the sums of \$14,682,841 in recurring funds from the
3252 General Revenue Fund and \$20,243,041 in recurring funds from the
3253 Medical Care Trust Fund are appropriated to the Agency for
3254 Health Care Administration to provide a Medicaid reimbursement
3255 rate increase for dental care services. Health plans that
3256 participate in the Statewide Medicaid Managed Care program shall
3257 pass through the fee increase to providers in this
3258 appropriation.

3259 Section 62. Effective July 1, 2024, for the 2024-2025
3260 fiscal year, the sums of \$82,301,239 in recurring funds from the
3261 General Revenue Fund and \$113,467,645 in recurring funds from
3262 the Operations and Maintenance Trust Fund are appropriated in
3263 the Home and Community Based Services Waiver category to the
3264 Agency for Persons with Disabilities to provide a uniform
3265 iBudget Waiver provider rate increase. The sum of \$195,768,884
3266 in recurring funds from the Medical Care Trust Fund is
3267 appropriated in the Home and Community Based Services Waiver
3268 category to the Agency for Health Care Administration to
3269 establish budget authority for Medicaid services.

3270 Section 63. Effective July 1, 2024, for the 2024-2025
3271 fiscal year, the sum of \$11,525,152 in recurring funds from the
3272 General Revenue Fund is appropriated in the Grants and Aids -
3273 Community Mental Health Services category to the Department of
3274 Children and Families to enhance crisis diversion through mobile
3275 response teams established under s. 394.495, Florida Statutes,
3276 by adding an additional 16 mobile response teams to ensure
3277 coverage in every county.

588-01750B-24

20247016pb

3278 Section 64. Effective July 1, 2024, for the 2024-2025
3279 fiscal year, the sum of \$10 million in recurring funds from the
3280 General Revenue Fund is appropriated to the Department of Health
3281 to implement the Health Care Screening and Services Grant
3282 Program established in s. 381.9855, Florida Statutes, as created
3283 by this act.

3284 Section 65. Effective July 1, 2024, for the 2024-2025
3285 fiscal year, the sum of \$150,000 in nonrecurring funds from the
3286 General Revenue Fund and \$150,000 in nonrecurring funds from the
3287 Medical Care Trust Fund are appropriated to the Agency for
3288 Health Care Administration to contract with a vendor to develop
3289 a reimbursement methodology for covered services at advanced
3290 birth centers. The agency shall submit the reimbursement
3291 methodology and estimated fiscal impact to the Executive Office
3292 of the Governor's Office of Policy and Budget, the chair of the
3293 Senate Appropriations Committee, and the chair of the House
3294 Appropriations Committee no later than December 31, 2024.

3295 Section 66. Effective July 1, 2024, for the 2024-2025
3296 fiscal year, the sum of \$2.4 million in recurring funds from the
3297 General Revenue Fund is appropriated to the Agency for Health
3298 Care Administration for the purpose of providing behavioral
3299 health family navigators in state-licensed specialty hospitals
3300 providing comprehensive acute care services to children pursuant
3301 to s. 395.002(28), Florida Statutes, to help facilitate early
3302 access to mental health treatment. Each licensed specialty
3303 hospital shall receive \$600,000 from this appropriation.

3304 Section 67. Effective October 1, 2024, for the 2024-2025
3305 fiscal year, the sums of \$12,067,327 in recurring funds from the
3306 General Revenue Fund, \$127,300 in recurring funds from the

588-01750B-24

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3307 Refugee Assistance Trust Fund, and \$16,812,576 in recurring
3308 funds from the Medical Care Trust Fund are appropriated to the
3309 Agency for Health Care Administration to provide a Medicaid
3310 reimbursement rate increase for private duty nursing services
3311 provided by licensed practical nurses and registered nurses.
3312 Health plans that participate in the Statewide Medicaid Managed
3313 Care program shall pass through the fee increase to providers in
3314 this appropriation.

3315 Section 68. Effective October 1, 2024, for the 2024-2025
3316 fiscal year, the sums of \$14,378,863 in recurring funds from the
3317 General Revenue Fund and \$19,823,951 in recurring funds from the
3318 Medical Care Trust Fund are appropriated to the Agency for
3319 Health Care Administration to provide a Medicaid reimbursement
3320 rate increase for occupational therapy, physical therapy, and
3321 speech therapy providers. Health plans that participate in the
3322 Statewide Medicaid Managed Care program shall pass through the
3323 fee increase to providers in this appropriation.

3324 Section 69. Effective October 1, 2024, for the 2024-2025
3325 fiscal year, the sums of \$9,532,569 in recurring funds from the
3326 General Revenue Fund and \$13,142,429 in recurring funds from the
3327 Medical Care Trust Fund are appropriated to the Agency for
3328 Health Care Administration to provide a Medicaid reimbursement
3329 rate increase for Current Procedural Terminology codes 97153 and
3330 97155 related to behavioral analysis services. Health plans that
3331 participate in the Statewide Medicaid Managed Care program shall
3332 pass through the fee increase to providers in this
3333 appropriation.

3334 Section 70. Except as otherwise expressly provided in this
3335 act, this act shall take effect upon becoming a law.