

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/HB 975 Background Screening Requirements for Health Care Practitioners
SPONSOR(S): Health & Human Services Committee, Health Care Appropriations Subcommittee, Trabulsky and others
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health & Human Services Committee	18 Y, 0 N, As CS	Osborne	Calamas

SUMMARY ANALYSIS

Florida provides standard procedures for screening a prospective employee where the Legislature has determined it is necessary to conduct a criminal history background check to protect vulnerable persons.

Current law requires only specified health care professions to undergo background screening as a requirement for initial licensure, including: allopathic and osteopathic physicians, interns, and fellows; physician assistants; chiropractic physicians and chiropractic physician assistants; orthotists and prosthetists; podiatric physicians and podiatric x-ray assistants; certified nursing assistants, licensed practical nurses, registered nurses, and advanced practice registered nurses; athletic trainers; and massage therapists. In addition to the background screening as a requirement for the initial licensure process, several of the listed professions require subsequent national criminal history checks as a part of the licensure renewal process.

The majority of health care professions licensed by the Department of Health (DOH) do not undergo background screening as a part of their initial licensure requirements.

The State Office on Homelessness within the Department of Children and Families (DCF) was established in 2001 as a central point of contact within state government on issues relating to homelessness. Continuums of Care (CoCs) coordinate local efforts to prevent and end homelessness at the local level. DCF interprets current law as subjecting contractors and subcontractors to background screening as a condition of their contract with the department. As such, DCF requires employees of CoCs and their subcontractors to undergo level 2 background screening. However, individuals with lived experience of homelessness, who can be helpful in delivering homelessness services, may have a criminal history that raise difficulties in passing a background screening.

PCS for CS/HB 975 requires **all** health care professions licensed by DOH to undergo background screening as a requirement for initial licensure. The bill also adds background screening to the licensure by endorsement requirements for specified professions, including: occupational therapists, respiratory therapists, dieticians and nutritionists, psychologists, and mental health professions.

The bill requires health care professionals licensed prior to July 1, 2024, to comply with the background screening requirement as part of their next licensure renewal. The bill makes conforming changes.

The bill also establishes a pathway by which a person who has lived experience with homelessness may qualify for a modified background screening process in order to be employed by certain homeless service providers. This will allow homeless service providers to employ qualified individuals who may not otherwise be able to pass the background screening typically required by DCF.

The bill provides an appropriation to implement the provisions of the bill. There is no fiscal impact on local government.

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

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Background Screening

Florida provides standard procedures for screening a prospective employee¹ where the Legislature has determined it is necessary to conduct a criminal history background check to protect vulnerable persons.² Chapter 435, F.S., establishes procedures for criminal history background screening of prospective employees and outlines the screening requirements. There are two levels of background screening: level 1 and level 2.

- Level 1: Screening includes, at a minimum, employment history checks and statewide criminal correspondence checks through the Florida Department of Law Enforcement (FDLE) and a check of the Dru Sjodin National Sex Offender Public Website,³ and may include criminal records checks through local law enforcement agencies. A Level 1 screening may be paid for and conducted through FDLE's website, which provides immediate results.⁴
- Level 2: Screening includes, at a minimum, fingerprinting for statewide criminal history records checks through FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local criminal records checks through local law enforcement agencies.⁵

Criminal History Checks

Florida law authorizes and outlines specific elements required for Level 1 and Level 2 background screening; however, current law only establishes distinct requirements for determining whether an individual "passes" a screening in regard to an individual's criminal history.

All individuals subject to background screening must be confirmed to have not been arrested for and waiting final disposition of, been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or been adjudicated delinquent and the record has not been sealed or expunged for, any of the following 52 offenses prohibited under Florida law, or similar law of another jurisdiction:⁶

- Section 393.135, F.S., relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- Section 394.4593, F.S., relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 415.111, F.S., relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- Section 777.04, F.S., relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- Section 782.04, F.S., relating to murder.
- Section 782.07, F.S., relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

¹ S. 435.02, F.S., defines "employee" to mean any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

² Ch. 435, F.S.

³ The Dru Sjodin National Sex Offender Public Website is a U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site. Available at www.nsopw.gov (last visited March 15, 2023).

⁴ Florida Department of Law Enforcement, State of Florida Criminal History Records Check. Available at <http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks.aspx> (last visited March 15, 2023).

⁵ S. 435.04, F.S.

⁶ S. 435.04(2), F.S.

- Section 782.071, F.S., relating to vehicular homicide.
- Section 782.09, F.S., relating to killing of an unborn child by injury to the mother.
- Chapter 784, F.S., relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 784.011, F.S., relating to assault, if the victim of the offense was a minor.
- Section 784.03, F.S., relating to battery, if the victim of the offense was a minor.
- Section 787.01, F.S., relating to kidnapping.
- Section 787.02, F.S., relating to false imprisonment.
- Section 787.025, F.S., relating to luring or enticing a child.
- Section 787.04(2), F.S., relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- Section 787.04(3), F.S., relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- Section 790.115(1), F.S., relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), F.S., relating to possessing an electric weapon or device, destructive device, or other weapon on school property.
- Section 794.011, F.S., relating to sexual battery.
- Former s. 794.041, F.S., relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, F.S., relating to unlawful sexual activity with certain minors.
- Chapter 796, F.S., relating to prostitution.
- Section 798.02, F.S., relating to lewd and lascivious behavior.
- Chapter 800, F.S., relating to lewdness and indecent exposure.
- Section 806.01, F.S., relating to arson.
- Section 810.02, F.S., relating to burglary.
- Section 810.14, F.S., relating to voyeurism, if the offense is a felony.
- Section 810.145, F.S., relating to video voyeurism, if the offense is a felony.
- Chapter 812, F.S., relating to theft, robbery, and related crimes, if the offense is a felony.
- Section 817.563, F.S., relating to fraudulent sale of controlled substances, only if the offense was a felony.
- Section 825.102, F.S., relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- Section 825.1025, F.S., relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, F.S., relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- Section 826.04, F.S., relating to incest.
- Section 827.03, F.S., relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, F.S., relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, F.S., relating to negligent treatment of children.
- Section 827.071, F.S., relating to sexual performance by a child.
- Section 843.01, F.S., relating to resisting arrest with violence.
- Section 843.025, F.S., relating to depriving a law enforcement, correctional, or correctional probation officer of means of protection or communication.
- Section 843.12, F.S., relating to aiding in an escape.
- Section 843.13, F.S., relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, F.S., relating to obscene literature.
- Section 874.05, F.S., relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, F.S., relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.
- Section 916.1075, F.S., relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), F.S., relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

- Section 944.40, F.S., relating to escape.
- Section 944.46, F.S., relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, F.S., relating to introduction of contraband into a correctional facility.
- Section 985.701, F.S., relating to sexual misconduct in juvenile justice programs.
- Section 985.711, F.S., relating to contraband introduced into detention facilities.

Current law requires some positions to be screened for additional criminal offenses due to the nature of the position or the populations being served. For example, some positions under the authority of the Agency for Health Care Administration are screened for additional offenses, such as financial crimes like fraud.⁷

The criminal history check process does not limit disqualification based on when an offense was committed. As such, any history of a listed offense is considered disqualifying regardless of when the offense was committed. Only through the exemption process can some offenses be disregarded dependent on when they were committed.

Exemptions

For otherwise qualified individuals who would be disqualified from employment due to their criminal history, there is a process through which they can be exempt from disqualification. Current law allows the Secretary of the appropriate state agency to exempt applicants from disqualification under certain circumstances:⁸

- Three years have elapsed since the individual has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by a court for a disqualifying felony; or
- The individual has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by a court for a misdemeanor or an offense that was a felony at the time of commission but is now a misdemeanor.

Receiving an exemption allows that individual to be employed in a profession or workplace where background screening is statutorily required despite the disqualifying offense in that person's past. Certain criminal backgrounds, however, render a person ineligible for an exemption; a person who is considered a sexual predator,⁹ career offender,¹⁰ or registered sexual offender¹¹ is not eligible for exemption.¹²

Exemption Process

To seek exemption from disqualification, an employee must submit a request for an exemption from disqualification within 30 days after being notified of a pending disqualification.¹³ The disqualified employee must apply to DCF for an exemption from disqualification. Such application requests information regarding the individual, the facility and role they are applying for, details about their criminal offense, and the status of any court-ordered payments (e.g., fees, fines, costs of prosecution or restitution).¹⁴

To be exempted from disqualification and thus be able to work, the applicant must demonstrate by clear and convincing evidence that he or she should not be disqualified from employment.¹⁵ Clear and convincing evidence is a heavier burden than the preponderance of the evidence standard but less

⁷ See, s. 408.809, F.S.

⁸ S. 435.07, F.S.

⁹ S. 775.21, F.S.

¹⁰ S. 775.261, F.S.

¹¹ S. 943.0435, F.S.

¹² S. 435.07(4)(b), F.S.

¹³ S. 397.4073(1)(f), F.S.

¹⁴ Department of Children and Families, *Apply for an Exemption from Disqualification*. Available at <https://www.myflfamilies.com/services/background-screening/apply-exemption-disqualification> (last visited January 25, 2024).

¹⁵ S. 435.07(3)(a), F.S.

than beyond a reasonable doubt.¹⁶ This means that the evidence presented is credible and verifiable, and that the memories of witnesses are clear and without confusion. This evidence must create a firm belief and conviction of the truth of the facts presented and, considered as a whole, must convince DCF representatives without hesitancy that the requester will not pose a threat if allowed to hold a position of special trust relative to children, vulnerable adults, or to developmentally disabled individuals. Evidence that may support an exemption includes, but is not limited to:¹⁷

- Personal references;
- Letters from employers or other professionals;
- Evidence of rehabilitation, including documentation of successful participation in a rehabilitation program;
- Evidence of further education or training;
- Evidence of community involvement;
- Evidence of special awards or recognition;
- Evidence of military service; and
- Parenting or other caregiver experiences.

After the agency head receives a complete exemption request package from the applicant, the background screening coordinator searches available data, including, but not limited to, a review of records and pertinent court documents including case disposition and the applicant's plea in order to determine the appropriateness of granting the applicant an exemption. These materials, in addition to the information provided by the applicant, form the basis for a recommendation as to whether the exemption should be granted.¹⁸

After all reasonable evidence is gathered, the background screening coordinator consults with his or her supervisor, and after consultation with the supervisor, the coordinator and the supervisor will recommend whether the exemption should be granted. At DCF, the regional legal counsel's office reviews the recommendation to grant or deny an exemption to determine legal sufficiency; the criminal justice coordinator in the region in which the background screening coordinator is located also reviews the exemption request file and recommendation and makes an initial determination whether to grant or deny the exemption.¹⁹

If the regional criminal justice coordinator makes an initial determination that the exemption should be granted, the exemption request file and recommendations are forwarded to the regional director, who has delegated authority from the agency head to grant or deny the exemption. After an exemption request decision is final, a written response is provided to the applicant as to whether the request is granted or denied.²⁰

If the agency head grants the exemption, the applicant and the facility or employer are notified of the decision by regular mail. However, if the request is denied, notification of the decision is sent by certified mail, return receipt requested, to the applicant, addressed to the last known address and a separate letter of denial is sent by regular mail to the facility or employer. If the application is denied, the denial letter must set forth pertinent facts that the background screening coordinator, the background screening coordinator's supervisor, the criminal justice coordinator, and regional director, where appropriate, used in deciding to deny the exemption request. It must also inform the denied applicant of the availability of an administrative review pursuant to ch. 120, F.S.²¹

¹⁶ Department of Children and Families, *CF Operating Procedure 60-18, Personnel: Exemption from Disqualification* (2010). Available at https://www.myflfamilies.com/sites/default/files/2022-12/cfop_60-18_exemption_from_disqualification.pdf (last visited January 26, 2024).

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

Current law does not require agencies to adhere to any specified timeline in their response to requests for exemption from disqualification.²²

Care Provider Background Screening Clearinghouse

Florida has established different programs for the facilitation of background screenings. The Care Provider Background Screening Clearinghouse (Clearinghouse) is used by state agencies for statutorily-required screenings, including screenings required as part of the licensure process for specified health care professionals.

In 2012, the Legislature created the Care Provider Background Screening Clearinghouse (Clearinghouse) to create a single program of screening individuals and allow for the results of criminal history checks of persons acting as covered care providers to be shared among the specified agencies.²³ Current designated agencies participating in the clearinghouse include:²⁴

- The Agency for Health Care Administration (AHCA);
- The Department of Health (DOH);
- The Department of Children and Families (DCF);
- The Department of Elder Affairs (DOEA);
- The Agency for Persons with Disabilities (APD);
- The Department of Education (DOE);
- Regional workforce boards providing services as defined in s. 445.002(3), F.S.; and
- Local licensing agencies approved pursuant to s. 402.307, F.S., when these agencies are conducting state and national criminal history background screening on persons who work with children or persons who are elderly or disabled.

Employers whose employees are screened through an agency participating in the Clearinghouse must maintain the status of individuals being screened and update the Clearinghouse regarding any employment changes within 10 business days of the change.²⁵

The Clearinghouse allows for constant review of new criminal history information through the federal Rap Back Service²⁶ which continually match fingerprints against new arrests or convictions that occur after the individual was originally screened. Once a person's screening record is in the Clearinghouse, that person may avoid the need for any future state screens and related fees for screenings, depending on the screening agencies or organizations.²⁷

Last fiscal year, DOH paid \$108,414 to access the background screening results for health care professionals through the Clearinghouse.²⁸

Background Screening of Health Care Professionals

Under current law, DOH is required to review the criminal history of licensure applicants and current licensees for certain health care professions. A history of certain criminal charges may preclude an

²² S. 435.07, F.S.

²³ Ch. 2012-73, L.O.F.

²⁴ S. 435.02(5), F.S. Additional entities were added to the list of designated entities beginning in 2023; these entities include district units, special district units, the Florida School for the Deaf and Blind, the Florida Virtual School, virtual instruction programs, charter schools, hope operators, private schools participating in certain scholarship programs, and alternative schools. See also, Ch. 2022-154, L.O.F.

²⁵ S. 435.12(2)(c), F.S.; Beginning January 1, 2024, employers must report changes in an employee's status within five business days for employees screened after January 1, 2024.

²⁶ The Rap Back Service is managed by the FBI's Criminal Justice Information Services Division. For more information, see the Federal Bureau of Investigation, Privacy Impact Assessment for the Next Generation Identification (NGI) Rap Back Service. Available at <https://www.fbi.gov/file-repository/pia-ngi-rap-back-service.pdf/view> (last visited January 15, 2024).

²⁷ Agency for Health Care Administration, *Clearinghouse Renewals*. Available at https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Renewals.shtml (last visited January 14, 2024).

Fingerprints are retained for five years. Employers have an option to renew screenings at the end of the five year period through a "Clearinghouse Renewal" process which allows employee's fingerprints to be retained without being re-fingerprinted.

²⁸ Department of Health, *Agency Analysis for HB 975 (2024)*. On file with the Healthcare Regulation Subcommittee.

applicant from licensure in some professions, or result in disciplinary action by the appropriate regulatory board. Regardless of whether background screening is required for initial licensure, each licensee at renewal must answer criminal history questions that become part of the review and approval of licensure.²⁹

The table below lists the health care professions which are required to be background screened by DOH as part of initial licensure.³⁰

Health Care Professions – Background Screening	
Screened	Non-Screened
Athletic Trainers	Acupuncturists
Allopathic Physicians (Medical Doctor)	Audiologists
Resident Physicians, Interns, Fellows, and House Physicians	Audiology Assistants
Osteopathic Physicians	Clinical Laboratory Personnel
Osteopathic Resident Physicians/Interns/Fellows	Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors
Chiropractic Physicians	Clinical Social Work Interns, Marriage and Family Therapy Interns, and Mental Health Counseling Interns
Certified Chiropractic Physician's Assistants	Dentists

²⁹ *Id.*

³⁰ *Id.*

Physician Assistants	Dental Hygienists
Anesthesiologist Assistants	Dietitians and Nutritionists
Orthotists, Prosthetists, Pedorthists, Orthotic Fitters, Orthotic Fitter Assistants, O&P Residents	Electrologists
Registered Nurses	Emergency Medical Technicians
Advanced Practice Registered Nurses	Genetic Counselors
License Practical Nurses	Hearing Aid Specialists
Certified Nursing Assistants	Medical Physicists
Massage Therapists	Midwifery
Pharmacy Owners	Nursing Home Administrators
Prescription Department Managers	Occupational Therapists
Podiatric Physicians	Opticians
Certified Podiatric X-Ray Assistants	Optometrists
	Pain Management Clinic
	Paramedics
	Pharmacists
	Registered Pharmacy Interns
	Pharmacy Technicians
	Physical Therapists
	Physical Therapy Assistants
	Psychologists
	Radiological Technicians
	Respiratory Therapists
	School Psychology
	Speech-Language Pathologists
	Speech-Language Pathology Assistants

Additionally, some professions are required to undergo subsequent national criminal history checks as a part of the licensure renewal process, including allopathic and osteopathic physicians, chiropractors, and podiatrists.³¹ In such cases, DOH is directed to request FDLE to forward the retained fingerprints of the applicant to the Federal Bureau of Investigation unless the fingerprints are enrolled in the national retained print arrest notification program.

Current law also requires background screening for applicants seeking licensure by endorsement³² for specified health care professions. Currently, allopathic physicians, certified nursing assistants, licensed practical nurses, registered nurses, and massage therapists must undergo background screening as part of the licensure by endorsement process.

Some health care professionals who are not screened as a requirement for initial licensure may be statutorily required to undergo screening as a prerequisite to employment based on the type of facility wherein they are employed.³³ Health care professionals in screened professions, or those seeking employment in facilities that are statutorily required to background screen employees, may seek an exemption from disqualification due to criminal history. Such individuals may be granted an exemption

³¹ S. 456.039(4), F.S.

³² Licensure by endorsement is a process of obtaining licensure for health care professionals who have obtained full licensure in another US jurisdiction.

³³ For example, a licensed health care professional employed by a program that provides services to the elderly is required under s. 430.0402, F.S., to undergo background screening if the health care professional is a direct service provider who was not otherwise screened as a prerequisite for licensure. For more information on screening requirements based on facility type, see, Florida Agency for Health Care Administration, *Who is Required to be Screened?* Available at <https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/screening/who-is-required-to-be-screened#> (last visited January 15, 2024).

from disqualification³⁴ after DOH reviews their background screening. For the fiscal year 2022-2023, the Background Screening unit received over 432 exemption applications.³⁵

The licensure applicants for screened professions are required to pay for the costs of the fingerprinting process and the cost of retaining the fingerprints.³⁶ Once licensed, the health care practitioner in screened professions pays \$43.25 every five years for fingerprint retention.³⁷ All fingerprints received as part of the initial licensure process as required under s. 456.0135, F.S., are entered into the Care Provider Background Screening Clearinghouse.³⁸

Background Screening Process

The regulatory board for each profession which requires a background screening establishes criteria for the evaluation of criminal history. DOH then applies a board-approved matrix to review the background screening results to ensure that licensure qualifications have been met.³⁹ For applicants in a screened profession, the background screening requirement is often the last requirement completed to become a qualified applicant – meaning all licensure requirements are fulfilled and a license is issued. DOH will notify the licensure applicant if a required background screening was not completed, submitted through the proper channels, or if a criminal history hit on that screening was reviewed by a staff member and needs additional documentation.⁴⁰

When an applicant's background screening includes criminal history, the outcome is dependent upon the nature of the offense. Statute outlines specific offenses which would result in a "failed" screening.⁴¹ The outcome of a screening including a criminal history can be an approval by DOH staff after additional information and review, based on scenarios pre-determined by the regulatory board to be allowable; a requirement to appear at a board meeting for in-person review; or denial. If denied, the applicant has the right to appeal. If an applicant receives a letter to appear before the board, they have three board meetings at which to attend, or the board may deny the application without the person present.⁴²

Background screening reviews have increased more than 40% since 2015 due to an increase in licensure of existing screened professions, as well as the establishment of new licensure pathways requiring screening, such as the multistate licensing compacts. Out of the 17,532 initial applicant files reviewed due to criminal charges in the fiscal year 2022-23, 87.9% were for the Board of Nursing, 4.8% for the Board of Massage, 4.5% for the Board of Medicine, 0.06% for the Board of Chiropractic Medicine, 0.08% Osteopathic Medicine and 2.66% were for the remaining boards.⁴³

Background Screening for License Renewal & Monitoring

Once licensed, practitioners in screened professions with ongoing screening requirements have their fingerprints retained with FDLE so new charges are found through rerunning the criminal history checks. Licensees are also required to report any criminal charges when they occur. The process of reviewing new criminal charges may disrupt the licensee's ability to practice.⁴⁴

A licensee who does not pay to retain their prints receives notification from DOH when those prints are expiring that fingerprints must be retained or renewed. DOH employs strategies to ensure compliance by the licensee, such as reminders, email notifications, and letters. Approximately 62,364 licensees, 4.3

³⁴ S. 435.07, F.S., establishes the exemption process.

³⁵ *Supra*, note 28.

³⁶ S. 456.0135(3), F.S.

³⁷ *Supra*, note 28.

³⁸ S. 456.0135(4), F.S.

³⁹ *Supra*, note 28.

⁴⁰ *Supra*, note 28.

⁴¹ See, s. 435.04, F.S., for the full list of disqualifying offenses. See also, S. 456.0135(5), F.S., expressly lists criminal violation of s. 784.03, F.S., relating to battery, if the victim is a vulnerable adult as defined in s. 415.102, or a patient or resident of a facility licensed under chs. 395, 400, or 429, F.S.

⁴² *Supra*, note 28.

⁴³ *Id.*

⁴⁴ *Supra*, note 28.

percent of all licensees, are required to renew their fingerprints per year. Of those, approximately 28 percent fail to do so; failure to renew fingerprints results in disciplinary cases which may ultimately cause a loss of licensure.

When a case has been open for approximately a year and the licensee has not complied, an investigative report is completed, and the case is sent to Prosecution Services Unit for prosecution as a violation. Since 2019, DOH has opened a total of 39,438 cases for failure to renew fingerprints. Currently, there are 14,069 of these cases still open with the Division of Medical Quality Assurance.⁴⁵

Background checks completed for applicants whose licensure applications were received before January 1, 2013, are stored within FDLE's SHIELD system, outside of the Clearinghouse. DOH runs a background check through FDLE for specific practitioners who have renewed their license in this system. In the 2022-23 fiscal year, DOH paid over \$1,229,448, to FDLE for 45,519 background checks to be completed.⁴⁶

Homelessness

Homelessness can be defined in several different ways. Generally, a person is considered to be experiencing homelessness if that person stays in a shelter, lives in transitional housing, or sleeps in a place not meant for human habitation or outdoors.⁴⁷ To receive federally funded homelessness services, a person is considered homeless if he or she:⁴⁸

- Is living in a place not meant for human habitation, in emergency shelter, in transitional housing, or exiting an institution where the person temporarily resided;⁴⁹
- Will imminently lose a primary nighttime residence within 14 days and lacks resources or support networks to remain in permanent housing;⁵⁰
- Is part of a family with children or an unaccompanied youth who is unstably housed and likely to continue in that state; or
- Is fleeing or attempting to flee from domestic violence, has no other residence, and lacks the resources or support networks to obtain permanent housing.

Annually, the United States Department of Housing and Urban Development (HUD) releases what is known as a point-in-time snapshot (PIT) or a count of the number of individuals who experience homeless on a single night. Based on the 2023 PIT, roughly 653,100 people in America experienced homelessness on a single night. Sixty percent experienced sheltered homelessness (i.e., living in emergency shelter, transitional housing, or a safe haven program) whereas 40 percent were unsheltered. From 2022 to 2023, the number of individuals experiencing homelessness increased by 12 percent, or roughly 70,650 additional individuals. This is the highest PIT count of persons experiencing homelessness since reporting began in 2007.⁵¹

Experiencing homelessness negatively effects a person's mental and physical health. Rates of mortality, mental illness, communicable diseases, sexually transmitted diseases, and substance abuse are higher among homeless populations.⁵² Services and programs at the state and federal level provide

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ Centers for Disease Control and Prevention, *About Homelessness* (2022). Available at <https://www.cdc.gov/orr/science/homelessness/about.html> (Last visited January 25, 2024).

⁴⁸ 24 C.F.R. 578.3

⁴⁹ This includes a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; a supervised publicly or privately operated shelter designed to provide temporary living arrangement; or exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

⁵⁰ Provided that the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; no subsequent residence has been identified; and the individual lacks the resources or support networks.

⁵¹ U.S. Department of Housing and Urban Development, *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress* (2023). Available at <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf> (last visited January 25, 2024).

⁵² Richards, J. & Kuhn, R., *Unsheltered Homelessness and Health: A Literature Review* (2022). *American Journal of Preventative Medicine*, 2(1). <https://doi.org/10.1016/j.focus.2022.100043>

support to individuals experiencing homelessness that attempt to address the associated effects of homelessness.⁵³

Homelessness in Florida

In a 2023 PIT count of Florida's homeless population, an estimated 30,809 individuals were experiencing homelessness, with 15,706 considered unsheltered homeless (i.e., living outside in a car, park, or another place not meant for human habitation). The 2023 PIT count represents a 34 percent increase from the 11,746 individuals who were experiencing homelessness in 2022.⁵⁴

The State Office on Homelessness (Office) within the Department of Children and Families (DCF) was established in 2001 as a central point of contact within state government on issues relating to homelessness.⁵⁵ The Office coordinates resources and programs across all levels of government and with private providers that serve the homeless pursuant to policies set by the Council on Homelessness⁵⁶ and available funding.⁵⁷

Continuums of Care

A Continuum of Care (CoC) is an entity coordinating community efforts to prevent and end homelessness in a geographic area designated by the Office.⁵⁸ CoCs are responsible for organizing and delivering housing and services to meet the needs of people who are homeless as they move to stable housing and self-sufficiency.⁵⁹ CoCs are composed of representatives from local organizations including, but not limited to:⁶⁰

- Nonprofit homeless service providers;
- Victim services providers;
- Faith-based organizations;
- Governments;
- Businesses;
- Advocates;
- Public housing agencies;
- School districts;
- Social service providers;
- Mental health agencies;
- Hospitals;
- Universities;
- Affordable housing developers;
- Law enforcement; and
- Organizations that serve homeless and formerly homeless persons.

CoC lead agencies implement policies and provide direct services within their respective catchment areas. There are currently 27 CoC lead agencies distributed across the state.⁶¹

⁵³ US Department of Health and Human Services, *Homelessness*. Available at <https://www.hhs.gov/programs/social-services/homelessness/index.html> (last visited January 26, 2024).

⁵⁴ Department of Children and Families, *Council on Homelessness Annual Report (2023)*. Available at <https://www.myflfamilies.com/sites/default/files/2023-07/Florida%27s%20Council%20On%20Homelessness%20Annual%20Report%202023.pdf> (last visited January 25, 2024).

⁵⁵ Ch. 2001-98, L.O.F.

⁵⁶ The Council on Homelessness is an inter-agency body which develops statewide policy and advises the State Office on Homelessness on how to reduce homelessness in the state. See, s. 420.622, F.S.

⁵⁷ S. 420.622(3), F.S.

⁵⁸ The catchment areas designated by the State Office must be consistent with the federally-recognized catchment areas designated by HUD as a condition for receiving federal homeless assistance grant funding. See, s. 420.6225, F.S.

⁵⁹ *Supra*, note 54.

⁶⁰ S. 420.621(1), F.S.

⁶¹ *Supra*, note 54.

Each CoC must create a continuum of care plan to implement an effective and efficient housing crisis response system to prevent and end homelessness in its designated catchment area. A continuum of care plan must include all of the following:⁶²

- Outreach to unsheltered individuals and families to link them with appropriate housing interventions;
- A coordinated entry system that is compliant with federal requirements and is designed to coordinate intake, utilize common assessment tools, prioritize households for housing interventions, and refer households to the appropriate housing intervention;
- Emergency shelter, designed to provide safe temporary shelter while the household is in the process of obtaining permanent housing;
- Supportive services, designed to maximize housing stability once the household is in permanent housing;
- Permanent supportive housing, designed to provide long-term affordable housing and support services to persons with disabilities who are moving out of homelessness;
- Rapid ReHousing, as specified in s. 420.6265, F.S.;
- Permanent housing, including links to affordable housing, subsidized housing, long-term rental assistance, housing vouchers, and mainstream private sector housing; and
- An ongoing planning mechanism to end homelessness for all subpopulations of persons experiencing homelessness

CoCs receive state and federal funding through DCF.⁶³

Background Screening for Employees of Homeless Service Providers

People with lived experience of homelessness typically have the best understanding of the reality of the work to prevent and end homelessness. From a programmatic perspective, people with lived experience of homelessness bring insight through a personal familiarity with the barriers people face, the gaps in services, and the interventions that are the most effective.⁶⁴ On a person-to-person level, people with lived experience are often more easily able to meet people where they are and truly understand their struggle.⁶⁵

People who are experiencing homelessness present with complex needs to be addressed by service providers. This population is more likely to be experiencing mental illness, communicable diseases, sexually transmitted diseases, and substance abuse than the general population.⁶⁶ Homelessness is increasingly criminalized,⁶⁷ and people experiencing homelessness and extreme poverty may be driven to commit crimes as a means of survival. As a result, homeless individuals have frequent interactions with law enforcement, and more than half of people experiencing homelessness in the US have been previously incarcerated.⁶⁸ The existence of a criminal record creates barriers to permanent housing and employment once the underlying causes of a person's homelessness have been addressed.⁶⁹

DCF interprets current law as subjecting contractors and subcontractors to background screening as a condition of their contract with the department. As such, DCF requires employees of CoCs and their

⁶² S. 420.6225, F.S.

⁶³ *Id.*

⁶⁴ HUD Exchange, *Centering Lived Experience*. Available at <https://www.hudexchange.info/programs/coc/centering-lived-experience/> (last visited January 26, 2024).

⁶⁵ United States Interagency Council on Homelessness, *The Value of Lived Experience in the Work to End Homelessness* (2018). Available at <https://www.usich.gov/news-events/news/value-lived-experience-work-end-homelessness> (last visited January 26, 2024).

⁶⁶ *Supra*, note **Error! Bookmark not defined.**

⁶⁷ United States Interagency Council on Homelessness, *Collaborate, Don't Criminalize: How Communities Can Effectively and Humanely Address Homelessness* (2022). Available at <https://www.usich.gov/news-events/news/collaborate-dont-criminalize-how-communities-can-effectively-and-humanely-address> (last visited January 26, 2024).

⁶⁸ US Justice Department, Bureau of Justice Assistance, *Responding to Homelessness: Police-Mental Health Collaboration Toolkit*. Available at <https://bja.ojp.gov/program/pmhc/responding-homelessness#3-0> (last visited January 26, 2024).

⁶⁹ *Id.*

subcontractors to undergo Level 2 background screening as a prerequisite to employment.⁷⁰ This presents a barrier to CoCs hiring people with lived experience of homelessness who may have a criminal history as a result of their lived experience.

Potential employees who are disqualified through background screening are eligible for exemption through the agency as described above.⁷¹ Obtaining an exemption from disqualification is a lengthy and time-consuming process. Individual exemption requests can take upwards of six months to process and receive final approval through the department; a period of time which an individual is not able to work in the role which they have been hired for. This results in qualified individuals with relevant lived experiences to the population they're seeking to serve being screened out and further limiting the pool of eligible employees.⁷²

Effect of the Bill

Background Screening for Health Care Professionals

PCS for CS/HB 975 requires **all** health care professions licensed by DOH to undergo background screening as a requirement for initial licensure. The following professions that previously were not required to undergo background screening, but will be required to do so under the bill:

- Acupuncturists;
- Anesthesiologist Assistants;
- Audiologists;
- Audiologist Assistants;
- Clinical Laboratory Personnel;
- Mental Health Professionals;⁷³
- Registered Mental Health Profession Interns;⁷⁴
- Dentists;
- Dentists seeking a limited health access license;
- Dental Hygienists;
- Dieticians;
- Electrologists;
- Genetic Counselors;
- Hearing Aid Specialists;
- Medical Physicists;
- Nursing Home Administrators;
- Occupational Therapists;
- Opticians;
- Optometrist;
- Pharmacists;
- Registered Pharmacy Interns;
- Pharmacy Technicians;
- Physical Therapists;
- Physical Therapist Assistants;
- Physician Assistants;
- Psychologists and School Psychologists;
- Radiology Technicians;
- Respiratory Therapists;

⁷⁰ Department of Children and Families, *Agency Bill Analysis for HB 563 (2024)*. On file with the Children, Families & Seniors Subcommittee.

⁷¹ See, s. 435.07, F.S.

⁷² Correspondence with LeeAnne Sacino, Executive Director of the Florida Coalition to End Homelessness. On file with the Children, Families & Seniors Subcommittee.

⁷³ Mental health professionals include clinical social workers, mental health counselors, and marriage and family therapists licensed under ch. 491, F.S.

⁷⁴ *Id.*

- Speech-Language Pathologists; and
- Speech-Language Pathology Assistants.

The bill also adds background screening to the licensure by endorsement requirements for select professions, including: occupational therapists, respiratory therapists, dieticians and nutritionists, psychologists, and mental health professions.

The bill requires health care practitioners, as defined in s. 456.001, F.S., licensed prior to July 1, 2024, to comply with the background screening requirement as part of their next licensure renewal. Under the bill, 699,754 licensees in renewable status would have to complete the fingerprinting process of background screening upon licensure renewal.⁷⁵

All screenings received would be entered into the Clearinghouse and require criminal history review through DOH. This would impact current non-screened professions and licensees who do not have updated screenings in the Clearinghouse. DOH would no longer have to process background checks through SHIELD and all of those licensees would be required to obtain new screenings to be housed in the Clearinghouse. This would provide continuity for monitoring of new criminal charges through the Clearinghouse.

The bill makes conforming changes to the practice acts of each health care profession effected by the background screening requirement as to state the background screening requirement in the initial licensure requirements of each profession. The bill makes additional conforming changes throughout the practice acts to correct references that are affected by numbering changes due to the new licensure requirements.

Background Screening for Employees of Homeless Service Providers

The bill also establishes a pathway by which a person who has lived experience with homelessness may qualify for a less stringent background screening process in order to be employed by certain homeless service providers. This will allow homeless service providers to employ qualified individuals who may not otherwise be able to pass the criminal background screening typically required by DCF.

To accomplish this, the bill creates a category of “persons with lived experience” who are eligible to apply for employment with the State Office or a CoC (hiring entity) through a modified background screening process. Under the bill, a person who has past or present experience with homelessness pursuant to federal law⁷⁶ may qualify as a person with lived experience.

The bill allows the hiring entity to certify that the applicant is a qualified applicant with relevant lived experience if the applicant has received homeless services in the past. The hiring entity must submit documentation to DCF verifying that the applicant has received homeless services when requesting the background check of the applicant.

Under the bill, an applicant who has been certified as a person with lived experience is then subject to a modified background screening. The background screening must ensure that the applicant has not been arrested for and is not awaiting final disposition of, has not been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or has not been adjudicated delinquent and the record has been sealed or expunged for:

- Any felony during the previous three years; or
- Any offense prohibited under any of the following laws of Florida or similar laws of another jurisdiction:
 - Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

⁷⁵ *Supra*, note 28.

⁷⁶ A person who has lacked a fixed, regular, and adequate nighttime residence is generally considered homeless. See, 24 C.F.R. § 578.3, for all of the situations which constitute being “homeless.”

- Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- Section 409.920, relating to Medicaid provider fraud, if the offense was a felony of the first or second degree.
- Section 415.111, relating to criminal penalties for abuse, neglect, or exploitation of vulnerable adults.
- Any offense that constitutes domestic violence, as that term is defined in s. 741.28.
- Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this paragraph.
- Section 782.04, relating to murder.
- Section 782.07, relating to manslaughter or aggravated manslaughter of an elderly person, a disabled adult, a child, an officer, a firefighter, an emergency medical technician, or a paramedic.
- Section 782.071, relating to vehicular homicide.
- Section 782.09, relating to killing of an unborn child by injury to the mother.
- Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- Section 787.01, relating to kidnapping.
- Section 787.02, relating to false imprisonment.
- Section 787.025, relating to luring or enticing a child.
- Section 787.04(2), relating to leading, taking, enticing, or removing a child beyond the state limits, or concealing the location of a child, with criminal intent pending custody proceedings.
- Section 787.04(3), relating to leading, taking, or removing a child beyond the state lines, or concealing the location of a child, with criminal intent pending dependency proceedings or proceedings concerning alleged abuse or neglect of a child.
- Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.
- Section 790.115(2)(b), relating to possessing an electric weapon or device, a destructive device, or any other weapon on school property.
- Section 794.011, relating to sexual battery.
- Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.
- Section 794.05, relating to unlawful sexual activity with certain minors.
- Section 794.08, relating to female genital mutilation.
- Section 796.07, relating to procuring another to commit prostitution, except for those offenses expunged pursuant to s. 943.0583.
- Section 798.02, relating to lewd and lascivious behavior.
- Chapter 800, relating to lewdness and indecent exposure.
- Section 806.01, relating to arson.
- Section 810.02, relating to burglary.
- Section 810.14, relating to voyeurism, if the offense is a felony.
- Section 810.145, relating to video voyeurism, if the offense is a felony.
- Section 812.13, relating to robbery.
- Section 812.131, relating to robbery by sudden snatching.
- Section 812.133, relating to carjacking.
- Section 812.135, relating to home-invasion robbery.
- Section 817.034, relating to communications fraud, if the offense is a felony of the first degree.
- Section 817.234, relating to false and fraudulent insurance claims, if the offense is a felony of the first or second degree.
- Section 817.50, relating to fraudulently obtaining goods or services from a health care provider and false reports of a communicable disease.
- Section 817.505, relating to patient brokering.
- Section 817.568, relating to fraudulent use of personal identification, if the offense was a felony of the first or second degree.
- Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

- Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.
- Section 826.04, relating to incest.
- Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.
- Section 827.04, relating to contributing to the delinquency or dependency of a child.
- Former s. 827.05, relating to negligent treatment of children.
- Section 827.071, relating to sexual performance by a child.
- Section 831.30, relating to fraud in obtaining medicinal drugs.
- Section 831.31, relating to the sale, manufacture, delivery, or possession with intent to sell, manufacture, or deliver of any counterfeit controlled substance, if the offense was a felony.
- Section 843.01, relating to resisting arrest with violence.
- Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- Section 843.12, relating to aiding in an escape.
- Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.
- Chapter 847, relating to obscenity.
- Section 874.05, relating to encouraging or recruiting another to join a criminal gang.
- Chapter 893, relating to drug abuse prevention and control, if the offense was a felony of the first or second degree or greater severity.
- Section 895.03, relating to racketeering and collection of unlawful debts.
- Section 896.101, relating to the Florida Money Laundering Act.
- Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- Section 944.40, relating to escape.
- Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.
- Section 944.47, relating to introduction of contraband into a correctional facility.
- Section 985.701, relating to sexual misconduct in juvenile justice programs.
- Section 985.711, relating to contraband introduced into detention facilities.

The bill allows an applicant that is disqualified through the modified background screening process to apply to DCF for an exemption pursuant to s. 435.07, F.S. The bill requires DCF to accept or reject the exemption within 90 days of receiving the application.

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

B. SECTION DIRECTORY:

- Section 1:** Amends s. 420.621, F.S., relating to definitions.
- Section 2:** Creates s. 420.6241, F.S., relating to persons with lived experience.
- Section 3:** Amends s. 456.0135, F.S., relating to general background screening provisions.
- Section 4:** Creates an unnumbered section of law, relating to compliance with background screening requirements for health care practitioners.
- Section 5:** Amends s. 457.105, F.S., relating to licensure qualification and fees.
- Section 6:** Amends s. 463.006, F.S., relating to licensure and certification by examination.
- Section 7:** Amends s. 465.007, F.S., relating to licensure by examination.
- Section 8:** Amends s. 465.0075, F.S., relating to licensure by endorsement; requirements; fee.
- Section 9:** Amends s. 465.013, F.S., relating to registration of pharmacy interns.
- Section 10:** Amends s. 465.014, F.S., relating to pharmacy technician.
- Section 11:** Amends s. 466.006, F.S., relating to examination of dentists.
- Section 12:** Amends s. 466.0067, F.S., relating to application for health access dental license.
- Section 13:** Amends s. 466.007, F.S., relating to examination of dental hygienists.
- Section 14:** Amends s. 467.011, F.S., relating to licensed midwives; qualifications; examination.

- Section 15:** Amends s. 468.1185, F.S., relating to licensure.
- Section 16:** Amends s. 468.1215, F.S., relating to speech-language pathology assistant and audiology assistant; certification.
- Section 17:** Amends s. 468.1695, F.S., relating to licensure by examination.
- Section 18:** Amends s. 468.209, F.S., relating to requirements for licensure.
- Section 19:** Amends s. 468.213, F.S., relating to licensure by endorsement.
- Section 20:** Amends s. 468.355, F.S., relating to licensure requirements.
- Section 21:** Amends s. 468.358, F.S., relating to licensure by endorsement.
- Section 22:** Amends s. 468.509, F.S., relating to dietician/nutritionist; requirements for licensure.
- Section 23:** Amends s. 468.513, F.S., relating to dietician/nutritionist; licensure by endorsement.
- Section 24:** Amends s. 468.803, F.S., relating to license, registration, and examination requirements.
- Section 25:** Amends s. 478.45, F.S., relating to requirements for licensure.
- Section 26:** Amends s. 483.815, F.S., relating to application for clinical laboratory personnel license.
- Section 27:** Amends s. 483.901, F.S., relating to medical physicists; definitions; licensure.
- Section 28:** Amends s. 483.914, F.S., relating to licensure requirements.
- Section 29:** Amends s. 484.007, F.S., relating to licensure of opticians; permitting of optical establishments.
- Section 30:** Amends s. 484.045, F.S., relating to licensure by examination.
- Section 31:** Amends s. 486.031, F.S., relating to physical therapist; licensing requirements.
- Section 32:** Amends s. 486.102, F.S., relating to physical therapist assistant; licensing requirements.
- Section 33:** Amends s. 490.005, F.S., relating to licensure by examination.
- Section 34:** Amends s. 490.0051, F.S., relating to provisional licensure.
- Section 35:** Amends s. 490.006, F.S., relating to licensure by endorsement.
- Section 36:** Amends s. 491.0045, F.S., relating to intern registration; requirements.
- Section 37:** Amends s. 491.0046, F.S., relating to provisional license; requirements.
- Section 38:** Amends s. 491.005, F.S., relating to licensure by examination.
- Section 39:** Amends s. 491.006, F.S., relating to licensure or certification by endorsement.
- Section 40:** Amends s. 486.025, F.S., relating to powers and duties of the Board of Physical Therapy Practice.
- Section 41:** Amends s. 486.0715, F.S., relating to physical therapist; issuance of temporary permit.
- Section 42:** Amends s. 486.1065, F.S., relating to physical therapist assistant; issuance of temporary permit.
- Section 43:** Amends s. 491.003, F.S., relating to definitions.
- Section 44:** Provides an appropriation.
- Section 45:** Provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

According to FDLE, the total fiscal revenue for the state portion of a state and national criminal history record check with five years of fingerprint retention within the Clearinghouse retention is \$48 per person. These fees will go into FDLE's Operating Trust Fund.⁷⁷

2. Expenditures:

DOH estimates that 699,754 current licensees would require background screenings by July 1st, 2025. For background screening of initial licensure applicants, DOH estimates that 42,467 additional applicants will need to be screened. This is a 32% increase from the prior year. The percentage of applicants in the screened professions requiring further review due to criminal history found on those screenings was 19% of applicants. Likely, an additional 8,000 applicants would have required additional review by DOH staff or the profession board.

⁷⁷ Florida Department of Law Enforcement, *Legislative Bill Analysis for HB 975 (2024)*, p. 3. On file with the Healthcare Regulation Subcommittee.

DOH estimates that 21 full-time equivalent (FTE) positions will be required within the Medical Quality Assurance Services program to implement the provisions of the bill. The total estimated annual cost is \$4,284,501.

As of January 2024, DOH has 63 vacancies greater than 100 days within the Medical Quality Assurance Services program and has the flexibility to reclassify and transfer positions to meet the demands of the unit; however, it is unlikely that DOH can fully absorb this workload by utilizing vacant positions.

The bill appropriates 9 full-time equivalent (FTE) positions and associated salary rate and the sums of \$1,164,134 in recurring and \$59,931 in nonrecurring funds from the Medical Quality Assurance Trust Fund to DOH to implement the provisions of the bill.

The provisions of the bill relating to homeless service providers will have an insignificant, indeterminate impact on DCF which can be absorbed by existing resources.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Health care providers previously not required to undergo a background screening will incur the cost associated with obtaining a background screening. These costs amount to \$61.25 per person for applicants screened and retained within the Care Provider Background Screening Clearinghouse. This amount does not include additional servicing fees which may be assessed by the screening service provider.⁷⁸

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The licensure boards and DOH have adequate rule-making authority to implement any rule changes which may be necessitated by the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

⁷⁸ *Supra*, note 77.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On February 6, 2024, the Health Care Appropriations Subcommittee adopted an amendment and reported the bill favorably as a committee substitute.

- Appropriated 9 FTE with associated salary rate and \$1,164,134 in recurring funds and \$59,931 in nonrecurring funds from the Medical Quality Assurance Trust Fund to DOH for the implementation of the bill.

On February 22, 2024, the Health and Human Services Committee adopted an amendment and reported the bill favorable. The amendment required health care professionals licensed prior to July 1, 2024, to comply with the background screening requirement as part of their next licensure renewal.

This analysis is drafted to the committee substitute as passed by the Health and Human Services Committee.