

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 1270

INTRODUCER: Senator Collins

SUBJECT: Department of Health

DATE: March 31, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Smith/Looke</u>	<u>Brown</u>	<u>HP</u>	<u>Pre-meeting</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>FP</u>	_____

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**I. Summary:**

SB 1270 revises statutes administered by the Department of Health (DOH), affecting licensure pathways, medical marijuana regulation, professional boards, and advisory councils.

The bill revises the Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act by reducing the required duration of active practice for endorsement applicants from three years to two. It also establishes that reported conduct in the National Practitioner Data Bank does not disqualify an applicant from licensure under the MOBILE Act if the reported conduct would not constitute a violation of Florida law.

The bill preserves, by reenactment, the statutory definition of “messenger ribonucleic acid vaccine,” which in practice, maintains prohibitions on discrimination by governmental entities, business establishments, and educational institutions based on an individual’s mRNA vaccination status.

The bill amends ss. 381.986 and 381.988, F.S., to define the terms “owner,” “manager,” and “employee” related to persons who are required to be background screened to be employed by or affiliated with a medical marijuana treatment center (MMTC) or certified marijuana testing laboratory (CMTL), respectively. The bill also requires MMTCs to report any actual or attempted theft, diversion, or loss of marijuana to local law enforcement and notify the DOH of the actual or attempted theft, diversion, or loss of marijuana by email.

The bill consolidates regulatory authority over the following boards and councils within DOH, eliminating their independent governance structures:

- Board of Athletic Training,
- Board of Opticianry,
- Board of Orthotists and Prosthetists, and
- Board of Hearing Aid Specialists.

In addition, the bill eliminates several advisory councils from the statutes, including:

- Coordinating Council for the Deaf and Hard of Hearing,
- Children’s Medical Services (CMS) Network Advisory Council,
- Florida KidCare Coordinating Council,
- The Diabetes Advisory Council,
- The Public Swimming and Bathing Facilities Advisory Review Board,
- The Florida Information Clearinghouse on Developmental Disabilities Advisory Council, and
- The Statewide Drug Policy Advisory Council.

To address one material deviation from the model language of the Physical Therapy Licensure Compact, the bill amends s. 486.112, F.S., to define the term “party state.”

Finally, the bill directs DOH to conduct a comprehensive study of all boards and councils under its jurisdiction and submit recommendations regarding their structure and efficiency to the Governor and the Legislature by December 1, 2025.

The bill provides an effective date of July 1, 2025.

## **II. Present Situation:**

### **Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act**

The MOBILE Act, codified in s. 456.0145, F.S., establishes a pathway for expedited licensure of health care professionals who are licensed in good standing in another state. The MOBILE Act was designed to facilitate workforce mobility and expand access to care by allowing eligible out-of-state practitioners to obtain licensure in Florida without undergoing traditional initial licensure requirements, such as additional examinations or coursework.

Under current law, applicants must have actively practiced their profession for the three years immediately preceding application. An applicant is ineligible for licensure under the MOBILE Act if he or she has a pending complaint or investigation in another jurisdiction, has been convicted or pled to an offense related to health care practice, has had a license revoked, suspended, or surrendered in another state, or has been reported to the National Practitioner Data Bank unless successfully removed through appeal.

As of January 6, 2025, MQA has received 3,263 MOBILE applications and issued 769 licenses.<sup>1</sup>

### **The Florida Department of Health (DOH)**

The DOH is the state’s primary public health agency, responsible for safeguarding the health and well-being of residents and visitors. Established in 1996, the DOH operates under the leadership of the State Surgeon General and encompasses various divisions, including Administration, Emergency Preparedness and Community Support, Disease Control and Health Protection,

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<sup>1</sup> Department of Health, Senate Bill 1270 *Legislative Analysis* (Mar. 11, 2025) (on file with the Senate Committee on Health Policy).

Community Health Promotion, and Medical Quality Assurance (MQA).<sup>2</sup> DOH comprises a state health office (central office) in Tallahassee, with statewide responsibilities; Florida's 67 county health departments (CHD); 8 Children's Medical Services (CMS) area offices; 12 Medical Quality Assurance (MQA) regional offices; nine Disability Determinations regional offices; and three public health laboratories.<sup>3</sup>

The Division of Medical Quality Assurance (MQA) within the DOH has general regulatory authority over health care practitioners. The MQA works in conjunction with 22 regulatory boards and four councils to license and regulate over 1.5 million health care practitioners.<sup>4</sup> Professions are generally regulated by individual practice acts and by ch. 456, F.S., which provides regulatory and licensure authority for the MQA.

### ***Board of Athletic Training***

The Board of Athletic Training is established in part XIII, of ch. 468, F.S. The board is responsible for licensing and regulating athletic trainers in Florida. Athletic trainers are health care professionals who collaborate with physicians to prevent, diagnose, and treat injuries and conditions in physically active individuals. As of June 30, 2024, there were 3,778 Athletic Trainers in Florida. During Fiscal Year 2023-2024, 282 applications were received.<sup>5</sup>

### ***Board of Opticianry***

The Board of Opticianry is established in part I, of ch. 484, F.S., and is administratively housed within MQA. The board is responsible for licensing and regulating opticians in Florida. Opticians are health care professionals who dispense prescription eyeglasses and contact lenses based on prescriptions from licensed physicians or optometrists. As of June 30, 2024, there were 4,509 Licensed Opticians and 1,284 Apprentice Opticians. During Fiscal Year 2023-2024, 294 applications for Apprentice Opticians, 75 applications for Optical Establishments, and 171 applications for Opticians were received.<sup>6</sup>

### ***Board of Orthotists and Prosthetists***

The Board of Orthotists and Prosthetists is established in part XIV, of ch. 468, F.S., and functions under the Division of Medical Quality Assurance. The board licenses and regulates practitioners who design, fabricate, and fit custom orthotic braces and prosthetic limbs. These health professionals serve patients with musculoskeletal conditions or limb loss. As of June 30, 2024, there were 872 licensees regulated by this board. During Fiscal Year 2023-2024, 79 applications were received.<sup>7</sup>

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<sup>2</sup> Section 20.42, F.S.

<sup>3</sup> Florida Department of Health, about the Florida Department of Health, *available at* <https://www.floridahealth.gov/about/index.html> (last visited Mar. 29, 2025).

<sup>4</sup> Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan: Fiscal Year 2023–2024*, *available at* <https://mqawebteam.com/annualreports/2324/8/> (last visited Mar. 29, 2025).

<sup>5</sup> *Supra* note 1.

<sup>6</sup> *Id.*

<sup>7</sup> *Id.*

### ***Board of Hearing Aid Specialists***

The Board of Hearing Aid Specialists is created under part II, of ch. 484, F.S. The board licenses and regulates specialists who fit and dispense hearing aids to individuals with hearing loss. Licensees are subject to continuing education requirements and consumer protection standards. As of June 30, 2024, there were 1,289 Licensed Hearing Aid Specialists and 431 Hearing Aid Specialist Trainees in Florida. During Fiscal Year 2023-2024, 98 applications for Hearing Aid Specialists and 112 applications for Hearing Aid Specialists Trainees were received.<sup>8</sup>

### **Advisory Councils Affected by SB 1270**

#### ***Children’s Medical Services (CMS) Network Advisory Council***

The CMS Network Advisory Council is established in s. 391.221, F.S., to advise the DOH on the implementation and operation of the Children’s Medical Services program, which serves children with special health care needs. The council provides input on quality assurance, provider networks, and care coordination. Its members include parents, health care professionals, and other stakeholders.

#### ***Florida Coordinating Council for the Deaf and Hard of Hearing***

The Florida Coordinating Council for the Deaf and Hard of Hearing is established in s. 413.271, F.S., to serve as an advisory and coordinating body for programs and services for individuals who are deaf, hard of hearing, or late-deafened. The council is administratively housed in the DOH and includes agency officials and community members.

#### ***Florida KidCare Coordinating Council***

The Florida KidCare Coordinating Council is created in s. 409.818, F.S., to develop program policy and coordinate efforts among agencies participating in the Florida KidCare program. KidCare is the state’s publicly subsidized health insurance program for children.

#### ***The Diabetes Advisory Council***

The Diabetes Advisory Council, created in s. 385.203, F.S., advises the DOH on the prevention and treatment of diabetes in Florida. The council includes physicians, nurses, pharmacists, and public health professionals. Pursuant to that section, the council must submit a biennial report to the Governor and Legislature, in conjunction with the DOH, the Agency for Health Care Administration, and the Department of Management Services. The report must provide an overview of the impact of diabetes in Florida, assesses the effectiveness and coordination of state agency programs addressing the disease, and outlines a statewide action plan with goals and benchmarks for prevention and control.

#### ***The Public Swimming and Bathing Facilities Advisory Review Board***

The DOH is responsible under ch. 514, F.S., for the routine surveillance of water quality and safety at all public swimming pools. The Swimming Pool Advisory Review Board is established in s. 514.028, F.S., to advise the DOH on public swimming pool and bathing place rules. The board includes industry representatives and health officials. One of the board’s responsibilities is

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<sup>8</sup> *Id.*

to review requests for variances from the rules and standards governing public swimming pools and bathing places.<sup>9</sup> The Department processes nearly 190 variance requests each year, each going before the Board.<sup>10</sup> When someone, such as a pool owner, contractor, or other party regulated under ch. 514, F.S., seeks permission to deviate from a specific regulation, the board examines the request, considers any supporting documentation (e.g., engineering reports, safety data), and provides its expert opinion or recommendation to the DOH. Although the DOH has the final authority to grant or deny the variance, the board's evaluation and advice help ensure that any deviation from the normal requirements maintains an equivalent level of health and safety for the public. In 2023, Rule 64E-9.004, F.A.C. was revised with updates and swim-up bar standards.

### ***Information Clearinghouse on Developmental Disabilities and its Advisory Council***

The Information Clearinghouse on Developmental Disabilities was created by s. 383.141(2), F.S., to serve as a central source of information for parents and health care providers following a prenatal or postnatal diagnosis of a developmental disability. The clearinghouse is housed within the DOH and is intended to provide up-to-date, evidence-based, and easy-to-understand information about conditions such as Down syndrome, spina bifida, and other developmental and genetic disorders.

The DOH fulfills this statutory requirement through its Bright Expectations website ([www.brightexpectations.com](http://www.brightexpectations.com)), which serves as the digital platform for the clearinghouse. The site includes:<sup>11</sup>

- Descriptions of various developmental disabilities;
- Early intervention and treatment options;
- Educational materials;
- State and community-based resources and support services; and
- Links to advocacy organizations and family support networks.

Section 383.141(4), F.S., created the Information Clearinghouse on Developmental Disabilities Advisory Council, which is responsible for advising DOH on the content, format, and accessibility of the materials provided through the clearinghouse.

### ***The Statewide Drug Policy Advisory Council***

The Statewide Drug Policy Advisory Council is established in s. 397.333, F.S., to develop and implement a comprehensive statewide drug control strategy and to advise the Governor and Legislature on substance use disorder policy. Membership includes agency heads, law enforcement, treatment providers, and judges.

### **Physical Therapy Licensure Compact**

The Physical Therapy Compact (PT Compact) is a mutual recognition compact that allows a physical therapist or physical therapist assistant who holds a license in his or her home state to

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<sup>9</sup> Section 514.0115(9), F.S.

<sup>10</sup> *Supra* note 1.

<sup>11</sup> Florida Department of Health, *Bright Expectations*, available at <https://www.floridahealth.gov/programs-and-services/people-with-disabilities/bright-expectations/> (last visited Mar. 24, 2025).

apply for privileges to practice in another member state under the PT Compact.<sup>12</sup> In 2024, Florida enacted legislation to join the PT Compact.<sup>13</sup> However, the Executive Board of the PT Compact Commission identified material deviations in Florida’s legislation from the model compact language, rendering the state ineligible for membership.<sup>14</sup>

In a letter dated May 8, 2024, the PT Compact Commission identified the following material deviations in Florida’s implementation:<sup>15</sup>

- Florida’s compact language omits a definition of “party state,” a key term that appears in provisions governing enforcement of subpoenas and the interstate sharing of investigative information.
- Florida law excludes the requirement that licensees pay any applicable fees, including state and Commission fees, to exercise compact privileges. This would prohibit the Commission from collecting required compact fees.
- Florida law excludes the qualified immunity provided to the Compact Commission and its members under the model statute, exposing the Commission and other member states to potential liability beyond what was contemplated.
- Florida law applies the criminal background check requirement only to applicants for a compact privilege, whereas the model statute requires that all physical therapy licensure applicants complete background screening.

As a result, Florida licensees cannot obtain compact privileges to practice in other member states, and practitioners from compact states cannot practice in Florida under compact privileges. To enter the PT Compact, Florida laws<sup>16</sup> must be amended to align with the model compact language.

### **COVID-19 Vaccine and Testing Mandate Prohibitions**

In 2023, CS/SB 252 was enacted to prohibit a business entity,<sup>17</sup> governmental entity,<sup>18</sup> or educational institution<sup>19</sup> from requiring any person to provide any documentation certifying vaccination with listed vaccines or postinfection recovery from COVID-19, or requiring a COVID-19 test, in order to gain access, entry upon, or service from entity or institution.

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<sup>12</sup> Physical Therapy Compact Commission, *About the Compact*, available at <https://ptcompact.org/about-compact> (last visited Mar. 24, 2025).

<sup>13</sup> Chapter 2024-15, Laws of Florida, originating from Committee Substitute for Senate Bill No. 7016 (2024).

<sup>14</sup> Florida Board of Physical Therapy, *Important Information Related to CS/SB 7016 – Physical Therapy Compact*, available at <https://floridasphysicaltherapy.gov/latest-news/important-information-related-to-cs-sb-7016-physical-therapy-compact/> (last visited Mar. 24, 2025).

<sup>15</sup> Letter from Jeffrey M. Rosa, Compact Administrator, Physical Therapy Compact Commission, to Governor Ron DeSantis, Speaker Paul Renner, and Senate Majority Leader Ben Albritton (May 8, 2024) (on file with the Senate Committee on Health Policy).

<sup>16</sup> See s. 488.112, F.S.

<sup>17</sup> “Business entity” has the same meaning as in s. 606.03, F.S., and also includes a charitable organization as defined in s. 496.404, a corporation not for profit as defined in s. 617.01401, a private club, or any other business operating in this state.

<sup>18</sup> “Governmental entity” means the state or any political subdivision thereof, including the Executive, Legislative, and Judicial branches of government; the independent establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; or any agencies that are subject to chapter 286, F.S.

<sup>19</sup> “Educational institution” means a public or private school, including a preschool, elementary school, middle school, junior high school, secondary school, career center, or postsecondary school.

The 2023 bill, now codified in ss. 381.00316 and 381.00319, F.S., applies to the following vaccines:

- “COVID-19 vaccine” means a preparation designed to stimulate the human body’s immune response against COVID-19.
- “Emergency use authorization vaccine” means any vaccine that is authorized for emergency use under 21 U.S.C. 360bbb-3(a)(1) and qualifies as an unapproved product under 21 U.S.C. 360bbb-3(a)(2)(A).
- “Messenger ribonucleic acid vaccine” means any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body’s immune system to generate an immune response.

Those statutes prohibit:

- Requiring such documentation or testing as a condition of contracting, hiring, promotion, or continued employment;
- Using a knowledge or belief of a person’s vaccination with any of the listed vaccines or COVID-19 postinfection status, or a person’s failure to take a COVID-19 test, to:
  - Refuse to hire, or discharge, the person;
  - Deprive or attempt to deprive the person of employment opportunities;
  - Adversely affect the person’s status as an employee or as an applicant; or
  - Otherwise discriminate against the person.

Current law also provides that if a governmental entity fails to comply with the above provisions, an employee terminated based on such noncompliance is eligible for reemployment assistance under ch. 443, F.S., in addition to any other remedies available for such violation.

Additionally, for matters related to any vaccine other than a defined vaccine, a defined entity or institution must provide for reasonable religious and medical accommodations in compliance with federal law.

The definitions for “messenger ribonucleic acid vaccine” in ss. 381.00316 and 381.00319, F.S., will automatically expire on June 1, 2025, effectively eliminating the prohibitions relating to that type of vaccine on that date.

### ***Messenger Ribonucleic Acid (mRNA) Vaccines***

Messenger RNA is a molecule that contains the instructions or recipe that directs cells in the human body to make a protein using their natural machinery. To enter cells smoothly, mRNA travels within a protective bubble called a Lipid Nanoparticle. Once inside, mRNA causes cells to read the mRNA as a set of instructions, building proteins that match parts of the pathogen called antigens. The immune system sees these foreign antigens as invaders, dispatching defenders called antibodies and T-cells, and training the immune system for potential future attacks. So, if and when the real virus comes along, the body might recognize it, sounding the alarm to help defend against infection and illness.

Though many people first became aware of mRNA technology because of COVID-19 vaccines, the technology is not new to the scientific community. For decades, scientists have studied mRNA, looking for ways to unlock its potential to prevent and treat disease. While the

mechanism of action for mRNA technology is relatively simple, researchers have worked for years to develop technologies to allow mRNA to work in the real world.<sup>20</sup>

Current research is ongoing for mRNA vaccines for various infectious diseases, including HIV, Hepatitis C, Influenza, Malaria, and Tuberculosis. Additionally, researchers are working on mRNA vaccines for cancer and genetic diseases as well as treatments for food and environmental allergies.<sup>21</sup>

## **MMTC and CMTL Requirements**

### ***Background Screening Requirements***

Because MMTCs and CMTLs handle medical marijuana, they are required to ensure that all owners, managers, and employees of the MMTC or CMTL have passed a level II background screening pursuant to the requirements specified in ss. 381.986(9) and 381.988(1)(d), F.S., respectively. In addition to the standard requirements for a Level II background screening, both sections also specify that any person who has an arrest awaiting final disposition for, has been found guilty of, regardless of adjudication, or has entered a plea of nolo contendere or guilty to an offense under chs. 837,<sup>22</sup> 895,<sup>23</sup> or 896,<sup>24</sup> F.S., or similar law of another jurisdiction. Current law also prohibits exemptions from disqualification for the purposes of owning, managing, or being employed by a MMTC or CMTL.

### ***FBI Requirements for MMTC and CMTL Background Screening Statutes***

According to the DOH, background screenings are conducted using information systems controlled by the Federal Bureau of Investigation (FBI). Through the Florida Department of Law Enforcement (FDLE), the FBI has communicated that the department may not use the FBI's background check system to perform this regulatory requirement for certain categories of CMTL personnel until the DOH defines the terms "owner," "manager," and "employee" in statute, rather than rule. The FBI's basis for the need to define said terms in statute is that the terms fail to comply with Pub. L. 92-544.<sup>25</sup> Failure to update statutory language could result in loss of access to background screening tools necessary to perform background screenings required by ss. 381.986 and 381.988, F.S. The DOH has been given a grace period to effectuate these changes through July 1, 2026.<sup>26</sup>

### ***Diversions Reporting Requirements***

Section 381.986(8)(f)10, F.S. requires MMTCs to report to local law enforcement within 24 hours after the MMTC is notified of or becomes aware of theft, diversion, or loss of

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<sup>20</sup> Pfizer, *Harnessing the Potential of mRNA*, available at <https://www.pfizer.com/science/innovation/mrna-technology>, (last visited Mar. 30, 2025).

<sup>21</sup> Penn Medicine, *The Future of mRNA Vaccines*, available at <https://www.pennmedicine.org/mrna>, (last visited Mar. 30, 2025).

<sup>22</sup> Related to perjury.

<sup>23</sup> Related to racketeering and illegal debts.

<sup>24</sup> Related to illegal financial transactions.

<sup>25</sup> For more info see <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/public-law-92-544>, (last visited Mar. 28, 2025).

<sup>26</sup> *Supra* note 1.



marijuana. Current law does not require the MMTC to report attempted theft, diversion, or loss of marijuana nor does it require the MMTC to notify the DOH of either attempted or actual theft, diversion, or loss of marijuana.

### III. Effect of Proposed Changes:

**Section 1** of the bill reenacts s. 381.00316(2)(g), F.S., to preserve the statutory definition of “messenger ribonucleic acid vaccine.”<sup>27</sup> This reenactment maintains the operative provisions of s. 381.00316, F.S., which prohibits discrimination by governmental and business entities based on vaccine status, including messenger ribonucleic acid vaccine status, beyond the scheduled repeal date of June 1, 2025.

**Section 2** of the bill reenacts s. 381.00319(1)(e), F.S., which cross-references the definition of “messenger ribonucleic acid vaccine” in s. 381.00316, F.S., as applied to educational institutions. This ensures continuity of statutory prohibitions on COVID-19 testing, mask, and vaccination mandates for schools and universities.

**Section 3** of the bill repeals section 9 of Chapter 2023-43, L.O.F., which, but for its own repeal, is scheduled to repeal the statutory definition of “messenger ribonucleic acid vaccine” in both s. 381.00316(2)(g) and s. 381.00319(1)(e), F.S., on June 1, 2025. This repeal would ensure the continued enforceability of the statutory definition.

**Section 4** of the bill amends s. 381.986, F.S., to define, related to background screening requirements for MMTCs, the terms:

- “Owner” to mean any person who owns or controls a five percent or greater share of interests of the applicant or MMTC which include beneficial or voting rights to interests. In the event that one person owns a beneficial right to interests and another person holds the voting rights with respect to such interests, then in such case, both are considered the owner of such interests.
- “Manager” to mean any person with the authority to exercise or contribute to the operational control, direction, or management of an applicant or MMTC or who has authority to supervise any employee of an applicant or MMTC. This includes officers and board members.
- “Employee” to mean any person who is employed by a MMTC licensee in any capacity, including those whose duties involve any aspect of the cultivation, processing, transportation, or dispensing of marijuana. This requirement applies to all employees, regardless of the compensation received.

The bill also requires MMTCs to report any actual or attempted theft, diversion, or loss of marijuana to local law enforcement and notify the DOH of the actual or attempted theft, diversion, or loss of marijuana by email.

**Section 5** of the bill amends s. 381.988, F.S., to define, related to background screening requirements for CMTLs, the terms:

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<sup>27</sup> “Messenger ribonucleic acid vaccine” means any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body’s immune system to generate an immune response.

- “Owner” to mean any person who owns or controls a five percent or greater share of interests of the applicant or CMTL which include beneficial or voting rights to interests. In the event that one person owns a beneficial right to interests and another person holds the voting rights with respect to such interests, then in such case, both are considered the owner of such interests.
- “Manager” to mean any person with authority to exercise or contribute to the operational control, direction, or management of an applicant or CMTL or who has authority to supervise any employee of an applicant or a CMTL. This includes officers and board members.
- “Employee” to mean any person whose duties or activities involve any aspect of regulatory compliance testing or research and development testing of marijuana for a CMTL, regardless of whether such person is compensated for his or her work.

**Section 6** of the bill repeals s. 383.141, F.S., eliminating the Information Clearinghouse on Developmental Disabilities and its Advisory Council. Additionally, the repeal removes a requirement for a health care provider who ordered a prenatal test that led to a developmental disability diagnosis to provide the patient with current information about the nature of the developmental disability, the accuracy of the prenatal test, and resources for obtaining relevant support services, including hotlines, resource centers, and information clearinghouses related to Down syndrome or other prenatally diagnosed developmental disabilities (such as Bright Expectations); support programs for parents and families; and developmental evaluation and intervention services under this part.

**Section 7** of the bill repeals s. 385.203, F.S., eliminating the Diabetes Advisory Council and its biennial report.

**Section 8** of the bill repeals s. 391.221, F.S., eliminating the Statewide Children’s Medical Services Network Advisory Council.

**Section 9** of the bill repeals s. 397.333, F.S., eliminating the Statewide Drug Policy Advisory Council.

**Section 10** of the bill amends s. 409.818, F.S., to remove all references to the Florida KidCare Coordinating Council.

**Section 11** of the bill repeals s. 413.271, F.S., eliminating the Florida Coordinating Council for the Deaf and Hard of Hearing.

**Section 12** of the bill repeals s. 514.028, F.S., eliminating the Swimming Pool Advisory Review Board.

**Section 13** of the bill amends s. 456.0145, F.S., to revise the eligibility criteria for licensure under the MOBILE (Mobile Opportunity by Interstate Licensure Endorsement) Act by:

- Reducing the practice requirement from three years to two years.
- Providing that an applicant who has had his or her conduct reported in the National Practitioner Data Bank may be eligible for licensure under the MOBILE Act if the conduct reported would not constitute a violation of Florida law or rule.

*Board of Athletic Training*

**Sections 14 through 21** of the bill repeal s. 468.703, F.S., and amend related sections in ch. 468, part XIII, F.S., to eliminate the Board of Athletic Training and transfer regulatory authority to the DOH.

**Section 15** repeals s. 468.703, F.S., which establishes the board.

**Sections 14 and 16 through 22** amend ss. 468.701, 468.705, 468.707, 468.709, 468.711, 468.713, 468.719, and 468.723, F.S., respectively, to remove responsibilities assigned to the board and shift them to the DOH.

*Board of Orthotists and Prosthetists*

**Sections 23 through 31** of the bill amend part XIV, of ch. 468, F.S., to eliminate the Board of Orthotists and Prosthetists and transfer its regulatory functions to the DOH.

**Section 24** repeals s. 468.801, F.S., which establishes the board.

**Sections 23 and 25 through 31** amend ss. 468.80, 468.802, 468.803, 468.806, 468.808, 468.809, 468.8095, and 468.811, F.S., respectively, to remove responsibilities assigned to the board and shift them to the DOH.

*Board of Opticianry*

**Sections 32 through 44** amend part I, of ch. 484, F.S., to eliminate the Board of Opticianry and transfer its functions to the DOH.

**Section 33** repeals s. 484.003, F.S., which establishes the board.

**Section 34** repeals s. 484.004, F.S., relating to board headquarters.

**Sections 32 and 35 through 44** amend ss. 484.002, 484.005, 484.006, 484.007, 484.008, 484.009, 484.011, 484.012, 484.013, 484.014, and 484.017, F.S., respectively to remove all mentions of the board and to shift responsibilities assigned to the board to the DOH.

*Board of Hearing Aid Specialists*

**Sections 45 through 57** amend part II, of ch. 484, F.S., to eliminate the Board of Hearing Aid Specialists and transfer regulatory authority to the DOH.

**Section 46** repeals s. 484.042, F.S., which establishes the board.

**Section 47** repeals s. 484.043, F.S., relating to board headquarters.

**Section 45 and 48 through 57** amend ss. 484.041, 484.044, 484.0445, 484.0447, 484.045, 484.047, 484.0501, 484.0512, 484.053, 484.056, and 484.059, F.S., respectively, to remove all mentions of the board and to shift responsibilities assigned to the board to the DOH.

**Section 58** of the bill amends s. 486.112, F.S., to conform provisions of the Physical Therapy Licensure Compact to cure one material deviation by conforming to the compact model language relating to the term “party state.”

**Section 59** of the bill amends s. 20.43, F.S., to alter the DOH’s organizational structure by removing references to the repealed regulatory boards and councils.

**Sections 60 and 61** amend ss. 943.031 and 943.042, F.S., to delete references to the Statewide Drug Policy Advisory Council, which conforms to changes made in section 9 of the bill.

**Section 63** amends s. 1004.6495, F.S., to delete a reference to the Information Clearinghouse on Developmental Disabilities Advisory Council, which conforms to changes made in section 6 of the bill.

**Section 64** of the bill requires the DOH to conduct a comprehensive study of all boards and councils under its jurisdiction. The study must assess the structure, function, efficiency, and necessity of each body. DOH must submit a report of its findings and recommendations to the Governor, President of the Senate, and Speaker of the House of Representatives by December 1, 2025.

**Section 65** provides an effective date of July 1, 2025.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

Under the bill, the DOH would experience an indeterminate fiscal impact from transferring oversight of four professions from regulatory boards to the department itself. However, the DOH may experience a positive fiscal impact from eliminating seven advisory councils as proposed in the bill. The DOH may also incur non-recurring costs to conduct the study of boards and councils required.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 20.43, 381.986, 381.988, 409.818, 456.0145, 468.701, 468.705, 468.707, 468.709, 468.711, 468.713, 468.719, 468.723, 468.80, 468.802, 468.803, 468.806, 468.808, 468.809, 468.8095, 468.811, 484.002, 484.005, 484.006, 484.007, 484.008, 484.009, 484.011, 484.012, 484.013, 484.014, 484.017, 484.041, 484.044, 484.0445, 484.0447, 484.045, 484.047, 484.0501, 484.0512, 484.053, 484.056, 484.059, 486.112, 943.031, 943.042, and 1004.6495.

This bill reenacts the following sections of the Florida Statutes: 381.00316 and 381.00319.

This bill repeals the following sections of the Florida Statutes: 383.141, 385.203, 391.221, 397.333, 413.271, 468.703, 468.801, 484.003, 484.004, 484.042, and 484.043.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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