

By the Committee on Health Policy; and Senator Collins

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1                   A bill to be entitled  
2           An act relating to the Department of Health;  
3           reenacting ss. 381.00316(2)(g) and 381.00319(1)(e),  
4           F.S., relating to the prohibition on discrimination by  
5           governmental and business entities based on health  
6           care choices and the prohibition on mask mandates and  
7           vaccination and testing mandates for educational  
8           institutions, respectively, for purposes of preserving  
9           the definition of the term "messenger ribonucleic acid  
10          vaccine" notwithstanding its scheduled repeal;  
11          repealing s. 9 of chapter 2023-43, Laws of Florida,  
12          which provides for the repeal of the definition of the  
13          term "messenger ribonucleic acid vaccine"; amending s.  
14          381.026, F.S.; revising the rights of patients, which  
15          each health care provider and facility are required to  
16          observe, to include that such facilities and providers  
17          may not discriminate based on a patient's vaccination  
18          status; amending s. 381.986, F.S.; defining terms for  
19          purposes of background screening requirements for  
20          persons affiliated with medical marijuana treatment  
21          centers; requiring medical marijuana treatment centers  
22          to notify the Department of Health through electronic  
23          mail within a specified timeframe after an actual or  
24          attempted theft, diversion, or loss of marijuana;  
25          requiring medical marijuana treatment centers to  
26          report attempted thefts, in addition to actual thefts,  
27          to law enforcement within a specified timeframe;  
28          amending s. 381.988, F.S.; defining terms for purposes  
29          of background screening requirements for persons

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30 affiliated with medical marijuana testing  
31 laboratories; amending s. 456.0145, F.S.; revising  
32 eligibility criteria for licensure by endorsement  
33 under the MOBILE Act; amending ss. 458.315 and  
34 459.0076, F.S.; authorizing certain physician  
35 assistants to be issued temporary certificates for  
36 practice in areas of critical need; amending s.  
37 486.112, F.S.; defining the term "party state";  
38 authorizing a remote state to issue subpoenas to  
39 individuals to testify or for the production of  
40 evidence from a party located in a party state;  
41 providing that such subpoenas are enforceable in the  
42 party state; requiring that investigative information  
43 pertaining to certain licensees in a certain system be  
44 available only to other party states; revising  
45 construction and severability of the compact to  
46 conform to changes made by the act; amending s.  
47 766.1115, F.S.; revising the definition of the term  
48 "health care provider" or "provider"; providing  
49 effective dates.

50  
51 Be It Enacted by the Legislature of the State of Florida:

52  
53 Section 1. Effective upon becoming a law, or, if this act  
54 fails to become a law until after June 1, 2025, operating  
55 retroactively to June 1, 2025, notwithstanding the scheduled  
56 repeal in section 9 of chapter 2023-43, Laws of Florida,  
57 paragraph (g) of subsection (2) of section 381.00316, Florida  
58 Statutes, is reenacted to read:

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59 381.00316 Discrimination by governmental and business  
60 entities based on health care choices; prohibition.-

61 (2) As used in this section, the term:

62 (g) "Messenger ribonucleic acid vaccine" means any vaccine  
63 that uses laboratory-produced messenger ribonucleic acid to  
64 trigger the human body's immune system to generate an immune  
65 response.

66 Section 2. Effective upon becoming a law, or, if this act  
67 fails to become a law until after June 1, 2025, operating  
68 retroactively to June 1, 2025, notwithstanding the scheduled  
69 repeal in section 9 of chapter 2023-43, Laws of Florida,  
70 paragraph (e) of subsection (1) of section 381.00319, Florida  
71 Statutes, is reenacted to read:

72 381.00319 Prohibition on mask mandates and vaccination and  
73 testing mandates for educational institutions.-

74 (1) For purposes of this section, the term:

75 (e) "Messenger ribonucleic acid vaccine" has the same  
76 meaning as in s. 381.00316.

77 Section 3. Effective upon becoming a law, or, if this act  
78 fails to become a law until after June 1, 2025, operating  
79 retroactively to June 1, 2025, section 9 of chapter 2023-43,  
80 Laws of Florida, is repealed.

81 Section 4. Paragraphs (b) and (d) of subsection (4) and  
82 subsection (6) of section 381.026, Florida Statutes, are amended  
83 to read:

84 381.026 Florida Patient's Bill of Rights and  
85 Responsibilities.-

86 (4) RIGHTS OF PATIENTS.-Each health care facility or  
87 provider shall observe the following standards:

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88 (b) *Information.*—

89 1. A patient has the right to know the name, function, and  
90 qualifications of each health care provider who is providing  
91 medical services to the patient. A patient may request such  
92 information from his or her responsible provider or the health  
93 care facility in which he or she is receiving medical services.

94 2. A patient in a health care facility has the right to  
95 know what patient support services are available in the  
96 facility.

97 3. A patient has the right to be given by his or her health  
98 care provider information concerning diagnosis, planned course  
99 of treatment, alternatives, risks, and prognosis, unless it is  
100 medically inadvisable or impossible to give this information to  
101 the patient, in which case the information must be given to the  
102 patient's guardian or a person designated as the patient's  
103 representative. A patient has the right to refuse this  
104 information.

105 4. A patient has the right to refuse any treatment based on  
106 information required by this paragraph, except as otherwise  
107 provided by law. The responsible provider shall document any  
108 such refusal.

109 5. A patient in a health care facility has the right to  
110 know what facility rules and regulations apply to patient  
111 conduct.

112 6. A patient has the right to express grievances to a  
113 health care provider, a health care facility, or the appropriate  
114 state licensing agency regarding alleged violations of patients'  
115 rights. A patient has the right to know the health care  
116 provider's or health care facility's procedures for expressing a

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117 grievance.

118       7. A patient in a health care facility who does not speak  
119 English has the right to be provided an interpreter when  
120 receiving medical services if the facility has a person readily  
121 available who can interpret on behalf of the patient.

122       8. A health care provider or health care facility shall  
123 respect a patient's right to privacy and should refrain from  
124 making a written inquiry or asking questions concerning the  
125 ownership of a firearm or ammunition by the patient or by a  
126 family member of the patient, or the presence of a firearm in a  
127 private home or other domicile of the patient or a family member  
128 of the patient. Notwithstanding this provision, a health care  
129 provider or health care facility that in good faith believes  
130 that this information is relevant to the patient's medical care  
131 or safety, or safety of others, may make such a verbal or  
132 written inquiry.

133       9. A patient may decline to answer or provide any  
134 information regarding ownership of a firearm by the patient or a  
135 family member of the patient, or the presence of a firearm in  
136 the domicile of the patient or a family member of the patient. A  
137 patient's decision not to answer a question relating to the  
138 presence or ownership of a firearm does not alter existing law  
139 regarding a physician's authorization to choose his or her  
140 patients.

141       10. A health care provider or health care facility may not  
142 discriminate against a patient based solely upon the patient's  
143 exercise of the constitutional right to own and possess firearms  
144 or ammunition.

145       11. A health care provider or health care facility shall

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146 respect a patient's legal right to own or possess a firearm and  
147 should refrain from unnecessarily harassing a patient about  
148 firearm ownership during an examination.

149 12. A health care provider or health care facility may not  
150 discriminate against a patient based solely upon the patient's  
151 vaccination status.

152 (d) *Access to health care.*—

153 1. A patient has the right to impartial access to medical  
154 treatment or accommodations, regardless of race, national  
155 origin, religion, handicap, vaccination status, or source of  
156 payment.

157 2. A patient has the right to treatment for any emergency  
158 medical condition that will deteriorate from failure to provide  
159 such treatment.

160 3. A patient has the right to access any mode of treatment  
161 that is, in his or her own judgment and the judgment of his or  
162 her health care practitioner, in the best interests of the  
163 patient, including complementary or alternative health care  
164 treatments, in accordance with the provisions of s. 456.41.

165 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health care  
166 provider who treats a patient in an office or any health care  
167 facility licensed under chapter 395 that provides emergency  
168 services and care or outpatient services and care to a patient,  
169 or admits and treats a patient, shall adopt and make available  
170 to the patient, in writing, a statement of the rights and  
171 responsibilities of patients, including the following:

172  
173 SUMMARY OF THE FLORIDA PATIENT'S BILL  
174 OF RIGHTS AND RESPONSIBILITIES

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Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so

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204 would risk the safety or health of the patient, other  
205 patients, or staff of the facility or office or cannot  
206 be reasonably accommodated by the facility or  
207 provider.

208 A patient has the right to know what rules and  
209 regulations apply to his or her conduct.

210 A patient has the right to be given by the health  
211 care provider information concerning diagnosis,  
212 planned course of treatment, alternatives, risks, and  
213 prognosis.

214 A patient has the right to refuse any treatment,  
215 except as otherwise provided by law.

216 A patient has the right to be given, upon  
217 request, full information and necessary counseling on  
218 the availability of known financial resources for his  
219 or her care.

220 A patient who is eligible for Medicare has the  
221 right to know, upon request and in advance of  
222 treatment, whether the health care provider or health  
223 care facility accepts the Medicare assignment rate.

224 A patient has the right to receive, upon request,  
225 prior to treatment, a reasonable estimate of charges  
226 for medical care.

227 A patient has the right to receive a copy of a  
228 reasonably clear and understandable, itemized bill  
229 and, upon request, to have the charges explained.

230 A patient has the right to impartial access to  
231 medical treatment or accommodations, regardless of  
232 race, national origin, religion, handicap, vaccination



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233 status, or source of payment.

234 A patient has the right to treatment for any  
235 emergency medical condition that will deteriorate from  
236 failure to provide treatment.

237 A patient has the right to know if medical  
238 treatment is for purposes of experimental research and  
239 to give his or her consent or refusal to participate  
240 in such experimental research.

241 A patient has the right to express grievances  
242 regarding any violation of his or her rights, as  
243 stated in Florida law, through the grievance procedure  
244 of the health care provider or health care facility  
245 which served him or her and to the appropriate state  
246 licensing agency.

247 A patient is responsible for providing to the  
248 health care provider, to the best of his or her  
249 knowledge, accurate and complete information about  
250 present complaints, past illnesses, hospitalizations,  
251 medications, and other matters relating to his or her  
252 health.

253 A patient is responsible for reporting unexpected  
254 changes in his or her condition to the health care  
255 provider.

256 A patient is responsible for reporting to the  
257 health care provider whether he or she comprehends a  
258 contemplated course of action and what is expected of  
259 him or her.

260 A patient is responsible for following the  
261 treatment plan recommended by the health care

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262 provider.

263 A patient is responsible for keeping appointments  
264 and, when he or she is unable to do so for any reason,  
265 for notifying the health care provider or health care  
266 facility.

267 A patient is responsible for his or her actions  
268 if he or she refuses treatment or does not follow the  
269 health care provider's instructions.

270 A patient is responsible for assuring that the  
271 financial obligations of his or her health care are  
272 fulfilled as promptly as possible.

273 A patient is responsible for following health  
274 care facility rules and regulations affecting patient  
275 care and conduct.

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277 Section 5. Paragraphs (b), (e), and (f) of subsection (8)  
278 of section 381.986, Florida Statutes, are amended to read:

279 381.986 Medical use of marijuana.—

280 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

281 (b) An applicant for licensure as a medical marijuana  
282 treatment center must ~~shall~~ apply to the department on a form  
283 prescribed by the department and adopted in rule. The department  
284 shall adopt rules pursuant to ss. 120.536(1) and 120.54  
285 establishing a procedure for the issuance and biennial renewal  
286 of licenses, including initial application and biennial renewal  
287 fees sufficient to cover the costs of implementing and  
288 administering this section, and establishing supplemental  
289 licensure fees for payment beginning May 1, 2018, sufficient to  
290 cover the costs of administering ss. 381.989 and 1004.4351. The

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291 department shall identify applicants with strong diversity plans  
292 reflecting this state's commitment to diversity and implement  
293 training programs and other educational programs to enable  
294 minority persons and minority business enterprises, as defined  
295 in s. 288.703, and veteran business enterprises, as defined in  
296 s. 295.187, to compete for medical marijuana treatment center  
297 licensure and contracts. Subject to the requirements in  
298 subparagraphs (a)2.-4., the department shall issue a license to  
299 an applicant if the applicant meets the requirements of this  
300 section and pays the initial application fee. The department  
301 shall renew the licensure of a medical marijuana treatment  
302 center biennially if the licensee meets the requirements of this  
303 section and pays the biennial renewal fee. However, the  
304 department may not renew the license of a medical marijuana  
305 treatment center that has not begun to cultivate, process, and  
306 dispense marijuana by the date that the medical marijuana  
307 treatment center is required to renew its license. An individual  
308 may not be an applicant, owner, officer, board member, or  
309 manager on more than one application for licensure as a medical  
310 marijuana treatment center. An individual or entity may not be  
311 awarded more than one license as a medical marijuana treatment  
312 center. An applicant for licensure as a medical marijuana  
313 treatment center must demonstrate:

314 1. That, for the 5 consecutive years before submitting the  
315 application, the applicant has been registered to do business in  
316 this ~~the~~ state.

317 2. Possession of a valid certificate of registration issued  
318 by the Department of Agriculture and Consumer Services pursuant  
319 to s. 581.131.

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320           3. The technical and technological ability to cultivate and  
321 produce marijuana, including, but not limited to, low-THC  
322 cannabis.

323           4. The ability to secure the premises, resources, and  
324 personnel necessary to operate as a medical marijuana treatment  
325 center.

326           5. The ability to maintain accountability of all raw  
327 materials, finished products, and any byproducts to prevent  
328 diversion or unlawful access to or possession of these  
329 substances.

330           6. An infrastructure reasonably located to dispense  
331 marijuana to registered qualified patients statewide or  
332 regionally as determined by the department.

333           7. The financial ability to maintain operations for the  
334 duration of the 2-year approval cycle, including the provision  
335 of certified financial statements to the department.

336           a. Upon approval, the applicant must post a \$5 million  
337 performance bond issued by an authorized surety insurance  
338 company rated in one of the three highest rating categories by a  
339 nationally recognized rating service. However, a medical  
340 marijuana treatment center serving at least 1,000 qualified  
341 patients is only required to maintain a \$2 million performance  
342 bond.

343           b. In lieu of the performance bond required under sub-  
344 subparagraph a., the applicant may provide an irrevocable letter  
345 of credit payable to the department or provide cash to the  
346 department. If provided with cash under this sub-subparagraph,  
347 the department must ~~shall~~ deposit the cash in the Grants and  
348 Donations Trust Fund within the Department of Health, subject to

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349 the same conditions as the bond regarding requirements for the  
350 applicant to forfeit ownership of the funds. If the funds  
351 deposited under this sub-subparagraph generate interest, the  
352 amount of that interest must ~~shall~~ be used by the department for  
353 the administration of this section.

354 8. That all owners, ~~officers, board members,~~ and managers  
355 have passed a background screening pursuant to subsection (9).

356 As used in this subparagraph, the term:

357 a. "Manager" means any person with the authority to  
358 exercise or contribute to the operational control, direction, or  
359 management of an applicant or a medical marijuana treatment  
360 center or who has authority to supervise any employee of an  
361 applicant or a medical marijuana treatment center. This includes  
362 officers and board members.

363 b. "Owner" means any person who owns or controls a 5  
364 percent or greater share of interests of the applicant or a  
365 medical marijuana treatment center which include beneficial or  
366 voting rights to interests. In the event that one person owns a  
367 beneficial right to interests and another person holds the  
368 voting rights with respect to such interests, then in such case,  
369 both are considered the owner of such interests.

370 9. The employment of a medical director to supervise the  
371 activities of the medical marijuana treatment center.

372 10. A diversity plan that promotes and ensures the  
373 involvement of minority persons and minority business  
374 enterprises, as defined in s. 288.703, or veteran business  
375 enterprises, as defined in s. 295.187, in ownership, management,  
376 and employment. An applicant for licensure renewal must show the  
377 effectiveness of the diversity plan by including the following

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378 with his or her application for renewal:

379 a. Representation of minority persons and veterans in the  
380 medical marijuana treatment center's workforce;

381 b. Efforts to recruit minority persons and veterans for  
382 employment; and

383 c. A record of contracts for services with minority  
384 business enterprises and veteran business enterprises.

385 (e) A licensed medical marijuana treatment center shall  
386 cultivate, process, transport, and dispense marijuana for  
387 medical use. A licensed medical marijuana treatment center may  
388 not contract for services directly related to the cultivation,  
389 processing, and dispensing of marijuana or marijuana delivery  
390 devices, except that a medical marijuana treatment center  
391 licensed pursuant to subparagraph (a)1. may contract with a  
392 single entity for the cultivation, processing, transporting, and  
393 dispensing of marijuana and marijuana delivery devices. A  
394 licensed medical marijuana treatment center shall ~~must~~, at all  
395 times, maintain compliance with the criteria demonstrated and  
396 representations made in the initial application and the criteria  
397 established in this subsection. Upon request, the department may  
398 grant a medical marijuana treatment center a variance from the  
399 representations made in the initial application. Consideration  
400 of such a request must ~~shall~~ be based upon the individual facts  
401 and circumstances surrounding the request. A variance may not be  
402 granted unless the requesting medical marijuana treatment center  
403 can demonstrate to the department that it has a proposed  
404 alternative to the specific representation made in its  
405 application which fulfills the same or a similar purpose as the  
406 specific representation in a way that the department can

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407 reasonably determine will not be a lower standard than the  
408 specific representation in the application. A variance may not  
409 be granted from the requirements in subparagraph 2. and  
410 subparagraphs (b)1. and 2.

411 1. A licensed medical marijuana treatment center may  
412 transfer ownership to an individual or entity who meets the  
413 requirements of this section. A publicly traded corporation or  
414 publicly traded company that meets the requirements of this  
415 section is not precluded from ownership of a medical marijuana  
416 treatment center. To accommodate a change in ownership:

417 a. The licensed medical marijuana treatment center shall  
418 notify the department in writing at least 60 days before the  
419 anticipated date of the change of ownership.

420 b. The individual or entity applying for initial licensure  
421 due to a change of ownership must submit an application that  
422 must be received by the department at least 60 days before the  
423 date of change of ownership.

424 c. Upon receipt of an application for a license, the  
425 department shall examine the application and, within 30 days  
426 after receipt, notify the applicant in writing of any apparent  
427 errors or omissions and request any additional information  
428 required.

429 d. Requested information omitted from an application for  
430 licensure must be filed with the department within 21 days after  
431 the department's request for omitted information or the  
432 application will ~~shall~~ be deemed incomplete and ~~shall be~~  
433 withdrawn from further consideration and the fees ~~shall be~~  
434 forfeited.

435 e. Within 30 days after the receipt of a complete

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436 application, the department shall approve or deny the  
437 application.

438 2. A medical marijuana treatment center, and any individual  
439 or entity who directly or indirectly owns, controls, or holds  
440 with power to vote 5 percent or more of the voting shares of a  
441 medical marijuana treatment center, may not acquire direct or  
442 indirect ownership or control of any voting shares or other form  
443 of ownership of any other medical marijuana treatment center.

444 3. A medical marijuana treatment center may not enter into  
445 any form of profit-sharing arrangement with the property owner  
446 or lessor of any of its facilities where cultivation,  
447 processing, storing, or dispensing of marijuana and marijuana  
448 delivery devices occurs.

449 4. All employees of a medical marijuana treatment center  
450 must be 21 years of age or older and have passed a background  
451 screening pursuant to subsection (9). As used in this  
452 subparagraph, the term "employee" means any person employed by a  
453 medical marijuana treatment center licensee in any capacity,  
454 including those whose duties involve any aspect of the  
455 cultivation, processing, transportation, or dispensing of  
456 marijuana. This requirement applies to all employees, regardless  
457 of the compensation received.

458 5. Each medical marijuana treatment center must adopt and  
459 enforce policies and procedures to ensure employees and  
460 volunteers receive training on the legal requirements to  
461 dispense marijuana to qualified patients.

462 6. When growing marijuana, a medical marijuana treatment  
463 center:

464 a. May use pesticides determined by the department, after



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465 consultation with the Department of Agriculture and Consumer  
466 Services, to be safely applied to plants intended for human  
467 consumption, but may not use pesticides designated as  
468 restricted-use pesticides pursuant to s. 487.042.

469 b. Must grow marijuana within an enclosed structure and in  
470 a room separate from any other plant.

471 c. Must inspect seeds and growing plants for plant pests  
472 that endanger or threaten the horticultural and agricultural  
473 interests of the state in accordance with chapter 581 and any  
474 rules adopted thereunder.

475 d. Must perform fumigation or treatment of plants, or  
476 remove and destroy infested or infected plants, in accordance  
477 with chapter 581 and any rules adopted thereunder.

478 7. Each medical marijuana treatment center must produce and  
479 make available for purchase at least one low-THC cannabis  
480 product.

481 8. A medical marijuana treatment center that produces  
482 edibles must hold a permit to operate as a food establishment  
483 pursuant to chapter 500, the Florida Food Safety Act, and must  
484 comply with all the requirements for food establishments  
485 pursuant to chapter 500 and any rules adopted thereunder.  
486 Edibles may not contain more than 200 milligrams of  
487 tetrahydrocannabinol, and a single serving portion of an edible  
488 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles  
489 may not have a potency variance ~~of no~~ greater than 15 percent.  
490 Marijuana products, including edibles, may not be attractive to  
491 children; be manufactured in the shape of humans, cartoons, or  
492 animals; be manufactured in a form that bears any reasonable  
493 resemblance to products available for consumption as

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494 commercially available candy; or contain any color additives. To  
495 discourage consumption of edibles by children, the department  
496 shall determine by rule any shapes, forms, and ingredients  
497 allowed and prohibited for edibles. Medical marijuana treatment  
498 centers may not begin processing or dispensing edibles until  
499 after the effective date of the rule. The department shall also  
500 adopt sanitation rules providing the standards and requirements  
501 for the storage, display, or dispensing of edibles.

502 9. Within 12 months after licensure, a medical marijuana  
503 treatment center must demonstrate to the department that all of  
504 its processing facilities have passed a Food Safety Good  
505 Manufacturing Practices, such as Global Food Safety Initiative  
506 or equivalent, inspection by a nationally accredited certifying  
507 body. A medical marijuana treatment center must immediately stop  
508 processing at any facility which fails to pass this inspection  
509 until it demonstrates to the department that such facility has  
510 met this requirement.

511 10. A medical marijuana treatment center that produces  
512 prerolled marijuana cigarettes may not use wrapping paper made  
513 with tobacco or hemp.

514 11. When processing marijuana, a medical marijuana  
515 treatment center must:

516 a. Process the marijuana within an enclosed structure and  
517 in a room separate from other plants or products.

518 b. Comply with department rules when processing marijuana  
519 with hydrocarbon solvents or other solvents or gases exhibiting  
520 potential toxicity to humans. The department shall determine by  
521 rule the requirements for medical marijuana treatment centers to  
522 use such solvents or gases exhibiting potential toxicity to

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523 humans.

524 c. Comply with federal and state laws and regulations and  
525 department rules for solid and liquid wastes. The department  
526 shall determine by rule procedures for the storage, handling,  
527 transportation, management, and disposal of solid and liquid  
528 waste generated during marijuana production and processing. The  
529 Department of Environmental Protection shall assist the  
530 department in developing such rules.

531 d. Test the processed marijuana using a medical marijuana  
532 testing laboratory before it is dispensed. Results must be  
533 verified and signed by two medical marijuana treatment center  
534 employees. Before dispensing, the medical marijuana treatment  
535 center must determine that the test results indicate that low-  
536 THC cannabis meets the definition of low-THC cannabis, the  
537 concentration of tetrahydrocannabinol meets the potency  
538 requirements of this section, the labeling of the concentration  
539 of tetrahydrocannabinol and cannabidiol is accurate, and all  
540 marijuana is safe for human consumption and free from  
541 contaminants that are unsafe for human consumption. The  
542 department shall determine by rule which contaminants must be  
543 tested for and the maximum levels of each contaminant which are  
544 safe for human consumption. The Department of Agriculture and  
545 Consumer Services shall assist the department in developing the  
546 testing requirements for contaminants that are unsafe for human  
547 consumption in edibles. The department shall also determine by  
548 rule the procedures for the treatment of marijuana that fails to  
549 meet the testing requirements of this section, s. 381.988, or  
550 department rule. The department may select samples of marijuana  
551 from a medical marijuana treatment center facility which shall

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552 be tested by the department to determine whether the marijuana  
553 meets the potency requirements of this section, is safe for  
554 human consumption, and is accurately labeled with the  
555 tetrahydrocannabinol and cannabidiol concentration or to verify  
556 the result of marijuana testing conducted by a marijuana testing  
557 laboratory. The department may also select samples of marijuana  
558 delivery devices from a medical marijuana treatment center to  
559 determine whether the marijuana delivery device is safe for use  
560 by qualified patients. A medical marijuana treatment center may  
561 not require payment from the department for the sample. A  
562 medical marijuana treatment center must recall marijuana,  
563 including all marijuana and marijuana products made from the  
564 same batch of marijuana, that fails to meet the potency  
565 requirements of this section, that is unsafe for human  
566 consumption, or for which the labeling of the  
567 tetrahydrocannabinol and cannabidiol concentration is  
568 inaccurate. The department shall adopt rules to establish  
569 marijuana potency variations of no greater than 15 percent using  
570 negotiated rulemaking pursuant to s. 120.54(2)(d) which accounts  
571 for, but is not limited to, time lapses between testing, testing  
572 methods, testing instruments, and types of marijuana sampled for  
573 testing. The department may not issue any recalls for product  
574 potency as it relates to product labeling before issuing a rule  
575 relating to potency variation standards. A medical marijuana  
576 treatment center must also recall all marijuana delivery devices  
577 determined to be unsafe for use by qualified patients. The  
578 medical marijuana treatment center must retain records of all  
579 testing and samples of each homogeneous batch of marijuana for  
580 at least 9 months. The medical marijuana treatment center must

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581 contract with a marijuana testing laboratory to perform audits  
582 on the medical marijuana treatment center's standard operating  
583 procedures, testing records, and samples and provide the results  
584 to the department to confirm that the marijuana or low-THC  
585 cannabis meets the requirements of this section and that the  
586 marijuana or low-THC cannabis is safe for human consumption. A  
587 medical marijuana treatment center shall reserve two processed  
588 samples from each batch and retain such samples for at least 9  
589 months for the purpose of such audits. A medical marijuana  
590 treatment center may use a laboratory that has not been  
591 certified by the department under s. 381.988 until such time as  
592 at least one laboratory holds the required certification, but in  
593 no event later than July 1, 2018.

594 e. Package the marijuana in compliance with the United  
595 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.  
596 1471 et seq.

597 f. Package the marijuana in a receptacle that has a firmly  
598 affixed and legible label stating the following information:

599 (I) The marijuana or low-THC cannabis meets the  
600 requirements of sub-subparagraph d.

601 (II) The name of the medical marijuana treatment center  
602 from which the marijuana originates.

603 (III) The batch number and harvest number from which the  
604 marijuana originates and the date dispensed.

605 (IV) The name of the physician who issued the physician  
606 certification.

607 (V) The name of the patient.

608 (VI) The product name, if applicable, and dosage form,  
609 including concentration of tetrahydrocannabinol and cannabidiol.

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610 The product name may not contain wording commonly associated  
611 with products that are attractive to children or which promote  
612 the recreational use of marijuana.

613 (VII) The recommended dose.

614 (VIII) A warning that it is illegal to transfer medical  
615 marijuana to another person.

616 (IX) A marijuana universal symbol developed by the  
617 department.

618 12. The medical marijuana treatment center shall include in  
619 each package a patient package insert with information on the  
620 specific product dispensed related to:

- 621 a. Clinical pharmacology.
- 622 b. Indications and use.
- 623 c. Dosage and administration.
- 624 d. Dosage forms and strengths.
- 625 e. Contraindications.
- 626 f. Warnings and precautions.
- 627 g. Adverse reactions.

628 13. In addition to the packaging and labeling requirements  
629 specified in subparagraphs 11. and 12., marijuana in a form for  
630 smoking must be packaged in a sealed receptacle with a legible  
631 and prominent warning to keep away from children and a warning  
632 that states marijuana smoke contains carcinogens and may  
633 negatively affect health. Such receptacles for marijuana in a  
634 form for smoking must be plain, opaque, and white without  
635 depictions of the product or images other than the medical  
636 marijuana treatment center's department-approved logo and the  
637 marijuana universal symbol.

638 14. The department shall adopt rules to regulate the types,

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639 appearance, and labeling of marijuana delivery devices dispensed  
640 from a medical marijuana treatment center. The rules must  
641 require marijuana delivery devices to have an appearance  
642 consistent with medical use.

643 15. Each edible must be individually sealed in plain,  
644 opaque wrapping marked only with the marijuana universal symbol.  
645 Where practical, each edible must be marked with the marijuana  
646 universal symbol. In addition to the packaging and labeling  
647 requirements in subparagraphs 11. and 12., edible receptacles  
648 must be plain, opaque, and white without depictions of the  
649 product or images other than the medical marijuana treatment  
650 center's department-approved logo and the marijuana universal  
651 symbol. The receptacle must also include a list of all the  
652 edible's ingredients, storage instructions, an expiration date,  
653 a legible and prominent warning to keep away from children and  
654 pets, and a warning that the edible has not been produced or  
655 inspected pursuant to federal food safety laws.

656 16. When dispensing marijuana or a marijuana delivery  
657 device, a medical marijuana treatment center:

658 a. May dispense any active, valid order for low-THC  
659 cannabis, medical cannabis and cannabis delivery devices issued  
660 pursuant to former s. 381.986, Florida Statutes 2016, which was  
661 entered into the medical marijuana use registry before July 1,  
662 2017.

663 b. May not dispense more than a 70-day supply of marijuana  
664 within any 70-day period to a qualified patient or caregiver.  
665 May not dispense more than one 35-day supply of marijuana in a  
666 form for smoking within any 35-day period to a qualified patient  
667 or caregiver. A 35-day supply of marijuana in a form for smoking

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668 may not exceed 2.5 ounces unless an exception to this amount is  
669 approved by the department pursuant to paragraph (4)(f).

670 c. Must have the medical marijuana treatment center's  
671 employee who dispenses the marijuana or a marijuana delivery  
672 device enter into the medical marijuana use registry his or her  
673 name or unique employee identifier.

674 d. Must verify that the qualified patient and the  
675 caregiver, if applicable, each have an active registration in  
676 the medical marijuana use registry and an active and valid  
677 medical marijuana use registry identification card, the amount  
678 and type of marijuana dispensed matches the physician  
679 certification in the medical marijuana use registry for that  
680 qualified patient, and the physician certification has not  
681 already been filled.

682 e. May not dispense marijuana to a qualified patient who is  
683 younger than 18 years of age. If the qualified patient is  
684 younger than 18 years of age, marijuana may only be dispensed to  
685 the qualified patient's caregiver.

686 f. May not dispense or sell any other type of cannabis,  
687 alcohol, or illicit drug-related product, including pipes or  
688 wrapping papers made with tobacco or hemp, other than a  
689 marijuana delivery device required for the medical use of  
690 marijuana and which is specified in a physician certification.

691 g. Must, upon dispensing the marijuana or marijuana  
692 delivery device, record in the registry the date, time,  
693 quantity, and form of marijuana dispensed; the type of marijuana  
694 delivery device dispensed; and the name and medical marijuana  
695 use registry identification number of the qualified patient or  
696 caregiver to whom the marijuana delivery device was dispensed.



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697 h. Must ensure that patient records are not visible to  
698 anyone other than the qualified patient, his or her caregiver,  
699 and authorized medical marijuana treatment center employees.

700 (f) To ensure the safety and security of premises where the  
701 cultivation, processing, storing, or dispensing of marijuana  
702 occurs, and to maintain adequate controls against the diversion,  
703 theft, and loss of marijuana or marijuana delivery devices, a  
704 medical marijuana treatment center shall:

705 1.a. Maintain a fully operational security alarm system  
706 that secures all entry points and perimeter windows and is  
707 equipped with motion detectors; pressure switches; and duress,  
708 panic, and hold-up alarms; and

709 b. Maintain a video surveillance system that records  
710 continuously 24 hours a day and meets the following criteria:

711 (I) Cameras are fixed in a place that allows for the clear  
712 identification of persons and activities in controlled areas of  
713 the premises. Controlled areas include grow rooms, processing  
714 rooms, storage rooms, disposal rooms or areas, and point-of-sale  
715 rooms.

716 (II) Cameras are fixed in entrances and exits to the  
717 premises, which must ~~shall~~ record from both indoor and outdoor,  
718 or ingress and egress, vantage points.

719 (III) Recorded images must clearly and accurately display  
720 the time and date.

721 (IV) Retain video surveillance recordings for at least 45  
722 days or longer upon the request of a law enforcement agency.

723 2. Ensure that the medical marijuana treatment center's  
724 outdoor premises have sufficient lighting from dusk until dawn.

725 3. Ensure that the indoor premises where dispensing occurs

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726 includes a waiting area with sufficient space and seating to  
727 accommodate qualified patients and caregivers and at least one  
728 private consultation area that is isolated from the waiting area  
729 and area where dispensing occurs. A medical marijuana treatment  
730 center may not display products or dispense marijuana or  
731 marijuana delivery devices in the waiting area.

732 4. Not dispense from its premises marijuana or a marijuana  
733 delivery device between the hours of 9 p.m. and 7 a.m., but may  
734 perform all other operations and deliver marijuana to qualified  
735 patients 24 hours a day.

736 5. Store marijuana in a secured, locked room or a vault.

737 6. Require at least two of its employees, or two employees  
738 of a security agency with whom it contracts, to be on the  
739 premises at all times where cultivation, processing, or storing  
740 of marijuana occurs.

741 7. Require each employee or contractor to wear a photo  
742 identification badge at all times while on the premises.

743 8. Require each visitor to wear a visitor pass at all times  
744 while on the premises.

745 9. Implement an alcohol and drug-free workplace policy.

746 10. Report to local law enforcement and notify the  
747 department through e-mail within 24 hours after the medical  
748 marijuana treatment center is notified or becomes aware of any  
749 actual or attempted ~~the~~ theft, diversion, or loss of marijuana.

750 Section 6. Paragraph (d) of subsection (1) of section  
751 381.988, Florida Statutes, is amended to read:

752 381.988 Medical marijuana testing laboratories; marijuana  
753 tests conducted by a certified laboratory.—

754 (1) A person or entity seeking to be a certified marijuana

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755 testing laboratory must:

756 (d) Require all employees, owners, and managers to submit  
757 to and pass a level 2 background screening pursuant to chapter  
758 435. The department shall deny certification if the person or  
759 entity seeking certification has a disqualifying offense as  
760 provided in s. 435.04 or has an arrest awaiting final  
761 disposition for, has been found guilty of, or has entered a plea  
762 of guilty or nolo contendere to, regardless of adjudication, any  
763 offense listed in chapter 837, chapter 895, or chapter 896 or  
764 similar law of another jurisdiction. Exemptions from  
765 disqualification as provided under s. 435.07 do not apply to  
766 this paragraph.

767 1. As used in this paragraph, the term:

768 a. "Employee" means any person whose duties or activities  
769 involve any aspect of regulatory compliance testing or research  
770 and development testing of marijuana for a certified marijuana  
771 testing laboratory, regardless of whether such person is  
772 compensated for his or her work.

773 b. "Manager" means any person with authority to exercise or  
774 contribute to the operational control, direction, or management  
775 of an applicant or certified marijuana testing laboratory or who  
776 has authority to supervise any employee of an applicant or a  
777 certified marijuana testing laboratory. This includes officers  
778 and board members.

779 c. "Owner" means any person who owns or controls a 5  
780 percent or greater share of interests of the applicant or a  
781 certified marijuana testing laboratory which include beneficial  
782 or voting rights to interests. In the event that one person owns  
783 a beneficial right to interests and another person holds the

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784 voting rights with respect to such interests, then in such case,  
785 both are considered the owner of such interests.

786 2. Such employees, owners, and managers must submit a full  
787 set of fingerprints to the department or to a vendor, entity, or  
788 agency authorized by s. 943.053(13). The department, vendor,  
789 entity, or agency shall forward the fingerprints to the  
790 Department of Law Enforcement for state processing, and the  
791 Department of Law Enforcement shall forward the fingerprints to  
792 the Federal Bureau of Investigation for national processing.

793 3.2. Fees for state and federal fingerprint processing and  
794 retention must ~~shall~~ be borne by the certified marijuana testing  
795 laboratory. The state cost for fingerprint processing is ~~shall~~  
796 ~~be~~ as provided in s. 943.053(3)(e) for records provided to  
797 persons or entities other than those specified as exceptions  
798 therein.

799 4.3. Fingerprints submitted to the Department of Law  
800 Enforcement pursuant to this paragraph must ~~shall~~ be retained by  
801 the Department of Law Enforcement as provided in s. 943.05(2)(g)  
802 and (h) and, when the Department of Law Enforcement begins  
803 participation in the program, enrolled in the Federal Bureau of  
804 Investigation's national retained print arrest notification  
805 program. Any arrest record identified must ~~shall~~ be reported to  
806 the department.

807 Section 7. Paragraph (c) of subsection (2) of section  
808 456.0145, Florida Statutes, is amended to read:

809 456.0145 Mobile Opportunity by Interstate Licensure  
810 Endorsement (MOBILE) Act.—

811 (2) LICENSURE BY ENDORSEMENT.—

812 (c) A person is ineligible for a license under this section

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813 if he or she:

814 1. Has a complaint, an allegation, or an investigation  
815 pending before a licensing entity in another state, the District  
816 of Columbia, or a possession or territory of the United States;

817 2. Has been convicted of or pled nolo contendere to,  
818 regardless of adjudication, any felony or misdemeanor related to  
819 the practice of a health care profession;

820 3. Has had a health care provider license revoked or  
821 suspended by another state, the District of Columbia, or a  
822 territory of the United States, or has voluntarily surrendered  
823 any such license in lieu of having disciplinary action taken  
824 against the license; or

825 4. Has been reported to the National Practitioner Data  
826 Bank, unless the applicant has successfully appealed to have his  
827 or her name removed from the data bank. If the reported adverse  
828 action was a result of conduct that would not constitute a  
829 violation of any law or rule in this state, the board, or the  
830 department if there is no board, may:

831 a. Approve the application;

832 b. Approve the application with restrictions on the scope  
833 of practice of the licensee;

834 c. Approve the application with placement of the licensee  
835 on probation for a period of time and subject to such conditions  
836 as the board, or the department if there is no board, may  
837 specify, including, but not limited to, requiring the applicant  
838 to submit to treatment, attend continuing education courses, or  
839 submit to reexamination; or

840 d. Deny the application.

841 Section 8. Subsection (1) of section 458.315, Florida

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842 Statutes, is amended to read:

843 458.315 Temporary certificate for practice in areas of  
844 critical need.—

845 (1) A physician ~~or physician assistant who is~~ licensed to  
846 practice in any jurisdiction of the United States ~~and~~ whose  
847 license is currently valid may be issued a temporary certificate  
848 for practice in areas of critical need. A physician seeking such  
849 certificate must pay an application fee of \$300. A physician  
850 assistant licensed to practice in any state of the United States  
851 or the District of Columbia whose license is currently valid may  
852 be issued a temporary certificate for practice in areas of  
853 critical need.

854 Section 9. Subsection (1) of section 459.0076, Florida  
855 Statutes, is amended to read:

856 459.0076 Temporary certificate for practice in areas of  
857 critical need.—

858 (1) A physician ~~or physician assistant~~ who holds a valid  
859 license to practice in any jurisdiction of the United States may  
860 be issued a temporary certificate for practice in areas of  
861 critical need. A physician seeking such certificate must pay an  
862 application fee of \$300. A physician assistant licensed to  
863 practice in any state of the United States or the District of  
864 Columbia whose license is currently valid may be issued a  
865 temporary certificate for practice in areas of critical need.

866 Section 10. Section 486.112, Florida Statutes, is amended  
867 to read:

868 486.112 Physical Therapy Licensure Compact.—The Physical  
869 Therapy Licensure Compact is hereby enacted into law and entered  
870 into by this state with all other jurisdictions legally joining

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871 therein in the form substantially as follows:

872

873

ARTICLE I

874

PURPOSE AND OBJECTIVES

875

876 (1) The purpose of the compact is to facilitate interstate  
877 practice of physical therapy with the goal of improving public  
878 access to physical therapy services. The compact preserves the  
879 regulatory authority of member states to protect public health  
880 and safety through their current systems of state licensure. For  
881 purposes of state regulation under the compact, the practice of  
882 physical therapy is deemed to have occurred in the state where  
883 the patient is located at the time physical therapy is provided  
884 to the patient.

885 (2) The compact is designed to achieve all of the following  
886 objectives:

887 (a) Increase public access to physical therapy services by  
888 providing for the mutual recognition of other member state  
889 licenses.

890 (b) Enhance the states' ability to protect the public's  
891 health and safety.

892 (c) Encourage the cooperation of member states in  
893 regulating multistate physical therapy practice.

894 (d) Support spouses of relocating military members.

895 (e) Enhance the exchange of licensure, investigative, and  
896 disciplinary information between member states.

897 (f) Allow a remote state to hold a provider of services  
898 with a compact privilege in that state accountable to that  
899 state's practice standards.

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900  
901 ARTICLE II  
902 DEFINITIONS  
903

904 As used in the compact, and except as otherwise provided,  
905 the term:

906 (1) "Active duty military" means full-time duty status in  
907 the active uniformed service of the United States, including  
908 members of the National Guard and Reserve on active duty orders  
909 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

910 (2) "Adverse action" means disciplinary action taken by a  
911 physical therapy licensing board based upon misconduct,  
912 unacceptable performance, or a combination of both.

913 (3) "Alternative program" means a nondisciplinary  
914 monitoring or practice remediation process approved by a state's  
915 physical therapy licensing board. The term includes, but is not  
916 limited to, programs that address substance abuse issues.

917 (4) "Compact privilege" means the authorization granted by  
918 a remote state to allow a licensee from another member state to  
919 practice as a physical therapist or physical therapist assistant  
920 in the remote state under its laws and rules.

921 (5) "Continuing competence" means a requirement, as a  
922 condition of license renewal, to provide evidence of  
923 participation in, and completion of, educational and  
924 professional activities relevant to the practice of physical  
925 therapy.

926 (6) "Data system" means the coordinated database and  
927 reporting system created by the Physical Therapy Compact  
928 Commission for the exchange of information between member states



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929 relating to licensees or applicants under the compact, including  
930 identifying information, licensure data, investigative  
931 information, adverse actions, nonconfidential information  
932 related to alternative program participation, any denials of  
933 applications for licensure, and other information as specified  
934 by commission rule.

935 (7) "Encumbered license" means a license that a physical  
936 therapy licensing board has limited in any way.

937 (8) "Executive board" means a group of directors elected or  
938 appointed to act on behalf of, and within the powers granted to  
939 them by, the commission.

940 (9) "Home state" means the member state that is the  
941 licensee's primary state of residence.

942 (10) "Investigative information" means information,  
943 records, and documents received or generated by a physical  
944 therapy licensing board pursuant to an investigation.

945 (11) "Jurisprudence requirement" means the assessment of an  
946 individual's knowledge of the laws and rules governing the  
947 practice of physical therapy in a specific state.

948 (12) "Licensee" means an individual who currently holds an  
949 authorization from a state to practice as a physical therapist  
950 or physical therapist assistant.

951 (13) "Member state" means a state that has enacted the  
952 compact.

953 (14) "Party state" means any member state in which a  
954 licensee holds a current license or compact privilege or is  
955 applying for a license or compact privilege.

956 (15) "Physical therapist" means an individual licensed by a  
957 state to practice physical therapy.

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958        (16)~~(15)~~ "Physical therapist assistant" means an individual  
959 licensed by a state to assist a physical therapist in specified  
960 areas of physical therapy.

961        (17)~~(16)~~ "Physical therapy" or "the practice of physical  
962 therapy" means the care and services provided by or under the  
963 direction and supervision of a licensed physical therapist.

964        (18)~~(17)~~ "Physical Therapy Compact Commission" or  
965 "commission" means the national administrative body whose  
966 membership consists of all states that have enacted the compact.

967        (19)~~(18)~~ "Physical therapy licensing board" means the  
968 agency of a state which is responsible for the licensing and  
969 regulation of physical therapists and physical therapist  
970 assistants.

971        (20)~~(19)~~ "Remote state" means a member state other than the  
972 home state where a licensee is exercising or seeking to exercise  
973 the compact privilege.

974        (21)~~(20)~~ "Rule" means a regulation, principle, or directive  
975 adopted by the commission which has the force of law.

976        (22)~~(21)~~ "State" means any state, commonwealth, district,  
977 or territory of the United States of America which regulates the  
978 practice of physical therapy.

979

## ARTICLE III

## STATE PARTICIPATION IN THE COMPACT

982

983        (1) To participate in the compact, a state must do all of  
984 the following:

985        (a) Participate fully in the commission's data system,  
986 including using the commission's unique identifier, as defined

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987 by commission rule.

988 (b) Have a mechanism in place for receiving and  
989 investigating complaints about licensees.

990 (c) Notify the commission, in accordance with the terms of  
991 the compact and rules, of any adverse action or the availability  
992 of investigative information regarding a licensee.

993 (d) Fully implement a criminal background check  
994 requirement, within a timeframe established by commission rule,  
995 which uses results from the Federal Bureau of Investigation  
996 record search on criminal background checks to make licensure  
997 decisions in accordance with subsection (2).

998 (e) Comply with the commission's rules.

999 (f) Use a recognized national examination as a requirement  
1000 for licensure pursuant to the commission's rules.

1001 (g) Have continuing competence requirements as a condition  
1002 for license renewal.

1003 (2) Upon adoption of the compact, a member state has the  
1004 authority to obtain biometric-based information from each  
1005 licensee applying for a compact privilege and submit this  
1006 information to the Federal Bureau of Investigation for a  
1007 criminal background check in accordance with 28 U.S.C. s. 534  
1008 and 34 U.S.C. s. 40316.

1009 (3) A member state must grant the compact privilege to a  
1010 licensee holding a valid unencumbered license in another member  
1011 state in accordance with the terms of the compact and rules.

1012

1013

#### ARTICLE IV

1014

#### COMPACT PRIVILEGE

1015

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1016 (1) To exercise the compact privilege under the compact, a  
1017 licensee must satisfy all of the following conditions:

1018 (a) Hold a license in the home state.

1019 (b) Not have an encumbrance on any state license.

1020 (c) Be eligible for a compact privilege in all member  
1021 states in accordance with subsections (4), (7), and (8).

1022 (d) Not have had an adverse action against any license or  
1023 compact privilege within the preceding 2 years.

1024 (e) Notify the commission that the licensee is seeking the  
1025 compact privilege within a remote state.

1026 (f) Meet any jurisprudence requirements established by the  
1027 remote state in which the licensee is seeking a compact  
1028 privilege.

1029 (g) Report to the commission adverse action taken by any  
1030 nonmember state within 30 days after the date the adverse action  
1031 is taken.

1032 (2) The compact privilege is valid until the expiration  
1033 date of the home license. The licensee must continue to meet the  
1034 requirements of subsection (1) to maintain the compact privilege  
1035 in a remote state.

1036 (3) A licensee providing physical therapy in a remote state  
1037 under the compact privilege must comply with the laws and rules  
1038 of the remote state.

1039 (4) A licensee providing physical therapy in a remote state  
1040 is subject to that state's regulatory authority. A remote state  
1041 may, in accordance with due process and that state's laws,  
1042 remove a licensee's compact privilege in the remote state for a  
1043 specific period of time, impose fines, and take any other  
1044 necessary actions to protect the health and safety of its

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1045 citizens. The licensee is not eligible for a compact privilege  
1046 in any member state until the specific period of time for  
1047 removal has ended and all fines are paid.

1048 (5) If a home state license is encumbered, the licensee  
1049 loses the compact privilege in any remote state until the  
1050 following conditions are met:

1051 (a) The home state license is no longer encumbered.

1052 (b) Two years have elapsed from the date of the adverse  
1053 action.

1054 (6) Once an encumbered license in the home state is  
1055 restored to good standing, the licensee must meet the  
1056 requirements of subsection (1) to obtain a compact privilege in  
1057 any remote state.

1058 (7) If a licensee's compact privilege in any remote state  
1059 is removed, the licensee loses the compact privilege in all  
1060 remote states until all of the following conditions are met:

1061 (a) The specific period of time for which the compact  
1062 privilege was removed has ended.

1063 (b) All fines have been paid.

1064 (c) Two years have elapsed from the date of the adverse  
1065 action.

1066 (8) Once the requirements of subsection (7) have been met,  
1067 the licensee must meet the requirements of subsection (1) to  
1068 obtain a compact privilege in a remote state.

1069  
1070 ARTICLE V

1071 ACTIVE DUTY MILITARY PERSONNEL

1072 AND THEIR SPOUSES

1073

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1074 A licensee who is active duty military or is the spouse of  
1075 an individual who is active duty military may choose any of the  
1076 following locations to designate his or her home state:

1077 (1) Home of record.

1078 (2) Permanent change of station location.

1079 (3) State of current residence, if it is different from the  
1080 home of record or permanent change of station location.

1081  
1082 ARTICLE VI

1083 ADVERSE ACTIONS  
1084

1085 (1) A home state has exclusive power to impose adverse  
1086 action against a license issued by the home state.

1087 (2) A home state may take adverse action based on the  
1088 investigative information of a remote state, so long as the home  
1089 state follows its own procedures for imposing adverse action.

1090 (3) The compact does not override a member state's decision  
1091 that participation in an alternative program may be used in lieu  
1092 of adverse action and that such participation remain nonpublic  
1093 if required by the member state's laws. Member states must  
1094 require licensees who enter any alternative programs in lieu of  
1095 discipline to agree not to practice in any other member state  
1096 during the term of the alternative program without prior  
1097 authorization from such other member state.

1098 (4) A member state may investigate actual or alleged  
1099 violations of the laws and rules for the practice of physical  
1100 therapy committed in any other member state by a physical  
1101 therapist or physical therapist assistant practicing under the  
1102 compact who holds a license or compact privilege in such other

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1103 member state.

1104 (5) A remote state may do any of the following:

1105 (a) Take adverse actions as set forth in subsection (4) of  
1106 Article IV against a licensee's compact privilege in the state.

1107 (b) Issue subpoenas for both hearings and investigations  
1108 which require the attendance and testimony of witnesses and the  
1109 production of evidence. Subpoenas issued by a physical therapy  
1110 licensing board in a party ~~member~~ state for the attendance and  
1111 testimony of witnesses or for the production of evidence from  
1112 another party ~~member~~ state must be enforced in the latter state  
1113 by any court of competent jurisdiction, according to the  
1114 practice and procedure of that court applicable to subpoenas  
1115 issued in proceedings pending before it. The issuing authority  
1116 shall pay any witness fees, travel expenses, mileage, and other  
1117 fees required by the service laws of the state where the  
1118 witnesses or evidence is located.

1119 (c) If otherwise permitted by state law, recover from the  
1120 licensee the costs of investigations and disposition of cases  
1121 resulting from any adverse action taken against that licensee.

1122 (6) (a) In addition to the authority granted to a member  
1123 state by its respective physical therapy practice act or other  
1124 applicable state law, a member state may participate with other  
1125 member states in joint investigations of licensees.

1126 (b) Member states shall share any investigative,  
1127 litigation, or compliance materials in furtherance of any joint  
1128 or individual investigation initiated under the compact.

1129  
1130 ARTICLE VII  
1131 ESTABLISHMENT OF THE

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## PHYSICAL THERAPY COMPACT COMMISSION

(1) COMMISSION CREATED.—The member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission:

(a) The commission is an instrumentality of the member states.

(b) Venue is proper, and judicial proceedings by or against the commission must be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(c) The compact may not be construed to be a waiver of sovereign immunity.

(2) MEMBERSHIP, VOTING, AND MEETINGS.—

(a) Each member state has and is limited to one delegate selected by that member state's physical therapy licensing board to serve on the commission. The delegate must be a current member of the physical therapy licensing board who is a physical therapist, a physical therapist assistant, a public member, or the board administrator.

(b) A delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring on the commission must be filled by the physical therapy licensing board of the member state for which the vacancy exists.

(c) Each delegate is entitled to one vote with regard to the adoption of rules and bylaws and shall otherwise have an



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1161 opportunity to participate in the business and affairs of the  
1162 commission.

1163 (d) A delegate shall vote in person or by such other means  
1164 as provided in the bylaws. The bylaws may provide for delegates'  
1165 participation in meetings by telephone or other means of  
1166 communication.

1167 (e) The commission shall meet at least once during each  
1168 calendar year. Additional meetings may be held as set forth in  
1169 the bylaws.

1170 (f) All meetings must be open to the public, and public  
1171 notice of meetings must be given in the same manner as required  
1172 under the rulemaking provisions in Article IX.

1173 (g) The commission or the executive board or other  
1174 committees of the commission may convene in a closed, nonpublic  
1175 meeting if the commission or executive board or other committees  
1176 of the commission must discuss any of the following:

1177 1. Noncompliance of a member state with its obligations  
1178 under the compact.

1179 2. The employment, compensation, or discipline of, or other  
1180 matters, practices, or procedures related to, specific employees  
1181 or other matters related to the commission's internal personnel  
1182 practices and procedures.

1183 3. Current, threatened, or reasonably anticipated  
1184 litigation against the commission, executive board, or other  
1185 committees of the commission.

1186 4. Negotiation of contracts for the purchase, lease, or  
1187 sale of goods, services, or real estate.

1188 5. An accusation of any person of a crime or a formal  
1189 censure of any person.

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1190 6. Information disclosing trade secrets or commercial or  
1191 financial information that is privileged or confidential.

1192 7. Information of a personal nature where disclosure would  
1193 constitute a clearly unwarranted invasion of personal privacy.

1194 8. Investigatory records compiled for law enforcement  
1195 purposes.

1196 9. Information related to any investigative reports  
1197 prepared by or on behalf of or for use of the commission or  
1198 other committee charged with responsibility for investigation or  
1199 determination of compliance issues pursuant to the compact.

1200 10. Matters specifically exempted from disclosure by  
1201 federal or member state statute.

1202 (h) If a meeting, or portion of a meeting, is closed  
1203 pursuant to this subsection, the commission's legal counsel or  
1204 designee must certify that the meeting may be closed and must  
1205 reference each relevant exempting provision.

1206 (i) The commission shall keep minutes that fully and  
1207 clearly describe all matters discussed in a meeting and shall  
1208 provide a full and accurate summary of actions taken and the  
1209 reasons therefor, including a description of the views  
1210 expressed. All documents considered in connection with an action  
1211 must be identified in the minutes. All minutes and documents of  
1212 a closed meeting must remain under seal, subject to release only  
1213 by a majority vote of the commission or order of a court of  
1214 competent jurisdiction.

1215 (3) DUTIES.—The commission shall do all of the following:

1216 (a) Establish the fiscal year of the commission.

1217 (b) Establish bylaws.

1218 (c) Maintain its financial records in accordance with the

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- 1219 bylaws.
- 1220 (d) Meet and take such actions as are consistent with the  
1221 provisions of the compact and the bylaws.
- 1222 (4) POWERS.—The commission may do any of the following:
- 1223 (a) Adopt uniform rules to facilitate and coordinate  
1224 implementation and administration of the compact. The rules have  
1225 the force and effect of law and are binding in all member  
1226 states.
- 1227 (b) Bring and prosecute legal proceedings or actions in the  
1228 name of the commission, provided that the standing of any state  
1229 physical therapy licensing board to sue or be sued under  
1230 applicable law is not affected.
- 1231 (c) Purchase and maintain insurance and bonds.
- 1232 (d) Borrow, accept, or contract for services of personnel,  
1233 including, but not limited to, employees of a member state.
- 1234 (e) Hire employees and elect or appoint officers; fix the  
1235 compensation of, define the duties of, and grant appropriate  
1236 authority to such individuals to carry out the purposes of the  
1237 compact; and establish the commission's personnel policies and  
1238 programs relating to conflicts of interest, qualifications of  
1239 personnel, and other related personnel matters.
- 1240 (f) Accept any appropriate donations and grants of money,  
1241 equipment, supplies, materials, and services and receive, use,  
1242 and dispose of the same, provided that at all times the  
1243 commission avoids any appearance of impropriety or conflict of  
1244 interest.
- 1245 (g) Lease, purchase, accept appropriate gifts or donations  
1246 of, or otherwise own, hold, improve, or use any property, real,  
1247 personal, or mixed, provided that at all times the commission

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1248 avoids any appearance of impropriety or conflict of interest.

1249 (h) Sell, convey, mortgage, pledge, lease, exchange,  
1250 abandon, or otherwise dispose of any property, real, personal,  
1251 or mixed.

1252 (i) Establish a budget and make expenditures.

1253 (j) Borrow money.

1254 (k) Appoint committees, including standing committees  
1255 composed of members, state regulators, state legislators or  
1256 their representatives, and consumer representatives, and such  
1257 other interested persons as may be designated in the compact and  
1258 the bylaws.

1259 (l) Provide information to, receive information from, and  
1260 cooperate with law enforcement agencies.

1261 (m) Establish and elect an executive board.

1262 (n) Perform such other functions as may be necessary or  
1263 appropriate to achieve the purposes of the compact consistent  
1264 with the state regulation of physical therapy licensure and  
1265 practice.

1266 (5) THE EXECUTIVE BOARD.—

1267 (a) The executive board may act on behalf of the commission  
1268 according to the terms of the compact.

1269 (b) The executive board shall be composed of the following  
1270 nine members:

1271 1. Seven voting members who are elected by the commission  
1272 from the current membership of the commission.

1273 2. One ex officio, nonvoting member from the recognized  
1274 national physical therapy professional association.

1275 3. One ex officio, nonvoting member from the recognized  
1276 membership organization of the physical therapy licensing

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1277 boards.

1278 (c) The ex officio members shall be selected by their  
1279 respective organizations.

1280 (d) The commission may remove any member of the executive  
1281 board as provided in its bylaws.

1282 (e) The executive board shall meet at least annually.

1283 (f) The executive board shall do all of the following:

1284 1. Recommend to the entire commission changes to the rules  
1285 or bylaws, compact legislation, fees paid by compact member  
1286 states, such as annual dues, and any commission compact fee  
1287 charged to licensees for the compact privilege.

1288 2. Ensure compact administration services are appropriately  
1289 provided, contractually or otherwise.

1290 3. Prepare and recommend the budget.

1291 4. Maintain financial records on behalf of the commission.

1292 5. Monitor compact compliance of member states and provide  
1293 compliance reports to the commission.

1294 6. Establish additional committees as necessary.

1295 7. Perform other duties as provided in the rules or bylaws.

1296 (6) FINANCING OF THE COMMISSION.—

1297 (a) The commission shall pay, or provide for the payment  
1298 of, the reasonable expenses of its establishment, organization,  
1299 and ongoing activities.

1300 (b) The commission may accept any appropriate revenue  
1301 sources, donations, and grants of money, equipment, supplies,  
1302 materials, and services.

1303 (c) The commission may levy and collect an annual  
1304 assessment from each member state or impose fees on other  
1305 parties to cover the cost of the operations and activities of

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1306 the commission and its staff. Such assessments and fees must  
1307 total to an amount sufficient to cover the commission's annual  
1308 budget as approved each year for which revenue is not provided  
1309 by other sources. The aggregate annual assessment amount must be  
1310 allocated based upon a formula to be determined by the  
1311 commission, which shall adopt a rule binding upon all member  
1312 states.

1313 (d) The commission may not incur obligations of any kind  
1314 before securing the funds adequate to meet such obligations; nor  
1315 may the commission pledge the credit of any of the member  
1316 states, except by and with the authority of the member state.

1317 (e) The commission shall keep accurate accounts of all  
1318 receipts and disbursements. The receipts and disbursements of  
1319 the commission are subject to the audit and accounting  
1320 procedures established under its bylaws. However, all receipts  
1321 and disbursements of funds handled by the commission must be  
1322 audited yearly by a certified or licensed public accountant, and  
1323 the report of the audit must be included in and become part of  
1324 the annual report of the commission.

1325 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

1326 (a) The members, officers, executive director, employees,  
1327 and representatives of the commission are immune from suit and  
1328 liability, whether personally or in their official capacity, for  
1329 any claim for damage to or loss of property or personal injury  
1330 or other civil liability caused by or arising out of any actual  
1331 or alleged act, error, or omission that occurred, or that the  
1332 person against whom the claim is made had a reasonable basis for  
1333 believing occurred, within the scope of commission employment,  
1334 duties, or responsibilities. However, this paragraph may not be

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1335 construed to protect any such person from suit or liability for  
1336 any damage, loss, injury, or liability caused by the  
1337 intentional, willful, or wanton misconduct of that person.

1338 (b) The commission shall defend any member, officer,  
1339 executive director, employee, or representative of the  
1340 commission in any civil action seeking to impose liability  
1341 arising out of any actual or alleged act, error, or omission  
1342 that occurred within the scope of commission employment, duties,  
1343 or responsibilities, or that the person against whom the claim  
1344 is made had a reasonable basis for believing occurred within the  
1345 scope of commission employment, duties, or responsibilities.  
1346 However, this subsection may not be construed to prohibit any  
1347 member, officer, executive director, employee, or representative  
1348 of the commission from retaining his or her own counsel or to  
1349 require the commission to defend such person if the actual or  
1350 alleged act, error, or omission resulted from that person's  
1351 intentional, willful, or wanton misconduct.

1352 (c) The commission shall indemnify and hold harmless any  
1353 member, officer, executive director, employee, or representative  
1354 of the commission for the amount of any settlement or judgment  
1355 obtained against that person arising out of any actual or  
1356 alleged act, error, or omission that occurred within the scope  
1357 of commission employment, duties, or responsibilities, or that  
1358 such person had a reasonable basis for believing occurred within  
1359 the scope of commission employment, duties, or responsibilities,  
1360 provided that the actual or alleged act, error, or omission did  
1361 not result from the intentional, willful, or wanton misconduct  
1362 of that person.

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1364 ARTICLE VIII  
1365 DATA SYSTEM  
1366

1367 (1) The commission shall provide for the development,  
1368 maintenance, and use of a coordinated database and reporting  
1369 system containing licensure, adverse action, and investigative  
1370 information on all licensees in member states.

1371 (2) Notwithstanding any other provision of state law to the  
1372 contrary, a member state shall submit a uniform data set to the  
1373 data system on all individuals to whom the compact is applicable  
1374 as required by the rules of the commission, which data set must  
1375 include all of the following:

1376 (a) Identifying information.

1377 (b) Licensure data.

1378 (c) Investigative information.

1379 (d) Adverse actions against a license or compact privilege.

1380 (e) Nonconfidential information related to alternative  
1381 program participation.

1382 (f) Any denial of application for licensure, and the reason  
1383 for such denial.

1384 (g) Other information that may facilitate the  
1385 administration of the compact, as determined by the rules of the  
1386 commission.

1387 (3) Investigative information in the system pertaining to a  
1388 licensee in any member state must be available only to other  
1389 party ~~member~~ states.

1390 (4) The commission shall promptly notify all member states  
1391 of any adverse action taken against a licensee or an individual  
1392 applying for a license in a member state. Adverse action



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1393 information pertaining to a licensee in any member state must be  
1394 available to all other member states.

1395 (5) Member states contributing information to the data  
1396 system may designate information that may not be shared with the  
1397 public without the express permission of the contributing state.

1398 (6) Any information submitted to the data system which is  
1399 subsequently required to be expunged by the laws of the member  
1400 state contributing the information must be removed from the data  
1401 system.

1402  
1403 ARTICLE IX

1404 RULEMAKING

1405  
1406 (1) The commission shall exercise its rulemaking powers  
1407 pursuant to the criteria set forth in this article and the rules  
1408 adopted thereunder. Rules and amendments become binding as of  
1409 the date specified in each rule or amendment.

1410 (2) If a majority of the legislatures of the member states  
1411 rejects a rule by enactment of a statute or resolution in the  
1412 same manner used to adopt the compact within 4 years after the  
1413 date of adoption of the rule, such rule does not have further  
1414 force and effect in any member state.

1415 (3) Rules or amendments to the rules must be adopted at a  
1416 regular or special meeting of the commission.

1417 (4) Before adoption of a final rule by the commission, and  
1418 at least 30 days before the meeting at which the rule will be  
1419 considered and voted upon, the commission must file a notice of  
1420 proposed rulemaking on all of the following:

1421 (a) The website of the commission or another publicly

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1422 accessible platform.

1423 (b) The website of each member state physical therapy  
1424 licensing board or another publicly accessible platform or the  
1425 publication in which each state would otherwise publish proposed  
1426 rules.

1427 (5) The notice of proposed rulemaking must include all of  
1428 the following:

1429 (a) The proposed date, time, and location of the meeting in  
1430 which the rule or amendment will be considered and voted upon.

1431 (b) The text of the proposed rule or amendment and the  
1432 reason for the proposed rule.

1433 (c) A request for comments on the proposed rule or  
1434 amendment from any interested person.

1435 (d) The manner in which interested persons may submit  
1436 notice to the commission of their intention to attend the public  
1437 hearing and any written comments.

1438 (6) Before adoption of a proposed rule or amendment, the  
1439 commission must allow persons to submit written data, facts,  
1440 opinions, and arguments, which must be made available to the  
1441 public.

1442 (7) The commission must grant an opportunity for a public  
1443 hearing before it adopts a rule or an amendment if a hearing is  
1444 requested by any of the following:

1445 (a) At least 25 persons.

1446 (b) A state or federal governmental subdivision or agency.

1447 (c) An association having at least 25 members.

1448 (8) If a scheduled public hearing is held on the proposed  
1449 rule or amendment, the commission must publish the date, time,  
1450 and location of the hearing. If the hearing is held through

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1451 electronic means, the commission must publish the mechanism for  
1452 access to the electronic hearing.

1453 (a) All persons wishing to be heard at the hearing must  
1454 notify the executive director of the commission or another  
1455 designated member in writing of their desire to appear and  
1456 testify at the hearing at least 5 business days before the  
1457 scheduled date of the hearing.

1458 (b) Hearings must be conducted in a manner providing each  
1459 person who wishes to comment a fair and reasonable opportunity  
1460 to comment orally or in writing.

1461 (c) All hearings must be recorded. A copy of the recording  
1462 must be made available on request.

1463 (d) This article may not be construed to require a separate  
1464 hearing on each rule. Rules may be grouped for the convenience  
1465 of the commission at hearings required by this article.

1466 (9) Following the scheduled hearing date, or by the close  
1467 of business on the scheduled hearing date if the hearing was not  
1468 held, the commission shall consider all written and oral  
1469 comments received.

1470 (10) If no written notice of intent to attend the public  
1471 hearing by interested parties is received, the commission may  
1472 proceed with adoption of the proposed rule without a public  
1473 hearing.

1474 (11) The commission shall, by majority vote of all members,  
1475 take final action on the proposed rule and shall determine the  
1476 effective date of the rule, if any, based on the rulemaking  
1477 record and the full text of the rule.

1478 (12) Upon determination that an emergency exists, the  
1479 commission may consider and adopt an emergency rule without

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1480 prior notice, opportunity for comment, or hearing, provided that  
1481 the usual rulemaking procedures provided in the compact and in  
1482 this article are retroactively applied to the rule as soon as  
1483 reasonably possible, in no event later than 90 days after the  
1484 effective date of the rule. For the purposes of this subsection,  
1485 an emergency rule is one that must be adopted immediately in  
1486 order to do any of the following:

1487 (a) Meet an imminent threat to public health, safety, or  
1488 welfare.

1489 (b) Prevent a loss of commission or member state funds.

1490 (c) Meet a deadline for the adoption of an administrative  
1491 rule established by federal law or rule.

1492 (d) Protect public health and safety.

1493 (13) The commission or an authorized committee of the  
1494 commission may direct revisions to a previously adopted rule or  
1495 amendment for purposes of correcting typographical errors,  
1496 errors in format, errors in consistency, or grammatical errors.  
1497 Public notice of any revisions must be posted on the website of  
1498 the commission. The revision is subject to challenge by any  
1499 person for a period of 30 days after posting. The revision may  
1500 be challenged only on grounds that the revision results in a  
1501 material change to a rule. A challenge must be made in writing  
1502 and delivered to the chair of the commission before the end of  
1503 the notice period. If a challenge is not made, the revision  
1504 takes effect without further action. If the revision is  
1505 challenged, the revision may not take effect without the  
1506 approval of the commission.

1507  
1508 ARTICLE X

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1509                   OVERSIGHT, DISPUTE RESOLUTION,  
1510                                   AND ENFORCEMENT  
1511

1512           (1) OVERSIGHT.—

1513           (a) The executive, legislative, and judicial branches of  
1514 state government in each member state shall enforce the compact  
1515 and take all actions necessary and appropriate to carry out the  
1516 compact's purposes and intent. The provisions of the compact and  
1517 the rules adopted pursuant thereto shall have standing as  
1518 statutory law.

1519           (b) All courts shall take judicial notice of the compact  
1520 and the rules in any judicial or administrative proceeding in a  
1521 member state pertaining to the subject matter of the compact  
1522 which may affect the powers, responsibilities, or actions of the  
1523 commission.

1524           (c) The commission is entitled to receive service of  
1525 process in any such proceeding and has standing to intervene in  
1526 such a proceeding for all purposes. Failure to provide service  
1527 of process to the commission renders a judgment or an order void  
1528 as to the commission, the compact, or the adopted rules.

1529           (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

1530           (a) If the commission determines that a member state has  
1531 defaulted in the performance of its obligations or  
1532 responsibilities under the compact or the adopted rules, the  
1533 commission must do all of the following:

1534           1. Provide written notice to the defaulting state and other  
1535 member states of the nature of the default, the proposed means  
1536 of curing the default, and any other action to be taken by the  
1537 commission.

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1538           2. Provide remedial training and specific technical  
1539 assistance regarding the default.

1540           (b) If a state in default fails to cure the default, the  
1541 defaulting state may be terminated from the compact upon an  
1542 affirmative vote of a majority of the member states, and all  
1543 rights, privileges, and benefits conferred by the compact may be  
1544 terminated on the effective date of termination. A cure of the  
1545 default does not relieve the offending state of obligations or  
1546 liabilities incurred during the period of default.

1547           (c) Termination of membership in the compact may be imposed  
1548 only after all other means of securing compliance have been  
1549 exhausted. The commission shall give notice of intent to suspend  
1550 or terminate a defaulting member state to the governor and  
1551 majority and minority leaders of the defaulting state's  
1552 legislature and to each of the member states.

1553           (d) A state that has been terminated from the compact is  
1554 responsible for all assessments, obligations, and liabilities  
1555 incurred through the effective date of termination, including  
1556 obligations that extend beyond the effective date of  
1557 termination.

1558           (e) The commission does not bear any costs related to a  
1559 state that is found to be in default or that has been terminated  
1560 from the compact, unless agreed upon in writing between the  
1561 commission and the defaulting state.

1562           (f) The defaulting state may appeal the action of the  
1563 commission by petitioning the United States District Court for  
1564 the District of Columbia or the federal district where the  
1565 commission has its principal offices. The prevailing member  
1566 shall be awarded all costs of such litigation, including

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1567 reasonable attorney fees.

1568 (3) DISPUTE RESOLUTION.—

1569 (a) Upon request by a member state, the commission must  
1570 attempt to resolve disputes related to the compact which arise  
1571 among member states and between member and nonmember states.

1572 (b) The commission shall adopt a rule providing for both  
1573 mediation and binding dispute resolution for disputes as  
1574 appropriate.

1575 (4) ENFORCEMENT.—

1576 (a) The commission, in the reasonable exercise of its  
1577 discretion, shall enforce the compact and the commission's  
1578 rules.

1579 (b) By majority vote, the commission may initiate legal  
1580 action in the United States District Court for the District of  
1581 Columbia or the federal district where the commission has its  
1582 principal offices against a member state in default to enforce  
1583 compliance with the provisions of the compact and its adopted  
1584 rules and bylaws. The relief sought may include both injunctive  
1585 relief and damages. In the event judicial enforcement is  
1586 necessary, the prevailing member shall be awarded all costs of  
1587 such litigation, including reasonable attorney fees.

1588 (c) The remedies under this article are not the exclusive  
1589 remedies of the commission. The commission may pursue any other  
1590 remedies available under federal or state law.

1591  
1592 ARTICLE XI

1593 DATE OF IMPLEMENTATION OF THE  
1594 PHYSICAL THERAPY COMPACT  
1595 AND ASSOCIATED RULES;

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## WITHDRAWAL; AND AMENDMENTS

(1) The compact becomes effective on the date that the compact statute is enacted into law in the tenth member state. The provisions that become effective at that time are limited to the powers granted to the commission relating to assembly and the adoption of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary for the implementation and administration of the compact.

(2) Any state that joins the compact subsequent to the commission's initial adoption of the rules is subject to the rules as they exist on the date that the compact becomes law in that state. Any rule that has been previously adopted by the commission has the full force and effect of law on the day the compact becomes law in that state.

(3) Any member state may withdraw from the compact by enacting a statute repealing the same.

(a) A member state's withdrawal does not take effect until 6 months after enactment of the repealing statute.

(b) Withdrawal does not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act before the effective date of withdrawal.

(4) The compact may not be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state which does not conflict with the provisions of the compact.



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1625 (5) The compact may be amended by the member states. An  
1626 amendment to the compact does not become effective and binding  
1627 upon any member state until it is enacted into the laws of all  
1628 member states.

## ARTICLE XII

## CONSTRUCTION AND SEVERABILITY

1632  
1633 The compact must be liberally construed so as to carry out  
1634 the purposes thereof. The provisions of the compact are  
1635 severable, and if any phrase, clause, sentence, or provision of  
1636 the compact is declared to be contrary to the constitution of  
1637 any party member state or of the United States or the  
1638 applicability thereof to any government, agency, person, or  
1639 circumstance is held invalid, the validity of the remainder of  
1640 the compact and the applicability thereof to any government,  
1641 agency, person, or circumstance is not affected thereby. If the  
1642 compact is held contrary to the constitution of any party member  
1643 state, the compact remains in full force and effect as to the  
1644 remaining party member states and in full force and effect as to  
1645 the party member state affected as to all severable matters.

1646 Section 11. Paragraph (d) of subsection (3) of section  
1647 766.1115, Florida Statutes, is amended to read:

1648 766.1115 Health care providers; creation of agency  
1649 relationship with governmental contractors.—

1650 (3) DEFINITIONS.—As used in this section, the term:

1651 (d) "Health care provider" or "provider" means:

- 1652 1. A birth center licensed under chapter 383.
- 1653 2. An ambulatory surgical center licensed under chapter

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- 1654 395.
- 1655 3. A hospital licensed under chapter 395.
- 1656 4. A physician or physician assistant licensed under  
1657 chapter 458.
- 1658 5. An osteopathic physician or osteopathic physician  
1659 assistant licensed under chapter 459.
- 1660 6. A chiropractic physician licensed under chapter 460.
- 1661 7. A podiatric physician licensed under chapter 461.
- 1662 8. A registered nurse, nurse midwife, licensed practical  
1663 nurse, or advanced practice registered nurse licensed or  
1664 registered under part I of chapter 464 or any facility which  
1665 employs nurses licensed or registered under part I of chapter  
1666 464 to supply all or part of the care delivered under this  
1667 section.
- 1668 9. A midwife licensed under chapter 467.
- 1669 10. A health maintenance organization certificated under  
1670 part I of chapter 641.
- 1671 11. A health care professional association and its  
1672 employees or a corporate medical group and its employees.
- 1673 12. Any other medical facility the primary purpose of which  
1674 is to deliver human medical diagnostic services or which  
1675 delivers nonsurgical human medical treatment, and which includes  
1676 an office maintained by a provider.
- 1677 13. A dentist or dental hygienist licensed under chapter  
1678 466.
- 1679 14. A free clinic that delivers only medical diagnostic  
1680 services or nonsurgical medical treatment free of charge to all  
1681 low-income recipients.
- 1682 15. Any other health care professional, practitioner,

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1683 provider, or facility under contract with a governmental  
1684 contractor, including a student enrolled in an accredited  
1685 program that prepares the student for licensure as any one of  
1686 the professionals listed in subparagraphs 4.-9. and 13.

1687  
1688 The term includes any nonprofit corporation qualified as exempt  
1689 from federal income taxation under s. 501(a) of the Internal  
1690 Revenue Code, and described in s. 501(c) of the Internal Revenue  
1691 Code, which delivers health care services provided by licensed  
1692 professionals listed in this paragraph, any federally funded  
1693 community health center, and any volunteer corporation or  
1694 volunteer health care provider that delivers health care  
1695 services.

1696 Section 12. Except as otherwise expressly provided in this  
1697 act and except for this section, which shall take effect upon  
1698 this act becoming a law, or, if this act fails to become a law  
1699 until after June 1, 2025, it shall take effect upon becoming a  
1700 law and shall operate retroactively to June 1, 2025, this act  
1701 shall take effect July 1, 2025.