

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Yarkosky offered the following:

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Amendment (with title amendment)

Remove lines 324-1610 and insert:

applicant or a medical marijuana treatment center. The term
includes an individual with the power or authority to direct or
influence the direction or operation of an applicant or a
medical marijuana treatment center through board membership, an
agreement, or a contract.

b. "Owner" means any person who owns or controls a 5
percent or greater share of interests of the applicant or a
medical marijuana treatment center which include beneficial or
voting rights to interests. In the event that one person owns a
beneficial right to interests and another person holds the

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

19 9. The employment of a medical director to supervise the
20 activities of the medical marijuana treatment center.

21 10. A diversity plan that promotes and ensures the
22 involvement of minority persons and minority business
23 enterprises, as defined in s. 288.703, or veteran business
24 enterprises, as defined in s. 295.187, in ownership, management,
25 and employment. An applicant for licensure renewal must show the
26 effectiveness of the diversity plan by including the following
27 with his or her application for renewal:

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

30 b. Efforts to recruit minority persons and veterans for
31 employment; and

32 c. A record of contracts for services with minority
33 business enterprises and veteran business enterprises.

34 (e) A licensed medical marijuana treatment center shall
35 cultivate, process, transport, and dispense marijuana for
36 medical use. A licensed medical marijuana treatment center may
37 not contract for services directly related to the cultivation,
38 processing, and dispensing of marijuana or marijuana delivery
39 devices, except that a medical marijuana treatment center
40 licensed pursuant to subparagraph (a)1. may contract with a
41 single entity for the cultivation, processing, transporting, and

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42 dispensing of marijuana and marijuana delivery devices. A
43 licensed medical marijuana treatment center shall ~~must~~, at all
44 times, maintain compliance with the criteria demonstrated and
45 representations made in the initial application and the criteria
46 established in this subsection. Upon request, the department may
47 grant a medical marijuana treatment center a variance from the
48 representations made in the initial application. Consideration
49 of such a request must ~~shall~~ be based upon the individual facts
50 and circumstances surrounding the request. A variance may not be
51 granted unless the requesting medical marijuana treatment center
52 can demonstrate to the department that it has a proposed
53 alternative to the specific representation made in its
54 application which fulfills the same or a similar purpose as the
55 specific representation in a way that the department can
56 reasonably determine will not be a lower standard than the
57 specific representation in the application. A variance may not
58 be granted from the requirements in subparagraph 2. and
59 subparagraphs (b)1. and 2.

60 1. A licensed medical marijuana treatment center may
61 transfer ownership to an individual or entity who meets the
62 requirements of this section. A publicly traded corporation or
63 publicly traded company that meets the requirements of this
64 section is not precluded from ownership of a medical marijuana
65 treatment center. To accommodate a change in ownership:

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

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

73 c. Upon receipt of an application for a license, the
74 department shall examine the application and, within 30 days
75 after receipt, notify the applicant in writing of any apparent
76 errors or omissions and request any additional information
77 required.

78 d. Requested information omitted from an application for
79 licensure must be filed with the department within 21 days after
80 the department's request for omitted information or the
81 application will ~~shall~~ be deemed incomplete and ~~shall be~~
82 withdrawn from further consideration and the fees ~~shall be~~
83 forfeited.

84 e. Within 30 days after the receipt of a complete
85 application, the department shall approve or deny the
86 application.

87 2. A medical marijuana treatment center, and any
88 individual or entity who directly or indirectly owns, controls,
89 or holds with power to vote 5 percent or more of the voting
90 shares of a medical marijuana treatment center, may not acquire

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91 direct or indirect ownership or control of any voting shares or
92 other form of ownership of any other medical marijuana treatment
93 center.

94 3. A medical marijuana treatment center may not enter into
95 any form of profit-sharing arrangement with the property owner
96 or lessor of any of its facilities where cultivation,
97 processing, storing, or dispensing of marijuana and marijuana
98 delivery devices occurs.

99 4. All employees of a medical marijuana treatment center
100 must be 21 years of age or older and have passed a background
101 screening pursuant to subsection (9). As used in this
102 subparagraph, the term "employee" means any person who is
103 employed by a medical marijuana treatment center licensee in any
104 capacity, including those whose duties involve any aspect of the
105 cultivation, processing, transportation, or dispensing of
106 marijuana. This requirement applies to all employees, regardless
107 of the compensation received.

108 5. Each medical marijuana treatment center must adopt and
109 enforce policies and procedures to ensure employees and
110 volunteers receive training on the legal requirements to
111 dispense marijuana to qualified patients.

112 6. When growing marijuana, a medical marijuana treatment
113 center:

114 a. May use pesticides determined by the department, after
115 consultation with the Department of Agriculture and Consumer

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116 Services, to be safely applied to plants intended for human
117 consumption, but may not use pesticides designated as
118 restricted-use pesticides pursuant to s. 487.042.

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

121 c. Must inspect seeds and growing plants for plant pests
122 that endanger or threaten the horticultural and agricultural
123 interests of the state in accordance with chapter 581 and any
124 rules adopted thereunder.

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

128 7. Each medical marijuana treatment center must produce
129 and make available for purchase at least one low-THC cannabis
130 product.

131 8. A medical marijuana treatment center that produces
132 edibles must hold a permit to operate as a food establishment
133 pursuant to chapter 500, the Florida Food Safety Act, and must
134 comply with all the requirements for food establishments
135 pursuant to chapter 500 and any rules adopted thereunder.
136 Edibles may not contain more than 200 milligrams of
137 tetrahydrocannabinol, and a single serving portion of an edible
138 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles
139 may not have a potency variance ~~of no~~ greater than 15 percent.
140 Marijuana products, including edibles, may not be attractive to

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141 children; be manufactured in the shape of humans, cartoons, or
142 animals; be manufactured in a form that bears any reasonable
143 resemblance to products available for consumption as
144 commercially available candy; or contain any color additives. To
145 discourage consumption of edibles by children, the department
146 shall determine by rule any shapes, forms, and ingredients
147 allowed and prohibited for edibles. Medical marijuana treatment
148 centers may not begin processing or dispensing edibles until
149 after the effective date of the rule. The department shall also
150 adopt sanitation rules providing the standards and requirements
151 for the storage, display, or dispensing of edibles.

152 9. Within 12 months after licensure, a medical marijuana
153 treatment center must demonstrate to the department that all of
154 its processing facilities have passed a Food Safety Good
155 Manufacturing Practices, such as Global Food Safety Initiative
156 or equivalent, inspection by a nationally accredited certifying
157 body. A medical marijuana treatment center must immediately stop
158 processing at any facility which fails to pass this inspection
159 until it demonstrates to the department that such facility has
160 met this requirement.

161 10. A medical marijuana treatment center that produces
162 prerolled marijuana cigarettes may not use wrapping paper made
163 with tobacco or hemp.

164 11. When processing marijuana, a medical marijuana
165 treatment center must:

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

168 b. Comply with department rules when processing marijuana
169 with hydrocarbon solvents or other solvents or gases exhibiting
170 potential toxicity to humans. The department shall determine by
171 rule the requirements for medical marijuana treatment centers to
172 use such solvents or gases exhibiting potential toxicity to
173 humans.

174 c. Comply with federal and state laws and regulations and
175 department rules for solid and liquid wastes. The department
176 shall determine by rule procedures for the storage, handling,
177 transportation, management, and disposal of solid and liquid
178 waste generated during marijuana production and processing. The
179 Department of Environmental Protection shall assist the
180 department in developing such rules.

181 d. Test the processed marijuana using a medical marijuana
182 testing laboratory before it is dispensed. Results must be
183 verified and signed by two medical marijuana treatment center
184 employees. Before dispensing, the medical marijuana treatment
185 center must determine that the test results indicate that low-
186 THC cannabis meets the definition of low-THC cannabis, the
187 concentration of tetrahydrocannabinol meets the potency
188 requirements of this section, the labeling of the concentration
189 of tetrahydrocannabinol and cannabidiol is accurate, and all
190 marijuana is safe for human consumption and free from

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191 contaminants that are unsafe for human consumption. The
192 department shall determine by rule which contaminants must be
193 tested for and the maximum levels of each contaminant which are
194 safe for human consumption. The Department of Agriculture and
195 Consumer Services shall assist the department in developing the
196 testing requirements for contaminants that are unsafe for human
197 consumption in edibles. The department shall also determine by
198 rule the procedures for the treatment of marijuana that fails to
199 meet the testing requirements of this section, s. 381.988, or
200 department rule. The department may select samples of marijuana
201 from a medical marijuana treatment center facility which shall
202 be tested by the department to determine whether the marijuana
203 meets the potency requirements of this section, is safe for
204 human consumption, and is accurately labeled with the
205 tetrahydrocannabinol and cannabidiol concentration or to verify
206 the result of marijuana testing conducted by a marijuana testing
207 laboratory. The department may also select samples of marijuana
208 delivery devices from a medical marijuana treatment center to
209 determine whether the marijuana delivery device is safe for use
210 by qualified patients. A medical marijuana treatment center may
211 not require payment from the department for the sample. A
212 medical marijuana treatment center must recall marijuana,
213 including all marijuana and marijuana products made from the
214 same batch of marijuana, that fails to meet the potency
215 requirements of this section, that is unsafe for human

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216 consumption, or for which the labeling of the
217 tetrahydrocannabinol and cannabidiol concentration is
218 inaccurate. The department shall adopt rules to establish
219 marijuana potency variations of no greater than 15 percent using
220 negotiated rulemaking pursuant to s. 120.54(2)(d) which accounts
221 for, but is not limited to, time lapses between testing, testing
222 methods, testing instruments, and types of marijuana sampled for
223 testing. The department may not issue any recalls for product
224 potency as it relates to product labeling before issuing a rule
225 relating to potency variation standards. A medical marijuana
226 treatment center must also recall all marijuana delivery devices
227 determined to be unsafe for use by qualified patients. The
228 medical marijuana treatment center must retain records of all
229 testing and samples of each homogeneous batch of marijuana for
230 at least 9 months. The medical marijuana treatment center must
231 contract with a marijuana testing laboratory to perform audits
232 on the medical marijuana treatment center's standard operating
233 procedures, testing records, and samples and provide the results
234 to the department to confirm that the marijuana or low-THC
235 cannabis meets the requirements of this section and that the
236 marijuana or low-THC cannabis is safe for human consumption. A
237 medical marijuana treatment center shall reserve two processed
238 samples from each batch and retain such samples for at least 9
239 months for the purpose of such audits. A medical marijuana
240 treatment center may use a laboratory that has not been

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241 certified by the department under s. 381.988 until such time as
242 at least one laboratory holds the required certification, but in
243 no event later than July 1, 2018.

244 e. Package the marijuana in compliance with the United
245 States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.
246 1471 et seq.

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

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

251 (II) The name of the medical marijuana treatment center
252 from which the marijuana originates.

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

255 (IV) The name of the physician who issued the physician
256 certification.

257 (V) The name of the patient.

258 (VI) The product name, if applicable, and dosage form,
259 including concentration of tetrahydrocannabinol and cannabidiol.
260 The product name may not contain wording commonly associated
261 with products that are attractive to children or which promote
262 the recreational use of marijuana.

263 (VII) The recommended dose.

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

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266 (IX) A marijuana universal symbol developed by the
267 department.

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

- 271 a. Clinical pharmacology.
- 272 b. Indications and use.
- 273 c. Dosage and administration.
- 274 d. Dosage forms and strengths.
- 275 e. Contraindications.
- 276 f. Warnings and precautions.
- 277 g. Adverse reactions.

278 13. In addition to the packaging and labeling requirements
279 specified in subparagraphs 11. and 12., marijuana in a form for
280 smoking must be packaged in a sealed receptacle with a legible
281 and prominent warning to keep away from children and a warning
282 that states marijuana smoke contains carcinogens and may
283 negatively affect health. Such receptacles for marijuana in a
284 form for smoking must be plain, opaque, and white without
285 depictions of the product or images other than the medical
286 marijuana treatment center's department-approved logo and the
287 marijuana universal symbol.

288 14. The department shall adopt rules to regulate the
289 types, appearance, and labeling of marijuana delivery devices
290 dispensed from a medical marijuana treatment center. The rules

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291 must require marijuana delivery devices to have an appearance
292 consistent with medical use.

293 15. Each edible must be individually sealed in plain,
294 opaque wrapping marked only with the marijuana universal symbol.
295 Where practical, each edible must be marked with the marijuana
296 universal symbol. In addition to the packaging and labeling
297 requirements in subparagraphs 11. and 12., edible receptacles
298 must be plain, opaque, and white without depictions of the
299 product or images other than the medical marijuana treatment
300 center's department-approved logo and the marijuana universal
301 symbol. The receptacle must also include a list of all the
302 edible's ingredients, storage instructions, an expiration date,
303 a legible and prominent warning to keep away from children and
304 pets, and a warning that the edible has not been produced or
305 inspected pursuant to federal food safety laws.

306 16. When dispensing marijuana or a marijuana delivery
307 device, a medical marijuana treatment center:

308 a. May dispense any active, valid order for low-THC
309 cannabis, medical cannabis and cannabis delivery devices issued
310 pursuant to former s. 381.986, Florida Statutes 2016, which was
311 entered into the medical marijuana use registry before July 1,
312 2017.

313 b. May not dispense more than a 70-day supply of marijuana
314 within any 70-day period to a qualified patient or caregiver.
315 May not dispense more than one 35-day supply of marijuana in a

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316 form for smoking within any 35-day period to a qualified patient
317 or caregiver. A 35-day supply of marijuana in a form for smoking
318 may not exceed 2.5 ounces unless an exception to this amount is
319 approved by the department pursuant to paragraph (4)(f).

320 c. Must have the medical marijuana treatment center's
321 employee who dispenses the marijuana or a marijuana delivery
322 device enter into the medical marijuana use registry his or her
323 name or unique employee identifier.

324 d. Must verify that the qualified patient and the
325 caregiver, if applicable, each have an active registration in
326 the medical marijuana use registry and an active and valid
327 medical marijuana use registry identification card, the amount
328 and type of marijuana dispensed matches the physician
329 certification in the medical marijuana use registry for that
330 qualified patient, and the physician certification has not
331 already been filled.

332 e. May not dispense marijuana to a qualified patient who
333 is younger than 18 years of age. If the qualified patient is
334 younger than 18 years of age, marijuana may only be dispensed to
335 the qualified patient's caregiver.

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

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341 g. Must, upon dispensing the marijuana or marijuana
342 delivery device, record in the registry the date, time,
343 quantity, and form of marijuana dispensed; the type of marijuana
344 delivery device dispensed; and the name and medical marijuana
345 use registry identification number of the qualified patient or
346 caregiver to whom the marijuana delivery device was dispensed.

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

350 (f) To ensure the safety and security of premises where
351 the cultivation, processing, storing, or dispensing of marijuana
352 occurs, and to maintain adequate controls against the diversion,
353 theft, and loss of marijuana or marijuana delivery devices, a
354 medical marijuana treatment center shall:

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

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

361 (I) Cameras are fixed in a place that allows for the clear
362 identification of persons and activities in controlled areas of
363 the premises. Controlled areas include grow rooms, processing
364 rooms, storage rooms, disposal rooms or areas, and point-of-sale
365 rooms.

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

369 (III) Recorded images must clearly and accurately display
370 the time and date.

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

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

375 3. Ensure that the indoor premises where dispensing occurs
376 includes a waiting area with sufficient space and seating to
377 accommodate qualified patients and caregivers and at least one
378 private consultation area that is isolated from the waiting area
379 and area where dispensing occurs. A medical marijuana treatment
380 center may not display products or dispense marijuana or
381 marijuana delivery devices in the waiting area.

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

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

387 6. Require at least two of its employees, or two employees
388 of a security agency with whom it contracts, to be on the
389 premises at all times where cultivation, processing, or storing
390 of marijuana occurs.

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

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

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

396 10. Report to local law enforcement and notify the
397 department through electronic mail within 24 hours after the
398 medical marijuana treatment center is notified or becomes aware
399 of any actual or attempted ~~the~~ theft, diversion, or loss of
400 marijuana.

401 **Section 6. Paragraph (d) of subsection (1) of section**
402 **381.988, Florida Statutes, is amended to read:**

403 381.988 Medical marijuana testing laboratories; marijuana
404 tests conducted by a certified laboratory.—

405 (1) A person or entity seeking to be a certified marijuana
406 testing laboratory must:

407 (d) Require all employees, owners, and managers to submit
408 to and pass a level 2 background screening pursuant to chapter
409 435. The department shall deny certification if the person or
410 entity seeking certification has a disqualifying offense as
411 provided in s. 435.04 or has an arrest awaiting final
412 disposition for, has been found guilty of, or has entered a plea
413 of guilty or nolo contendere to, regardless of adjudication, any
414 offense listed in chapter 837, chapter 895, or chapter 896 or
415 similar law of another jurisdiction. Exemptions from

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416 disqualification as provided under s. 435.07 do not apply to
417 this paragraph.

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

419 a. "Employee" means any person whose duties or activities
420 involve any aspect of regulatory compliance testing or research
421 and development testing of marijuana for a certified marijuana
422 testing laboratory, regardless of whether such person is
423 compensated for his or her work.

424 b. "Manager" means any person with authority to exercise
425 or contribute to the operational control, direction, or
426 management of an applicant or certified marijuana testing
427 laboratory or who has authority to supervise any employee of an
428 applicant or a certified marijuana testing laboratory. The term
429 includes an individual with the power or authority to direct or
430 influence the direction or operation of an applicant or a
431 certified marijuana testing laboratory through board membership,
432 an agreement, or a contract.

433 c. "Owner" means any person who owns or controls a 5
434 percent or greater share of interests of the applicant or a
435 certified marijuana testing laboratory which include beneficial
436 or voting rights to interests. In the event that one person owns
437 a beneficial right to interests and another person holds the
438 voting rights with respect to such interests, then in such case,
439 both are considered the owner of such interests.

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440 ~~2.1.~~ Such employees, owners, and managers must submit a full
441 set of fingerprints to the department or to a vendor, entity, or
442 agency authorized by s. 943.053(13). The department, vendor,
443 entity, or agency shall forward the fingerprints to the
444 Department of Law Enforcement for state processing, and the
445 Department of Law Enforcement shall forward the fingerprints to
446 the Federal Bureau of Investigation for national processing.

447 ~~3.2.~~ Fees for state and federal fingerprint processing and
448 retention must ~~shall~~ be borne by the certified marijuana testing
449 laboratory. The state cost for fingerprint processing is ~~shall~~
450 ~~be~~ as provided in s. 943.053(3)(e) for records provided to
451 persons or entities other than those specified as exceptions
452 therein.

453 ~~4.3.~~ Fingerprints submitted to the Department of Law
454 Enforcement pursuant to this paragraph must ~~shall~~ be retained by
455 the Department of Law Enforcement as provided in s. 943.05(2)(g)
456 and (h) and, when the Department of Law Enforcement begins
457 participation in the program, enrolled in the Federal Bureau of
458 Investigation's national retained print arrest notification
459 program. Any arrest record identified must ~~shall~~ be reported to
460 the department.

461 **Section 7. Paragraphs (a) and (c) of subsection (2) of**
462 **section 456.0145, Florida Statutes, are amended to read:**

463 456.0145 Mobile Opportunity by Interstate Licensure
464 Endorsement (MOBILE) Act.—

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465 (2) LICENSURE BY ENDORSEMENT.—

466 (a) An applicable board, or the department if there is no
467 board, shall issue a license to practice in this state to an
468 applicant who meets all of the following criteria:

469 1. Submits a complete application.

470 2. Holds an active, unencumbered license issued by another
471 state, the District of Columbia, or a territory of the United
472 States in a profession with a similar scope of practice, as
473 determined by the board or department, as applicable. The term
474 "scope of practice" means the full spectrum of functions,
475 procedures, actions, and services that a health care
476 practitioner is deemed competent and authorized to perform under
477 a license issued in this state.

478 3.a. Has obtained a passing score on a national licensure
479 examination or holds a national certification recognized by the
480 board, or the department if there is no board, as applicable to
481 the profession for which the applicant is seeking licensure in
482 this state; or

483 b. Meets the requirements of paragraph (b).

484 4. Has actively practiced the profession for which the
485 applicant is applying for at least 2 ~~3~~ years during the 4-year
486 period immediately preceding the date of submission of the
487 application.

488 5. Attests that he or she is not, at the time of
489 submission of the application, the subject of a disciplinary

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490 proceeding in a jurisdiction in which he or she holds a license
491 or by the United States Department of Defense for reasons
492 related to the practice of the profession for which he or she is
493 applying.

494 6. Has not had disciplinary action taken against him or
495 her in the 5 years immediately preceding the date of submission
496 of the application.

497 7. Meets the financial responsibility requirements of s.
498 456.048 or the applicable practice act, if required for the
499 profession for which the applicant is seeking licensure.

500 8. Submits a set of fingerprints for a background
501 screening pursuant to s. 456.0135, if required for the
502 profession for which he or she is applying.

503

504 The department shall verify information submitted by the
505 applicant under this subsection using the National Practitioner
506 Data Bank, as applicable.

507 (c) A person is ineligible for a license under this
508 section if he or she:

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

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

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515 3. Has had a health care provider license revoked or
516 suspended by another state, the District of Columbia, or a
517 territory of the United States, or has voluntarily surrendered
518 any such license in lieu of having disciplinary action taken
519 against the license; or

520 4. Has been reported to the National Practitioner Data
521 Bank, unless the applicant has successfully appealed to have his
522 or her name removed from the data bank. If the reported adverse
523 action is a result of conduct that is not a violation of any law
524 or rule in this state, then the board, or the department when
525 there is no board, may:

526 a. Approve the application;

527 b. Approve the application with restrictions on the scope
528 of practice of the licensee;

529 c. Approve the application with placement of the licensee
530 on probation for a period of time and subject to such conditions
531 as the board, or the department when there is no board, may
532 specify, including, but not limited to, requiring the applicant
533 to submit to treatment, attend continuing education courses, or
534 submit to reexamination; or

535 d. Deny the application.

536 **Section 8. Paragraph (d) of subsection (1) and paragraph**
537 **(g) of subsection (3) of section 456.44, Florida Statutes, are**
538 **amended to read:**

539 456.44 Controlled substance prescribing.—

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

541 (d) "Board-certified pain management physician" means a
542 physician who possesses board certification in pain medicine by
543 the American Board of Pain Medicine, board certification by the
544 American Board of Interventional Pain Physicians, or board
545 certification or subcertification in pain management or pain
546 medicine by a specialty board recognized by the American Board
547 of Physician Specialties ~~American Association of Physician~~
548 ~~Specialists~~ or the American Board of Medical Specialties or an
549 osteopathic physician who holds a certificate in Pain Management
550 by the American Osteopathic Association.

551 (3) STANDARDS OF PRACTICE FOR TREATMENT OF CHRONIC
552 NONMALIGNANT PAIN.—The standards of practice in this section do
553 not supersede the level of care, skill, and treatment recognized
554 in general law related to health care licensure.

555 (g) A registrant shall immediately refer patients with
556 signs or symptoms of substance abuse to a board-certified pain
557 management physician, an addiction medicine specialist, or a
558 mental health addiction facility as it pertains to drug abuse or
559 addiction unless the registrant is a physician who is board-
560 certified or board-eligible in pain management. Throughout the
561 period of time before receiving the consultant's report, a
562 prescribing registrant shall clearly and completely document
563 medical justification for continued treatment with controlled
564 substances and those steps taken to ensure medically appropriate

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565 use of controlled substances by the patient. Upon receipt of the
566 consultant's written report, the prescribing registrant shall
567 incorporate the consultant's recommendations for continuing,
568 modifying, or discontinuing controlled substance therapy. The
569 resulting changes in treatment shall be specifically documented
570 in the patient's medical record. Evidence or behavioral
571 indications of diversion shall be followed by discontinuation of
572 controlled substance therapy, and the patient shall be
573 discharged, and all results of testing and actions taken by the
574 registrant shall be documented in the patient's medical record.

575

576 This subsection does not apply to a board-eligible or board-
577 certified anesthesiologist, physiatrist, rheumatologist, or
578 neurologist, or to a board-certified physician who has surgical
579 privileges at a hospital or ambulatory surgery center and
580 primarily provides surgical services. This subsection does not
581 apply to a board-eligible or board-certified medical specialist
582 who has also completed a fellowship in pain medicine approved by
583 the Accreditation Council for Graduate Medical Education or the
584 American Osteopathic Association, or who is board eligible or
585 board certified in pain medicine by the American Board of Pain
586 Medicine, the American Board of Interventional Pain Physicians,
587 the American Board of Physician Specialties ~~American Association~~
588 ~~of Physician Specialists~~, or a board approved by the American
589 Board of Medical Specialties or the American Osteopathic

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590 Association and performs interventional pain procedures of the
591 type routinely billed using surgical codes. This subsection does
592 not apply to a registrant who prescribes medically necessary
593 controlled substances for a patient during an inpatient stay in
594 a hospital licensed under chapter 395.

595 **Section 9. Paragraph (i) of subsection (1) of section**
596 **458.3145, Florida Statutes, is amended to read:**

597 458.3145 Medical faculty certificate.—

598 (1) A medical faculty certificate may be issued without
599 examination to an individual who meets all of the following
600 criteria:

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

- 604 1. The University of Florida.
- 605 2. The University of Miami.
- 606 3. The University of South Florida.
- 607 4. The Florida State University.
- 608 5. The Florida International University.
- 609 6. The University of Central Florida.
- 610 7. The Mayo Clinic College of Medicine and Science in
611 Jacksonville, Florida.
- 612 8. The Florida Atlantic University.
- 613 9. The Johns Hopkins All Children's Hospital in St.
614 Petersburg, Florida.

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- 615 10. Nova Southeastern University.
616 11. Lake Erie College of Osteopathic Medicine.
617 12. Burrell College of Osteopathic Medicine in Melbourne,
618 Florida.
619 13. The Orlando College of Osteopathic Medicine.
620 14. Lincoln Memorial University.

621 **Section 10. Subsection (1) of section 458.315, Florida**
622 **Statutes, are amended to read:**

623 458.315 Temporary certificate for practice in areas of
624 critical need.—

625 (1) A physician ~~or physician assistant~~ who is licensed to
626 practice in any jurisdiction of the United States and whose
627 license is currently valid may be issued a temporary certificate
628 for practice in areas of critical need. A physician seeking such
629 certificate must pay an application fee of \$300. A physician
630 assistant who is licensed to practice in any state of the United
631 States or the District of Columbia and whose license is
632 currently valid may be issued a temporary certificate for
633 practice in areas of critical need.

634 **Section 11. Paragraph (a) of subsection (1) of section**
635 **458.3265, Florida Statutes, is amended to read:**

636 458.3265 Pain-management clinics.—

637 (1) REGISTRATION.—

638 (a)1. As used in this section, the term:

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639 a. "Board eligible" means successful completion of an
640 anesthesia, physical medicine and rehabilitation, rheumatology,
641 or neurology residency program approved by the Accreditation
642 Council for Graduate Medical Education or the American
643 Osteopathic Association for a period of 6 years from successful
644 completion of such residency program.

645 b. "Chronic nonmalignant pain" means pain unrelated to
646 cancer which persists beyond the usual course of disease or the
647 injury that is the cause of the pain or more than 90 days after
648 surgery.

649 c. "Pain-management clinic" or "clinic" means any publicly
650 or privately owned facility:

651 (I) That advertises in any medium for any type of pain-
652 management services; or

653 (II) Where in any month a majority of patients are
654 prescribed opioids, benzodiazepines, barbiturates, or
655 carisoprodol for the treatment of chronic nonmalignant pain.

656 2. Each pain-management clinic must register with the
657 department or hold a valid certificate of exemption pursuant to
658 subsection (2).

659 3. The following clinics are exempt from the registration
660 requirement of paragraphs (c)-(m) and must apply to the
661 department for a certificate of exemption:

662 a. A clinic licensed as a facility pursuant to chapter
663 395;

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- 664 b. A clinic in which the majority of the physicians who
665 provide services in the clinic primarily provide surgical
666 services;
- 667 c. A clinic owned by a publicly held corporation whose
668 shares are traded on a national exchange or on the over-the-
669 counter market and whose total assets at the end of the
670 corporation's most recent fiscal quarter exceeded \$50 million;
- 671 d. A clinic affiliated with an accredited medical school
672 at which training is provided for medical students, residents,
673 or fellows;
- 674 e. A clinic that does not prescribe controlled substances
675 for the treatment of pain;
- 676 f. A clinic owned by a corporate entity exempt from
677 federal taxation under 26 U.S.C. s. 501(c)(3);
- 678 g. A clinic wholly owned and operated by one or more
679 board-eligible or board-certified anesthesiologists,
680 physiatrists, rheumatologists, or neurologists; or
- 681 h. A clinic wholly owned and operated by a physician
682 multispecialty practice where one or more board-eligible or
683 board-certified medical specialists, who have also completed
684 fellowships in pain medicine approved by the Accreditation
685 Council for Graduate Medical Education or who are also board-
686 certified in pain medicine by the American Board of Pain
687 Medicine or a board approved by the American Board of Medical
688 Specialties, the American Board of Physician Specialties

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689 ~~American Association of Physician Specialists~~, or the American
690 Osteopathic Association, perform interventional pain procedures
691 of the type routinely billed using surgical codes.

692 **Section 12. Paragraph (a) of subsection (1) of section**
693 **458.3475, Florida Statutes, is amended to read:**

694 458.3475 Anesthesiologist assistants.—

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

696 (a) "Anesthesiologist" means an allopathic physician who
697 holds an active, unrestricted license; who has successfully
698 completed an anesthesiology training program approved by the
699 Accreditation Council on Graduate Medical Education or its
700 equivalent; and who is certified by the American Board of
701 Anesthesiology, is eligible to take that board's examination, or
702 is certified by the Board of Certification in Anesthesiology
703 affiliated with the American Board of Physician Specialties
704 ~~American Association of Physician Specialists~~.

705 **Section 13. Paragraph (a) of subsection (1) of section**
706 **459.0137, Florida Statutes, is amended to read:**

707 459.0137 Pain-management clinics.—

708 (1) REGISTRATION.—

709 (a)1. As used in this section, the term:

710 a. "Board eligible" means successful completion of an
711 anesthesia, physical medicine and rehabilitation, rheumatology,
712 or neurology residency program approved by the Accreditation
713 Council for Graduate Medical Education or the American

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714 Osteopathic Association for a period of 6 years from successful
715 completion of such residency program.

716 b. "Chronic nonmalignant pain" means pain unrelated to
717 cancer which persists beyond the usual course of disease or the
718 injury that is the cause of the pain or more than 90 days after
719 surgery.

720 c. "Pain-management clinic" or "clinic" means any publicly
721 or privately owned facility:

722 (I) That advertises in any medium for any type of pain-
723 management services; or

724 (II) Where in any month a majority of patients are
725 prescribed opioids, benzodiazepines, barbiturates, or
726 carisoprodol for the treatment of chronic nonmalignant pain.

727 2. Each pain-management clinic must register with the
728 department or hold a valid certificate of exemption pursuant to
729 subsection (2).

730 3. The following clinics are exempt from the registration
731 requirement of paragraphs (c)-(m) and must apply to the
732 department for a certificate of exemption:

733 a. A clinic licensed as a facility pursuant to chapter
734 395;

735 b. A clinic in which the majority of the physicians who
736 provide services in the clinic primarily provide surgical
737 services;

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738 c. A clinic owned by a publicly held corporation whose
739 shares are traded on a national exchange or on the over-the-
740 counter market and whose total assets at the end of the
741 corporation's most recent fiscal quarter exceeded \$50 million;

742 d. A clinic affiliated with an accredited medical school
743 at which training is provided for medical students, residents,
744 or fellows;

745 e. A clinic that does not prescribe controlled substances
746 for the treatment of pain;

747 f. A clinic owned by a corporate entity exempt from
748 federal taxation under 26 U.S.C. s. 501(c)(3);

749 g. A clinic wholly owned and operated by one or more
750 board-eligible or board-certified anesthesiologists,
751 physiatrists, rheumatologists, or neurologists; or

752 h. A clinic wholly owned and operated by a physician
753 multispecialty practice where one or more board-eligible or
754 board-certified medical specialists, who have also completed
755 fellowships in pain medicine approved by the Accreditation
756 Council for Graduate Medical Education or the American
757 Osteopathic Association or who are also board-certified in pain
758 medicine by the American Board of Pain Medicine or a board
759 approved by the American Board of Medical Specialties, the
760 American Board of Physician Specialties ~~American Association of~~
761 ~~Physician Specialists~~, or the American Osteopathic Association,

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762 perform interventional pain procedures of the type routinely
763 billed using surgical codes.

764 **Section 14. Paragraph (a) of subsection (1) of section**
765 **459.023, Florida Statutes, is amended to read:**

766 459.023 Anesthesiologist assistants.—

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

768 (a) "Anesthesiologist" means an osteopathic physician who
769 holds an active, unrestricted license; who has successfully
770 completed an anesthesiology training program approved by the
771 Accreditation Council on Graduate Medical Education, or its
772 equivalent, or the American Osteopathic Association; and who is
773 certified by the American Osteopathic Board of Anesthesiology or
774 is eligible to take that board's examination, is certified by
775 the American Board of Anesthesiology or is eligible to take that
776 board's examination, or is certified by the Board of
777 Certification in Anesthesiology affiliated with the American
778 Board of Physician Specialties ~~American Association of Physician~~
779 ~~Specialists~~.

780 **Section 15. Subsection (1) of section 459.0076, Florida**
781 **Statutes, are amended to read:**

782 459.0076 Temporary certificate for practice in areas of
783 critical need.—

784 (1) A physician ~~or physician assistant~~ who holds a valid
785 license to practice in any jurisdiction of the United States may
786 be issued a temporary certificate for practice in areas of

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787 critical need. A physician seeking such certificate must pay an
788 application fee of \$300. A physician assistant who is licensed
789 to practice in any state of the United States or the District of
790 Columbia and whose license is currently valid may be issued a
791 temporary certificate for practice in areas of critical need.

792 **Section 16. Section 486.112, Florida Statutes, is amended**
793 **to read:**

794 486.112 Physical Therapy Licensure Compact.—The Physical
795 Therapy Licensure Compact is hereby enacted into law and entered
796 into by this state with all other jurisdictions legally joining
797 therein in the form substantially as follows:

798 ARTICLE I

799 PURPOSE AND OBJECTIVES

800 (1) The purpose of the compact is to facilitate interstate
801 practice of physical therapy with the goal of improving public
802 access to physical therapy services. The compact preserves the
803 regulatory authority of member states to protect public health
804 and safety through their current systems of state licensure. For
805 purposes of state regulation under the compact, the practice of
806 physical therapy is deemed to have occurred in the state where
807 the patient is located at the time physical therapy is provided
808 to the patient.

809 (2) The compact is designed to achieve all of the
810 following objectives:

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811 (a) Increase public access to physical therapy services by
812 providing for the mutual recognition of other member state
813 licenses.

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

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

818 (d) Support spouses of relocating military members.

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

821 (f) Allow a remote state to hold a provider of services
822 with a compact privilege in that state accountable to that
823 state's practice standards.

824 ARTICLE II

825 DEFINITIONS

826 As used in the compact, and except as otherwise provided,
827 the term:

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

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

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

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

843 (5) "Continuing competence" means a requirement, as a
844 condition of license renewal, to provide evidence of
845 participation in, and completion of, educational and
846 professional activities relevant to the practice of physical
847 therapy.

848 (6) "Data system" means the coordinated database and
849 reporting system created by the Physical Therapy Compact
850 Commission for the exchange of information between member states
851 relating to licensees or applicants under the compact, including
852 identifying information, licensure data, investigative
853 information, adverse actions, nonconfidential information
854 related to alternative program participation, any denials of
855 applications for licensure, and other information as specified
856 by commission rule.

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

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

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

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

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

870 (12) "Licensee" means an individual who currently holds an
871 authorization from a state to practice as a physical therapist
872 or physical therapist assistant.

873 (13) "Member state" means a state that has enacted the
874 compact.

875 (14) "Party state" means any member state in which a
876 licensee holds a current license or compact privilege or is
877 applying for a license or compact.

878 (15)~~(14)~~ "Physical therapist" means an individual licensed
879 by a state to practice physical therapy.

880 (16)~~(15)~~ "Physical therapist assistant" means an
881 individual licensed by a state to assist a physical therapist in
882 specified areas of physical therapy.

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883 (17)~~(16)~~ "Physical therapy" or "the practice of physical
884 therapy" means the care and services provided by or under the
885 direction and supervision of a licensed physical therapist.

886 (18)~~(17)~~ "Physical Therapy Compact Commission" or
887 "commission" means the national administrative body whose
888 membership consists of all states that have enacted the compact.

889 (19)~~(18)~~ "Physical therapy licensing board" means the
890 agency of a state which is responsible for the licensing and
891 regulation of physical therapists and physical therapist
892 assistants.

893 (20)~~(19)~~ "Remote state" means a member state other than
894 the home state where a licensee is exercising or seeking to
895 exercise the compact privilege.

896 (21)~~(20)~~ "Rule" means a regulation, principle, or
897 directive adopted by the commission which has the force of law.

898 (22)~~(21)~~ "State" means any state, commonwealth, district,
899 or territory of the United States of America which regulates the
900 practice of physical therapy.

901 ARTICLE III

902 STATE PARTICIPATION IN THE COMPACT

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

905 (a) Participate fully in the commission's data system,
906 including using the commission's unique identifier, as defined
907 by commission rule.

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

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

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

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

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

921 (g) Have continuing competence requirements as a condition
922 for license renewal.

923 (2) Upon adoption of the compact, a member state has the
924 authority to obtain biometric-based information from each
925 licensee applying for a compact privilege and submit this
926 information to the Federal Bureau of Investigation for a
927 criminal background check in accordance with 28 U.S.C. s. 534
928 and 34 U.S.C. s. 40316.

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

932 ARTICLE IV

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COMPACT PRIVILEGE

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

(a) Hold a license in the home state.

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

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

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

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

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

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

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

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

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957 (4) A licensee providing physical therapy in a remote
958 state is subject to that state's regulatory authority. A remote
959 state may, in accordance with due process and that state's laws,
960 remove a licensee's compact privilege in the remote state for a
961 specific period of time, impose fines, and take any other
962 necessary actions to protect the health and safety of its
963 citizens. The licensee is not eligible for a compact privilege
964 in any member state until the specific period of time for
965 removal has ended and all fines are paid.

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

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

970 (b) Two years have elapsed from the date of the adverse
971 action.

972 (6) Once an encumbered license in the home state is
973 restored to good standing, the licensee must meet the
974 requirements of subsection (1) to obtain a compact privilege in
975 any remote state.

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

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

981 (b) All fines have been paid.

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982 (c) Two years have elapsed from the date of the adverse
983 action.

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

987 ARTICLE V

988 ACTIVE DUTY MILITARY PERSONNEL

989 AND THEIR SPOUSES

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

993 (1) Home of record.

994 (2) Permanent change of station location.

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

997
998 ARTICLE VI

999 ADVERSE ACTIONS

1000 (1) A home state has exclusive power to impose adverse
1001 action against a license issued by the home state.

1002 (2) A home state may take adverse action based on the
1003 investigative information of a remote state, so long as the home
1004 state follows its own procedures for imposing adverse action.

1005 (3) The compact does not override a member state's
1006 decision that participation in an alternative program may be

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1007 used in lieu of adverse action and that such participation
1008 remain nonpublic if required by the member state's laws. Member
1009 states must require licensees who enter any alternative programs
1010 in lieu of discipline to agree not to practice in any other
1011 member state during the term of the alternative program without
1012 prior authorization from such other member state.

1013 (4) A member state may investigate actual or alleged
1014 violations of the laws and rules for the practice of physical
1015 therapy committed in any other member state by a physical
1016 therapist or physical therapist assistant practicing under the
1017 compact who holds a license or compact privilege in such other
1018 member state.

1019 (5) A remote state may do any of the following:

1020 (a) Take adverse actions as set forth in subsection (4) of
1021 Article IV against a licensee's compact privilege in the state.

1022 (b) Issue subpoenas for both hearings and
1023 investigations which require the attendance and testimony of
1024 witnesses and the production of evidence. Subpoenas issued by a
1025 physical therapy licensing board in a party ~~member~~ state for the
1026 attendance and testimony of witnesses or for the production of
1027 evidence from another party ~~member~~ state must be enforced in the
1028 latter state by any court of competent jurisdiction, according
1029 to the practice and procedure of that court applicable to
1030 subpoenas issued in proceedings pending before it. The issuing
1031 authority shall pay any witness fees, travel expenses, mileage,

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1032 and other fees required by the service laws of the state where
1033 the witnesses or evidence is located.

1034 (c) If otherwise permitted by state law, recover from the
1035 licensee the costs of investigations and disposition of cases
1036 resulting from any adverse action taken against that licensee.

1037 (6) (a) In addition to the authority granted to a member
1038 state by its respective physical therapy practice act or other
1039 applicable state law, a member state may participate with other
1040 member states in joint investigations of licensees.

1041 (b) Member states shall share any investigative,
1042 litigation, or compliance materials in furtherance of any joint
1043 or individual investigation initiated under the compact.

1044 ARTICLE VII

1045 ESTABLISHMENT OF THE

1046 PHYSICAL THERAPY COMPACT COMMISSION

1047 (1) COMMISSION CREATED.—The member states hereby create
1048 and establish a joint public agency known as the Physical
1049 Therapy Compact Commission:

1050 (a) The commission is an instrumentality of the member
1051 states.

1052 (b) Venue is proper, and judicial proceedings by or
1053 against the commission must be brought solely and exclusively,
1054 in a court of competent jurisdiction where the principal office
1055 of the commission is located. The commission may waive venue and

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1056 jurisdictional defenses to the extent it adopts or consents to
1057 participate in alternative dispute resolution proceedings.

1058 (c) The compact may not be construed to be a waiver of
1059 sovereign immunity.

1060 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

1061 (a) Each member state has and is limited to one delegate
1062 selected by that member state's physical therapy licensing board
1063 to serve on the commission. The delegate must be a current
1064 member of the physical therapy licensing board who is a physical
1065 therapist, a physical therapist assistant, a public member, or
1066 the board administrator.

1067 (b) A delegate may be removed or suspended from office as
1068 provided by the law of the state from which the delegate is
1069 appointed. Any vacancy occurring on the commission must be
1070 filled by the physical therapy licensing board of the member
1071 state for which the vacancy exists.

1072 (c) Each delegate is entitled to one vote with regard to
1073 the adoption of rules and bylaws and shall otherwise have an
1074 opportunity to participate in the business and affairs of the
1075 commission.

1076 (d) A delegate shall vote in person or by such other means
1077 as provided in the bylaws. The bylaws may provide for delegates'
1078 participation in meetings by telephone or other means of
1079 communication.

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1080 (e) The commission shall meet at least once during each
1081 calendar year. Additional meetings may be held as set forth in
1082 the bylaws.

1083 (f) All meetings must be open to the public, and public
1084 notice of meetings must be given in the same manner as required
1085 under the rulemaking provisions in Article IX.

1086 (g) The commission or the executive board or other
1087 committees of the commission may convene in a closed, nonpublic
1088 meeting if the commission or executive board or other committees
1089 of the commission must discuss any of the following:

1090 1. Noncompliance of a member state with its obligations
1091 under the compact.

1092 2. The employment, compensation, or discipline of, or
1093 other matters, practices, or procedures related to, specific
1094 employees or other matters related to the commission's internal
1095 personnel practices and procedures.

1096 3. Current, threatened, or reasonably anticipated
1097 litigation against the commission, executive board, or other
1098 committees of the commission.

1099 4. Negotiation of contracts for the purchase, lease, or
1100 sale of goods, services, or real estate.

1101 5. An accusation of any person of a crime or a formal
1102 censure of any person.

1103 6. Information disclosing trade secrets or commercial or
1104 financial information that is privileged or confidential.

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1105 7. Information of a personal nature where disclosure would
1106 constitute a clearly unwarranted invasion of personal privacy.

1107 8. Investigatory records compiled for law enforcement
1108 purposes.

1109 9. Information related to any investigative reports
1110 prepared by or on behalf of or for use of the commission or
1111 other committee charged with responsibility for investigation or
1112 determination of compliance issues pursuant to the compact.

1113 10. Matters specifically exempted from disclosure by
1114 federal or member state statute.

1115 (h) If a meeting, or portion of a meeting, is closed
1116 pursuant to this subsection, the commission's legal counsel or
1117 designee must certify that the meeting may be closed and must
1118 reference each relevant exempting provision.

1119 (i) The commission shall keep minutes that fully and
1120 clearly describe all matters discussed in a meeting and shall
1121 provide a full and accurate summary of actions taken and the
1122 reasons therefor, including a description of the views
1123 expressed. All documents considered in connection with an action
1124 must be identified in the minutes. All minutes and documents of
1125 a closed meeting must remain under seal, subject to release only
1126 by a majority vote of the commission or order of a court of
1127 competent jurisdiction.

1128 (3) DUTIES.—The commission shall do all of the following:

1129 (a) Establish the fiscal year of the commission.

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- 1130 (b) Establish bylaws.
- 1131 (c) Maintain its financial records in accordance with the
1132 bylaws.
- 1133 (d) Meet and take such actions as are consistent with the
1134 provisions of the compact and the bylaws.
- 1135 (4) POWERS.—The commission may do any of the following:
- 1136 (a) Adopt uniform rules to facilitate and coordinate
1137 implementation and administration of the compact. The rules have
1138 the force and effect of law and are binding in all member
1139 states.
- 1140 (b) Bring and prosecute legal proceedings or actions in
1141 the name of the commission, provided that the standing of any
1142 state physical therapy licensing board to sue or be sued under
1143 applicable law is not affected.
- 1144 (c) Purchase and maintain insurance and bonds.
- 1145 (d) Borrow, accept, or contract for services of personnel,
1146 including, but not limited to, employees of a member state.
- 1147 (e) Hire employees and elect or appoint officers; fix the
1148 compensation of, define the duties of, and grant appropriate
1149 authority to such individuals to carry out the purposes of the
1150 compact; and establish the commission's personnel policies and
1151 programs relating to conflicts of interest, qualifications of
1152 personnel, and other related personnel matters.
- 1153 (f) Accept any appropriate donations and grants of money,
1154 equipment, supplies, materials, and services and receive, use,

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1155 and dispose of the same, provided that at all times the
1156 commission avoids any appearance of impropriety or conflict of
1157 interest.

1158 (g) Lease, purchase, accept appropriate gifts or donations
1159 of, or otherwise own, hold, improve, or use any property, real,
1160 personal, or mixed, provided that at all times the commission
1161 avoids any appearance of impropriety or conflict of interest.

1162 (h) Sell, convey, mortgage, pledge, lease, exchange,
1163 abandon, or otherwise dispose of any property, real, personal,
1164 or mixed.

1165 (i) Establish a budget and make expenditures.

1166 (j) Borrow money.

1167 (k) Appoint committees, including standing committees
1168 composed of members, state regulators, state legislators or
1169 their representatives, and consumer representatives, and such
1170 other interested persons as may be designated in the compact and
1171 the bylaws.

1172 (l) Provide information to, receive information from, and
1173 cooperate with law enforcement agencies.

1174 (m) Establish and elect an executive board.

1175 (n) Perform such other functions as may be necessary or
1176 appropriate to achieve the purposes of the compact consistent
1177 with the state regulation of physical therapy licensure and
1178 practice.

1179 (5) THE EXECUTIVE BOARD.—

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- 1180 (a) The executive board may act on behalf of the
1181 commission according to the terms of the compact.
- 1182 (b) The executive board shall be composed of the following
1183 nine members:
- 1184 1. Seven voting members who are elected by the commission
1185 from the current membership of the commission.
 - 1186 2. One ex officio, nonvoting member from the recognized
1187 national physical therapy professional association.
 - 1188 3. One ex officio, nonvoting member from the recognized
1189 membership organization of the physical therapy licensing
1190 boards.
- 1191 (c) The ex officio members shall be selected by their
1192 respective organizations.
- 1193 (d) The commission may remove any member of the executive
1194 board as provided in its bylaws.
- 1195 (e) The executive board shall meet at least annually.
- 1196 (f) The executive board shall do all of the following:
- 1197 1. Recommend to the entire commission changes to the rules
1198 or bylaws, compact legislation, fees paid by compact member
1199 states, such as annual dues, and any commission compact fee
1200 charged to licensees for the compact privilege.
 - 1201 2. Ensure compact administration services are
1202 appropriately provided, contractually or otherwise.
 - 1203 3. Prepare and recommend the budget.
 - 1204 4. Maintain financial records on behalf of the commission.

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1205 5. Monitor compact compliance of member states and provide
1206 compliance reports to the commission.

1207 6. Establish additional committees as necessary.

1208 7. Perform other duties as provided in the rules or
1209 bylaws.

1210 (6) FINANCING OF THE COMMISSION.—

1211 (a) The commission shall pay, or provide for the payment
1212 of, the reasonable expenses of its establishment, organization,
1213 and ongoing activities.

1214 (b) The commission may accept any appropriate revenue
1215 sources, donations, and grants of money, equipment, supplies,
1216 materials, and services.

1217 (c) The commission may levy and collect an annual
1218 assessment from each member state or impose fees on other
1219 parties to cover the cost of the operations and activities of
1220 the commission and its staff. Such assessments and fees must
1221 total to an amount sufficient to cover the commission's annual
1222 budget as approved each year for which revenue is not provided
1223 by other sources. The aggregate annual assessment amount must be
1224 allocated based upon a formula to be determined by the
1225 commission, which shall adopt a rule binding upon all member
1226 states.

1227 (d) The commission may not incur obligations of any kind
1228 before securing the funds adequate to meet such obligations; nor

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1229 may the commission pledge the credit of any of the member
1230 states, except by and with the authority of the member state.

1231 (e) The commission shall keep accurate accounts of all
1232 receipts and disbursements. The receipts and disbursements of
1233 the commission are subject to the audit and accounting
1234 procedures established under its bylaws. However, all receipts
1235 and disbursements of funds handled by the commission must be
1236 audited yearly by a certified or licensed public accountant, and
1237 the report of the audit must be included in and become part of
1238 the annual report of the commission.

1239 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

1240 (a) The members, officers, executive director, employees,
1241 and representatives of the commission are immune from suit and
1242 liability, whether personally or in their official capacity, for
1243 any claim for damage to or loss of property or personal injury
1244 or other civil liability caused by or arising out of any actual
1245 or alleged act, error, or omission that occurred, or that the
1246 person against whom the claim is made had a reasonable basis for
1247 believing occurred, within the scope of commission employment,
1248 duties, or responsibilities. However, this paragraph may not be
1249 construed to protect any such person from suit or liability for
1250 any damage, loss, injury, or liability caused by the
1251 intentional, willful, or wanton misconduct of that person.

1252 (b) The commission shall defend any member, officer,
1253 executive director, employee, or representative of the

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1254 commission in any civil action seeking to impose liability
1255 arising out of any actual or alleged act, error, or omission
1256 that occurred within the scope of commission employment, duties,
1257 or responsibilities, or that the person against whom the claim
1258 is made had a reasonable basis for believing occurred within the
1259 scope of commission employment, duties, or responsibilities.
1260 However, this subsection may not be construed to prohibit any
1261 member, officer, executive director, employee, or representative
1262 of the commission from retaining his or her own counsel or to
1263 require the commission to defend such person if the actual or
1264 alleged act, error, or omission resulted from that person's
1265 intentional, willful, or wanton misconduct.

1266 (c) The commission shall indemnify and hold harmless any
1267 member, officer, executive director, employee, or representative
1268 of the commission for the amount of any settlement or judgment
1269 obtained against that person arising out of any actual or
1270 alleged act, error, or omission that occurred within the scope
1271 of commission employment, duties, or responsibilities, or that
1272 such person had a reasonable basis for believing occurred within
1273 the scope of commission employment, duties, or responsibilities,
1274 provided that the actual or alleged act, error, or omission did
1275 not result from the intentional, willful, or wanton misconduct
1276 of that person.

ARTICLE VIII

DATA SYSTEM

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1279 (1) The commission shall provide for the development,
1280 maintenance, and use of a coordinated database and reporting
1281 system containing licensure, adverse action, and investigative
1282 information on all licensees in member states.

1283 (2) Notwithstanding any other provision of state law to
1284 the contrary, a member state shall submit a uniform data set to
1285 the data system on all individuals to whom the compact is
1286 applicable as required by the rules of the commission, which
1287 data set must include all of the following:

1288 (a) Identifying information.

1289 (b) Licensure data.

1290 (c) Investigative information.

1291 (d) Adverse actions against a license or compact
1292 privilege.

1293 (e) Nonconfidential information related to alternative
1294 program participation.

1295 (f) Any denial of application for licensure, and the
1296 reason for such denial.

1297 (g) Other information that may facilitate the
1298 administration of the compact, as determined by the rules of the
1299 commission.

1300 (3) Investigative information in the system pertaining to
1301 a licensee in any member state must be available only to other
1302 party member states.

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1303 (4) The commission shall promptly notify all member states
1304 of any adverse action taken against a licensee or an individual
1305 applying for a license in a member state. Adverse action
1306 information pertaining to a licensee in any member state must be
1307 available to all other member states.

1308 (5) Member states contributing information to the data
1309 system may designate information that may not be shared with the
1310 public without the express permission of the contributing state.

1311 (6) Any information submitted to the data system
1312 which is subsequently required to be expunged by the laws of the
1313 member state contributing the information must be removed from
1314 the data system.

ARTICLE IX

RULEMAKING

1317 (1) The commission shall exercise its rulemaking powers
1318 pursuant to the criteria set forth in this article and the rules
1319 adopted thereunder. Rules and amendments become binding as of
1320 the date specified in each rule or amendment.

1321 (2) If a majority of the legislatures of the member states
1322 rejects a rule by enactment of a statute or resolution in the
1323 same manner used to adopt the compact within 4 years after the
1324 date of adoption of the rule, such rule does not have further
1325 force and effect in any member state.

1326 (3) Rules or amendments to the rules must be adopted at a
1327 regular or special meeting of the commission.

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1328 (4) Before adoption of a final rule by the commission, and
1329 at least 30 days before the meeting at which the rule will be
1330 considered and voted upon, the commission must file a notice of
1331 proposed rulemaking on all of the following:

1332 (a) The website of the commission or another publicly
1333 accessible platform.

1334 (b) The website of each member state physical therapy
1335 licensing board or another publicly accessible platform or the
1336 publication in which each state would otherwise publish proposed
1337 rules.

1338 (5) The notice of proposed rulemaking must include all of
1339 the following:

1340 (a) The proposed date, time, and location of the meeting
1341 in which the rule or amendment will be considered and voted
1342 upon.

1343 (b) The text of the proposed rule or amendment and the
1344 reason for the proposed rule.

1345 (c) A request for comments on the proposed rule or
1346 amendment from any interested person.

1347 (d) The manner in which interested persons may submit
1348 notice to the commission of their intention to attend the public
1349 hearing and any written comments.

1350 (6) Before adoption of a proposed rule or amendment, the
1351 commission must allow persons to submit written data, facts,

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1352 opinions, and arguments, which must be made available to the
1353 public.

1354 (7) The commission must grant an opportunity for a public
1355 hearing before it adopts a rule or an amendment if a hearing is
1356 requested by any of the following:

1357 (a) At least 25 persons.

1358 (b) A state or federal governmental subdivision or agency.

1359 (c) An association having at least 25 members.

1360 (8) If a scheduled public hearing is held on the proposed
1361 rule or amendment, the commission must publish the date, time,
1362 and location of the hearing. If the hearing is held through
1363 electronic means, the commission must publish the mechanism for
1364 access to the electronic hearing.

1365 (a) All persons wishing to be heard at the hearing must
1366 notify the executive director of the commission or another
1367 designated member in writing of their desire to appear and
1368 testify at the hearing at least 5 business days before the
1369 scheduled date of the hearing.

1370 (b) Hearings must be conducted in a manner providing each
1371 person who wishes to comment a fair and reasonable opportunity
1372 to comment orally or in writing.

1373 (c) All hearings must be recorded. A copy of the recording
1374 must be made available on request.

1375 (d) This article may not be construed to require a
1376 separate hearing on each rule. Rules may be grouped for the

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1377 convenience of the commission at hearings required by this
1378 article.

1379 (9) Following the scheduled hearing date, or by the close
1380 of business on the scheduled hearing date if the hearing was not
1381 held, the commission shall consider all written and oral
1382 comments received.

1383 (10) If no written notice of intent to attend the public
1384 hearing by interested parties is received, the commission may
1385 proceed with adoption of the proposed rule without a public
1386 hearing.

1387 (11) The commission shall, by majority vote of all
1388 members, take final action on the proposed rule and shall
1389 determine the effective date of the rule, if any, based on the
1390 rulemaking record and the full text of the rule.

1391 (12) Upon determination that an emergency exists, the
1392 commission may consider and adopt an emergency rule without
1393 prior notice, opportunity for comment, or hearing, provided that
1394 the usual rulemaking procedures provided in the compact and in
1395 this article are retroactively applied to the rule as soon as
1396 reasonably possible, in no event later than 90 days after the
1397 effective date of the rule. For the purposes of this subsection,
1398 an emergency rule is one that must be adopted immediately in
1399 order to do any of the following:

1400 (a) Meet an imminent threat to public health, safety, or
1401 welfare.

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- 1402 (b) Prevent a loss of commission or member state funds.
1403 (c) Meet a deadline for the adoption of an administrative
1404 rule established by federal law or rule.
1405 (d) Protect public health and safety.
1406 (13) The commission or an authorized committee of the
1407 commission may direct revisions to a previously adopted rule or
1408 amendment for purposes of correcting typographical errors,
1409 errors in format, errors in consistency, or grammatical errors.
1410 Public notice of any revisions must be posted on the website of
1411 the commission. The revision is subject to challenge by any
1412 person for a period of 30 days after posting. The revision may
1413 be challenged only on grounds that the revision results in a
1414 material change to a rule. A challenge must be made in writing
1415 and delivered to the chair of the commission before the end of
1416 the notice period. If a challenge is not made, the revision
1417 takes effect without further action. If the revision is
1418 challenged, the revision may not take effect without the
1419 approval of the commission.

1420 ARTICLE X

1421 OVERSIGHT, DISPUTE RESOLUTION,

1422 AND ENFORCEMENT

- 1423 (1) OVERSIGHT.—
1424 (a) The executive, legislative, and judicial branches of
1425 state government in each member state shall enforce the compact
1426 and take all actions necessary and appropriate to carry out the

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1427 compact's purposes and intent. The provisions of the compact and
1428 the rules adopted pursuant thereto shall have standing as
1429 statutory law.

1430 (b) All courts shall take judicial notice of the compact
1431 and the rules in any judicial or administrative proceeding in a
1432 member state pertaining to the subject matter of the compact
1433 which may affect the powers, responsibilities, or actions of the
1434 commission.

1435 (c) The commission is entitled to receive service of
1436 process in any such proceeding and has standing to intervene in
1437 such a proceeding for all purposes. Failure to provide service
1438 of process to the commission renders a judgment or an order void
1439 as to the commission, the compact, or the adopted rules.

1440 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

1441 (a) If the commission determines that a member state has
1442 defaulted in the performance of its obligations or
1443 responsibilities under the compact or the adopted rules, the
1444 commission must do all of the following:

1445 1. Provide written notice to the defaulting state and
1446 other member states of the nature of the default, the proposed
1447 means of curing the default, and any other action to be taken by
1448 the commission.

1449 2. Provide remedial training and specific technical
1450 assistance regarding the default.

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1451 (b) If a state in default fails to cure the default, the
1452 defaulting state may be terminated from the compact upon an
1453 affirmative vote of a majority of the member states, and all
1454 rights, privileges, and benefits conferred by the compact may be
1455 terminated on the effective date of termination. A cure of the
1456 default does not relieve the offending state of obligations or
1457 liabilities incurred during the period of default.

1458 (c) Termination of membership in the compact may be
1459 imposed only after all other means of securing compliance have
1460 been exhausted. The commission shall give notice of intent to
1461 suspend or terminate a defaulting member state to the governor
1462 and majority and minority leaders of the defaulting state's
1463 legislature and to each of the member states.

1464 (d) A state that has been terminated from the compact is
1465 responsible for all assessments, obligations, and liabilities
1466 incurred through the effective date of termination, including
1467 obligations that extend beyond the effective date of
1468 termination.

1469 (e) The commission does not bear any costs related to a
1470 state that is found to be in default or that has been terminated
1471 from the compact, unless agreed upon in writing between the
1472 commission and the defaulting state.

1473 (f) The defaulting state may appeal the action of the
1474 commission by petitioning the United States District Court for
1475 the District of Columbia or the federal district where the

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1476 commission has its principal offices. The prevailing member
1477 shall be awarded all costs of such litigation, including
1478 reasonable attorney fees.

1479 (3) DISPUTE RESOLUTION.—

1480 (a) Upon request by a member state, the commission must
1481 attempt to resolve disputes related to the compact which arise
1482 among member states and between member and nonmember states.

1483 (b) The commission shall adopt a rule providing for both
1484 mediation and binding dispute resolution for disputes as
1485 appropriate.

1486 (4) ENFORCEMENT.—

1487 (a) The commission, in the reasonable exercise of its
1488 discretion, shall enforce the compact and the commission's
1489 rules.

1490 (b) By majority vote, the commission may initiate legal
1491 action in the United States District Court for the District of
1492 Columbia or the federal district where the commission has its
1493 principal offices against a member state in default to enforce
1494 compliance with the provisions of the compact and its adopted
1495 rules and bylaws. The relief sought may include both injunctive
1496 relief and damages. In the event judicial enforcement is
1497 necessary, the prevailing member shall be awarded all costs of
1498 such litigation, including reasonable attorney fees.

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1499 (c) The remedies under this article are not the exclusive
1500 remedies of the commission. The commission may pursue any other
1501 remedies available under federal or state law.

ARTICLE XI

DATE OF IMPLEMENTATION OF THE

PHYSICAL THERAPY COMPACT

AND ASSOCIATED RULES; WITHDRAWAL;

AND AMENDMENTS

1507 (1) The compact becomes effective on the date that the
1508 compact statute is enacted into law in the tenth member state.
1509 The provisions that become effective at that time are limited to
1510 the powers granted to the commission relating to assembly and
1511 the adoption of rules. Thereafter, the commission shall meet and
1512 exercise rulemaking powers necessary for the implementation and
1513 administration of the compact.

1514 (2) Any state that joins the compact subsequent to the
1515 commission's initial adoption of the rules is subject to the
1516 rules as they exist on the date that the compact becomes law in
1517 that state. Any rule that has been previously adopted by the
1518 commission has the full force and effect of law on the day the
1519 compact becomes law in that state.

1520 (3) Any member state may withdraw from the compact by
1521 enacting a statute repealing the same.

1522 (a) A member state's withdrawal does not take effect until
1523 6 months after enactment of the repealing statute.

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1524 (b) Withdrawal does not affect the continuing requirement
1525 of the withdrawing state's physical therapy licensing board to
1526 comply with the investigative and adverse action reporting
1527 requirements of this act before the effective date of
1528 withdrawal.

1529 (4) The compact may not be construed to invalidate or
1530 prevent any physical therapy licensure agreement or other
1531 cooperative arrangement between a member state and a nonmember
1532 state which does not conflict with the provisions of the
1533 compact.

1534 (5) The compact may be amended by the member states. An
1535 amendment to the compact does not become effective and binding
1536 upon any member state until it is enacted into the laws of all
1537 member states.

ARTICLE XII

CONSTRUCTION AND SEVERABILITY

1540 The compact must be liberally construed so as to carry out
1541 the purposes thereof. The provisions of the compact are
1542 severable, and if any phrase, clause, sentence, or provision of
1543 the compact is declared to be contrary to the constitution of
1544 any party member state or of the United States or the
1545 applicability thereof to any government, agency, person, or
1546 circumstance is held invalid, the validity of the remainder of
1547 the compact and the applicability thereof to any government,
1548 agency, person, or circumstance is not affected thereby. If the

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1549 compact is held contrary to the constitution of any party member
1550 state, the compact remains in full force and effect as to the
1551 remaining party member states and in full force and effect as to
1552 the party member state affected as to all severable matters.
1553
1554

1555 -----
1556 **T I T L E A M E N D M E N T**

1557 Remove line 34 and insert:
1558 under the MOBILE Act; amending s. 458.3145, F.S.;
1559 adding the Orlando Osteopathic College of Medicine;
1560 amending 458.315, F.S.; revising the requirements for
1561 physician assistants to be eligible for a temporary
1562 certificate for practice in areas of critical need;
1563 amending s. 456.44, F.S.; amending s. 458.3265, F.S.;
1564 amending s. 458.3475, F.S.; revising American
1565 Association of Medical Specialties to American Board
1566 of Medical Specialties; amending s. 459.0076, F.S.;
1567 revising the requirements for physician assistants to
1568 be eligible for a temporary certificate for practice
1569 in areas of critical need; amending s. 459.0137, F.S.;
1570 amending s. 459.023, F.S.; revising American
1571 Association of Medical Specialties to American Board
1572 of Medical Specialties; amending s. 766.1115,