

# FLORIDA HOUSE OF REPRESENTATIVES

## BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

**BILL #:** [CS/CS/HB 1299](#)

**TITLE:** Department of Health

**SPONSOR(S):** Yarkosky

**COMPANION BILL:** [CS/CS/SB 1290](#) (Collins)

**LINKED BILLS:** None

**RELATED BILLS:** None

### Committee References

[Health Professions & Programs](#)

16 Y, 0 N, As CS



[Health & Human Services](#)

22 Y, 0 N, As CS

## SUMMARY

### Effect of the Bill:

The bill revises several provisions of law relating to Florida's health care workforce, health care services, and health care practitioner licensure and regulation related to the Department of Health. The revisions include:

- Saving the definition of "messenger ribonucleic acid vaccine," from repeal;
- Expanding the Patient's Bill of Rights and Responsibilities to prohibit discrimination for vaccination status;
- Requiring additional reporting from medical marijuana treatment centers (MMTCs) relating to actual and attempted theft, loss, or diversion of medical marijuana;
- Defining "owner," "employee," and "manager," for MMTCs and CMTLs;
- Revising the requirements for licensure by endorsement under the MOBILE Act;
- Adding the Orlando College of Osteopathic Medicine and Lincoln Memorial University to the list of institutions eligible for medical faculty certificates.
- Specifying that physician assistants must be licensed to practice in a U.S. state or D.C. to be eligible for a temporary certificate for practice in areas of critical need.
- Replacing "American Association of Physician Specialists" with "American Board of Physician Specialties" throughout Chapters 458 and 459, F.S.
- Defining the term "party state," in the Physical Therapy Compact; and
- Making certain dental and dental hygiene students eligible for sovereign immunity.

### Fiscal or Economic Impact:

None

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## ANALYSIS

### EFFECT OF THE BILL:

#### Messenger Ribonucleic Acid Vaccines

Current law defines "[messenger ribonucleic acid vaccine](#)" as any vaccine that uses laboratory-produced messenger ribonucleic acid to trigger the human body's immune system to generate an immune response. This definition is set to be repealed June 1, 2025.<sup>1</sup>

The bill repeals the scheduled repeal of the definition of "messenger ribonucleic acid vaccine." Retaining this definition maintains current law prohibiting businesses, government entities, and educational institutions from discriminating based on whether or not a person has been vaccinated a messenger ribonucleic acid vaccine. (Sections [1](#), [2](#), and [3](#)).

<sup>1</sup> Ch. 2023-43, L.O.F.

## Patient's Bill of Rights and Responsibilities

The [Patient's Bill of Rights and Responsibilities](#) was created to promote better communication between patients and health care providers and facilities while protecting patients' interests and well-being. Health care providers and facilities provide a written summary of the Patient's Bill of Rights and Responsibilities to patients; failure to do so may subject the health care provider or facility to an administrative fine.

The bill expands the Patient's Bill of Rights and Responsibilities to prohibit a health care provider or facility from discriminating against a patient based solely upon the patient's vaccination status, and establishes that a patient has the right to impartial access to medical treatment or accommodations regardless of vaccination status.

Health care providers and facilities will have to update the written summary of the Patient's Bill of Rights and Responsibilities that they provide to patients to include the provisions of the bill. Under current law and the bill, the Patient's Bill of Rights and Responsibilities may not be used for any purpose in any civil or administrative action, and does not expand a person's rights under any other law;<sup>2</sup> therefore, the bill's expansion of it will have no substantive effect. (Section [4](#)).

## Medical Marijuana Treatment Centers & Testing Laboratories

Current law requires [medical marijuana treatment centers](#) (MMTCs) to report to local law enforcement within 24 hours after the MMTC is notified or becomes aware of the theft, diversion, or loss of marijuana; however, there is no requirement that such theft, diversion or loss of marijuana be reported to the Department of Health (DOH). Additionally, there is no requirement that *attempted* theft, diversion or loss of marijuana be reported to either law enforcement or DOH.

The bill requires MMTCs to report theft, loss, or diversion of medical marijuana (actual or attempted) to DOH in addition to local law enforcement. (Sections [5](#) and [6](#)).

All employees, owners, officers, board members, and managers of MMTCs and certified medical marijuana testing laboratories (CMTLs) are required to undergo a fingerprint-based, state and national criminal history record checks under current law;<sup>3</sup> however, the terms "employee", "owners", "officers", "board members" and "managers" are not defined in statute. The FBI has determined<sup>4</sup> that the background screening requirements for CMTLs do not meet the requirements of federal law.<sup>5</sup> Under this determination, the Office of Medical Marijuana Use is prohibited from using the FBI's background check system to perform Level 2 background screenings of certain CMTL personnel until the terms "owner" and "manager" are defined in statute.<sup>6</sup>

The bill defines for the terms "owners," "managers," and "employees," for the purpose of complying with federal law and conducting continued background screening of owners and employees of MMTCs or CMTLs. (Sections [5](#) and [6](#)).

## The "MOBILE Act"

The "[Mobile Opportunity by Interstate Licensure Endorsement Act](#)," or "MOBILE Act" was passed by the Legislature in 2024, and created a consistent regulatory framework for licensure by endorsement for health care professions regulated under DOH.

The bill revises the active practice requirement such that individuals seeking licensure by endorsement must have practiced for two of the preceding four years, rather than three of the preceding four years as required by current

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<sup>2</sup> Ss. [381.026\(3\), F.S.](#), and [s. 381.0261, F.S.](#)

<sup>3</sup> Ss. [381.986, F.S.](#), and [381.988, F.S.](#)

<sup>4</sup> Correspondence from the Florida Department of Law Enforcement to the Department of Health dated June 12, 2024, on file with the Health & Human Services Committee.

<sup>5</sup> 34 U.S.C. s. 41101, *see*, Federal Bureau of Investigation, Public Law 92-544, available at <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/public-law-92-544> (last visited April 17, 2025).

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

law. The bill also allows the applicable licensure board or DOH to exercise discretion in considering an applicant's reported history through the National Practitioner Data Bank (NPDB),<sup>7</sup> rather than automatically disqualifying an applicant for licensure based on having been reported to the NPDB as required by current law. (Section [7](#)).

### Medical Faculty Certificates

[Medical faculty certificates](#) allow physicians who have accepted a full-time faculty position at a school listed in statute to practice medicine in Florida without the prerequisite of sitting for and successfully passing a national examination.<sup>8</sup>

The bill adds the Orlando College of Osteopathic Medicine and Lincoln Memorial University to the list of institutions eligible for medical faculty certificates. (Section [9](#)).

### Temporary Certificates for Practice in Areas of Critical Need

A [temporary certificate](#) for practice in areas of critical need allows a qualified physician, physician assistant, or advanced practice registered nurse to provide services in certain settings in areas of critical need without undergoing the process of obtaining full licensure to practice in Florida.<sup>9</sup>

The bill narrows the eligibility criteria for physician assistants seeking to practice under this licensure category. To be eligible for a temporary certificate for practice in areas of critical need, a physician assistant will be required to be licensed to practice in a U.S. state or the District of Columbia. This will exclude physician assistants licensed to practice in other US jurisdictions, such as Puerto Rico or Guam, from qualifying for a temporary certificate. (Sections [10](#) & [15](#)).

### American Board of Physician Specialties

The bill replaces the references throughout Chapters 458 and 459, F.S., to the "[American Association of Physician Specialists](#)" with "American Board of Physician Specialties" which is the current name of the certifying body under the American Association of Physician Specialists. (Sections [8](#), [11](#), [12](#), [13](#), & [14](#)).

### Physical Therapy Compact

In 2024, the Legislature passed SB 7016 which included language to add Florida to the [Physical Therapy Compact](#); however, the Physical Therapy Compact Commission deemed Florida ineligible for Compact membership as the language in SB 7016 materially deviated from the Compact Model Language.<sup>10</sup>

The bill makes technical revisions to the Physical Therapy Compact language in current law to include the definition of "party state," consistent with the Compact Model Language. The bill also replaces the term "member state," with "party state," where appropriate throughout the bill. (Section [16](#)).

### Access to Health Care Act

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<sup>7</sup> The NPDB is a federal databank that serves as a repository of information related to the conduct of health care practitioners in the United States.

<sup>8</sup> S. [458.3145, F.S.](#); The University of Florida, University of Miami, University of South Florida, Florida State University, Florida International University, University of Central Florida, Mayo Clinic College of Medicine and Science (Jacksonville), Florida Atlantic University, John Hopkins All Children's Hospital (St. Petersburg), Nova Southeastern University, and Lake Erie College of Osteopathic Medicine are the schools currently specified in statute.

<sup>9</sup> S. [458.315, F.S.](#), [459.0076, F.S.](#), and [464.0121, F.S.](#)

<sup>10</sup> Department of Health, *2025 Agency Legislative Bill Analysis for HB 1299* (2025). On file with the Health & Human Services Committee.

The “[Access to Health Care Act](#)” (Act) grants sovereign immunity to health care providers who work under a contract with a governmental contractor<sup>11</sup> and who, as agents of the state, provide volunteer, uncompensated health care services to low-income individuals. Current law expressly provides sovereign immunity to allopathic, osteopathic, chiropractic, and podiatric physicians, registered nurses, licensed practical nurses, advanced practice registered nurses, midwives, dentists, dental hygienists, and students currently enrolled in any accredited program that prepares students for any of the listed professions, except for dental and dental hygiene students.<sup>12</sup>

The bill extends eligibility for sovereign immunity under the Act to students enrolled in an accredited dental or dental hygiene program. (Section [9](#)).

The bill provides an effective date of July 1, 2025. (Section 17).

## RELEVANT INFORMATION

### SUBJECT OVERVIEW:

#### COVID-19 Vaccination

Beginning in late 2019, a coronavirus, identified as SARS-CoV-2, caused a pandemic of respiratory illness, called COVID-19, to spread worldwide. COVID-19 can be severe, and has caused millions of deaths around the world, including over 1.1 million deaths in the United States. It can be spread from person to person and can cause lasting health problems.<sup>13</sup>

In 2020, the federal Food and Drug Administration (FDA) issued an emergency use authorization<sup>14</sup> for COVID-19 vaccines by Pfizer/BioNTech and Moderna; the emergency use authorization for the J&J/Janssen vaccine was issued in 2021.<sup>15</sup> The FDA issued full approval for the Pfizer vaccine in August 2021,<sup>16</sup> and for the Moderna vaccine in January 2022.<sup>17</sup> In addition to approving vaccines and treatments, the federal government adopted policies to require vaccination and other preventive measures for businesses and health care facilities. In late 2021, both the federal Occupational Safety and Health Administration<sup>18</sup> and the federal Centers for Medicare & Medicaid Services<sup>19</sup> adopted emergency rules requiring specific entities to ensure that all employees were fully vaccinated against COVID-19.

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<sup>11</sup> A governmental contractor is the DOH, a county health department, a special taxing district having health care responsibilities, or a hospital owned and operated by a governmental entity. S. [766.1115\(3\)\(c\), F.S.](#)

<sup>12</sup> S. [766.1115, F.S.](#)

<sup>13</sup> John Hopkins University of Medicine, *Coronavirus Resource Center* (2023). Available at <https://coronavirus.jhu.edu/region/united-states> (last visited April 11, 2025).

<sup>14</sup> U.S. Food and Drug Administration, *Emergency Use Authorization*. Available at <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization> (last visited March 26, 2025). Medical countermeasures are FDA-regulated products (biologics, drugs, and devices) that may be used in the event of a public health emergency. A determination that a public health emergency exists is insufficient to enable the FDA to issue EUAs; See 21 U.S.C. § 360bbb-3; EUA allows the FDA to facilitate the availability and use of medical countermeasures during public health emergencies.

<sup>15</sup> U.S. Food and Drug Administration, *Janssen COVID-19 Vaccine*. Available at <https://www.fda.gov/vaccines-blood-biologics/coronavirus-covid-19-cber-regulated-biologics/janssen-covid-19-vaccine> (last visited March 26, 2025).

<sup>16</sup> U.S. Food and Drug Administration, *FDA Approves First COVID-19 Vaccine* (2021). Available at <https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine> (last visited April 11, 2025).

<sup>17</sup> U.S. Food and Drug Administration, *Moderna COVID-19 Vaccines*, <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccines>, (last visited March 26, 2025).

<sup>18</sup> COVID-19 Vaccination and Testing; Emergency Temporary Standard, 86 Fed. Reg. 61402. Available at <https://www.federalregister.gov/d/2021-23643> (last visited March 26, 2025). The White House, *Path Out of the Pandemic: President Biden's COVID-19 Action Plan*, (Sep. 2021). Available at <https://www.vsba.org/wp-content/uploads/2021/09/Path-out-of-the-Pandemic-POTUS-COVID-19-Action-Plan.pdf> (last visited March 26, 2025).

<sup>19</sup> Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination, 86 Fed. Reg. 61555 to 61627 (Nov. 5, 2021) (to be codified at 42 C.F.R. pts. 416, 418, 441, 460, 482-486, 491, and 494). Available at <https://www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23831.pdf> (last visited March 26, 2025); “Fully vaccinated” means a person 14 days after receipt of either a single-dose vaccine or the second of a two-dose vaccinations sequence. Receiving a booster is not required to be considered “fully vaccinated.” 61563, citing Centers for Disease Control and Prevention, *Frequently Asked Questions about COVID-19 Vaccination*, Mar. 29, 2023. Available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>, (last visited March 26, 2025).

Current law prohibits private businesses, government entities<sup>20</sup> and educational institutions<sup>21</sup> from requiring people to provide documentation certifying vaccination or post-infection recovery to access the business, governmental operations or school attendance or enrollment, or to access the institution and its services. The following vaccines are included in the prohibition:

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

The definition for messenger ribonucleic acid (MRNA) vaccine in sections [381.00316, F.S.](#), and [381.00319, F.S.](#), is set to repeal on June 1, 2025, unless saved by the Legislature.<sup>22</sup> If the definition is repealed, then the prohibition would only apply to the COVID-19 vaccine and emergency use authorization vaccines; it would not apply to MRNA vaccines unless it is a COVID-19 vaccine or an emergency use vaccine.

### Patient's Bill of Rights and Responsibilities

The Patient's Bill of Rights and Responsibilities, codified in [s. 381.026, F.S.](#), was created to promote better communication among patients and responsible health care providers and facilities while protecting patients' interests and well-being.<sup>23</sup> By understanding their rights and responsibilities, patients can make informed decisions concerning their health.<sup>24</sup> Section [381.026\(1\), F.S.](#) requires the Department of Health (DOH) to provide a summary of these rights on its website.<sup>25</sup>

The Patient's Bill of Rights and Responsibilities applies to health care facilities licensed under ch. 395, F.S., (hospitals, ambulatory surgical centers, and mobile surgical facilities),<sup>26</sup> physicians licensed under chs. 458, 459, and 461, F.S., (allopathic, osteopathic, and podiatric physicians), and advanced practice registered nurses licensed under chapter 464, F.S.<sup>27</sup> Health care facilities and health care providers are required to observe the following standards respective of patients' rights:

- **Individual dignity:** A patient has the right to be respected at all times, retains certain rights to privacy, and has a right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to the patient. A patient also has a right in a health care facility to retain and use personal clothing or possessions as space permits.<sup>28</sup>
- **Information:** A patient has the right to know certain information like what patient support services are available in the facility, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis, and the health care provider's or health care facility's procedures for expressing a grievance.<sup>29</sup>
- **Financial information and disclosure:** A patient has the right to certain financial information and disclosure like full information and necessary counseling on the availability of known financial resources for the patient's health care, access to a schedule of charges for the medical services that the

<sup>20</sup> S. [381.00316, F.S.](#)

<sup>21</sup> S. [381.00319, F.S.](#)

<sup>22</sup> Ch. 2023-43, L.O.F.

<sup>23</sup> S. [381.026, F.S.](#)

<sup>24</sup> *Id.*

<sup>25</sup> S. [381.026\(1\), F.S.](#)

<sup>26</sup> S. [381.026\(2\)\(b\), F.S.](#)

<sup>27</sup> S. [381.026\(2\)\(c\), F.S.](#)

<sup>28</sup> S. [381.026\(4\)\(a\), F.S.](#)

<sup>29</sup> S. [381.026\(4\)\(b\), F.S.](#)

provider offers to patients, and a copy of an itemized statement or bill upon request with an explanation upon request.<sup>30</sup>

- **Access to health care:** A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment. A patient also has the right to treatment for any emergency medical condition that will deteriorate from failure to provide such treatment as well as access any mode of treatment that is, in his or her own judgment and the judgment of his or her health care practitioner, in the best interests of the patient.<sup>31</sup>
- **Experimental research:** A patient has the right to know if medical treatment is for purposes of experimental research and to consent prior to participation in such experimental research. For any patient, regardless of ability to pay or source of payment for his or her care, participation must be a voluntary matter; and a patient has the right to refuse to participate. The patient's consent or refusal must be documented in the patient's care record.<sup>32</sup>
- **Patient's knowledge of rights and responsibilities:** In receiving health care, patients have the right to know what their rights and responsibilities are.<sup>33</sup>

The Patient's Bill of Rights does not currently include a right not to be discriminated against based solely on vaccination status in a health setting.

Current law requires health care facilities and health care providers to provide patients with a summary of these rights upon patient request. The Agency for Health Care Administration (AHCA) or the appropriate professional regulatory board may impose administrative fines on a health care provider or facility for failing to make a summary of the patient's rights available; however, violations of the rights enumerated in the Patient's Bill of Rights and Responsibilities are not independently enforceable. Under current law, the Patient's Bill of Rights and Responsibilities cannot be used for any purpose in any civil or administrative action; nor does it expand or limit a person's rights or remedies under any other law.<sup>34</sup>

### *Enforcement*

AHCA may impose an administrative fine against a health care facility when a health care facility fails to make the summary of rights available to its patients. For a first unintentional violation, the health care facility would not receive an administrative fine but would be subject to corrective action. AHCA may impose a fine against a health care facility of up to \$5,000 for unintentional violations and a fine of up to \$25,000 for willful and intentional violations.<sup>35</sup>

Regulatory boards may fine physicians when they fail to make the summary of rights available to their patients.<sup>36</sup> For initial unintentional violations, a health care provider would not receive an administrative fine but would be subject to corrective action.<sup>37</sup> A regulatory board or DOH may impose a fine of up to \$100 against a health care provider for unintentional violations and a fine of up to \$500 for willful violations.<sup>38</sup>

## Medical Marijuana Treatment Centers & Testing Laboratories

### *Background Screening Requirements*

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<sup>30</sup> S. [381.026\(4\)\(c\), F.S.](#)

<sup>31</sup> S. [381.026\(4\)\(d\), F.S.](#)

<sup>32</sup> S. [381.026\(4\)\(e\), F.S.](#)

<sup>33</sup> S. [381.026\(4\)\(f\), F.S.](#)

<sup>34</sup> Ss. [381.026\(3\), F.S.](#), and s. [381.0261, F.S.](#)

<sup>35</sup> S. [381.0261\(4\)\(a\), F.S.](#)

<sup>36</sup> Ss. [458.331, F.S.](#), [459.015, F.S.](#), and [461.013, F.S.](#)

<sup>37</sup> S. [381.0261\(4\)\(b\), F.S.](#)

<sup>38</sup> *Id.*



The Office of Medical Marijuana Use (OMMU), within DOH, regulates Florida’s medical marijuana program. This includes the oversight and licensure of [medical marijuana treatment centers](#) (MMTCs) and certified medical marijuana testing laboratories (CMTLs).

Under current law, all employees, owners, officers, board members, and managers of MMTCs and CMTLS are required to undergo a fingerprint-based, state and national criminal history record checks (Level 2 background screening); however, the terms “employee”, “owners”, “officers”, “board members” and “managers” are not currently defined in statute.<sup>39</sup>

Background screenings are conducted using information systems controlled by the Federal Bureau of Investigation (FBI). The FBI will not approve access to national criminal history record information (CHRI) unless all criteria specified within Public Law 92-544 are satisfied which include:

- The statute must exist as a result of a legislative enactment.
- Must require the fingerprinting of applicants who are to be subjected to a national criminal history record check.
- Must specifically identify the population or category of applicants being screened, therefore avoiding overbreadth.
- May not authorize receipt of the criminal history record information to a private entity.
- Must identify the state agency responsible for conducting the criminal history record check, receiving the CHRI from the FBI, and applying the screening standards to the applicant.

The FBI has recently determined that the background screening requirements for CMTLs do not meet the requirements of Public Law 92-544.<sup>40</sup> Under this determination OMMU is prohibited from using the FBI’s background check system to perform Level II background screenings of certain CMTL personnel until the terms “owner” and “manager” are defined in statute.<sup>41</sup> The FBI has granted a grace period from enforcement of this prohibition until July 1, 2026. Without statutory change, OMMU will not be able to request background screenings for CMTL personnel, and likely MMTC personnel, after July 1, 2026.

#### *MMTC – Theft, Diversion and Loss Reporting Requirements*

Current law requires MMTCs to report to local law enforcement within 24 hours after a MMTC is notified or becomes aware of the theft, diversion, or loss of marijuana.<sup>42</sup> There is currently no statutory requirement to report such events to DOH. Additionally, there is currently no requirement to report any attempted theft, diversion, or loss of marijuana to law enforcement or DOH.

#### Licensure by Endorsement

Florida licenses more than 40 health care professions through the Division of Medical Quality Assurance (MQA) under the DOH in conjunction with 22 professional boards and four councils. Each profession is regulated by a profession-specific practice act and by chapter 456, F.S., which provides general regulatory and licensure authority to the MQA.<sup>43</sup> Through licensure regulation, the state is able to establish a minimum standard of education and experience necessary for a person to practice a particular profession and ensure a minimum standard of care through enforcement mechanisms which may result in action against a professional’s license.<sup>44</sup>

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<sup>39</sup> [Ss. 381.986, F.S.](#), and [381.988, F.S.](#)

<sup>40</sup> Correspondence from the Florida Department of Law Enforcement to the Department of Health dated June 12, 2024, on file with the Health Professions and Programs Subcommittee.

<sup>41</sup> *Id.*

<sup>42</sup> [S. 381.986 \(8\)\(f\)10., F.S.](#)

<sup>43</sup> Pursuant to [s. 456.001\(4\), F.S.](#), health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

<sup>44</sup> [S. 456.072\(2\), F.S.](#); see also, Adams, T.L. (2020). *Health professional regulation in historical context: Canada, the USA and the UK (19th century to present)*. Hum Resour Health 18, 72. <https://doi.org/10.1186/s12960-020-00501-y>

For individuals who have never before been licensed to practice a particular profession, the most common pathway to licensure is licensure by examination. Licensure by examination verifies that an individual meets state-specific education and examination requirements, at a minimum. For individuals who are licensed to practice a health care profession in a different state and are seeking to practice in Florida, licensure by endorsement is an expedited licensure process which allows a health care professional to become licensed in one state based upon holding a substantially equivalent health care professional license in another state. Until the passage of the MOBILE Act in 2024, only 20 of the health care professions regulated under DOH authorized licensure by endorsement.<sup>45</sup>

### *The “MOBILE Act”*

The “[Mobile Opportunity by Interstate Licensure Endorsement Act](#),” or “MOBILE Act” was passed by the Legislature in 2024 and created a consistent regulatory framework for licensure by endorsement for health care professions licensed and regulated through MQA.<sup>46</sup>

To obtain licensure through the MOBILE Act, applicants must meet various requirements, including having actively practiced in the licensed profession for three of the last four years and the applicant must not have been reported to the National Practitioner Data Bank (NPDB) for any criminal or disciplinary actions.<sup>47</sup>

As of January 6, 2025, MQA has received 3,263 MOBILE applications and issued 769 licenses. The Board of Nursing has received 1,503 applications and issued 288 licenses. Of the 951 pending applications, 176 applicants do not qualify due to not meeting the practice requirement. The remaining applications are pending documentation, so their eligibility is unknown. Applicants who do not qualify are given the option to withdraw their application before being placed before the board to be denied.<sup>48</sup>

### Medical Faculty Certificates

The Board of Medicine (BOM) may issue medical faculty certificates. [Medical faculty certificates](#) allow physicians to practice medicine in Florida without the prerequisite of sitting for and successfully passing a national examination. Physicians issued medical faculty certificates may only practice in conjunction with a full-time faculty position at an accredited medical school and its affiliated clinical facilities or teaching hospitals.<sup>49</sup>

A physician is eligible to receive a medical faculty certificate without examination if they fulfill all of the following prerequisites:<sup>50</sup>

- A graduate of an accredited medical school or its equivalent, or a graduate of a foreign medical school listed with the World Health Organization;
- Hold a valid, current license to practice medicine in another jurisdiction;
- Complete an application form and remit a nonrefundable application fee not to exceed \$500;<sup>51</sup>
- Complete an approved residency or fellowship of at least one year or equivalent training;
- Are at least 21 years of age;

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<sup>45</sup> Email from Jennifer Wenhold, Division of Medical Quality Assurance Director, Florida Department of Health, RE: Endorsement Info, July 13, 2023. On file with the Health and Human Services Committee.

<sup>46</sup> S. [456.0145, F.S.](#)

<sup>47</sup> The NPDB is a federal databank that serves as a repository of information related to the conduct of health care practitioners in the United States. All states are required to report certain information to the NPDB regarding licensed health care professionals, including all administrative actions against a practitioner’s license. For more information on the NPDB, *see*, U.S. Department of Health & Human Services, *NPDB – About Us*. Available at <https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp> (last visited March 25, 2025).

<sup>48</sup> Department of Health, *2025 Agency Legislative Bill Analysis for HB 1299* (2025). On file with the Health & Human Services Committee.

<sup>49</sup> S. [458.3145\(2\), F.S.](#)

<sup>50</sup> S. [458.3145\(1\), F.S.](#)

<sup>51</sup> BOM’s nonrefundable application fee for medical faculty certificates is \$350. If the application is for an initial license, an initial license fee adds another \$355 to the total. In addition, BOM charges a Neurological Injury Compensation Association (NICA) Fund fee between \$0 and \$5,000 depending on practitioner status. For medical faculty certificate applicants who seek authorization to dispense pharmaceuticals, there is a \$100 dispensing practitioner fee. Board of Medicine, *Application for Medical Faculty Certificate for Allopathic Physicians*, p. 4 (revised Dec. 2020). Available at <https://flboardofmedicine.gov/apps/app-medical-faculty-certificate.pdf> (last visited April 16, 2025).



- Are of good moral character;
- Have not committed any act in Florida or any other jurisdiction which would constitute the basis for disciplining a physician; and
- Complete, before medical school, the equivalent of 2 academic years of preprofessional, postsecondary education, as determined by BOM.<sup>52</sup>

Only full-time faculty of a medical program at a school listed in statute are eligible for a medical faculty certificate. The current list is as follows:

- The University of Florida.
- The University of Miami.
- The University of South Florida.
- The Florida State University.
- The Florida International University.
- The University of Central Florida.
- The Mayo Clinic College of Medicine and Science (Jacksonville).
- The Florida Atlantic University.
- The Johns Hopkins All Children's Hospital (St. Petersburg).
- Nova Southeastern University.
- Lake Erie College of Osteopathic Medicine.

Medical faculty certificates automatically expire when the physician's relationship with the medical school terminates or after a period of 24 months.<sup>53</sup> Medical faculty certificates are renewable every 2 years, but the physician must apply for the renewal and provide certification by the dean of the medical school that the physician is a distinguished medical scholar and an outstanding practicing physician.<sup>54</sup> An annual review of each medical faculty certificate recipient is made by the dean of the certificate recipient's accredited 4-year medical school and reported to BOM.<sup>55</sup>

### Temporary Certificates for Practice in Areas of Critical Need

The Surgeon General is responsible for determining areas of critical need in the state.<sup>56</sup> The determination by the Surgeon General defines the areas of the state wherein a physician may be issued a temporary certificate to practice in areas of critical need. The determination also includes a provision which allows physicians with an active temporary certificate for practice in an area of critical need to continue to practice under the certificate until it is due for renewal, regardless if the location where the physician practices loses its HPSA designation. In August 2022, the Surgeon General determined that all mental health and primary care Health Professional Shortage Areas (HPSA),<sup>57</sup> Volunteer Health Care Provider participants,<sup>58</sup> and free clinics are areas of critical need.<sup>59</sup>

A [temporary certificate](#) allows a qualified physician, physician assistant, or advanced practice registered nurse to provide services in certain settings in areas of critical need without undergoing the process of obtaining full licensure to practice in Florida. The Florida Legislature made physician assistants and advanced practice registered nurses eligible for temporary certificates for practice in areas of critical need in 2024.<sup>60</sup> The BOM, the Board of

<sup>52</sup> This education requirement is only applicable to applicants who graduated medical school after October 1, 1992. [s. 458.3145\(1\), F.S.](#)

<sup>53</sup> Section [458.3145\(2\), F.S.](#)

<sup>54</sup> *Id.*

<sup>55</sup> Section [458.3145\(5\), F.S.](#)

<sup>56</sup> Ss. 458.315(3)(a) and [459.0076\(3\)\(a\), F.S.](#)

<sup>57</sup> HRSA, *What is Shortage Designation?* (2023). Available at <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas> (last visited April 16, 2025).

<sup>58</sup> S. [766.1115, F.S.](#) See also, Florida Department of Health, *The Volunteer Healthcare Provider Program Online Listing of Participating Providers*. Available at <https://www.floridahealth.gov/provider-and-partner-resources/volunteer-health-services-opportunities/volunteer-provider-listing/index.html> (last visited April 16, 2025).

<sup>59</sup> Florida Department of Health, *Determination of Areas of Critical Need Pursuant to Sections 458.315 and 459.0076, Florida Statutes* (2022). Available at <https://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/DeterminationofAreasofCriticalNeed-8-10-22.pdf> (last visited April 16, 2025).

<sup>60</sup> See, s. 41, ch. 2024-15, L.O.F.

Osteopathic Medicine (BOOM), and the Board of Nursing (BON) may issue temporary certificates to practice in an area of critical need to a practitioner with an active license to practice in any United States jurisdiction<sup>61</sup> who will:<sup>62</sup>

- Practice in an area of critical need;
- Be employed by or practice in a county health department; correctional facility; Department of Veterans' Affairs clinic; community health center funded by s. 329, s. 330, or s. 340 of the United States Public Health Services Act; or other agency or institution that is approved by the State Surgeon General and provides health care to meet the needs of underserved populations in this state; or
- Practice for a limited time to address critical physician-specialty, demographic, or geographic needs for this state's physician workforce as determined by the State Surgeon General.

The boards are authorized to administer an abbreviated oral examination to determine a practitioner's competency, but may not require a written examination.<sup>63</sup> The boards must review the application and issue the temporary certificate, notify the applicant of denial, or notify the applicant that the board recommends additional assessment, training, education, or other requirements as a condition of certification within 60 days after the receipt of the application.<sup>64</sup> The boards may not issue a temporary certificate to a practitioner who is under investigation in any jurisdiction in the US for an act which would constitute a violation of the relevant practice act.<sup>65</sup>

A temporary certificate is only valid for as long as the Surgeon General determines that critical need remains an issue in this state.<sup>66</sup> However, the boards must review the temporary certificate holder at least annually to ensure that he or she is in compliance with the practice act and rules adopted thereunder.<sup>67</sup> A board may revoke or restrict the temporary certificate for practice in areas of critical need if noncompliance is found.<sup>68</sup>

### American Board of Physician Specialties

The [American Association of Physician Specialists](#) (AAPS) was founded in 1950 and provides physician education and a structured platform for its affiliated academies of medicine.<sup>69</sup> The American Board of Physician Specialties (ABPS) is the official physician board certification body of the AAPS and is currently the third largest, nationally recognized multi-specialty physician certifying body in the U.S.. ABPS certifies both medical and osteopathic physicians in 20 different physician specialties.<sup>70</sup>

Current law references AAPS in sections requiring certain physicians possess board certification relating to pain-management clinics and anesthesiology.<sup>71</sup> ABPS more accurately describes the entity that issues certification for physician specialties.

### Physical Therapy Compact

#### *Physical Therapy Licensure in Florida*

Physical therapists and physical therapist assistants are licensed and regulated by the Board of Physical Therapy Practice (Board) under DOH.<sup>72</sup>

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<sup>61</sup> Ss. 458.315 and [459.0076, F.S.](#)

<sup>62</sup> Ss. 458.315(2) and [459.0076\(2\), F.S.](#)

<sup>63</sup> Ss. 458.315(3)(d) and [459.0076\(3\)\(d\), F.S.](#)

<sup>64</sup> *Id.*

<sup>65</sup> Ss. 458.315(2) and [459.0076\(2\), F.S.](#)

<sup>66</sup> Ss. 458.315(3) and [459.0076\(3\), F.S.](#)

<sup>67</sup> *Id.*

<sup>68</sup> *Id.*

<sup>69</sup> See, American Association of Physician Specialists, *About AAPS*. Available at <https://www.aapsus.org/about-us-2> (last visited April 17, 2025).

<sup>70</sup> See, American Board of Physician Specialties, *Physician Board Certification*. Available at <https://www.abpsus.org/physician-board-certification/> (last visited April 16, 2025).

<sup>71</sup> Ss. [456.44, F.S.](#), [458.3265, F.S.](#), [458.3475, F.S.](#), [459.0137, F.S.](#), [459.023, F.S.](#)

<sup>72</sup> S. [486.023, F.S.](#)

The practice of physical therapy includes:<sup>73</sup>

- The performance of physical therapy assessments;
- The treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other health condition, and the rehabilitation of such disability, injury, disease, or other health condition by alleviating impairments, functional movement limitations, and disabilities by designing, implementing, and modifying treatment interventions through use of:
  - Therapeutic exercise;
  - Functional movement training in self-management and in-home, community, or work integration or reintegration;
  - Manual therapy;
  - Massage;
  - Airway clearance techniques;
  - Maintaining and restoring the integumentary system and wound care;
  - Physical agent or modality;
  - Mechanical or electrotherapeutic modality;
  - Patient-related instruction;
  - The use of apparatus and equipment in the application of the above;
- The performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or
- The performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

To be eligible for licensure as a physical therapist (PT) in Florida, an applicant must:<sup>74</sup>

- Be 18 years of age;
- Be of good moral character; and
- Satisfy the following educational requirements:
  - Have graduated from a school of physical therapy which has been approved for the educational preparation of physical therapists by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation or the U.S. Department of Education at the time of her or his graduation and have passed, to the satisfaction of the Board, the American Registry Examination prior to 1971 or a national examination approved by the Board to determine her or his fitness for practice as a physical therapist;
  - Have received a diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapists in this country, as recognized by the appropriate agency as identified by the Board, and have passed to the satisfaction of the Board an examination to determine her or his fitness for practice as a physical therapist;<sup>75</sup> or
  - Be entitled to licensure without examination.

A physical therapist assistant (PTA) performs patient-related activities, including the use of physical agents, under the direction of a physical therapist.<sup>76</sup>

### *Physical Therapy Compact*

The [Physical Therapy Licensure Compact](#) (PT Compact or compact) is a mutual recognition licensure compact that allows a physical therapist or physical therapist assistant who holds a license in their home state to apply for a

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<sup>73</sup> S. [486.021\(11\), F.S.](#)

<sup>74</sup> S. [486.031, F.S.](#)

<sup>75</sup> S. [486.081, F.S.](#)

<sup>76</sup> S. [486.021\(6\), F.S.](#); for physical therapy assistant licensure requirements see, [s. 486.102, F.S.](#)

“compact privilege” to practice in another state. Compact privilege also authorizes a physical therapist licensed by a home state to practice telehealth in member states. Currently, there are thirty-eight (38) compact member states, with thirty-two (32) of those states issuing compact privileges.<sup>77</sup> The PT Compact Commission is the governing body of the PT Compact and the entity responsible for creating and enforcing the rules and regulations of the compact. Each member state may delegate one member, selected by that member state’s physical therapy licensing board, to serve on the Commission.

In 2024, the Florida Legislature passed legislation to join the PT Compact;<sup>78</sup> however, the PT Compact Commission has deemed Florida ineligible for Compact membership as the language adopted materially deviated from the Compact Model Language. The PT Compact Commission identified the following issues with the compact language adopted by Florida:<sup>79</sup>

- Does not define “party state,” which is a material term that appears in several operative provisions of the model language;
- Omits a fee provision thus prohibiting the PT Compact Commission from imposing fees on licensees practicing under the compact; and
- Fails to provide qualified immunity to the Commission and its representatives.

### Access to Health Care Act

The “[Access to Health Care Act](#)” (Act), established by [s. 766.1115, F.S.](#), was enacted in 1992 to encourage health care providers to provide care to low-income persons.<sup>80</sup> Under the Act, low-income persons include:

- A person who is Medicaid-eligible;
- A person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level, which is \$25,760 for a single person and \$53,000 for a family of four;<sup>81</sup> or
- Any eligible client of DOH who voluntarily chooses to participate in a program offered or approved by the department.

Health care providers included under the Act are allopathic, osteopathic, chiropractic, and podiatric physicians, registered nurses, licensed practical nurses, advanced practice registered nurses, midwives, dentists, dental hygienists, and students currently enrolled in any accredited program preparing students for one of the listed professions, except for dental and dental hygiene students.<sup>82</sup> DOH administers the Act through the Volunteer Health Services Program, which works with DOH entities and community and faith-based health care providers to promote access to quality health care for the medically underserved and uninsured in this state.<sup>83</sup>

The Act grants sovereign immunity<sup>84</sup> to health care providers who execute a contract with a governmental contractor<sup>85</sup> and who, as agents of the state, provide volunteer, uncompensated health care services to low-income

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<sup>77</sup> PT Compact, *Compact Map*. Available at <https://ptcompact.org/ptc-states> (last visited March 26, 2025).

<sup>78</sup> Ch. 2024-15, L.O.F.

<sup>79</sup> Department of Health, *2025 Agency Legislative Bill Analysis for HB 1299* (2025). On file with the Health Professions and Programs Subcommittee.

<sup>80</sup> S. [766.1115, F.S.](#)

<sup>81</sup> U.S. Department of Health and Human Services, *U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs* (2025). Available at <https://aspe.hhs.gov/poverty-guidelines> (last visited March 26, 2025).

<sup>82</sup> S. [766.1115\(3\), F.S.](#)

<sup>83</sup> Department of Health, *Volunteer Health Services*. Available at <https://www.floridahealth.gov/provider-and-partner-resources/volunteer-health-services-opportunities/index.html> (last visited March 26, 2025).

<sup>84</sup> The legal doctrine of sovereign immunity prevents a government from being sued in its own courts without its consent. According to United States Supreme Court Justice Oliver Wendell Holmes, citing the noted 17th century Hobbes work, *Leviathan*, “a sovereign is exempt from suit, not because of any formal conception or obsolete theory, but on the logical and practical ground that there can be no legal right as against the authority that makes the law on which the right depends.” State governments in the United States, as sovereigns, inherently possess sovereign immunity. Article X, section 13 of the Florida Constitution recognizes the concept of sovereign immunity and gives the Legislature the power to waive immunity in part or in full by general law. S. [768.28, F.S.](#), contains the limited waiver of sovereign immunity applicable to the state. Under this statute, officers, employees, and agents of the state will not be held personally liable in tort or named as a party defendant in any action for any injury or damage suffered as a result of any act, event, or omission of action in the scope of her or his employment or function. However, personal liability may result from actions committed in bad faith or with malicious purpose or in a

individuals. These health care providers are considered agents of the state under [s. 768.28\(9\), F.S.](#), and have sovereign immunity while acting within the scope of duties required under the Act.<sup>86</sup> Therefore, the state will defend a health care provider covered under the Act in any action alleging harm or injury, and any recovery would be limited to \$200,000 for one incident and a total of \$300,000 for all recoveries related to one incident.

A contract under the Act must pertain to volunteer, uncompensated services for which the provider may not receive compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient or any public or private third-party payor for the specific services provided to the low-income recipients covered by the contract.<sup>87</sup>

The Act establishes several contractual requirements for government contractors and health care providers. The contract must require the government contractor to retain the right of dismissal or termination of any health care provider delivering services under the contract and to have access to the patient records of any health care provider delivering services under the contract. The health care provider must, under the contract, report adverse incidents and information on treatment outcomes to the governmental contractor. The governmental contractor or the health care provider must make patient selection and initial referrals. The health care provider is subject to supervision and regular inspection by the governmental contractor.<sup>88</sup>

The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing, that the provider is covered under [s. 768.28, F.S.](#), for purposes of legal actions alleging medical negligence.<sup>89</sup>

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manner exhibiting wanton and willful disregard of human rights, safety, or property. When an officer, employee, or agency of the state is sued, the state steps in as the party litigant and defends against the claim. A person may recover no more than \$200,000 for one incident and the total for all recoveries related to one incident is limited to \$300,000. The sovereign immunity recovery caps do not prevent a plaintiff from obtaining a judgment in excess of the caps, but the plaintiff cannot recover the excess damages without action by the Legislature. *See* Black's Law Dictionary, 3rd Pocket Edition, 2006; *Kawananakoa v Polyblank*, 205 U.S. 349, 353 (1907); Fla. Jur. 2d, Government Tort Liability, Sec. 1.; S. [768.28, F.S.](#)

<sup>85</sup> A governmental contractor is the DOH, a county health department, a special taxing district having health care responsibilities, or a hospital owned and operated by a governmental entity. S. [766.1115\(3\)\(c\), F.S.](#)

<sup>86</sup> S. [766.1115\(4\), F.S.](#)

<sup>87</sup> S. [766.1115\(3\)\(a\), F.S.](#)

<sup>88</sup> S. [766.1115\(4\), F.S.](#)

<sup>89</sup> S. [766.1115\(5\), F.S.](#)



## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Professions &amp; Programs Subcommittee</a>	16 Y, 0 N, As CS	3/27/2025	McElroy	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE: <a href="#">Click or tap here to enter text.</a>				
<a href="#">Health &amp; Human Services Committee</a>	22 Y, 0 N, As CS	4/15/2025	Calamas	Osborne
THE CHANGES ADOPTED BY THE COMMITTEE:				
<ul style="list-style-type: none"> <li>Revised the definition of “manager,” for medical marijuana treatment centers and certified medical marijuana testing laboratories for purposes of background screenings.</li> <li>Added the Orlando College of Osteopathic Medicine and Lincoln Memorial University to the list of institutions eligible for medical faculty certificates.</li> <li>Specified that physician assistants must be licensed to practice in a U.S. state or D.C. to be eligible for a temporary certificate for practice in areas of critical need.</li> <li>Replaced “American Association of Physician Specialists” with “American Board of Physician Specialties” throughout Chapters 458 and 459.</li> <li>Technical correction: changes one reference from “member state,” to “party state,” in the Physical Therapy Compact.</li> </ul>				

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**THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.**  
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