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1  
2 An act relating to the Department of Health; amending  
3 chapter 2023-43, Laws of Florida; revising the repeal  
4 date of the definition of the term "messenger  
5 ribonucleic acid vaccine"; providing for contingent  
6 retroactive operation; reenacting ss. 381.00316(2)(g)  
7 and 381.00319(1)(e), F.S., relating to the prohibition  
8 on discrimination by governmental and business  
9 entities based on health care choices and the  
10 prohibition on mask mandates and vaccination and  
11 testing mandates for educational institutions,  
12 respectively, for purposes of preserving the  
13 definition of the term "messenger ribonucleic acid  
14 vaccine," notwithstanding its scheduled repeal;  
15 amending s. 381.986, F.S.; defining terms for purposes  
16 of background screening requirements for persons  
17 affiliated with medical marijuana treatment centers;  
18 requiring medical marijuana treatment centers to  
19 notify the Department of Health through e-mail within  
20 a specified timeframe after an actual or attempted  
21 theft, diversion, or loss of marijuana; requiring  
22 medical marijuana treatment centers to report  
23 attempted thefts, in addition to actual thefts, to law  
24 enforcement within a specified timeframe; amending s.  
25 381.988, F.S.; defining terms for purposes of

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26 background screening requirements for persons  
27 affiliated with medical marijuana testing  
28 laboratories; amending s. 456.0145, F.S.; revising  
29 eligibility criteria for licensure by endorsement  
30 under the MOBILE Act; amending s. 456.44, F.S.;  
31 revising the definition of the term "board-certified  
32 pain management physician" to replace the term  
33 "American Association of Physician Specialists" with  
34 "American Board of Physician Specialties"; making a  
35 technical change; amending s. 458.313, F.S.; revising  
36 the qualifications required for a person seeking  
37 licensure by endorsement as an allopathic physician;  
38 amending s. 458.3145, F.S.; revising the list of  
39 institutions at which the department is authorized to  
40 issue a medical faculty certificate to an individual  
41 who has been offered and has accepted a full-time  
42 faculty appointment; amending ss. 458.315 and  
43 459.0076, F.S.; revising criteria authorizing  
44 physician assistants to be issued temporary  
45 certificates for practice in areas of critical need;  
46 amending ss. 458.3265, 458.3475, 459.0137, and  
47 459.023, F.S.; revising definitions to replace the  
48 term "American Association of Physician Specialists"  
49 with "American Board of Physician Specialties";  
50 amending s. 486.112, F.S.; defining the term "party

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51 state"; authorizing a remote state to issue subpoenas  
 52 to individuals to testify or for the production of  
 53 evidence from a party located in a party state;  
 54 providing that such subpoenas are enforceable in the  
 55 party state; requiring that investigative information  
 56 pertaining to certain licensees in a certain system be  
 57 available only to other party states; revising  
 58 construction and severability of the compact to  
 59 conform to changes made by the act; providing  
 60 effective dates.

61

62 Be It Enacted by the Legislature of the State of Florida:

63

64 Section 1. Effective upon becoming a law, or, if this act  
 65 fails to become a law until after June 1, 2025, operating  
 66 retroactively to June 1, 2025, section 9 of chapter 2023-43,  
 67 Laws of Florida, is amended to read:

68 Section 9. Sections 381.00316(2)(g) and 381.00319(1)(e),  
 69 Florida Statutes, as created by this act, are repealed June 1,  
 70 2027 ~~2025~~.

71 Section 2. Effective upon becoming a law, or, if this act  
 72 fails to become a law until after June 1, 2025, operating  
 73 retroactively to June 1, 2025, paragraph (g) of subsection (2)  
 74 of section 381.00316, Florida Statutes, is reenacted to read:

75 381.00316 Discrimination by governmental and business

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76 entities based on health care choices; prohibition.—

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

78 (g) "Messenger ribonucleic acid vaccine" means any vaccine  
79 that uses laboratory-produced messenger ribonucleic acid to  
80 trigger the human body's immune system to generate an immune  
81 response.

82 Section 3. Effective upon becoming a law, or, if this act  
83 fails to become a law until after June 1, 2025, operating  
84 retroactively to June 1, 2025, paragraph (e) of subsection (1)  
85 of section 381.00319, Florida Statutes, is reenacted to read:

86 381.00319 Prohibition on mask mandates and vaccination and  
87 testing mandates for educational institutions.—

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

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

91 Section 4. Paragraphs (b), (e), and (f) of subsection (8)  
92 of section 381.986, Florida Statutes, are amended to read:

93 381.986 Medical use of marijuana.—

94 (8) MEDICAL MARIJUANA TREATMENT CENTERS.—

95 (b) An applicant for licensure as a medical marijuana  
96 treatment center must ~~shall~~ apply to the department on a form  
97 prescribed by the department and adopted in rule. The department  
98 shall adopt rules pursuant to ss. 120.536(1) and 120.54  
99 establishing a procedure for the issuance and biennial renewal  
100 of licenses, including initial application and biennial renewal

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101 fees sufficient to cover the costs of implementing and  
102 administering this section, and establishing supplemental  
103 licensure fees for payment beginning May 1, 2018, sufficient to  
104 cover the costs of administering ss. 381.989 and 1004.4351. The  
105 department shall identify applicants with strong diversity plans  
106 reflecting this state's commitment to diversity and implement  
107 training programs and other educational programs to enable  
108 minority persons and minority business enterprises, as defined  
109 in s. 288.703, and veteran business enterprises, as defined in  
110 s. 295.187, to compete for medical marijuana treatment center  
111 licensure and contracts. Subject to the requirements in  
112 subparagraphs (a)2.-4., the department shall issue a license to  
113 an applicant if the applicant meets the requirements of this  
114 section and pays the initial application fee. The department  
115 shall renew the licensure of a medical marijuana treatment  
116 center biennially if the licensee meets the requirements of this  
117 section and pays the biennial renewal fee. However, the  
118 department may not renew the license of a medical marijuana  
119 treatment center that has not begun to cultivate, process, and  
120 dispense marijuana by the date that the medical marijuana  
121 treatment center is required to renew its license. An individual  
122 may not be an applicant, owner, officer, board member, or  
123 manager on more than one application for licensure as a medical  
124 marijuana treatment center. An individual or entity may not be  
125 awarded more than one license as a medical marijuana treatment

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126 center. An applicant for licensure as a medical marijuana  
 127 treatment center must demonstrate:

128 1. That, for the 5 consecutive years before submitting the  
 129 application, the applicant has been registered to do business in  
 130 this ~~the~~ state.

131 2. Possession of a valid certificate of registration  
 132 issued by the Department of Agriculture and Consumer Services  
 133 pursuant to s. 581.131.

134 3. The technical and technological ability to cultivate  
 135 and produce marijuana, including, but not limited to, low-THC  
 136 cannabis.

137 4. The ability to secure the premises, resources, and  
 138 personnel necessary to operate as a medical marijuana treatment  
 139 center.

140 5. The ability to maintain accountability of all raw  
 141 materials, finished products, and any byproducts to prevent  
 142 diversion or unlawful access to or possession of these  
 143 substances.

144 6. An infrastructure reasonably located to dispense  
 145 marijuana to registered qualified patients statewide or  
 146 regionally as determined by the department.

147 7. The financial ability to maintain operations for the  
 148 duration of the 2-year approval cycle, including the provision  
 149 of certified financial statements to the department.

150 a. Upon approval, the applicant must post a \$5 million

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151 performance bond issued by an authorized surety insurance  
152 company rated in one of the three highest rating categories by a  
153 nationally recognized rating service. However, a medical  
154 marijuana treatment center serving at least 1,000 qualified  
155 patients is only required to maintain a \$2 million performance  
156 bond.

157 b. In lieu of the performance bond required under sub-  
158 subparagraph a., the applicant may provide an irrevocable letter  
159 of credit payable to the department or provide cash to the  
160 department. If provided with cash under this sub-subparagraph,  
161 the department must ~~shall~~ deposit the cash in the Grants and  
162 Donations Trust Fund within the Department of Health, subject to  
163 the same conditions as the bond regarding requirements for the  
164 applicant to forfeit ownership of the funds. If the funds  
165 deposited under this sub-subparagraph generate interest, the  
166 amount of that interest must ~~shall~~ be used by the department for  
167 the administration of this section.

168 8. That all owners, ~~officers, board members,~~ and managers  
169 have passed a background screening pursuant to subsection (9).  
170 As used in this subparagraph, the term:

171 a. "Manager" means any person with the authority to  
172 exercise or contribute to the operational control, direction, or  
173 management of an applicant or a medical marijuana treatment  
174 center or who has authority to supervise any employee of an  
175 applicant or a medical marijuana treatment center. The term

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

180 b. "Owner" means any person who owns or controls a 5  
181 percent or greater share of interests of the applicant or a  
182 medical marijuana treatment center which include beneficial or  
183 voting rights to interests. In the event that one person owns a  
184 beneficial right to interests and another person holds the  
185 voting rights with respect to such interests, then in such case,  
186 both are considered the owner of such interests.

187 9. The employment of a medical director to supervise the  
188 activities of the medical marijuana treatment center.

189 10. A diversity plan that promotes and ensures the  
190 involvement of minority persons and minority business  
191 enterprises, as defined in s. 288.703, or veteran business  
192 enterprises, as defined in s. 295.187, in ownership, management,  
193 and employment. An applicant for licensure renewal must show the  
194 effectiveness of the diversity plan by including the following  
195 with his or her application for renewal:

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

198 b. Efforts to recruit minority persons and veterans for  
199 employment; and

200 c. A record of contracts for services with minority



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201 business enterprises and veteran business enterprises.

202 (e) A licensed medical marijuana treatment center shall  
203 cultivate, process, transport, and dispense marijuana for  
204 medical use. A licensed medical marijuana treatment center may  
205 not contract for services directly related to the cultivation,  
206 processing, and dispensing of marijuana or marijuana delivery  
207 devices, except that a medical marijuana treatment center  
208 licensed pursuant to subparagraph (a)1. may contract with a  
209 single entity for the cultivation, processing, transporting, and  
210 dispensing of marijuana and marijuana delivery devices. A  
211 licensed medical marijuana treatment center shall ~~must~~, at all  
212 times, maintain compliance with the criteria demonstrated and  
213 representations made in the initial application and the criteria  
214 established in this subsection. Upon request, the department may  
215 grant a medical marijuana treatment center a variance from the  
216 representations made in the initial application. Consideration  
217 of such a request must ~~shall~~ be based upon the individual facts  
218 and circumstances surrounding the request. A variance may not be  
219 granted unless the requesting medical marijuana treatment center  
220 can demonstrate to the department that it has a proposed  
221 alternative to the specific representation made in its  
222 application which fulfills the same or a similar purpose as the  
223 specific representation in a way that the department can  
224 reasonably determine will not be a lower standard than the  
225 specific representation in the application. A variance may not

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226 | be granted from the requirements in subparagraph 2. and  
 227 | subparagraphs (b)1. and 2.

228 |         1. A licensed medical marijuana treatment center may  
 229 | transfer ownership to an individual or entity who meets the  
 230 | requirements of this section. A publicly traded corporation or  
 231 | publicly traded company that meets the requirements of this  
 232 | section is not precluded from ownership of a medical marijuana  
 233 | treatment center. To accommodate a change in ownership:

234 |             a. The licensed medical marijuana treatment center shall  
 235 | notify the department in writing at least 60 days before the  
 236 | anticipated date of the change of ownership.

237 |             b. The individual or entity applying for initial licensure  
 238 | due to a change of ownership must submit an application that  
 239 | must be received by the department at least 60 days before the  
 240 | date of change of ownership.

241 |             c. Upon receipt of an application for a license, the  
 242 | department shall examine the application and, within 30 days  
 243 | after receipt, notify the applicant in writing of any apparent  
 244 | errors or omissions and request any additional information  
 245 | required.

246 |             d. Requested information omitted from an application for  
 247 | licensure must be filed with the department within 21 days after  
 248 | the department's request for omitted information or the  
 249 | application will ~~shall~~ be deemed incomplete and ~~shall be~~  
 250 | withdrawn from further consideration and the fees ~~shall be~~

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251 forfeited.

252 e. Within 30 days after the receipt of a complete  
253 application, the department shall approve or deny the  
254 application.

255 2. A medical marijuana treatment center, and any  
256 individual or entity who directly or indirectly owns, controls,  
257 or holds with power to vote 5 percent or more of the voting  
258 shares of a medical marijuana treatment center, may not acquire  
259 direct or indirect ownership or control of any voting shares or  
260 other form of ownership of any other medical marijuana treatment  
261 center.

262 3. A medical marijuana treatment center may not enter into  
263 any form of profit-sharing arrangement with the property owner  
264 or lessor of any of its facilities where cultivation,  
265 processing, storing, or dispensing of marijuana and marijuana  
266 delivery devices occurs.

267 4. All employees of a medical marijuana treatment center  
268 must be 21 years of age or older and have passed a background  
269 screening pursuant to subsection (9). As used in this  
270 subparagraph, the term "employee" means any person employed by a  
271 medical marijuana treatment center licensee in any capacity,  
272 including those whose duties involve any aspect of the  
273 cultivation, processing, transportation, or dispensing of  
274 marijuana. This requirement applies to all employees, regardless  
275 of the compensation received.

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276           5. Each medical marijuana treatment center must adopt and  
 277 enforce policies and procedures to ensure employees and  
 278 volunteers receive training on the legal requirements to  
 279 dispense marijuana to qualified patients.

280           6. When growing marijuana, a medical marijuana treatment  
 281 center:

282           a. May use pesticides determined by the department, after  
 283 consultation with the Department of Agriculture and Consumer  
 284 Services, to be safely applied to plants intended for human  
 285 consumption, but may not use pesticides designated as  
 286 restricted-use pesticides pursuant to s. 487.042.

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

289           c. Must inspect seeds and growing plants for plant pests  
 290 that endanger or threaten the horticultural and agricultural  
 291 interests of the state in accordance with chapter 581 and any  
 292 rules adopted thereunder.

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

296           7. Each medical marijuana treatment center must produce  
 297 and make available for purchase at least one low-THC cannabis  
 298 product.

299           8. A medical marijuana treatment center that produces  
 300 edibles must hold a permit to operate as a food establishment

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301 pursuant to chapter 500, the Florida Food Safety Act, and must  
 302 comply with all the requirements for food establishments  
 303 pursuant to chapter 500 and any rules adopted thereunder.  
 304 Edibles may not contain more than 200 milligrams of  
 305 tetrahydrocannabinol, and a single serving portion of an edible  
 306 may not exceed 10 milligrams of tetrahydrocannabinol. Edibles  
 307 may not have a potency variance ~~of no~~ greater than 15 percent.  
 308 Marijuana products, including edibles, may not be attractive to  
 309 children; be manufactured in the shape of humans, cartoons, or  
 310 animals; be manufactured in a form that bears any reasonable  
 311 resemblance to products available for consumption as  
 312 commercially available candy; or contain any color additives. To  
 313 discourage consumption of edibles by children, the department  
 314 shall determine by rule any shapes, forms, and ingredients  
 315 allowed and prohibited for edibles. Medical marijuana treatment  
 316 centers may not begin processing or dispensing edibles until  
 317 after the effective date of the rule. The department shall also  
 318 adopt sanitation rules providing the standards and requirements  
 319 for the storage, display, or dispensing of edibles.

320 9. Within 12 months after licensure, a medical marijuana  
 321 treatment center must demonstrate to the department that all of  
 322 its processing facilities have passed a Food Safety Good  
 323 Manufacturing Practices, such as Global Food Safety Initiative  
 324 or equivalent, inspection by a nationally accredited certifying  
 325 body. A medical marijuana treatment center must immediately stop

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326 processing at any facility which fails to pass this inspection  
327 until it demonstrates to the department that such facility has  
328 met this requirement.

329 10. A medical marijuana treatment center that produces  
330 prerolled marijuana cigarettes may not use wrapping paper made  
331 with tobacco or hemp.

332 11. When processing marijuana, a medical marijuana  
333 treatment center must:

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

336 b. Comply with department rules when processing marijuana  
337 with hydrocarbon solvents or other solvents or gases exhibiting  
338 potential toxicity to humans. The department shall determine by  
339 rule the requirements for medical marijuana treatment centers to  
340 use such solvents or gases exhibiting potential toxicity to  
341 humans.

342 c. Comply with federal and state laws and regulations and  
343 department rules for solid and liquid wastes. The department  
344 shall determine by rule procedures for the storage, handling,  
345 transportation, management, and disposal of solid and liquid  
346 waste generated during marijuana production and processing. The  
347 Department of Environmental Protection shall assist the  
348 department in developing such rules.

349 d. Test the processed marijuana using a medical marijuana  
350 testing laboratory before it is dispensed. Results must be

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351 | verified and signed by two medical marijuana treatment center  
352 | employees. Before dispensing, the medical marijuana treatment  
353 | center must determine that the test results indicate that low-  
354 | THC cannabis meets the definition of low-THC cannabis, the  
355 | concentration of tetrahydrocannabinol meets the potency  
356 | requirements of this section, the labeling of the concentration  
357 | of tetrahydrocannabinol and cannabidiol is accurate, and all  
358 | marijuana is safe for human consumption and free from  
359 | contaminants that are unsafe for human consumption. The  
360 | department shall determine by rule which contaminants must be  
361 | tested for and the maximum levels of each contaminant which are  
362 | safe for human consumption. The Department of Agriculture and  
363 | Consumer Services shall assist the department in developing the  
364 | testing requirements for contaminants that are unsafe for human  
365 | consumption in edibles. The department shall also determine by  
366 | rule the procedures for the treatment of marijuana that fails to  
367 | meet the testing requirements of this section, s. 381.988, or  
368 | department rule. The department may select samples of marijuana  
369 | from a medical marijuana treatment center facility which shall  
370 | be tested by the department to determine whether the marijuana  
371 | meets the potency requirements of this section, is safe for  
372 | human consumption, and is accurately labeled with the  
373 | tetrahydrocannabinol and cannabidiol concentration or to verify  
374 | the result of marijuana testing conducted by a marijuana testing  
375 | laboratory. The department may also select samples of marijuana

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376 delivery devices from a medical marijuana treatment center to  
377 determine whether the marijuana delivery device is safe for use  
378 by qualified patients. A medical marijuana treatment center may  
379 not require payment from the department for the sample. A  
380 medical marijuana treatment center must recall marijuana,  
381 including all marijuana and marijuana products made from the  
382 same batch of marijuana, that fails to meet the potency  
383 requirements of this section, that is unsafe for human  
384 consumption, or for which the labeling of the  
385 tetrahydrocannabinol and cannabidiol concentration is  
386 inaccurate. The department shall adopt rules to establish  
387 marijuana potency variations of no greater than 15 percent using  
388 negotiated rulemaking pursuant to s. 120.54(2)(d) which accounts  
389 for, but is not limited to, time lapses between testing, testing  
390 methods, testing instruments, and types of marijuana sampled for  
391 testing. The department may not issue any recalls for product  
392 potency as it relates to product labeling before issuing a rule  
393 relating to potency variation standards. A medical marijuana  
394 treatment center must also recall all marijuana delivery devices  
395 determined to be unsafe for use by qualified patients. The  
396 medical marijuana treatment center must retain records of all  
397 testing and samples of each homogeneous batch of marijuana for  
398 at least 9 months. The medical marijuana treatment center must  
399 contract with a marijuana testing laboratory to perform audits  
400 on the medical marijuana treatment center's standard operating



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401 | procedures, testing records, and samples and provide the results  
 402 | to the department to confirm that the marijuana or low-THC  
 403 | cannabis meets the requirements of this section and that the  
 404 | marijuana or low-THC cannabis is safe for human consumption. A  
 405 | medical marijuana treatment center shall reserve two processed  
 406 | samples from each batch and retain such samples for at least 9  
 407 | months for the purpose of such audits. A medical marijuana  
 408 | treatment center may use a laboratory that has not been  
 409 | certified by the department under s. 381.988 until such time as  
 410 | at least one laboratory holds the required certification, but in  
 411 | no event later than July 1, 2018.

412 |       e. Package the marijuana in compliance with the United  
 413 | States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss.  
 414 | 1471 et seq.

415 |       f. Package the marijuana in a receptacle that has a firmly  
 416 | affixed and legible label stating the following information:

417 |           (I) The marijuana or low-THC cannabis meets the  
 418 | requirements of sub-subparagraph d.

419 |           (II) The name of the medical marijuana treatment center  
 420 | from which the marijuana originates.

421 |           (III) The batch number and harvest number from which the  
 422 | marijuana originates and the date dispensed.

423 |           (IV) The name of the physician who issued the physician  
 424 | certification.

425 |           (V) The name of the patient.

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426 (VI) The product name, if applicable, and dosage form,  
 427 including concentration of tetrahydrocannabinol and cannabidiol.  
 428 The product name may not contain wording commonly associated  
 429 with products that are attractive to children or which promote  
 430 the recreational use of marijuana.

431 (VII) The recommended dose.

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

434 (IX) A marijuana universal symbol developed by the  
 435 department.

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

- 439 a. Clinical pharmacology.
- 440 b. Indications and use.
- 441 c. Dosage and administration.
- 442 d. Dosage forms and strengths.
- 443 e. Contraindications.
- 444 f. Warnings and precautions.
- 445 g. Adverse reactions.

446 13. In addition to the packaging and labeling requirements  
 447 specified in subparagraphs 11. and 12., marijuana in a form for  
 448 smoking must be packaged in a sealed receptacle with a legible  
 449 and prominent warning to keep away from children and a warning  
 450 that states marijuana smoke contains carcinogens and may

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451 negatively affect health. Such receptacles for marijuana in a  
452 form for smoking must be plain, opaque, and white without  
453 depictions of the product or images other than the medical  
454 marijuana treatment center's department-approved logo and the  
455 marijuana universal symbol.

456 14. The department shall adopt rules to regulate the  
457 types, appearance, and labeling of marijuana delivery devices  
458 dispensed from a medical marijuana treatment center. The rules  
459 must require marijuana delivery devices to have an appearance  
460 consistent with medical use.

461 15. Each edible must be individually sealed in plain,  
462 opaque wrapping marked only with the marijuana universal symbol.  
463 Where practical, each edible must be marked with the marijuana  
464 universal symbol. In addition to the packaging and labeling  
465 requirements in subparagraphs 11. and 12., edible receptacles  
466 must be plain, opaque, and white without depictions of the  
467 product or images other than the medical marijuana treatment  
468 center's department-approved logo and the marijuana universal  
469 symbol. The receptacle must also include a list of all the  
470 edible's ingredients, storage instructions, an expiration date,  
471 a legible and prominent warning to keep away from children and  
472 pets, and a warning that the edible has not been produced or  
473 inspected pursuant to federal food safety laws.

474 16. When dispensing marijuana or a marijuana delivery  
475 device, a medical marijuana treatment center:

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476 a. May dispense any active, valid order for low-THC  
 477 cannabis, medical cannabis and cannabis delivery devices issued  
 478 pursuant to former s. 381.986, Florida Statutes 2016, which was  
 479 entered into the medical marijuana use registry before July 1,  
 480 2017.

481 b. May not dispense more than a 70-day supply of marijuana  
 482 within any 70-day period to a qualified patient or caregiver.  
 483 May not dispense more than one 35-day supply of marijuana in a  
 484 form for smoking within any 35-day period to a qualified patient  
 485 or caregiver. A 35-day supply of marijuana in a form for smoking  
 486 may not exceed 2.5 ounces unless an exception to this amount is  
 487 approved by the department pursuant to paragraph (4)(f).

488 c. Must have the medical marijuana treatment center's  
 489 employee who dispenses the marijuana or a marijuana delivery  
 490 device enter into the medical marijuana use registry his or her  
 491 name or unique employee identifier.

492 d. Must verify that the qualified patient and the  
 493 caregiver, if applicable, each have an active registration in  
 494 the medical marijuana use registry and an active and valid  
 495 medical marijuana use registry identification card, the amount  
 496 and type of marijuana dispensed matches the physician  
 497 certification in the medical marijuana use registry for that  
 498 qualified patient, and the physician certification has not  
 499 already been filled.

500 e. May not dispense marijuana to a qualified patient who

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501 is younger than 18 years of age. If the qualified patient is  
502 younger than 18 years of age, marijuana may only be dispensed to  
503 the qualified patient's caregiver.

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

509 g. Must, upon dispensing the marijuana or marijuana  
510 delivery device, record in the registry the date, time,  
511 quantity, and form of marijuana dispensed; the type of marijuana  
512 delivery device dispensed; and the name and medical marijuana  
513 use registry identification number of the qualified patient or  
514 caregiver to whom the marijuana delivery device was dispensed.

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

518 (f) To ensure the safety and security of premises where  
519 the cultivation, processing, storing, or dispensing of marijuana  
520 occurs, and to maintain adequate controls against the diversion,  
521 theft, and loss of marijuana or marijuana delivery devices, a  
522 medical marijuana treatment center shall:

523 1.a. Maintain a fully operational security alarm system  
524 that secures all entry points and perimeter windows and is  
525 equipped with motion detectors; pressure switches; and duress,

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526 | panic, and hold-up alarms; and

527 |       b. Maintain a video surveillance system that records  
528 | continuously 24 hours a day and meets the following criteria:

529 |       (I) Cameras are fixed in a place that allows for the clear  
530 | identification of persons and activities in controlled areas of  
531 | the premises. Controlled areas include grow rooms, processing  
532 | rooms, storage rooms, disposal rooms or areas, and point-of-sale  
533 | rooms.

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

537 |       (III) Recorded images must clearly and accurately display  
538 | the time and date.

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

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

543 |       3. Ensure that the indoor premises where dispensing occurs  
544 | includes a waiting area with sufficient space and seating to  
545 | accommodate qualified patients and caregivers and at least one  
546 | private consultation area that is isolated from the waiting area  
547 | and area where dispensing occurs. A medical marijuana treatment  
548 | center may not display products or dispense marijuana or  
549 | marijuana delivery devices in the waiting area.

550 |       4. Not dispense from its premises marijuana or a marijuana

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551 delivery device between the hours of 9 p.m. and 7 a.m., but may  
 552 perform all other operations and deliver marijuana to qualified  
 553 patients 24 hours a day.

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

555 6. Require at least two of its employees, or two employees  
 556 of a security agency with whom it contracts, to be on the  
 557 premises at all times where cultivation, processing, or storing  
 558 of marijuana occurs.

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

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

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

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

568 Section 5. Paragraph (d) of subsection (1) of section  
 569 381.988, Florida Statutes, is amended to read:

570 381.988 Medical marijuana testing laboratories; marijuana  
 571 tests conducted by a certified laboratory.-

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

574 (d) Require all employees, owners, and managers to submit  
 575 to and pass a level 2 background screening pursuant to chapter

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576 435. The department shall deny certification if the person or  
 577 entity seeking certification has a disqualifying offense as  
 578 provided in s. 435.04 or has an arrest awaiting final  
 579 disposition for, has been found guilty of, or has entered a plea  
 580 of guilty or nolo contendere to, regardless of adjudication, any  
 581 offense listed in chapter 837, chapter 895, or chapter 896 or  
 582 similar law of another jurisdiction. Exemptions from  
 583 disqualification as provided under s. 435.07 do not apply to  
 584 this paragraph.

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

586 a. "Employee" means any person whose duties or activities  
 587 involve any aspect of regulatory compliance testing or research  
 588 and development testing of marijuana for a certified marijuana  
 589 testing laboratory, regardless of whether such person is  
 590 compensated for his or her work.

591 b. "Manager" means any person with authority to exercise  
 592 or contribute to the operational control, direction, or  
 593 management of an applicant or certified marijuana testing  
 594 laboratory or who has authority to supervise any employee of an  
 595 applicant or a certified marijuana testing laboratory. The term  
 596 includes an individual with the power or authority to direct or  
 597 influence the direction or operation of an applicant or a  
 598 certified marijuana testing laboratory through board membership,  
 599 an agreement, or a contract.

600 c. "Owner" means any person who owns or controls a 5



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601 percent or greater share of interests of the applicant or a  
 602 certified marijuana testing laboratory which include beneficial  
 603 or voting rights to interests. In the event that one person owns  
 604 a beneficial right to interests and another person holds the  
 605 voting rights with respect to such interests, then in such case,  
 606 both are considered the owner of such interests.

607 2. Such employees, owners, and managers must submit a full  
 608 set of fingerprints to the department or to a vendor, entity, or  
 609 agency authorized by s. 943.053(13). The department, vendor,  
 610 entity, or agency shall forward the fingerprints to the  
 611 Department of Law Enforcement for state processing, and the  
 612 Department of Law Enforcement shall forward the fingerprints to  
 613 the Federal Bureau of Investigation for national processing.

614 3.2. Fees for state and federal fingerprint processing and  
 615 retention must ~~shall~~ be borne by the certified marijuana testing  
 616 laboratory. The state cost for fingerprint processing is ~~shall~~  
 617 ~~be~~ as provided in s. 943.053(3)(e) for records provided to  
 618 persons or entities other than those specified as exceptions  
 619 therein.

620 4.3. Fingerprints submitted to the Department of Law  
 621 Enforcement pursuant to this paragraph must ~~shall~~ be retained by  
 622 the Department of Law Enforcement as provided in s. 943.05(2)(g)  
 623 and (h) and, when the Department of Law Enforcement begins  
 624 participation in the program, enrolled in the Federal Bureau of  
 625 Investigation's national retained print arrest notification

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626 program. Any arrest record identified must ~~shall~~ be reported to  
 627 the department.

628 Section 6. Paragraphs (a) and (c) of subsection (2) of  
 629 section 456.0145, Florida Statutes, are amended to read:

630 456.0145 Mobile Opportunity by Interstate Licensure  
 631 Endorsement (MOBILE) Act.—

632 (2) LICENSURE BY ENDORSEMENT.—

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

636 1. Submits a complete application.

637 2. Holds an active, unencumbered license issued by another  
 638 state, the District of Columbia, or a territory of the United  
 639 States in a profession with a similar scope of practice, as  
 640 determined by the board or department, as applicable. The term  
 641 "scope of practice" means the full spectrum of functions,  
 642 procedures, actions, and services that a health care  
 643 practitioner is deemed competent and authorized to perform under  
 644 a license issued in this state.

645 3.a. Has obtained a passing score on a national licensure  
 646 examination or holds a national certification recognized by the  
 647 board, or the department if there is no board, as applicable to  
 648 the profession for which the applicant is seeking licensure in  
 649 this state; or

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

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651           4. Has actively practiced the profession for which the  
 652 applicant is applying for at least 2 ~~3~~ years during the 4-year  
 653 period immediately preceding the date of submission of the  
 654 application.

655           5. Attests that he or she is not, at the time of  
 656 submission of the application, the subject of a disciplinary  
 657 proceeding in a jurisdiction in which he or she holds a license  
 658 or by the United States Department of Defense for reasons  
 659 related to the practice of the profession for which he or she is  
 660 applying.

661           6. Has not had disciplinary action taken against him or  
 662 her in the 5 years immediately preceding the date of submission  
 663 of the application.

664           7. Meets the financial responsibility requirements of s.  
 665 456.048 or the applicable practice act, if required for the  
 666 profession for which the applicant is seeking licensure.

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

670  
 671 The department shall verify information submitted by the  
 672 applicant under this subsection using the National Practitioner  
 673 Data Bank, as applicable.

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

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

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

682 3. Has had a health care provider license revoked or  
 683 suspended by another state, the District of Columbia, or a  
 684 territory of the United States, or has voluntarily surrendered  
 685 any such license in lieu of having disciplinary action taken  
 686 against the license; or

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

693 a. Approve the application;

694 b. Approve the application with restrictions on the scope  
 695 of practice of the licensee;

696 c. Approve the application with placement of the licensee  
 697 on probation for a period of time and subject to such conditions  
 698 as the board, or the department if there is no board, may  
 699 specify, including, but not limited to, requiring the applicant  
 700 to submit to treatment, attend continuing education courses, or

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701 submit to reexamination; or

702 d. Deny the application.

703 Section 7. Paragraph (d) of subsection (1) and subsection  
704 (3) of section 456.44, Florida Statutes, are amended to read:

705 456.44 Controlled substance prescribing.—

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

707 (d) "Board-certified pain management physician" means a  
708 physician who possesses board certification in pain medicine by  
709 the American Board of Pain Medicine, board certification by the  
710 American Board of Interventional Pain Physicians, or board  
711 certification or subcertification in pain management or pain  
712 medicine by a specialty board recognized by the American Board  
713 of Physician Specialties ~~American Association of Physician~~  
714 ~~Specialists~~ or the American Board of Medical Specialties or an  
715 osteopathic physician who holds a certificate in Pain Management  
716 by the American Osteopathic Association.

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

721 (a) A complete medical history and a physical examination  
722 must be conducted before beginning any treatment and must be  
723 documented in the medical record. The exact components of the  
724 physical examination shall be left to the judgment of the  
725 registrant who is expected to perform a physical examination

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726 proportionate to the diagnosis that justifies a treatment. The  
727 medical record must, at a minimum, document the nature and  
728 intensity of the pain, current and past treatments for pain,  
729 underlying or coexisting diseases or conditions, the effect of  
730 the pain on physical and psychological function, a review of  
731 previous medical records, previous diagnostic studies, and  
732 history of alcohol and substance abuse. The medical record shall  
733 also document the presence of one or more recognized medical  
734 indications for the use of a controlled substance. Each  
735 registrant must develop a written plan for assessing each  
736 patient's risk of aberrant drug-related behavior, which may  
737 include patient drug testing. Registrants must assess each  
738 patient's risk for aberrant drug-related behavior and monitor  
739 that risk on an ongoing basis in accordance with the plan.

740 (b) Each registrant must develop a written individualized  
741 treatment plan for each patient. The treatment plan shall state  
742 objectives that will be used to determine treatment success,  
743 such as pain relief and improved physical and psychosocial  
744 function, and shall indicate if any further diagnostic  
745 evaluations or other treatments are planned. After treatment  
746 begins, the registrant shall adjust drug therapy to the  
747 individual medical needs of each patient. Other treatment  
748 modalities, including a rehabilitation program, shall be  
749 considered depending on the etiology of the pain and the extent  
750 to which the pain is associated with physical and psychosocial

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751 impairment. The interdisciplinary nature of the treatment plan  
752 shall be documented.

753 (c) The registrant shall discuss the risks and benefits of  
754 the use of controlled substances, including the risks of abuse  
755 and addiction, as well as physical dependence and its  
756 consequences, with the patient, persons designated by the  
757 patient, or the patient's surrogate or guardian if the patient  
758 is incompetent. The registrant shall use a written controlled  
759 substance agreement between the registrant and the patient  
760 outlining the patient's responsibilities, including, but not  
761 limited to:

762 1. Number and frequency of controlled substance  
763 prescriptions and refills.

764 2. Patient compliance and reasons for which drug therapy  
765 may be discontinued, such as a violation of the agreement.

766 3. An agreement that controlled substances for the  
767 treatment of chronic nonmalignant pain shall be prescribed by a  
768 single treating registrant unless otherwise authorized by the  
769 treating registrant and documented in the medical record.

770 (d) The patient shall be seen by the registrant at regular  
771 intervals, not to exceed 3 months, to assess the efficacy of  
772 treatment, ensure that controlled substance therapy remains  
773 indicated, evaluate the patient's progress toward treatment  
774 objectives, consider adverse drug effects, and review the  
775 etiology of the pain. Continuation or modification of therapy

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776 shall depend on the registrant's evaluation of the patient's  
777 progress. If treatment goals are not being achieved, despite  
778 medication adjustments, the registrant shall reevaluate the  
779 appropriateness of continued treatment. The registrant shall  
780 monitor patient compliance in medication usage, related  
781 treatment plans, controlled substance agreements, and  
782 indications of substance abuse or diversion at a minimum of 3-  
783 month intervals.

784 (e) The registrant shall refer the patient as necessary  
785 for additional evaluation and treatment in order to achieve  
786 treatment objectives. Special attention shall be given to those  
787 patients who are at risk for misusing their medications and  
788 those whose living arrangements pose a risk for medication  
789 misuse or diversion. The management of pain in patients with a  
790 history of substance abuse or with a comorbid psychiatric  
791 disorder requires extra care, monitoring, and documentation and  
792 requires consultation with or referral to an addiction medicine  
793 specialist or a psychiatrist.

794 (f) A registrant must maintain accurate, current, and  
795 complete records that are accessible and readily available for  
796 review and comply with the requirements of this section, the  
797 applicable practice act, and applicable board rules. The medical  
798 records must include, but are not limited to:

799 1. The complete medical history and a physical  
800 examination, including history of drug abuse or dependence.



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- 801           2. Diagnostic, therapeutic, and laboratory results.
- 802           3. Evaluations and consultations.
- 803           4. Treatment objectives.
- 804           5. Discussion of risks and benefits.
- 805           6. Treatments.
- 806           7. Medications, including date, type, dosage, and quantity
- 807 prescribed.
- 808           8. Instructions and agreements.
- 809           9. Periodic reviews.
- 810           10. Results of any drug testing.
- 811           11. A photocopy of the patient's government-issued photo
- 812 identification.
- 813           12. If a written prescription for a controlled substance
- 814 is given to the patient, a duplicate of the prescription.
- 815           13. The registrant's full name presented in a legible
- 816 manner.
- 817           (g) A registrant shall immediately refer patients with
- 818 signs or symptoms of substance abuse to a board-certified pain
- 819 management physician, an addiction medicine specialist, or a
- 820 mental health addiction facility as it pertains to drug abuse or
- 821 addiction unless the registrant is a physician who is board-
- 822 certified or board-eligible in pain management. Throughout the
- 823 period of time before receiving the consultant's report, a
- 824 prescribing registrant shall clearly and completely document
- 825 medical justification for continued treatment with controlled

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826 substances and those steps taken to ensure medically appropriate  
 827 use of controlled substances by the patient. Upon receipt of the  
 828 consultant's written report, the prescribing registrant shall  
 829 incorporate the consultant's recommendations for continuing,  
 830 modifying, or discontinuing controlled substance therapy. The  
 831 resulting changes in treatment shall be specifically documented  
 832 in the patient's medical record. Evidence or behavioral  
 833 indications of diversion shall be followed by discontinuation of  
 834 controlled substance therapy, and the patient shall be  
 835 discharged, and all results of testing and actions taken by the  
 836 registrant shall be documented in the patient's medical record.

837  
 838 This subsection does not apply to a board-eligible or board-  
 839 certified anesthesiologist, physiatrist, rheumatologist, or  
 840 neurologist, or to a board-certified physician who has surgical  
 841 privileges at a hospital or ambulatory surgery center and  
 842 primarily provides surgical services. This subsection does not  
 843 apply to a board-eligible or board-certified medical specialist  
 844 who has also completed a fellowship in pain medicine approved by  
 845 the Accreditation Council for Graduate Medical Education or the  
 846 American Osteopathic Association, or who is board eligible or  
 847 board certified in pain medicine by the American Board of Pain  
 848 Medicine, the American Board of Interventional Pain Physicians,  
 849 the American Board of Physician Specialties ~~American Association~~  
 850 ~~of Physician Specialists~~, or a board approved by the American

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851 Board of Medical Specialties or the American Osteopathic  
 852 Association and performs interventional pain procedures of the  
 853 type routinely billed using surgical codes. This subsection does  
 854 not apply to a registrant who prescribes medically necessary  
 855 controlled substances for a patient during an inpatient stay in  
 856 a hospital licensed under chapter 395.

857 Section 8. Section 458.313, Florida Statutes, is amended  
 858 to read:

859 458.313 Licensure by endorsement; requirements; fees.—The  
 860 department shall issue a license by endorsement to any applicant  
 861 who, upon applying to the department on forms furnished by the  
 862 department and remitting a fee set by the board in an amount not  
 863 to exceed \$500, the board certifies has:

864 (1) Met the requirements for licensure by endorsement  
 865 under s. 456.0145; or

866 (2) Met the requirements for licensure by endorsement  
 867 under s. 456.0145 except for s. 456.0145(2)(a)4. but has  
 868 submitted evidence to the board's satisfaction of the successful  
 869 completion of either a board-approved postgraduate training  
 870 program within 2 years preceding the filing of an application or  
 871 a board-approved clinical competency examination within the year  
 872 preceding the filing of an application.

873 Section 9. Paragraph (i) of subsection (1) of section  
 874 458.3145, Florida Statutes, is amended to read:

875 458.3145 Medical faculty certificate.—

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876 (1) A medical faculty certificate may be issued without  
 877 examination to an individual who meets all of the following  
 878 criteria:

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

- 882 1. The University of Florida.
- 883 2. The University of Miami.
- 884 3. The University of South Florida.
- 885 4. The Florida State University.
- 886 5. The Florida International University.
- 887 6. The University of Central Florida.
- 888 7. The Mayo Clinic College of Medicine and Science in  
 889 Jacksonville, Florida.
- 890 8. The Florida Atlantic University.
- 891 9. The Johns Hopkins All Children's Hospital in St.  
 892 Petersburg, Florida.
- 893 10. Nova Southeastern University.
- 894 11. Lake Erie College of Osteopathic Medicine in  
 895 Bradenton, Florida.
- 896 12. Burrell College of Osteopathic Medicine in Melbourne,  
 897 Florida.
- 898 13. The Orlando College of Osteopathic Medicine.
- 899 14. Lincoln Memorial University-DeBusk College of  
 900 Osteopathic Medicine in Orange Park, Florida.

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901 15. Loma Linda University School of Medicine -  
 902 AdventHealth regional campuses in Orlando, Florida.

903 Section 10. Subsection (1) of section 458.315, Florida  
 904 Statutes, is amended to read:

905 458.315 Temporary certificate for practice in areas of  
 906 critical need.—

907 (1) A physician ~~or physician assistant who is~~ licensed to  
 908 practice in any jurisdiction of the United States ~~and~~ whose  
 909 license is currently valid may be issued a temporary certificate  
 910 for practice in areas of critical need. A physician seeking such  
 911 certificate must pay an application fee of \$300. A physician  
 912 assistant licensed to practice in any state of the United States  
 913 or the District of Columbia whose license is currently valid may  
 914 be issued a temporary certificate for practice in areas of  
 915 critical need.

916 Section 11. Subsection (1) of section 459.0076, Florida  
 917 Statutes, is amended to read:

918 459.0076 Temporary certificate for practice in areas of  
 919 critical need.—

920 (1) A physician ~~or physician assistant~~ who holds a valid  
 921 license to practice in any jurisdiction of the United States may  
 922 be issued a temporary certificate for practice in areas of  
 923 critical need. A physician seeking such certificate must pay an  
 924 application fee of \$300. A physician assistant licensed to  
 925 practice in any state of the United States or the District of

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926 Columbia whose license is currently valid may be issued a  
 927 temporary certificate for practice in areas of critical need.

928 Section 12. Paragraph (a) of subsection (1) of section  
 929 458.3265, Florida Statutes, is amended to read:

930 458.3265 Pain-management clinics.—

931 (1) REGISTRATION.—

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

933 a. "Board eligible" means successful completion of an  
 934 anesthesia, physical medicine and rehabilitation, rheumatology,  
 935 or neurology residency program approved by the Accreditation  
 936 Council for Graduate Medical Education or the American  
 937 Osteopathic Association for a period of 6 years from successful  
 938 completion of such residency program.

939 b. "Chronic nonmalignant pain" means pain unrelated to  
 940 cancer which persists beyond the usual course of disease or the  
 941 injury that is the cause of the pain or more than 90 days after  
 942 surgery.

943 c. "Pain-management clinic" or "clinic" means any publicly  
 944 or privately owned facility:

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

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

950 2. Each pain-management clinic must register with the

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951 department or hold a valid certificate of exemption pursuant to  
 952 subsection (2).

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

956 a. A clinic licensed as a facility pursuant to chapter  
 957 395;

958 b. A clinic in which the majority of the physicians who  
 959 provide services in the clinic primarily provide surgical  
 960 services;

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

965 d. A clinic affiliated with an accredited medical school  
 966 at which training is provided for medical students, residents,  
 967 or fellows;

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

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

972 g. A clinic wholly owned and operated by one or more  
 973 board-eligible or board-certified anesthesiologists,  
 974 physiatrists, rheumatologists, or neurologists; or

975 h. A clinic wholly owned and operated by a physician

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976 multispecialty practice where one or more board-eligible or  
 977 board-certified medical specialists, who have also completed  
 978 fellowships in pain medicine approved by the Accreditation  
 979 Council for Graduate Medical Education or who are also board-  
 980 certified in pain medicine by the American Board of Pain  
 981 Medicine or a board approved by the American Board of Medical  
 982 Specialties, the American Board of Physician Specialties  
 983 ~~American Association of Physician Specialists~~, or the American  
 984 Osteopathic Association, perform interventional pain procedures  
 985 of the type routinely billed using surgical codes.

986 Section 13. Paragraph (a) of subsection (1) of section  
 987 458.3475, Florida Statutes, is amended to read:

988 458.3475 Anesthesiologist assistants.—

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

990 (a) "Anesthesiologist" means an allopathic physician who  
 991 holds an active, unrestricted license; who has successfully  
 992 completed an anesthesiology training program approved by the  
 993 Accreditation Council on Graduate Medical Education or its  
 994 equivalent; and who is certified by the American Board of  
 995 Anesthesiology, is eligible to take that board's examination, or  
 996 is certified by the Board of Certification in Anesthesiology  
 997 affiliated with the American Board of Physician Specialties  
 998 ~~American Association of Physician Specialists~~.

999 Section 14. Paragraph (a) of subsection (1) of section  
 1000 459.0137, Florida Statutes, is amended to read:



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1001 459.0137 Pain-management clinics.—  
 1002 (1) REGISTRATION.—  
 1003 (a)1. As used in this section, the term:  
 1004 a. "Board eligible" means successful completion of an  
 1005 anesthesia, physical medicine and rehabilitation, rheumatology,  
 1006 or neurology residency program approved by the Accreditation  
 1007 Council for Graduate Medical Education or the American  
 1008 Osteopathic Association for a period of 6 years from successful  
 1009 completion of such residency program.  
 1010 b. "Chronic nonmalignant pain" means pain unrelated to  
 1011 cancer which persists beyond the usual course of disease or the  
 1012 injury that is the cause of the pain or more than 90 days after  
 1013 surgery.  
 1014 c. "Pain-management clinic" or "clinic" means any publicly  
 1015 or privately owned facility:  
 1016 (I) That advertises in any medium for any type of pain-  
 1017 management services; or  
 1018 (II) Where in any month a majority of patients are  
 1019 prescribed opioids, benzodiazepines, barbiturates, or  
 1020 carisoprodol for the treatment of chronic nonmalignant pain.  
 1021 2. Each pain-management clinic must register with the  
 1022 department or hold a valid certificate of exemption pursuant to  
 1023 subsection (2).  
 1024 3. The following clinics are exempt from the registration  
 1025 requirement of paragraphs (c)-(m) and must apply to the

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1026 department for a certificate of exemption:

1027       a. A clinic licensed as a facility pursuant to chapter

1028 395;

1029       b. A clinic in which the majority of the physicians who

1030 provide services in the clinic primarily provide surgical

1031 services;

1032       c. A clinic owned by a publicly held corporation whose

1033 shares are traded on a national exchange or on the over-the-

1034 counter market and whose total assets at the end of the

1035 corporation's most recent fiscal quarter exceeded \$50 million;

1036       d. A clinic affiliated with an accredited medical school

1037 at which training is provided for medical students, residents,

1038 or fellows;

1039       e. A clinic that does not prescribe controlled substances

1040 for the treatment of pain;

1041       f. A clinic owned by a corporate entity exempt from

1042 federal taxation under 26 U.S.C. s. 501(c)(3);

1043       g. A clinic wholly owned and operated by one or more

1044 board-eligible or board-certified anesthesiologists,

1045 physiatrists, rheumatologists, or neurologists; or

1046       h. A clinic wholly owned and operated by a physician

1047 multispecialty practice where one or more board-eligible or

1048 board-certified medical specialists, who have also completed

1049 fellowships in pain medicine approved by the Accreditation

1050 Council for Graduate Medical Education or the American

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1051 Osteopathic Association or who are also board-certified in pain  
 1052 medicine by the American Board of Pain Medicine or a board  
 1053 approved by the American Board of Medical Specialties, the  
 1054 American Board of Physician Specialties ~~American Association of~~  
 1055 ~~Physician Specialists~~, or the American Osteopathic Association,  
 1056 perform interventional pain procedures of the type routinely  
 1057 billed using surgical codes.

1058 Section 15. Paragraph (a) of subsection (1) of section  
 1059 459.023, Florida Statutes, is amended to read:

1060 459.023 Anesthesiologist assistants.—

1061 (1) DEFINITIONS.—As used in this section, the term:

1062 (a) "Anesthesiologist" means an osteopathic physician who  
 1063 holds an active, unrestricted license; who has successfully  
 1064 completed an anesthesiology training program approved by the  
 1065 Accreditation Council on Graduate Medical Education, or its  
 1066 equivalent, or the American Osteopathic Association; and who is  
 1067 certified by the American Osteopathic Board of Anesthesiology or  
 1068 is eligible to take that board's examination, is certified by  
 1069 the American Board of Anesthesiology or is eligible to take that  
 1070 board's examination, or is certified by the Board of  
 1071 Certification in Anesthesiology affiliated with the American  
 1072 Board of Physician Specialties ~~American Association of Physician~~  
 1073 ~~Specialists~~.

1074 Section 16. Section 486.112, Florida Statutes, is amended  
 1075 to read:

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1076           486.112 Physical Therapy Licensure Compact.—The Physical  
1077 Therapy Licensure Compact is hereby enacted into law and entered  
1078 into by this state with all other jurisdictions legally joining  
1079 therein in the form substantially as follows:

1080  
1081                           ARTICLE I

1082                                   PURPOSE AND OBJECTIVES  
1083

1084           (1) The purpose of the compact is to facilitate interstate  
1085 practice of physical therapy with the goal of improving public  
1086 access to physical therapy services. The compact preserves the  
1087 regulatory authority of member states to protect public health  
1088 and safety through their current systems of state licensure. For  
1089 purposes of state regulation under the compact, the practice of  
1090 physical therapy is deemed to have occurred in the state where  
1091 the patient is located at the time physical therapy is provided  
1092 to the patient.

1093           (2) The compact is designed to achieve all of the  
1094 following objectives:

1095           (a) Increase public access to physical therapy services by  
1096 providing for the mutual recognition of other member state  
1097 licenses.

1098           (b) Enhance the states' ability to protect the public's  
1099 health and safety.

1100           (c) Encourage the cooperation of member states in

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1101 regulating multistate physical therapy practice.

1102 (d) Support spouses of relocating military members.

1103 (e) Enhance the exchange of licensure, investigative, and  
1104 disciplinary information between member states.

1105 (f) Allow a remote state to hold a provider of services  
1106 with a compact privilege in that state accountable to that  
1107 state's practice standards.

1108

1109 ARTICLE II

1110 DEFINITIONS

1111

1112 As used in the compact, and except as otherwise provided,  
1113 the term:

1114 (1) "Active duty military" means full-time duty status in  
1115 the active uniformed service of the United States, including  
1116 members of the National Guard and Reserve on active duty orders  
1117 pursuant to 10 U.S.C. chapter 1209 or chapter 1211.

1118 (2) "Adverse action" means disciplinary action taken by a  
1119 physical therapy licensing board based upon misconduct,  
1120 unacceptable performance, or a combination of both.

1121 (3) "Alternative program" means a nondisciplinary  
1122 monitoring or practice remediation process approved by a state's  
1123 physical therapy licensing board. The term includes, but is not  
1124 limited to, programs that address substance abuse issues.

1125 (4) "Compact privilege" means the authorization granted by

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1126 a remote state to allow a licensee from another member state to  
 1127 practice as a physical therapist or physical therapist assistant  
 1128 in the remote state under its laws and rules.

1129 (5) "Continuing competence" means a requirement, as a  
 1130 condition of license renewal, to provide evidence of  
 1131 participation in, and completion of, educational and  
 1132 professional activities relevant to the practice of physical  
 1133 therapy.

1134 (6) "Data system" means the coordinated database and  
 1135 reporting system created by the Physical Therapy Compact  
 1136 Commission for the exchange of information between member states  
 1137 relating to licensees or applicants under the compact, including  
 1138 identifying information, licensure data, investigative  
 1139 information, adverse actions, nonconfidential information  
 1140 related to alternative program participation, any denials of  
 1141 applications for licensure, and other information as specified  
 1142 by commission rule.

1143 (7) "Encumbered license" means a license that a physical  
 1144 therapy licensing board has limited in any way.

1145 (8) "Executive board" means a group of directors elected  
 1146 or appointed to act on behalf of, and within the powers granted  
 1147 to them by, the commission.

1148 (9) "Home state" means the member state that is the  
 1149 licensee's primary state of residence.

1150 (10) "Investigative information" means information,

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1151 records, and documents received or generated by a physical  
 1152 therapy licensing board pursuant to an investigation.

1153 (11) "Jurisprudence requirement" means the assessment of  
 1154 an individual's knowledge of the laws and rules governing the  
 1155 practice of physical therapy in a specific state.

1156 (12) "Licensee" means an individual who currently holds an  
 1157 authorization from a state to practice as a physical therapist  
 1158 or physical therapist assistant.

1159 (13) "Member state" means a state that has enacted the  
 1160 compact.

1161 (14) "Party state" means any member state in which a  
 1162 licensee holds a current license or compact privilege or is  
 1163 applying for a license or compact privilege.

1164 (15) "Physical therapist" means an individual licensed by  
 1165 a state to practice physical therapy.

1166 (16)~~(15)~~ "Physical therapist assistant" means an  
 1167 individual licensed by a state to assist a physical therapist in  
 1168 specified areas of physical therapy.

1169 (17)~~(16)~~ "Physical therapy" or "the practice of physical  
 1170 therapy" means the care and services provided by or under the  
 1171 direction and supervision of a licensed physical therapist.

1172 (18)~~(17)~~ "Physical Therapy Compact Commission" or  
 1173 "commission" means the national administrative body whose  
 1174 membership consists of all states that have enacted the compact.

1175 (19)~~(18)~~ "Physical therapy licensing board" means the

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1176 | agency of a state which is responsible for the licensing and  
 1177 | regulation of physical therapists and physical therapist  
 1178 | assistants.

1179 | (20)~~(19)~~ "Remote state" means a member state other than  
 1180 | the home state where a licensee is exercising or seeking to  
 1181 | exercise the compact privilege.

1182 | (21)~~(20)~~ "Rule" means a regulation, principle, or  
 1183 | directive adopted by the commission which has the force of law.

1184 | (22)~~(21)~~ "State" means any state, commonwealth, district,  
 1185 | or territory of the United States of America which regulates the  
 1186 | practice of physical therapy.

1187 |  
 1188 | ARTICLE III

1189 | STATE PARTICIPATION IN THE COMPACT

1190 |  
 1191 | (1) To participate in the compact, a state must do all of  
 1192 | the following:

1193 | (a) Participate fully in the commission's data system,  
 1194 | including using the commission's unique identifier, as defined  
 1195 | by commission rule.

1196 | (b) Have a mechanism in place for receiving and  
 1197 | investigating complaints about licensees.

1198 | (c) Notify the commission, in accordance with the terms of  
 1199 | the compact and rules, of any adverse action or the availability  
 1200 | of investigative information regarding a licensee.



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1201 (d) Fully implement a criminal background check  
 1202 requirement, within a timeframe established by commission rule,  
 1203 which uses results from the Federal Bureau of Investigation  
 1204 record search on criminal background checks to make licensure  
 1205 decisions in accordance with subsection (2).

1206 (e) Comply with the commission's rules.

1207 (f) Use a recognized national examination as a requirement  
 1208 for licensure pursuant to the commission's rules.

1209 (g) Have continuing competence requirements as a condition  
 1210 for license renewal.

1211 (2) Upon adoption of the compact, a member state has the  
 1212 authority to obtain biometric-based information from each  
 1213 licensee applying for a compact privilege and submit this  
 1214 information to the Federal Bureau of Investigation for a  
 1215 criminal background check in accordance with 28 U.S.C. s. 534  
 1216 and 34 U.S.C. s. 40316.

1217 (3) A member state must grant the compact privilege to a  
 1218 licensee holding a valid unencumbered license in another member  
 1219 state in accordance with the terms of the compact and rules.

1220

1221 ARTICLE IV

1222 COMPACT PRIVILEGE

1223

1224 (1) To exercise the compact privilege under the compact, a  
 1225 licensee must satisfy all of the following conditions:

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- 1226 (a) Hold a license in the home state.
- 1227 (b) Not have an encumbrance on any state license.
- 1228 (c) Be eligible for a compact privilege in all member  
 1229 states in accordance with subsections (4), (7), and (8).
- 1230 (d) Not have had an adverse action against any license or  
 1231 compact privilege within the preceding 2 years.
- 1232 (e) Notify the commission that the licensee is seeking the  
 1233 compact privilege within a remote state.
- 1234 (f) Meet any jurisprudence requirements established by the  
 1235 remote state in which the licensee is seeking a compact  
 1236 privilege.
- 1237 (g) Report to the commission adverse action taken by any  
 1238 nonmember state within 30 days after the date the adverse action  
 1239 is taken.
- 1240 (2) The compact privilege is valid until the expiration  
 1241 date of the home license. The licensee must continue to meet the  
 1242 requirements of subsection (1) to maintain the compact privilege  
 1243 in a remote state.
- 1244 (3) A licensee providing physical therapy in a remote  
 1245 state under the compact privilege must comply with the laws and  
 1246 rules of the remote state.
- 1247 (4) A licensee providing physical therapy in a remote  
 1248 state is subject to that state's regulatory authority. A remote  
 1249 state may, in accordance with due process and that state's laws,  
 1250 remove a licensee's compact privilege in the remote state for a

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1251 specific period of time, impose fines, and take any other  
 1252 necessary actions to protect the health and safety of its  
 1253 citizens. The licensee is not eligible for a compact privilege  
 1254 in any member state until the specific period of time for  
 1255 removal has ended and all fines are paid.

1256 (5) If a home state license is encumbered, the licensee  
 1257 loses the compact privilege in any remote state until the  
 1258 following conditions are met:

1259 (a) The home state license is no longer encumbered.

1260 (b) Two years have elapsed from the date of the adverse  
 1261 action.

1262 (6) Once an encumbered license in the home state is  
 1263 restored to good standing, the licensee must meet the  
 1264 requirements of subsection (1) to obtain a compact privilege in  
 1265 any remote state.

1266 (7) If a licensee's compact privilege in any remote state  
 1267 is removed, the licensee loses the compact privilege in all  
 1268 remote states until all of the following conditions are met:

1269 (a) The specific period of time for which the compact  
 1270 privilege was removed has ended.

1271 (b) All fines have been paid.

1272 (c) Two years have elapsed from the date of the adverse  
 1273 action.

1274 (8) Once the requirements of subsection (7) have been met,  
 1275 the licensee must meet the requirements of subsection (1) to

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1276 obtain a compact privilege in a remote state.

1277

1278 ARTICLE V

1279 ACTIVE DUTY MILITARY PERSONNEL

1280 AND THEIR SPOUSES

1281

1282 A licensee who is active duty military or is the spouse of  
 1283 an individual who is active duty military may choose any of the  
 1284 following locations to designate his or her home state:

1285 (1) Home of record.

1286 (2) Permanent change of station location.

1287 (3) State of current residence, if it is different from  
 1288 the home of record or permanent change of station location.

1289

1290 ARTICLE VI

1291 ADVERSE ACTIONS

1292

1293 (1) A home state has exclusive power to impose adverse  
 1294 action against a license issued by the home state.

1295 (2) A home state may take adverse action based on the  
 1296 investigative information of a remote state, so long as the home  
 1297 state follows its own procedures for imposing adverse action.

1298 (3) The compact does not override a member state's  
 1299 decision that participation in an alternative program may be  
 1300 used in lieu of adverse action and that such participation

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1301 remain nonpublic if required by the member state's laws. Member  
 1302 states must require licensees who enter any alternative programs  
 1303 in lieu of discipline to agree not to practice in any other  
 1304 member state during the term of the alternative program without  
 1305 prior authorization from such other member state.

1306 (4) A member state may investigate actual or alleged  
 1307 violations of the laws and rules for the practice of physical  
 1308 therapy committed in any other member state by a physical  
 1309 therapist or physical therapist assistant practicing under the  
 1310 compact who holds a license or compact privilege in such other  
 1311 member state.

1312 (5) A remote state may do any of the following:

1313 (a) Take adverse actions as set forth in subsection (4) of  
 1314 Article IV against a licensee's compact privilege in the state.

1315 (b) Issue subpoenas for both hearings and investigations  
 1316 which require the attendance and testimony of witnesses and the  
 1317 production of evidence. Subpoenas issued by a physical therapy  
 1318 licensing board in a party ~~member~~ state for the attendance and  
 1319 testimony of witnesses or for the production of evidence from  
 1320 another party ~~member~~ state must be enforced in the latter state  
 1321 by any court of competent jurisdiction, according to the  
 1322 practice and procedure of that court applicable to subpoenas  
 1323 issued in proceedings pending before it. The issuing authority  
 1324 shall pay any witness fees, travel expenses, mileage, and other  
 1325 fees required by the service laws of the state where the

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1326 witnesses or evidence is located.

1327 (c) If otherwise permitted by state law, recover from the  
 1328 licensee the costs of investigations and disposition of cases  
 1329 resulting from any adverse action taken against that licensee.

1330 (6) (a) In addition to the authority granted to a member  
 1331 state by its respective physical therapy practice act or other  
 1332 applicable state law, a member state may participate with other  
 1333 member states in joint investigations of licensees.

1334 (b) Member states shall share any investigative,  
 1335 litigation, or compliance materials in furtherance of any joint  
 1336 or individual investigation initiated under the compact.

1337

1338 ARTICLE VII  
 1339 ESTABLISHMENT OF THE  
 1340 PHYSICAL THERAPY COMPACT COMMISSION  
 1341

1342 (1) COMMISSION CREATED.—The member states hereby create  
 1343 and establish a joint public agency known as the Physical  
 1344 Therapy Compact Commission:

1345 (a) The commission is an instrumentality of the member  
 1346 states.

1347 (b) Venue is proper, and judicial proceedings by or  
 1348 against the commission must be brought solely and exclusively,  
 1349 in a court of competent jurisdiction where the principal office  
 1350 of the commission is located. The commission may waive venue and

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1351 jurisdictional defenses to the extent it adopts or consents to  
1352 participate in alternative dispute resolution proceedings.

1353 (c) The compact may not be construed to be a waiver of  
1354 sovereign immunity.

1355 (2) MEMBERSHIP, VOTING, AND MEETINGS.—

1356 (a) Each member state has and is limited to one delegate  
1357 selected by that member state's physical therapy licensing board  
1358 to serve on the commission. The delegate must be a current  
1359 member of the physical therapy licensing board who is a physical  
1360 therapist, a physical therapist assistant, a public member, or  
1361 the board administrator.

1362 (b) A delegate may be removed or suspended from office as  
1363 provided by the law of the state from which the delegate is  
1364 appointed. Any vacancy occurring on the commission must be  
1365 filled by the physical therapy licensing board of the member  
1366 state for which the vacancy exists.

1367 (c) Each delegate is entitled to one vote with regard to  
1368 the adoption of rules and bylaws and shall otherwise have an  
1369 opportunity to participate in the business and affairs of the  
1370 commission.

1371 (d) A delegate shall vote in person or by such other means  
1372 as provided in the bylaws. The bylaws may provide for delegates'  
1373 participation in meetings by telephone or other means of  
1374 communication.

1375 (e) The commission shall meet at least once during each

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1376 | calendar year. Additional meetings may be held as set forth in  
 1377 | the bylaws.

1378 |         (f) All meetings must be open to the public, and public  
 1379 | notice of meetings must be given in the same manner as required  
 1380 | under the rulemaking provisions in Article IX.

1381 |         (g) The commission or the executive board or other  
 1382 | committees of the commission may convene in a closed, nonpublic  
 1383 | meeting if the commission or executive board or other committees  
 1384 | of the commission must discuss any of the following:

1385 |             1. Noncompliance of a member state with its obligations  
 1386 | under the compact.

1387 |             2. The employment, compensation, or discipline of, or  
 1388 | other matters, practices, or procedures related to, specific  
 1389 | employees or other matters related to the commission's internal  
 1390 | personnel practices and procedures.

1391 |             3. Current, threatened, or reasonably anticipated  
 1392 | litigation against the commission, executive board, or other  
 1393 | committees of the commission.

1394 |             4. Negotiation of contracts for the purchase, lease, or  
 1395 | sale of goods, services, or real estate.

1396 |             5. An accusation of any person of a crime or a formal  
 1397 | censure of any person.

1398 |             6. Information disclosing trade secrets or commercial or  
 1399 | financial information that is privileged or confidential.

1400 |             7. Information of a personal nature where disclosure would



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1401 constitute a clearly unwarranted invasion of personal privacy.

1402 8. Investigatory records compiled for law enforcement  
1403 purposes.

1404 9. Information related to any investigative reports  
1405 prepared by or on behalf of or for use of the commission or  
1406 other committee charged with responsibility for investigation or  
1407 determination of compliance issues pursuant to the compact.

1408 10. Matters specifically exempted from disclosure by  
1409 federal or member state statute.

1410 (h) If a meeting, or portion of a meeting, is closed  
1411 pursuant to this subsection, the commission's legal counsel or  
1412 designee must certify that the meeting may be closed and must  
1413 reference each relevant exempting provision.

1414 (i) The commission shall keep minutes that fully and  
1415 clearly describe all matters discussed in a meeting and shall  
1416 provide a full and accurate summary of actions taken and the  
1417 reasons therefor, including a description of the views  
1418 expressed. All documents considered in connection with an action  
1419 must be identified in the minutes. All minutes and documents of  
1420 a closed meeting must remain under seal, subject to release only  
1421 by a majority vote of the commission or order of a court of  
1422 competent jurisdiction.

1423 (3) DUTIES.—The commission shall do all of the following:

1424 (a) Establish the fiscal year of the commission.

1425 (b) Establish bylaws.

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1426 (c) Maintain its financial records in accordance with the  
 1427 bylaws.

1428 (d) Meet and take such actions as are consistent with the  
 1429 provisions of the compact and the bylaws.

1430 (4) POWERS.—The commission may do any of the following:

1431 (a) Adopt uniform rules to facilitate and coordinate  
 1432 implementation and administration of the compact. The rules have  
 1433 the force and effect of law and are binding in all member  
 1434 states.

1435 (b) Bring and prosecute legal proceedings or actions in  
 1436 the name of the commission, provided that the standing of any  
 1437 state physical therapy licensing board to sue or be sued under  
 1438 applicable law is not affected.

1439 (c) Purchase and maintain insurance and bonds.

1440 (d) Borrow, accept, or contract for services of personnel,  
 1441 including, but not limited to, employees of a member state.

1442 (e) Hire employees and elect or appoint officers; fix the  
 1443 compensation of, define the duties of, and grant appropriate  
 1444 authority to such individuals to carry out the purposes of the  
 1445 compact; and establish the commission's personnel policies and  
 1446 programs relating to conflicts of interest, qualifications of  
 1447 personnel, and other related personnel matters.

1448 (f) Accept any appropriate donations and grants of money,  
 1449 equipment, supplies, materials, and services and receive, use,  
 1450 and dispose of the same, provided that at all times the

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1451 commission avoids any appearance of impropriety or conflict of  
 1452 interest.

1453 (g) Lease, purchase, accept appropriate gifts or donations  
 1454 of, or otherwise own, hold, improve, or use any property, real,  
 1455 personal, or mixed, provided that at all times the commission  
 1456 avoids any appearance of impropriety or conflict of interest.

1457 (h) Sell, convey, mortgage, pledge, lease, exchange,  
 1458 abandon, or otherwise dispose of any property, real, personal,  
 1459 or mixed.

1460 (i) Establish a budget and make expenditures.

1461 (j) Borrow money.

1462 (k) Appoint committees, including standing committees  
 1463 composed of members, state regulators, state legislators or  
 1464 their representatives, and consumer representatives, and such  
 1465 other interested persons as may be designated in the compact and  
 1466 the bylaws.

1467 (l) Provide information to, receive information from, and  
 1468 cooperate with law enforcement agencies.

1469 (m) Establish and elect an executive board.

1470 (n) Perform such other functions as may be necessary or  
 1471 appropriate to achieve the purposes of the compact consistent  
 1472 with the state regulation of physical therapy licensure and  
 1473 practice.

1474 (5) THE EXECUTIVE BOARD.—

1475 (a) The executive board may act on behalf of the

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1476 commission according to the terms of the compact.  
 1477 (b) The executive board shall be composed of the following  
 1478 nine members:  
 1479 1. Seven voting members who are elected by the commission  
 1480 from the current membership of the commission.  
 1481 2. One ex officio, nonvoting member from the recognized  
 1482 national physical therapy professional association.  
 1483 3. One ex officio, nonvoting member from the recognized  
 1484 membership organization of the physical therapy licensing  
 1485 boards.  
 1486 (c) The ex officio members shall be selected by their  
 1487 respective organizations.  
 1488 (d) The commission may remove any member of the executive  
 1489 board as provided in its bylaws.  
 1490 (e) The executive board shall meet at least annually.  
 1491 (f) The executive board shall do all of the following:  
 1492 1. Recommend to the entire commission changes to the rules  
 1493 or bylaws, compact legislation, fees paid by compact member  
 1494 states, such as annual dues, and any commission compact fee  
 1495 charged to licensees for the compact privilege.  
 1496 2. Ensure compact administration services are  
 1497 appropriately provided, contractually or otherwise.  
 1498 3. Prepare and recommend the budget.  
 1499 4. Maintain financial records on behalf of the commission.  
 1500 5. Monitor compact compliance of member states and provide

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1501 compliance reports to the commission.

1502 6. Establish additional committees as necessary.

1503 7. Perform other duties as provided in the rules or  
1504 bylaws.

1505 (6) FINANCING OF THE COMMISSION.—

1506 (a) The commission shall pay, or provide for the payment  
1507 of, the reasonable expenses of its establishment, organization,  
1508 and ongoing activities.

1509 (b) The commission may accept any appropriate revenue  
1510 sources, donations, and grants of money, equipment, supplies,  
1511 materials, and services.

1512 (c) The commission may levy and collect an annual  
1513 assessment from each member state or impose fees on other  
1514 parties to cover the cost of the operations and activities of  
1515 the commission and its staff. Such assessments and fees must  
1516 total to an amount sufficient to cover the commission's annual  
1517 budget as approved each year for which revenue is not provided  
1518 by other sources. The aggregate annual assessment amount must be  
1519 allocated based upon a formula to be determined by the  
1520 commission, which shall adopt a rule binding upon all member  
1521 states.

1522 (d) The commission may not incur obligations of any kind  
1523 before securing the funds adequate to meet such obligations; nor  
1524 may the commission pledge the credit of any of the member  
1525 states, except by and with the authority of the member state.

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1526 (e) The commission shall keep accurate accounts of all  
 1527 receipts and disbursements. The receipts and disbursements of  
 1528 the commission are subject to the audit and accounting  
 1529 procedures established under its bylaws. However, all receipts  
 1530 and disbursements of funds handled by the commission must be  
 1531 audited yearly by a certified or licensed public accountant, and  
 1532 the report of the audit must be included in and become part of  
 1533 the annual report of the commission.

1534 (7) QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION.—

1535 (a) The members, officers, executive director, employees,  
 1536 and representatives of the commission are immune from suit and  
 1537 liability, whether personally or in their official capacity, for  
 1538 any claim for damage to or loss of property or personal injury  
 1539 or other civil liability caused by or arising out of any actual  
 1540 or alleged act, error, or omission that occurred, or that the  
 1541 person against whom the claim is made had a reasonable basis for  
 1542 believing occurred, within the scope of commission employment,  
 1543 duties, or responsibilities. However, this paragraph may not be  
 1544 construed to protect any such person from suit or liability for  
 1545 any damage, loss, injury, or liability caused by the  
 1546 intentional, willful, or wanton misconduct of that person.

1547 (b) The commission shall defend any member, officer,  
 1548 executive director, employee, or representative of the  
 1549 commission in any civil action seeking to impose liability  
 1550 arising out of any actual or alleged act, error, or omission

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1551 that occurred within the scope of commission employment, duties,  
 1552 or responsibilities, or that the person against whom the claim  
 1553 is made had a reasonable basis for believing occurred within the  
 1554 scope of commission employment, duties, or responsibilities.  
 1555 However, this subsection may not be construed to prohibit any  
 1556 member, officer, executive director, employee, or representative  
 1557 of the commission from retaining his or her own counsel or to  
 1558 require the commission to defend such person if the actual or  
 1559 alleged act, error, or omission resulted from that person's  
 1560 intentional, willful, or wanton misconduct.

1561 (c) The commission shall indemnify and hold harmless any  
 1562 member, officer, executive director, employee, or representative  
 1563 of the commission for the amount of any settlement or judgment  
 1564 obtained against that person arising out of any actual or  
 1565 alleged act, error, or omission that occurred within the scope  
 1566 of commission employment, duties, or responsibilities, or that  
 1567 such person had a reasonable basis for believing occurred within  
 1568 the scope of commission employment, duties, or responsibilities,  
 1569 provided that the actual or alleged act, error, or omission did  
 1570 not result from the intentional, willful, or wanton misconduct  
 1571 of that person.

1573 ARTICLE VIII

1574 DATA SYSTEM

1575

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1576 (1) The commission shall provide for the development,  
 1577 maintenance, and use of a coordinated database and reporting  
 1578 system containing licensure, adverse action, and investigative  
 1579 information on all licensees in member states.

1580 (2) Notwithstanding any other provision of state law to  
 1581 the contrary, a member state shall submit a uniform data set to  
 1582 the data system on all individuals to whom the compact is  
 1583 applicable as required by the rules of the commission, which  
 1584 data set must include all of the following:

1585 (a) Identifying information.

1586 (b) Licensure data.

1587 (c) Investigative information.

1588 (d) Adverse actions against a license or compact  
 1589 privilege.

1590 (e) Nonconfidential information related to alternative  
 1591 program participation.

1592 (f) Any denial of application for licensure, and the  
 1593 reason for such denial.

1594 (g) Other information that may facilitate the  
 1595 administration of the compact, as determined by the rules of the  
 1596 commission.

1597 (3) Investigative information in the system pertaining to  
 1598 a licensee in any member state must be available only to other  
 1599 party ~~member~~ states.

1600 (4) The commission shall promptly notify all member states



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1601 of any adverse action taken against a licensee or an individual  
 1602 applying for a license in a member state. Adverse action  
 1603 information pertaining to a licensee in any member state must be  
 1604 available to all other member states.

1605 (5) Member states contributing information to the data  
 1606 system may designate information that may not be shared with the  
 1607 public without the express permission of the contributing state.

1608 (6) Any information submitted to the data system which is  
 1609 subsequently required to be expunged by the laws of the member  
 1610 state contributing the information must be removed from the data  
 1611 system.

1612  
 1613 ARTICLE IX

1614 RULEMAKING

1615  
 1616 (1) The commission shall exercise its rulemaking powers  
 1617 pursuant to the criteria set forth in this article and the rules  
 1618 adopted thereunder. Rules and amendments become binding as of  
 1619 the date specified in each rule or amendment.

1620 (2) If a majority of the legislatures of the member states  
 1621 rejects a rule by enactment of a statute or resolution in the  
 1622 same manner used to adopt the compact within 4 years after the  
 1623 date of adoption of the rule, such rule does not have further  
 1624 force and effect in any member state.

1625 (3) Rules or amendments to the rules must be adopted at a

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1626 regular or special meeting of the commission.

1627 (4) Before adoption of a final rule by the commission, and  
 1628 at least 30 days before the meeting at which the rule will be  
 1629 considered and voted upon, the commission must file a notice of  
 1630 proposed rulemaking on all of the following:

1631 (a) The website of the commission or another publicly  
 1632 accessible platform.

1633 (b) The website of each member state physical therapy  
 1634 licensing board or another publicly accessible platform or the  
 1635 publication in which each state would otherwise publish proposed  
 1636 rules.

1637 (5) The notice of proposed rulemaking must include all of  
 1638 the following:

1639 (a) The proposed date, time, and location of the meeting  
 1640 in which the rule or amendment will be considered and voted  
 1641 upon.

1642 (b) The text of the proposed rule or amendment and the  
 1643 reason for the proposed rule.

1644 (c) A request for comments on the proposed rule or  
 1645 amendment from any interested person.

1646 (d) The manner in which interested persons may submit  
 1647 notice to the commission of their intention to attend the public  
 1648 hearing and any written comments.

1649 (6) Before adoption of a proposed rule or amendment, the  
 1650 commission must allow persons to submit written data, facts,

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1651 | opinions, and arguments, which must be made available to the  
 1652 | public.

1653 |         (7) The commission must grant an opportunity for a public  
 1654 | hearing before it adopts a rule or an amendment if a hearing is  
 1655 | requested by any of the following:

1656 |             (a) At least 25 persons.

1657 |             (b) A state or federal governmental subdivision or agency.

1658 |             (c) An association having at least 25 members.

1659 |         (8) If a scheduled public hearing is held on the proposed  
 1660 | rule or amendment, the commission must publish the date, time,  
 1661 | and location of the hearing. If the hearing is held through  
 1662 | electronic means, the commission must publish the mechanism for  
 1663 | access to the electronic hearing.

1664 |             (a) All persons wishing to be heard at the hearing must  
 1665 | notify the executive director of the commission or another  
 1666 | designated member in writing of their desire to appear and  
 1667 | testify at the hearing at least 5 business days before the  
 1668 | scheduled date of the hearing.

1669 |             (b) Hearings must be conducted in a manner providing each  
 1670 | person who wishes to comment a fair and reasonable opportunity  
 1671 | to comment orally or in writing.

1672 |             (c) All hearings must be recorded. A copy of the recording  
 1673 | must be made available on request.

1674 |             (d) This article may not be construed to require a  
 1675 | separate hearing on each rule. Rules may be grouped for the

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1676 convenience of the commission at hearings required by this  
 1677 article.

1678 (9) Following the scheduled hearing date, or by the close  
 1679 of business on the scheduled hearing date if the hearing was not  
 1680 held, the commission shall consider all written and oral  
 1681 comments received.

1682 (10) If no written notice of intent to attend the public  
 1683 hearing by interested parties is received, the commission may  
 1684 proceed with adoption of the proposed rule without a public  
 1685 hearing.

1686 (11) The commission shall, by majority vote of all  
 1687 members, take final action on the proposed rule and shall  
 1688 determine the effective date of the rule, if any, based on the  
 1689 rulemaking record and the full text of the rule.

1690 (12) Upon determination that an emergency exists, the  
 1691 commission may consider and adopt an emergency rule without  
 1692 prior notice, opportunity for comment, or hearing, provided that  
 1693 the usual rulemaking procedures provided in the compact and in  
 1694 this article are retroactively applied to the rule as soon as  
 1695 reasonably possible, in no event later than 90 days after the  
 1696 effective date of the rule. For the purposes of this subsection,  
 1697 an emergency rule is one that must be adopted immediately in  
 1698 order to do any of the following:

1699 (a) Meet an imminent threat to public health, safety, or  
 1700 welfare.

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1701 (b) Prevent a loss of commission or member state funds.  
 1702 (c) Meet a deadline for the adoption of an administrative  
 1703 rule established by federal law or rule.  
 1704 (d) Protect public health and safety.  
 1705 (13) The commission or an authorized committee of the  
 1706 commission may direct revisions to a previously adopted rule or  
 1707 amendment for purposes of correcting typographical errors,  
 1708 errors in format, errors in consistency, or grammatical errors.  
 1709 Public notice of any revisions must be posted on the website of  
 1710 the commission. The revision is subject to challenge by any  
 1711 person for a period of 30 days after posting. The revision may  
 1712 be challenged only on grounds that the revision results in a  
 1713 material change to a rule. A challenge must be made in writing  
 1714 and delivered to the chair of the commission before the end of  
 1715 the notice period. If a challenge is not made, the revision  
 1716 takes effect without further action. If the revision is  
 1717 challenged, the revision may not take effect without the  
 1718 approval of the commission.

1719  
 1720 ARTICLE X  
 1721 OVERSIGHT, DISPUTE RESOLUTION,  
 1722 AND ENFORCEMENT  
 1723

1724 (1) OVERSIGHT.—  
 1725 (a) The executive, legislative, and judicial branches of

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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1726 state government in each member state shall enforce the compact  
1727 and take all actions necessary and appropriate to carry out the  
1728 compact's purposes and intent. The provisions of the compact and  
1729 the rules adopted pursuant thereto shall have standing as  
1730 statutory law.

1731 (b) All courts shall take judicial notice of the compact  
1732 and the rules in any judicial or administrative proceeding in a  
1733 member state pertaining to the subject matter of the compact  
1734 which may affect the powers, responsibilities, or actions of the  
1735 commission.

1736 (c) The commission is entitled to receive service of  
1737 process in any such proceeding and has standing to intervene in  
1738 such a proceeding for all purposes. Failure to provide service  
1739 of process to the commission renders a judgment or an order void  
1740 as to the commission, the compact, or the adopted rules.

1741 (2) DEFAULT, TECHNICAL ASSISTANCE, AND TERMINATION.—

1742 (a) If the commission determines that a member state has  
1743 defaulted in the performance of its obligations or  
1744 responsibilities under the compact or the adopted rules, the  
1745 commission must do all of the following:

1746 1. Provide written notice to the defaulting state and  
1747 other member states of the nature of the default, the proposed  
1748 means of curing the default, and any other action to be taken by  
1749 the commission.

1750 2. Provide remedial training and specific technical

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1751 assistance regarding the default.

1752 (b) If a state in default fails to cure the default, the  
1753 defaulting state may be terminated from the compact upon an  
1754 affirmative vote of a majority of the member states, and all  
1755 rights, privileges, and benefits conferred by the compact may be  
1756 terminated on the effective date of termination. A cure of the  
1757 default does not relieve the offending state of obligations or  
1758 liabilities incurred during the period of default.

1759 (c) Termination of membership in the compact may be  
1760 imposed only after all other means of securing compliance have  
1761 been exhausted. The commission shall give notice of intent to  
1762 suspend or terminate a defaulting member state to the governor  
1763 and majority and minority leaders of the defaulting state's  
1764 legislature and to each of the member states.

1765 (d) A state that has been terminated from the compact is  
1766 responsible for all assessments, obligations, and liabilities  
1767 incurred through the effective date of termination, including  
1768 obligations that extend beyond the effective date of  
1769 termination.

1770 (e) The commission does not bear any costs related to a  
1771 state that is found to be in default or that has been terminated  
1772 from the compact, unless agreed upon in writing between the  
1773 commission and the defaulting state.

1774 (f) The defaulting state may appeal the action of the  
1775 commission by petitioning the United States District Court for

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1776 | the District of Columbia or the federal district where the  
 1777 | commission has its principal offices. The prevailing member  
 1778 | shall be awarded all costs of such litigation, including  
 1779 | reasonable attorney fees.

1780 |       (3) DISPUTE RESOLUTION.—

1781 |       (a) Upon request by a member state, the commission must  
 1782 | attempt to resolve disputes related to the compact which arise  
 1783 | among member states and between member and nonmember states.

1784 |       (b) The commission shall adopt a rule providing for both  
 1785 | mediation and binding dispute resolution for disputes as  
 1786 | appropriate.

1787 |       (4) ENFORCEMENT.—

1788 |       (a) The commission, in the reasonable exercise of its  
 1789 | discretion, shall enforce the compact and the commission's  
 1790 | rules.

1791 |       (b) By majority vote, the commission may initiate legal  
 1792 | action in the United States District Court for the District of  
 1793 | Columbia or the federal district where the commission has its  
 1794 | principal offices against a member state in default to enforce  
 1795 | compliance with the provisions of the compact and its adopted  
 1796 | rules and bylaws. The relief sought may include both injunctive  
 1797 | relief and damages. In the event judicial enforcement is  
 1798 | necessary, the prevailing member shall be awarded all costs of  
 1799 | such litigation, including reasonable attorney fees.

1800 |       (c) The remedies under this article are not the exclusive



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1801 remedies of the commission. The commission may pursue any other  
 1802 remedies available under federal or state law.

1803

1804

ARTICLE XI

1805

DATE OF IMPLEMENTATION OF THE

1806

PHYSICAL THERAPY COMPACT

1807

AND ASSOCIATED RULES;

1808

WITHDRAWAL; AND AMENDMENTS

1809

1810 (1) The compact becomes effective on the date that the  
 1811 compact statute is enacted into law in the tenth member state.  
 1812 The provisions that become effective at that time are limited to  
 1813 the powers granted to the commission relating to assembly and  
 1814 the adoption of rules. Thereafter, the commission shall meet and  
 1815 exercise rulemaking powers necessary for the implementation and  
 1816 administration of the compact.

1817 (2) Any state that joins the compact subsequent to the  
 1818 commission's initial adoption of the rules is subject to the  
 1819 rules as they exist on the date that the compact becomes law in  
 1820 that state. Any rule that has been previously adopted by the  
 1821 commission has the full force and effect of law on the day the  
 1822 compact becomes law in that state.

1823 (3) Any member state may withdraw from the compact by  
 1824 enacting a statute repealing the same.

1825 (a) A member state's withdrawal does not take effect until

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1826 | 6 months after enactment of the repealing statute.

1827 |       (b) Withdrawal does not affect the continuing requirement  
1828 | of the withdrawing state's physical therapy licensing board to  
1829 | comply with the investigative and adverse action reporting  
1830 | requirements of this act before the effective date of  
1831 | withdrawal.

1832 |       (4) The compact may not be construed to invalidate or  
1833 | prevent any physical therapy licensure agreement or other  
1834 | cooperative arrangement between a member state and a nonmember  
1835 | state which does not conflict with the provisions of the  
1836 | compact.

1837 |       (5) The compact may be amended by the member states. An  
1838 | amendment to the compact does not become effective and binding  
1839 | upon any member state until it is enacted into the laws of all  
1840 | member states.

1841 |

## 1842 |                                   ARTICLE XII

## 1843 |                                   CONSTRUCTION AND SEVERABILITY

1844 |

1845 |       The compact must be liberally construed so as to carry out  
1846 | the purposes thereof. The provisions of the compact are  
1847 | severable, and if any phrase, clause, sentence, or provision of  
1848 | the compact is declared to be contrary to the constitution of  
1849 | any party ~~member~~ state or of the United States or the  
1850 | applicability thereof to any government, agency, person, or

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1851 | circumstance is held invalid, the validity of the remainder of  
 1852 | the compact and the applicability thereof to any government,  
 1853 | agency, person, or circumstance is not affected thereby. If the  
 1854 | compact is held contrary to the constitution of any party ~~member~~  
 1855 | state, the compact remains in full force and effect as to the  
 1856 | remaining party ~~member~~ states and in full force and effect as to  
 1857 | the party ~~member~~ state affected as to all severable matters.

1858 |         Section 17. Except as otherwise expressly provided in this  
 1859 | act and except for this section, which shall take effect upon  
 1860 | this act becoming a law, or, if this act fails to become a law  
 1861 | until after June 1, 2025, it shall take effect upon becoming a  
 1862 | law and shall operate retroactively to June 1, 2025, this act  
 1863 | shall take effect July 1, 2025.

1864