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LEGISLATIVE ACTION

Senate

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House

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Floor: 1/RE/2R

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04/30/2025 07:12 PM

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Senator Simon moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Paragraph (h) is added to subsection (2) of
section 381.402, Florida Statutes, and paragraph (b) of
subsection (3) of that section is amended, to read:

381.402 Florida Reimbursement Assistance for Medical
Education Program.—

(2) The following licensed or certified health care
practitioners are eligible to participate in the program:



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(h) Medical doctors or doctors of osteopathic medicine who are board certified or board eligible in emergency medicine and employed by or under contract with a rural hospital as defined in s. 395.602(2)(b) or a rural emergency hospital as defined in s. 395.607(1)(a) to provide medical care in the rural hospital's or rural emergency hospital's emergency department.

Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, geriatrics, internal medicine, pediatrics, psychiatry, and other specialties which may be identified by the Department of Health.

(3) From the funds available, the Department of Health shall make payments as follows:

(b) All payments are contingent on continued proof of:

1.a. Primary care practice in a rural hospital as defined in s. 395.602(2)(b) or an underserved area designated by the Department of Health, provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement; ~~or~~

b. Emergency medicine practice in a rural hospital as defined in s. 395.602(2)(b) or rural emergency hospital as defined in s. 395.607(1)(a), provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement; or

c.b. For practitioners other than physicians, practice in other settings, including, but not limited to, a nursing home facility as defined in s. 400.021, a home health agency as defined in s. 400.462, or an intermediate care facility for the developmentally disabled as defined in s. 400.960. Any such setting must be located in, or serve residents or patients in, an underserved area designated by the Department of Health and



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must provide services to Medicaid patients.

2. Providing 25 hours annually of volunteer ~~primary care~~ services within the practitioner's scope of practice in a free clinic as specified in s. 766.1115(3)(d)14. or through another volunteer program operated ~~by the state~~ pursuant to part IV of chapter 110 and approved by the department. In order to meet the requirements of this subparagraph, the volunteer hours must be verifiable in a manner determined by the department.

Section 2. Section 381.403, Florida Statutes, is created to read:

381.403 Rural Access to Primary and Preventive Care Grant Program.—The Legislature recognizes that access to primary and preventive health care is critical for the well-being of the residents of this state. The Legislature also recognizes that many rural areas of this state have significantly fewer available physicians, physician assistants, and autonomous advanced practice registered nurses who serve those areas. To increase the availability of health care in such underserved rural areas, there is created the Rural Access to Primary and Preventive Care Grant Program within the Department of Health to use grants to incentivize the creation or expansion of health care practices in those areas.

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

(a) "Autonomous advanced practice registered nurse" means an advanced practice registered nurse who is registered under s. 464.0123 to engage in autonomous practice.

(b) "Majority ownership" means ownership of more than 50 percent of the interests in a private practice.

(c) "Physician" means a physician licensed under chapter



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458 or chapter 459.

(d) "Physician assistant" means a physician assistant licensed under chapter 458 or chapter 459 to perform medical services delegated by a supervising physician.

(e) "Preventive care" means routine health care services designed to prevent illness. The term includes, but is not limited to, general physical examinations provided on an annual basis, screenings for acute or chronic illnesses, and patient counseling to promote overall wellness and avoid the need for emergency services.

(f) "Primary care" means health care services focused primarily on preventive care, wellness care, and treatment for common illnesses. The term may include the health care provider serving as a patient's entry point into the overall health care system and coordinating a patient's care among specialists or acute care settings. The term does not include elective services provided solely for cosmetic purposes.

(g) "Program" means the Rural Access to Primary and Preventive Care Grant Program.

(h) "Qualifying rural area" means a rural community as defined in s. 288.0657 in this state which is also designated as a health professional shortage area by the Health Resources and Services Administration of the United States Department of Health and Human Services.

(2) The department shall award grants under the program to physicians, physician assistants, and autonomous advanced practice registered nurses who intend to open a new private practice in a qualifying rural area or who intend to open a new location within a qualifying rural area if the current private



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practice is located in a different county. To qualify for a grant, an applicant must meet all of the following criteria:

(a) The practice must:

1. Have majority ownership by physicians, physician assistants, or autonomous advanced practice registered nurses, or a combination thereof.

2. Be physically located in a qualifying rural area and serve at that location patients who live in that qualifying rural area or in other nearby qualifying rural areas. The practice may also serve patients who reside outside of a qualifying rural area. While the practice may use telehealth to supplement the services provided at the location, the majority of services provided by the practice must be provided in person at the physical location.

3. Accept Medicaid patients.

4. Provide services solely in primary care or preventive care, except that a physician, and any nurse licensed under chapter 464 or any physician assistant supervised by the physician, may provide services at the practice in primary care or preventative care, or services that are within the practitioner's scope of practice based on the physician's board-certified specialty in obstetrics, gynecology, general and family practice, geriatrics, internal medicine, pediatrics, or psychiatry.

(b) The owners of the practice must commit to providing the following information to the department on an annual basis, and upon request by the department, for the duration of the contract entered into pursuant to subsection (6):

1. Deidentified patient encounter data.



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2. A detailed report on the use of grant funds until such funds are expended.

(3) By March 1, 2026, the department shall create an application process for eligible physicians, physician assistants, and autonomous advanced practice registered nurses to apply for grants under the program. The application must require a detailed budget of anticipated use of grant funds and how the new or existing practice will meet the requirements of subsection (2). The department shall establish a ranking system to determine which applicants will be awarded grants if there are more applicants for the program than can be awarded grants with available appropriated funds.

(4) Subject to specific appropriation, the department may award grants of up to \$250,000 to eligible applicants. Only one grant may be awarded per practice. Grant funds awarded for establishing a new private practice or a new practice location may be used for any of the following expenses:

(a) Facility construction, acquisition, renovation, or lease.

(b) Purchasing medical equipment.

(c) Purchasing or implementing information technology equipment or services.

(d) Purchasing or implementing telehealth technology.

(e) Training on the use of medical equipment, information technology, or telehealth technology implemented under paragraph (b), paragraph (c), or paragraph (d), respectively.

(5) Grant funds may not be used for any of the following:

(a) Salaries.

(b) Utilities.



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(c) Internet or telecommunications services other than those necessary for implementing telehealth technology under paragraph (4) (d).

(d) Insurance.

(e) Incidental maintenance and repairs.

(f) Disposable medical supplies.

(g) Medicines or vaccines.

(h) Licensing or certification fees, including costs for continuing education other than training under paragraph (4) (e).

(6) The department shall enter into a contract with each grant recipient which details the requirements for the expenditure of grant funds for that recipient. The contract must include, at a minimum, all of the following:

(a) The purpose of the contract.

(b) Specific performance standards and responsibilities for the recipient under the contract, including penalties for not meeting such performance standards and responsibilities.

(c) A detailed project or contract budget, if applicable.

(d) Reporting requirements for grant recipients to provide information to the department under paragraph (2) (b) as well as any additional information the department deems necessary for the administration of the program.

(7) The department may adopt rules to implement the program.

(8) Beginning July 1, 2026, and each year thereafter in which there are outstanding contracts with grant recipients under subsection (6), the department shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes, but need not be



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limited to, all of the following:

(a) Each grant awarded, including the proposed uses for each grant.

(b) The progress on each outstanding contract.

(c) The number of patients residing in rural areas who were served by grant awardees.

(d) The number of Medicaid recipients who were served by grant awardees.

(e) The number and types of services provided during patient encounters in locations opened under the program.

(f) The number of health care practitioners, delineated by licensure type, providing services in locations opened under the program.

(9) This section is repealed July 1, 2035, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 3. Section 381.9856, Florida Statutes, is created to read:

381.9856 Stroke, Cardiac, and Obstetric Response and Education Grant Program.—

(1) PROGRAM CREATION.—The Stroke, Cardiac, and Obstetric Response and Education (SCORE) Grant Program is created within the Department of Health.

(2) PURPOSE.—The purpose of the program is to improve patient outcomes and the coordination of emergency medical care in rural communities by increasing access to high-quality stroke, cardiac, and obstetric care through the application of technology and innovative training, such as blended learning training programs. Blended learning training programs ensure that participants gain both the theoretical foundations of



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diagnosis and management as well as real-world clinical
experience through scenario-based learning, ultimately enhancing
decisionmaking and patient outcomes.

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

(a) “Blended learning training program” means a structured
educational model that uses blended learning methodologies,
including simulation-based training, virtual reality, and
distance learning technologies, in conjunction with hands-on
instruction, such as simulation-based practice, and in-person
skills sessions to provide comprehensive education.

(b) “High-risk care provider” means a licensed health care
facility or licensed ambulance service that regularly provides
emergency or ongoing care to patients experiencing a stroke,
heart attack, or pregnancy-related emergency.

(c) “Rural community” has the same meaning as provided in
s. 288.0657.

(4) GRANT PROGRAM REQUIREMENTS.—

(a) The department shall award grants to high-risk care
providers serving rural communities to accomplish at least one
of the following initiatives:

1. Implement a blended learning training program for health
care providers in stroke care protocols and best practices.

2. Purchase simulation equipment and technology for
training.

3. Establish telehealth capabilities between prehospital
providers, such as paramedics or emergency medical technicians,
and in-hospital providers, such as neurologists, to expedite
emergency stroke care, emergency cardiac care, or emergency
obstetric care.



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4. Develop quality improvement programs in one or more of the following specialty areas: emergency stroke care, emergency cardiac care, or emergency obstetric care.

(b) Priority must be given to proposals that:

1. Demonstrate collaboration between prehospital and in-hospital providers; or

2. Show potential for significant improvement in patient outcomes in rural communities.

(5) FUNDING LIMITS; REPORTING.—

(a) Individual grants may not exceed \$100,000 per year.

(b) Grant recipients must submit quarterly reports to the department documenting program activities, expenditures, and outcomes.

(6) ADMINISTRATION.—The department shall monitor program implementation and outcomes. The department shall submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1 of each year, detailing program implementation and outcomes.

(7) RULEMAKING.—The department may adopt rules to implement this section.

(8) IMPLEMENTATION.—This section may be implemented only to the extent specifically funded by legislative appropriation.

(9) REPEAL.—This section is repealed July 1, 2030, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 4. Subsection (2) of section 395.6061, Florida Statutes, is amended to read:

395.6061 Rural hospital capital improvement.—There is established a rural hospital capital improvement grant program.



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(2) (a) Each rural hospital as defined in s. 395.602 shall receive a minimum of \$100,000 annually, subject to legislative appropriation, upon application to the Department of Health, for projects to acquire, repair, improve, or upgrade systems, facilities, or equipment. Such projects may include, but are not limited to, the following:

1. Establishing mobile care units to provide primary care services, behavioral health services, or obstetric and gynecological services in rural health professional shortage areas.

2. Establishing telehealth kiosks to provide urgent care and primary care services remotely in rural health professional shortage areas.

(b) As used in this subsection, the term:

1. "Preventive care" means routine health care services designed to prevent illness. The term includes, but is not limited to, general physical examinations provided on an annual basis, screenings for acute or chronic illnesses, and patient counseling to promote overall wellness and avoid the need for emergency services.

2. "Primary care" means health care services focused primarily on preventive care, wellness care, and treatment for common illnesses. The term may include the health care provider serving as a patient's entry point into the overall health care system and coordinating a patient's care among specialists or acute care settings. The term does not include elective services provided solely for cosmetic purposes.

3. "Rural health professional shortage area" means a rural community as defined in s. 288.0657 which is also designated as



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a health professional shortage area by the Health Resources and
Services Administration of the United States Department of
Health and Human Services.

Section 5. Subsection (1) of section 409.904, Florida
Statutes, is amended to read:

409.904 Optional payments for eligible persons.—The agency
may make payments for medical assistance and related services on
behalf of the following persons who are determined to be
eligible subject to the income, assets, and categorical
eligibility tests set forth in federal and state law. Payment on
behalf of these Medicaid eligible persons is subject to the
availability of moneys and any limitations established by the
General Appropriations Act or chapter 216.

(1)(a) Subject to federal waiver approval, a person who is
age 65 or older or is determined to be disabled, whose income is
at or below 88 percent of the federal poverty level, whose
assets do not exceed established limitations, and who is not
eligible for Medicare or, if eligible for Medicare, is also
eligible for and receiving Medicaid-covered institutional care
services, hospice services, or home and community-based
services. The agency shall seek federal authorization through a
waiver to provide this coverage.

(b)1. A person who was initially determined eligible for
Medicaid under paragraph (a) and is receiving Medicaid-covered
institutional care services, hospice services, or home and
community-based services pursuant to s. 393.066 or s. 409.978
and who is permanently disabled shall be presumed eligible for
continued coverage for these Medicaid-covered services during
any redetermination process, and the agency shall continue to



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331 make payments for such services, unless the person experiences a
332 material change in his or her disability or economic status
333 which results in a loss of eligibility. In the event of such a
334 change in disability or economic status, the person or his or
335 her designated caregiver or responsible party shall notify the
336 agency and the Department of Children and Families of such
337 change, and the Department of Children and Families may conduct
338 a redetermination of eligibility. If such redetermination is
339 conducted, the Department of Children and Families must notify
340 the person or his or her designated caregiver or responsible
341 party before the commencement of the redetermination and, at its
342 conclusion, the results of the redetermination.

343 2. As used in this paragraph, the term "permanently
344 disabled" means that a person has been determined to be disabled
345 under paragraph (a) and has had his or her qualifying disability
346 or disabilities certified by a physician licensed under chapter
347 458 or chapter 459 as permanent in nature. The agency shall, no
348 later than October 1, 2025, seek federal authorization to exempt
349 a Medicaid-eligible permanently disabled person from annual
350 redetermination of eligibility under the parameters of this
351 paragraph.

352 3. The agency and the Department of Children and Families
353 shall develop a process to facilitate the notifications required
354 under subparagraph 1.

355 Section 6. Subsections (5) and (6) are added to section
356 395.1012, Florida Statutes, to read:

357 395.1012 Patient safety.—

358 (5)(a) Each hospital with an emergency department must:

359 1. Develop and implement policies and procedures for



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pediatric patient care in the emergency department which reflect evidence-based best practices relating to, at a minimum:

a. Triage.

b. Measuring and recording vital signs.

c. Weighing and recording weights in kilograms.

d. Calculating medication dosages.

e. Use of pediatric instruments.

2. Conduct training at least annually on the policies and procedures developed under this subsection. The training must include, at a minimum:

a. The use of pediatric instruments, as applicable to each licensure type, using clinical simulation as defined in s. 464.003.

b. Drills that simulate emergency situations. Each emergency department must conduct drills at least annually.

(b) Each hospital emergency department must:

1. Designate a pediatric emergency care coordinator. The pediatric emergency care coordinator must be a physician or a physician assistant licensed under chapter 458 or chapter 459, a nurse licensed under chapter 464, or a paramedic licensed under chapter 401. The pediatric emergency care coordinator is responsible for implementation of and ensuring fidelity to the policies and procedures adopted under this subsection.

2. Conduct the National Pediatric Readiness Assessment developed by the National Pediatric Readiness Project, in accordance with timelines established by the National Pediatric Readiness Project.

(6) Each hospital with an emergency department may conduct the National Pediatric Readiness Project's Open Assessment



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during a year in which the National Pediatric Readiness
Assessment is not conducted.

Section 7. Present subsections (4) through (19) of section
395.1055, Florida Statutes, are redesignated as subsections (5)
through (20), respectively, paragraph (c) of subsection (1) is
amended, and a new subsection (4) is added to that section, to
read:

395.1055 Rules and enforcement.—

(1) The agency shall adopt rules pursuant to ss. 120.536(1)
and 120.54 to implement the provisions of this part, which shall
include reasonable and fair minimum standards for ensuring that:

(c) A comprehensive emergency management plan is prepared
and updated annually. Such standards must be included in the
rules adopted by the agency after consulting with the Division
of Emergency Management. At a minimum, the rules must provide
for plan components that address emergency evacuation
transportation; adequate sheltering arrangements; postdisaster
activities, including emergency power, food, and water;
postdisaster transportation; supplies; staffing; emergency
equipment; individual identification of residents and transfer
of records, ~~and~~ responding to family inquiries, and the needs of
pediatric and neonatal patients. The comprehensive emergency
management plan is subject to review and approval by the local
emergency management agency. During its review, the local
emergency management agency shall ensure that the following
agencies, at a minimum, are given the opportunity to review the
plan: the Department of Elderly Affairs, the Department of
Health, the Agency for Health Care Administration, and the
Division of Emergency Management. Also, appropriate volunteer



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organizations must be given the opportunity to review the plan. The local emergency management agency shall complete its review within 60 days and either approve the plan or advise the facility of necessary revisions.

(4) The agency, in consultation with the Florida Emergency Medical Services for Children State Partnership Program, shall adopt rules that establish minimum standards for pediatric patient care in hospital emergency departments, including, but not limited to, availability and immediate access to pediatric specific equipment and supplies.

Section 8. Paragraph (n) is added to subsection (3) of section 408.05, Florida Statutes, to read:

408.05 Florida Center for Health Information and Transparency.—

(3) HEALTH INFORMATION TRANSPARENCY.—In order to disseminate and facilitate the availability of comparable and uniform health information, the agency shall perform the following functions:

(n)1. Collect the overall assessment score of National Pediatric Readiness Assessments conducted by hospital emergency departments pursuant to s. 395.1012(5), from the Florida Emergency Medical Services for Children State Partnership Program by December 31, 2026, and by each December 31 during a year in which the National Pediatric Readiness Assessment is conducted thereafter.

2. By April 1, 2027, and each April 1 following a year in which the National Pediatric Readiness Assessment is conducted thereafter, publish the overall assessment score for each hospital emergency department, and provide a comparison to the



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national average score when it becomes available.

3. Collect and publish no more than one overall assessment score per hospital, per year, of assessments conducted pursuant to s. 395.1012(6), and provide a comparison to the hospital emergency department's most recently published score pursuant to subparagraph 2. of this paragraph.

Section 9. Present subsections (1) and (2) of section 456.42, Florida Statutes, are redesignated as subsections (2) and (3), respectively, and present subsection (3) of that section is redesignated as subsection (1) and amended, to read:

456.42 ~~Written~~ Prescriptions for medicinal drugs.—

(1)(3) A health care practitioner licensed by law to prescribe a medicinal drug who ~~maintains a system of electronic health records as defined in s. 408.051(2)(c), or who~~ prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains ~~such~~ a system of electronic health records as defined in s.

408.051(2)(c) and who is prescribing in his or her capacity as such an owner, an employee, or a contractor, may only electronically transmit prescriptions for such drugs. This requirement applies to such a health care practitioner upon renewal of the health care practitioner's license or by July 1, 2026 ~~2021~~, whichever is earlier, but does not apply if:

(a) The practitioner prescribes fewer than 100 such prescriptions annually;

(b) The practitioner is located in an area for which a state of emergency is declared pursuant to s. 252.36;

~~(a) The practitioner and the dispenser are the same entity;~~

~~(b) The prescription cannot be transmitted electronically~~



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~~under the most recently implemented version of the National
Council for Prescription Drug Programs SCRIPT Standard;~~

(c) The practitioner has been issued a waiver by the
department, not to exceed 1 year in duration, from the
requirement to use electronic prescribing due to demonstrated
economic hardship, technological limitations that are not
reasonably within the control of the practitioner, or another
exceptional circumstance demonstrated by the practitioner;

(d) The practitioner reasonably determines that it would be
impractical for the patient in question to obtain a medicinal
drug prescribed by electronic prescription in a timely manner
and such delay would adversely impact the patient's medical
condition;

(e) The prescription cannot be electronically prescribed
due to a temporary technological or electrical failure that is
not in the control of the prescribing practitioner, and such
failure is documented in the patient record ~~The practitioner is
prescribing a drug under a research protocol;~~

~~(f) The prescription is for a drug for which the federal
Food and Drug Administration requires the prescription to
contain elements that may not be included in electronic
prescribing;~~

~~(g) The prescription is issued to an individual receiving
hospice care or who is a resident of a nursing home facility; or~~

(g)-(h) The practitioner determines that it is in the best
interest of the patient, or the patient determines that it is in
his or her own best interest, to compare prescription drug
prices among area pharmacies. The practitioner must document
such determination in the patient's medical record.



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The department, in consultation with the Board of Medicine, the Board of Osteopathic Medicine, the Board of Podiatric Medicine, the Board of Dentistry, the Board of Nursing, and the Board of Optometry, may adopt rules to implement this subsection. This subsection does not prohibit a pharmacist licensed in this state from filling or refilling a valid prescription submitted electronically or in writing, or require or authorize a change in prescription drug claims adjudication and review procedures by payors related to filling or refilling a valid prescription submitted electronically or in writing. This subsection does not prohibit a pharmacist licensed in this state from filling or refilling a valid prescription that is issued in writing by a prescriber located in another state or that is transcribed by the pharmacy when a prescription is called in by telephone.

Section 10. Subsection (1) of section 456.43, Florida Statutes, is republished to read:

456.43 Electronic prescribing for medicinal drugs.—

(1) Electronic prescribing may not interfere with a patient's freedom to choose a pharmacy.

Section 11. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician



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assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant.

2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. A fully licensed physician assistant may procure medical devices and drugs unless the medication is listed on the formulary created pursuant to paragraph (f).

4. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, designated by the American Academy of Physician Assistants as a Category 1 credit, or designated by the American Osteopathic Association as a Category 1-A credit.

5. The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(2) ~~456.42(1)~~ and chapter 499 and must contain the physician assistant's name,



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address, and telephone number and the name of each of his or her supervising physicians. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

Section 12. Paragraph (e) of subsection (4) of section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that she or he is a physician assistant.

2. The supervising physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. A fully licensed physician assistant may procure medical



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devices and drugs unless the medication is listed on the
formulary created pursuant to s. 458.347(4)(f).

4. The physician assistant must complete a minimum of 10
continuing medical education hours in the specialty practice in
which the physician assistant has prescriptive privileges with
each licensure renewal. Three of the 10 hours must consist of a
continuing education course on the safe and effective
prescribing of controlled substance medications which is offered
by a provider that has been approved by the American Academy of
Physician Assistants and which is designated for the American
Medical Association Physician's Recognition Award Category 1
credit, designated by the American Academy of Physician
Assistants as a Category 1 credit, or designated by the American
Osteopathic Association as a Category 1-A credit.

5. The prescription may be in paper or electronic form but
must comply with ss. 456.0392(1) and 456.42(2) ~~456.42(1)~~ and
chapter 499 and must contain the physician assistant's name,
address, and telephone number and the name of each of his or her
supervising physicians. Unless it is a drug or drug sample
dispensed by the physician assistant, the prescription must be
filled in a pharmacy permitted under chapter 465, and must be
dispensed in that pharmacy by a pharmacist licensed under
chapter 465.

6. The physician assistant must note the prescription or
dispensing of medication in the appropriate medical record.

Section 13. Paragraph (d) of subsection (4) and subsection
(6) of section 381.026, Florida Statutes, are amended to read:

381.026 Florida Patient's Bill of Rights and
Responsibilities.—



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

(d) *Access to health care.*—

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

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

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

4. A patient shall not be denied admission, care, or services by a health care facility based solely on the patient's vaccination status.

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

SUMMARY OF THE FLORIDA PATIENT'S BILL
OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care



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

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

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

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

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

A patient has the right to bring any person of his or her choosing to the patient-accessible areas of the health care facility or provider's office to accompany the patient while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, unless doing so would risk the safety or health of the patient, other patients, or staff of the facility or office or cannot



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be reasonably accommodated by the facility or provider.

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

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

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

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

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

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

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

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any



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emergency medical condition that will deteriorate from failure to provide treatment.

A patient shall not be denied admission, care, or services by a health care facility based solely on the patient's vaccination status.

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

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

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

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

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

A patient is responsible for following the



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treatment plan recommended by the health care provider.

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

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

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

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

Section 14. Subsection (4) of section 466.006, Florida Statutes, is amended to read:

466.006 Examination of dentists.—

(4) Notwithstanding any other provision of law in chapter 456 pertaining to the clinical dental licensure examination or national examinations, to be licensed as a dentist in this state, an applicant must successfully complete all ~~both~~ of the following:

(a) A written examination on the laws and rules of the state regulating the practice of dentistry.

(b) A practical or clinical examination, which must be the American Dental Licensing Examination produced by the American Board of Dental Examiners, Inc., or its successor entity, if



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any, which is administered in this state, provided that the board has attained, and continues to maintain thereafter, representation on the board of directors of the American Board of Dental Examiners, the examination development committee of the American Board of Dental Examiners, and such other committees of the American Board of Dental Examiners as the board deems appropriate by rule to assure that the standards established herein are maintained organizationally.

1. As an alternative to such practical or clinical examination, an applicant may submit scores from an American Dental Licensing Examination previously administered in a jurisdiction other than this state after October 1, 2011, and such examination results are recognized as valid for the purpose of licensure in this state. A passing score on the American Dental Licensing Examination administered out of state is the same as the passing score for the American Dental Licensing Examination administered in this state. The applicant must have completed the examination after October 1, 2011. This subparagraph may not be given retroactive application.

2. If the date of an applicant's passing American Dental Licensing Examination scores from an examination previously administered in a jurisdiction other than this state under subparagraph 1. is older than 365 days, such scores are nevertheless valid for the purpose of licensure in this state, but only if the applicant demonstrates that all of the following additional standards have been met:

a. The applicant completed the American Dental Licensing Examination after October 1, 2011. This sub-subparagraph may not be given retroactive application.



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b. The applicant graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor entity, if any, or any other dental accrediting organization recognized by the United States Department of Education. Provided, however, if the applicant did not graduate from such a dental school, the applicant may submit proof of having successfully completed a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation of at least 2 consecutive academic years at such accredited sponsoring institution. Such program must provide didactic and clinical education at the level of a D.D.S. or D.M.D. program accredited by the American Dental Association Commission on Dental Accreditation. For purposes of this sub-subparagraph, a supplemental general dentistry program does not include an advanced education program in a dental specialty.

c. The applicant currently possesses a valid and active dental license in good standing, with no restriction, which has never been revoked, suspended, restricted, or otherwise disciplined, from another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

d. The applicant must disclose to the board during the application process if he or she has been reported to the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, or the American Association of Dental Boards Clearinghouse. This sub-subparagraph does not apply if the applicant successfully appealed to have his or her name removed from the data banks of these agencies.



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e.(I) (A) The applicant submits proof of having been consecutively engaged in the full-time practice of dentistry in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico in the 5 years immediately preceding the date of application for licensure in this state; or

(B) If the applicant has been licensed in another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico for less than 5 years, the applicant submits proof of having been engaged in the full-time practice of dentistry since the date of his or her initial licensure.

(II) As used in this section, "full-time practice" is defined as a minimum of 1,200 hours per year for each year in the consecutive 5-year period or, when applicable, the period since initial licensure, and must include any combination of the following:

(A) Active clinical practice of dentistry providing direct patient care.

(B) Full-time practice as a faculty member employed by a dental or dental hygiene school approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(C) Full-time practice as a student at a postgraduate dental education program approved by the board or accredited by the American Dental Association Commission on Dental Accreditation.

(III) The board shall develop rules to determine what type of proof of full-time practice is required and to recoup the cost to the board of verifying full-time practice under this



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section. Such proof must, at a minimum, be:

(A) Admissible as evidence in an administrative proceeding;

(B) Submitted in writing;

(C) Further documented by an applicant's annual income tax return filed with the Internal Revenue Service for each year in the preceding 5-year period or, if the applicant has been practicing for less than 5 years, the period since initial licensure; and

(D) Specifically found by the board to be both credible and admissible.

(IV) The board may excuse applicants from the 1,200-hour requirement in the event of hardship, as defined by the board.

f. The applicant submits documentation that he or she has completed, or will complete before he or she is licensed in this state, continuing education equivalent to this state's requirements for the last full reporting biennium.

g. The applicant proves that he or she has never been convicted of, or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession in any jurisdiction.

h. The applicant has successfully passed a written examination on the laws and rules of this state regulating the practice of dentistry and the computer-based diagnostic skills examination.

i. The applicant submits documentation that he or she has successfully completed the applicable examination administered by the Joint Commission on National Dental Examinations or its successor organization.

(c) The educational requirements provided under paragraph



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(2) (b) or subsection (3).

Section 15. Paragraph (d) of subsection (3) of section 766.1115, Florida Statutes, is amended to read:

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

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

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

1. A birth center licensed under chapter 383.
2. An ambulatory surgical center licensed under chapter 395.
3. A hospital licensed under chapter 395.
4. A physician or physician assistant licensed under chapter 458.
5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
6. A chiropractic physician licensed under chapter 460.
7. A podiatric physician licensed under chapter 461.
8. A registered nurse, nurse midwife, licensed practical nurse, or advanced practice registered nurse licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.
9. A midwife licensed under chapter 467.
10. A health maintenance organization certificated under part I of chapter 641.
11. A health care professional association and its employees or a corporate medical group and its employees.
12. Any other medical facility the primary purpose of which



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is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.

13. A dentist or dental hygienist licensed under chapter 466.

14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.

15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9. and 13.

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

Section 16. Subsection (2) of section 456.003, Florida Statutes, is amended to read:

456.003 Legislative intent; requirements.—

(2) The Legislature further finds ~~believes~~ that such professions must ~~shall~~ be regulated only for the preservation of the health, safety, and welfare of the public under the police powers of the state, and that the health, safety, and welfare of



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the public may be harmed or endangered by the unlawful practice of a profession; by a misleading, deceptive, or fraudulent representation relating to a person's authority to practice a profession lawfully; or when patients are uninformed about the profession under which a health care practitioner is practicing before receiving professional consultation or services from the practitioner. As a matter of great public importance, such professions must ~~shall~~ be regulated when:

(a) Their unregulated practice can harm or endanger the health, safety, and welfare of the public, and when the potential for such harm is recognizable and clearly outweighs any anticompetitive impact which may result from regulation.

(b) The public is not effectively protected by other means, including, but not limited to, other state statutes, local ordinances, or federal legislation.

(c) Less restrictive means of regulation are not available.

Section 17. Paragraph (a) of subsection (2) of section 456.065, Florida Statutes, is amended to read:

456.065 Unlicensed practice of a health care profession; intent; cease and desist notice; penalties; enforcement; citations; fees; allocation and disposition of moneys collected.—

(2) The penalties for unlicensed practice of a health care profession shall include the following:

(a) 1. When the department has probable cause to believe that any person not licensed by the department, or the appropriate regulatory board within the department, has violated any provision of this chapter or any statute that relates to the practice of a profession regulated by the department, or any



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rule adopted pursuant thereto, the department may issue and deliver to such person a notice to cease and desist from such violation.

2. When the department has probable cause to believe that any licensed health care practitioner has engaged in the unlicensed practice of a health care profession by violating s. 456.65, the department may issue and deliver to such health care practitioner a notice to cease and desist from such violation and may pursue other remedies authorized under this section which apply to the unlicensed practice of a health care profession.

3. In addition to the remedies under subparagraphs 1. and 2., the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing the ~~such unlicensed~~ person engaging in the unlicensed practice.

4. The issuance of a notice to cease and desist shall not constitute agency action for which a hearing under ss. 120.569 and 120.57 may be sought. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any provisions of such order.

Section 18. Section 456.65, Florida Statutes, is created to read:

456.65 Specialties.—

(1)(a) A health care practitioner not licensed as a physician under chapter 458 may not hold himself or herself out to a patient or the public at large as a specialist by



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describing himself or herself or his or her practice through the use of any specialist title or designation specifically listed under s. 458.3312(2), either alone or in combination, or in connection with other words, unless the practitioner is authorized to use such specialist title or designation under subsection (3).

(b) A health care practitioner not licensed as a physician under chapter 459 may not hold himself or herself out to a patient or the public at large as a specialist by describing himself or herself or his or her practice through the use of any specialist title or designation specifically listed under s. 459.0152(2), either alone or in combination, or in connection with other words, unless the practitioner is authorized to use such specialist title or designation under subsection (3).

(2) A violation of subsection (1) constitutes the unlicensed practice of medicine or osteopathic medicine, as applicable, and the department may pursue remedies under s. 456.065 for such violation.

(3) Notwithstanding subsection (1):

(a) A licensed health care practitioner may use the name or title of his or her profession which is authorized under his or her practice act, and any corresponding designations or initials so authorized, to describe himself or herself and his or her practice.

(b) A licensed health care practitioner who has a specialty area of practice authorized under his or her practice act may use the following format to identify himself or herself or describe his or her practice: "... (name or title of the practitioner's profession) ..., specializing in ... (name of the



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practitioner's specialty)...."

(c) A chiropractic physician licensed under chapter 460 may use the title "chiropractic radiologist" and other titles, abbreviations, or designations authorized under his or her practice act reflecting those chiropractic specialty areas in which the chiropractic physician has attained diplomate status as recognized by the American Chiropractic Association, the International Chiropractors Association, the International Academy of Clinical Neurology, or the International Chiropractic Pediatric Association.

(d) A podiatric physician licensed under chapter 461 may use the following titles and abbreviations as applicable to his or her license, specialty, and certification: "podiatric surgeon," "Fellow in the American College of Foot and Ankle Surgeons," and any other titles or abbreviations authorized under his or her practice act.

(e) A dentist licensed under chapter 466 may use the following titles and abbreviations as applicable to his or her license, specialty, and certification: "doctor of dental surgery," "D.D.S.," "oral surgeon," "maxillofacial surgeon," "oral and maxillofacial surgeon," "O.M.S.," "dental anesthesiologist," "oral pathologist," "oral radiologist," and any other titles or abbreviations authorized under his or her practice act.

(f) An anesthesiologist assistant licensed under chapter 458 or chapter 459 may use the titles "anesthesiologist assistant" or "certified anesthesiologist assistant" and the abbreviations "A.A." or "C.A.A.," as applicable.

(g) A physician licensed under chapter 458 or chapter 459



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may use a specialist title or designation according to s.
458.3312 or s. 459.0152, as applicable.

Section 19. Section 458.3312, Florida Statutes, is amended
to read:

458.3312 Specialties.—

(1) A physician licensed under this chapter may not hold
himself or herself out as a board-certified specialist unless
the physician has received formal recognition as a specialist
from a specialty board of the American Board of Medical
Specialties or other recognizing agency that has been approved
by the board. However, a physician may indicate the services
offered and may state that his or her practice is limited to one
or more types of services when this accurately reflects the
scope of practice of the physician.

(2) Specialist titles and designations to which subsection
(1) applies include:

- (a) Surgeon.
- (b) Neurosurgeon.
- (c) General surgeon.
- (d) Plastic surgeon.
- (e) Thoracic surgeon.
- (f) Allergist.
- (g) Anesthesiologist.
- (h) Cardiologist.
- (i) Dermatologist.
- (j) Endocrinologist.
- (k) Gastroenterologist.
- (l) Geriatrician.
- (m) Gynecologist.



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1085	<u>(n) Hematologist.</u>
1086	<u>(o) Hospitalist.</u>
1087	<u>(p) Immunologist.</u>
1088	<u>(q) Intensivist.</u>
1089	<u>(r) Internist.</u>
1090	<u>(s) Laryngologist.</u>
1091	<u>(t) Nephrologist.</u>
1092	<u>(u) Neurologist.</u>
1093	<u>(v) Neurotologist.</u>
1094	<u>(w) Obstetrician.</u>
1095	<u>(x) Oncologist.</u>
1096	<u>(y) Ophthalmologist.</u>
1097	<u>(z) Orthopedic surgeon.</u>
1098	<u>(aa) Orthopedist.</u>
1099	<u>(bb) Otologist.</u>
1100	<u>(cc) Otolaryngologist.</u>
1101	<u>(dd) Otorhinolaryngologist.</u>
1102	<u>(ee) Pathologist.</u>
1103	<u>(ff) Pediatrician.</u>
1104	<u>(gg) Proctologist.</u>
1105	<u>(hh) Psychiatrist.</u>
1106	<u>(ii) Pulmonologist.</u>
1107	<u>(jj) Radiologist.</u>
1108	<u>(kk) Rheumatologist.</u>
1109	<u>(ll) Rhinologist.</u>
1110	<u>(mm) Urologist.</u>
1111	<u>(3) The board may adopt by rule additional specialist</u>
1112	<u>titles and designations to which subsection (1) applies.</u>
1113	Section 20. Section 459.0152, Florida Statutes, is amended



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to read:

459.0152 Specialties.—

(1) An osteopathic physician licensed under this chapter may not hold himself or herself out as a board-certified specialist unless the osteopathic physician has successfully completed the requirements for certification by the American Osteopathic Association or the Accreditation Council on Graduate Medical Education and is certified as a specialist by a certifying agency approved by the board. However, an osteopathic physician may indicate the services offered and may state that his or her practice is limited to one or more types of services when this accurately reflects the scope of practice of the osteopathic physician.

(2) Specialist titles and designations to which subsection (1) applies include:

- (a) Surgeon.
- (b) Neurosurgeon.
- (c) General surgeon.
- (d) Plastic surgeon.
- (e) Thoracic surgeon.
- (f) Allergist.
- (g) Anesthesiologist.
- (h) Cardiologist.
- (i) Dermatologist.
- (j) Endocrinologist.
- (k) Gastroenterologist.
- (l) Geriatrician.
- (m) Gynecologist.
- (n) Hematologist.



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1143 (o) Hospitalist.
1144 (p) Immunologist.
1145 (q) Intensivist.
1146 (r) Internist.
1147 (s) Laryngologist.
1148 (t) Nephrologist.
1149 (u) Neurologist.
1150 (v) Neurotologist.
1151 (w) Obstetrician.
1152 (x) Oncologist.
1153 (y) Ophthalmologist.
1154 (z) Orthopedic surgeon.
1155 (aa) Orthopedist.
1156 (bb) Otologist.
1157 (cc) Otolaryngologist.
1158 (dd) Otorhinolaryngologist.
1159 (ee) Pathologist.
1160 (ff) Pediatrician.
1161 (gg) Proctologist.
1162 (hh) Psychiatrist.
1163 (ii) Pulmonologist.
1164 (jj) Radiologist.
1165 (kk) Rheumatologist.
1166 (ll) Rhinologist.
1167 (mm) Urologist.
1168 (3) The board may adopt by rule additional specialist
1169 titles and designations to which subsection (1) applies.
1170 Section 21. Paragraph (a) of subsection (2) of section
1171 463.0055, Florida Statutes, is amended to read:



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463.0055 Administration and prescription of ocular
pharmaceutical agents.—

(2)(a) The board shall establish a formulary of topical
ocular pharmaceutical agents and their generic or therapeutic
equivalents that may be prescribed and administered by a
certified optometrist. The formulary must ~~shall~~ consist of those
topical ocular pharmaceutical agents and the generic or
therapeutic equivalent for any such agent included in the
formulary which ~~that~~ are appropriate to treat or diagnose ocular
diseases and disorders and that the certified optometrist is
qualified to use in the practice of optometry. The board shall
establish, add to, delete from, or modify the topical formulary
by rule. Notwithstanding any provision of chapter 120 to the
contrary, the topical formulary rule becomes effective 60 days
from the date it is filed with the Secretary of State.

Section 22. This act shall take effect July 1, 2025.

===== T I T L E A M E N D M E N T =====
And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled
An act relating to health care; amending s. 381.402,
F.S.; revising eligibility requirements for the
Florida Reimbursement Assistance for Medical Education
Program; revising the proof required to make payments
for participation in the program; creating s. 381.403,
F.S.; providing legislative findings; creating the
Rural Access to Primary and Preventive Care Grant



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1201 Program within the Department of Health for a
1202 specified purpose; defining terms; requiring the
1203 department to award grants under the program to
1204 physicians, physician assistants, and autonomous
1205 advanced practice registered nurses intending to open
1206 new practices or practice locations in qualifying
1207 rural areas; specifying eligibility criteria for the
1208 grants; requiring the department, by a specified date,
1209 to create an application process for applying for
1210 grants under the program; specifying requirements for
1211 the application and application process; authorizing
1212 the department, subject to specific appropriation, to
1213 award grants under the program; specifying limitations
1214 on the awarding of grants; specifying expenses for
1215 which grant funds are authorized and prohibited;
1216 requiring the department to enter into a contract with
1217 each grant recipient; specifying requirements for the
1218 contracts; authorizing the department to adopt rules;
1219 requiring the department, beginning on a specified
1220 date and annually thereafter, to provide a report
1221 containing specified information to the Governor and
1222 the Legislature; providing for future legislative
1223 review and repeal of the program; creating s.
1224 381.9856, F.S.; creating the Stroke, Cardiac, and
1225 Obstetric Response and Education Grant Program within
1226 the department; specifying the purpose of the program;
1227 defining terms; requiring the department to award
1228 grants under the program to certain entities meeting
1229 specified criteria; requiring the department to give



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1230 priority to certain applicants; limiting individual
1231 grants to a specified amount per year; requiring grant
1232 recipients to submit quarterly reports to the
1233 department; requiring the department to monitor
1234 program implementation and outcomes; requiring the
1235 department to submit an annual report to the Governor
1236 and the Legislature by a specified date; authorizing
1237 the department to adopt rules; providing construction;
1238 providing for future legislative review and repeal of
1239 the program; amending s. 395.6061, F.S.; providing
1240 that rural hospital capital grant improvement program
1241 funding may be awarded to rural hospitals to establish
1242 mobile care units and telehealth kiosks for specified
1243 purposes; defining terms; amending s. 409.904, F.S.;
1244 requiring that certain Medicaid-eligible persons who
1245 receive specified Medicaid-covered services and who
1246 are permanently disabled be presumed eligible for
1247 continued Medicaid coverage during redetermination
1248 processes; requiring the Agency for Health Care
1249 Administration to continue to make payments for such
1250 services; providing exceptions; requiring certain
1251 persons to notify the agency and the Department of
1252 Children and Families of certain changes in disability
1253 or economic status; authorizing the department to
1254 conduct a redetermination of eligibility under certain
1255 circumstances; requiring the department to make
1256 notifications under certain circumstances; defining
1257 the term "permanently disabled"; requiring the agency
1258 to seek federal authorization to exempt certain



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1259 persons from annual redetermination of eligibility;
1260 requiring the agency and the department to develop a
1261 specified process; amending s. 395.1012, F.S.;
1262 requiring hospital emergency departments to develop
1263 and implement policies and procedures, conduct
1264 training, record weights in a certain manner,
1265 designate a pediatric emergency care coordinator, and
1266 conduct specified assessments; authorizing a hospital
1267 with an emergency department to conduct the National
1268 Pediatric Readiness Project's Open Assessment under
1269 certain conditions; amending s. 395.1055, F.S.;
1270 requiring the agency to adopt certain rules for
1271 comprehensive emergency management plans, and, in
1272 consultation with the Florida Emergency Medical
1273 Services for Children State Partnership Program,
1274 establish minimum standards for pediatric patient care
1275 in hospital emergency departments; amending s. 408.05,
1276 F.S.; requiring the agency to collect and publish the
1277 results of specified assessments submitted by
1278 hospitals by specified dates; providing requirements
1279 for the collection and publication of such assessment
1280 scores; amending s. 456.42, F.S.; revising health care
1281 practitioners who may only electronically transmit
1282 prescriptions for certain drugs; revising exceptions;
1283 providing construction; republishing s. 456.43(1),
1284 F.S., relating to electronic prescribing for medicinal
1285 drugs; amending ss. 458.347 and 459.022, F.S.;
1286 conforming cross-references; amending s. 381.026,
1287 F.S.; revising the rights of patients, which each



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1288 health care provider and facility are required to
1289 observe, to include that such facilities shall not
1290 deny admission, care, or services based solely on a
1291 patient's vaccination status; amending s. 466.006,
1292 F.S.; revising the requirements for licensure as a
1293 dentist; amending s. 766.1115, F.S.; revising the
1294 definition of the term "health care provider" or
1295 "provider"; amending s. 456.003, F.S.; revising
1296 legislative findings; amending s. 456.065, F.S.;
1297 providing circumstances under which the Department of
1298 Health may issue a notice to cease and desist and
1299 pursue other remedies upon finding probable cause;
1300 creating s. 456.65, F.S.; prohibiting the use of
1301 specified titles and designations by health care
1302 practitioners not licensed as physicians or
1303 osteopathic physicians, as applicable, with an
1304 exception; providing that the use of such titles and
1305 designations constitutes the unlicensed practice of
1306 medicine or osteopathic medicine, as applicable;
1307 authorizing the department to pursue specified
1308 remedies for such violations; authorizing health care
1309 practitioners to use names and titles, and their
1310 corresponding designations and initials, authorized by
1311 their respective practice acts; specifying the manner
1312 in which health care practitioners may represent their
1313 specialty practice areas; specifying titles and
1314 abbreviations certain health care practitioners may
1315 use; amending ss. 458.3312 and 459.0152, F.S.;
1316 specifying specialist titles and designations that



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1317 physicians and osteopathic physicians, respectively,
1318 are prohibited from using unless they have received
1319 formal recognition by the appropriate recognizing
1320 agency for such specialty certifications; authorizing
1321 the Board of Medicine and the Board of Osteopathic
1322 Medicine, as applicable, to adopt certain rules;
1323 amending s. 463.0055, F.S.; requiring the Board of
1324 Optometry to establish a formulary of the generic or
1325 therapeutic equivalents of topical ocular
1326 pharmaceutical agents for specific purposes; providing
1327 requirements for the formulary; providing an effective
1328 date.