# FLORIDA HOUSE OF REPRESENTATIVES
# BILL ANALYSIS

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

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| **BILL #:** CS/HB 909 | **COMPANION BILL:** None |
| **TITLE:** Occupational Therapy Licensure Compact | **LINKED BILLS:** HB 911 Anderson |
| **SPONSOR(S):** Anderson | **RELATED BILLS:** SB 1010 (Calatayud) |

**Committee References**

Health Professions & Programs
13 Y, 0 N, As CS
➤ Health Care Budget ➤ Health & Human Services

## SUMMARY

**Effect of the Bill:**

Currently, occupational therapists and occupational therapy assistants must obtain a license in each state in which they elect to practice. HB 909 authorizes Florida to enter into the Occupational Therapy Licensure Compact (Compact) and enacts the provisions of the Compact into Florida law. Under the Compact, eligible individuals who are licensed as an occupational therapist or an occupational therapy assistant in Florida will be able to apply to obtain a "compact privilege," to provide services to out-of-state clients via telehealth and in-person in any of the compact member states. Eligible licensed occupational therapists and occupational therapy assistants in other compact member states will also be able to apply for a compact privilege to provide services to Florida clients via telehealth and in-person.

**Fiscal or Economic Impact:**

The bill will have an insignificant negative fiscal impact on the Department of Health and no fiscal impact on local governments.

JUMP TO SUMMARY ANALYSIS RELEVANT INFORMATION BILL HISTORY

## ANALYSIS

**EFFECT OF THE BILL:**

Participation in the Occupational Therapy Licensure Compact

Currently, occupational therapists and occupational therapy assistants must seek a separate license in each state in which they choose to practice. The Occupational Therapy Licensure Compact (Compact) allows eligible occupational therapists and occupational therapy assistants who are licensed in the compact member state in which they reside to apply for a "compact privilege," which is equivalent to licensure, to practice in another compact member state.

HB 909 enacts the Compact and authorizes Florida to enter into the interstate compact. Under the Compact, eligible individuals licensed as an occupational therapist or an occupational therapy assistant in Florida will be able to apply for a compact privilege to provide services to out-of-state clients through telehealth and in-person in any of the compact member states.[1] Licensed occupational therapists and occupational therapy assistants in other compact member states will be also be able to apply for a compact privilege to provide services to Florida clients via telehealth and in person. (Sections 1 and 5)

[1] Occupational Therapy Licensure Compact, *Interstate Compact vs. Universal License Recognition Law*, available at https://otcompact.gov/wp-content/uploads/2021/10/Compacts-Universal-Recognition-Explainer-OT-Compact.pdf#:~:text=Under%20the%20OT%20Compact%2C%20occupational%20therapists%20(OTs),required%20for%20the%20home%20state%20license%20only., (last visited March 10, 2025).

Compact Privilege

The Compact allows an occupational therapist or an occupational therapy assistant who is eligible for licensure in their state of residence or home state to apply for a "compact privilege," to practice in another state or remote state. A compact privilege is the authorization to practice granted by other compact member states after an individual's home state license has been approved.[2] To exercise a compact privilege under the Compact, an occupational therapist or an occupational therapy assistant must:

- Hold and unencumbered license in his or her home state, which must be a member of the Compact;
- Have a valid social security number or National Practitioner Identification number;
- Have no encumbrance on any state license;
- Have no adverse actions taken against any license or compact privilege within the preceding two years. If adverse action was taken all fines and requirements resulting from such action have been satisfied;
- Notify the Occupational Therapy Compact Commission (Commission) of their intent to seek compact privilege within a remote state;
- Pay any applicable fees, including any state fee, for a compact privilege;
- Complete a criminal background screening;
- Meet any jurisprudence requirements in the remote state in which the person is seeking compact privilege; and
- Report to the Commission any adverse action taken by any non-compact member state within 30 days after the date the adverse action was taken.

To maintain a compact privilege, the occupational therapist or an occupational therapy assistant must continue to meet the requirements under the Compact. A compact privilege is valid until the expiration date of the license in the home state. The Compact requires an occupational therapy assistant practicing in a remote state to be supervised by an occupational therapist licensed or holding a compact privilege in that remote state. A licensee providing occupational therapy in a remote state under a compact privilege is subject to the regulatory authority of the remote state and must function in accordance with the laws and regulations of that state. A remote state may, in accordance with the due process and the state's laws, remove a licensee's compact privilege in the remote state for a specific amount of time, impose fines, and take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible to practice under a compact privilege in any state until the specific time for removal has passed and all applicable fines are paid.

If an occupational therapist's or an occupational therapy assistant's license is encumbered in his or her home state, the licensee will lose the compact privilege in all remote states until the home state license is no longer encumbered or until two years has passed since the date of the adverse action causing the encumbrance of licensure in the home state. The compact privilege must be reinstated by the Commission and the reinstatement must be updated in the data system. If a licensee's compact privilege is removed due to an erroneous charge, the privileges must be restored through the data system.

State Participation in the Compact

To participate in the Compact a state must:

- License occupational therapists and occupational therapy assistants;
- Fully participate in the Commission's coordinated data system;
- Have a mechanism in place for receiving and investigating complaints about licenses;
- Notify the Commission of any adverse action against or investigation of a licensee;
- Conduct criminal background checks of applicants for an initial compact privilege;
- Comply with the rules of the Commission;
- Utilize a recognized national examination as a requirement for licensure;

[2] Occupational Therapy Licensure Compact, *Practitioner FAQ*, available at https://otcompact.gov/practitioner-faq/, (last visited March 10, 2025).

- Require continuing competence or education requirements as a condition for licensure renewal;
- Grant compact privilege to a licensee holding a valid unencumbered license in another member state:
- Provide for the state's delegate to attend all occupational therapy Compact Commission meetings; and
- Continue to allow individuals who do not reside in the member state to apply for the member state's single-state license.

A single-state license is an occupational therapist or occupational therapy assistant license issued by a member state that authorizes practice only within the issuing state and does not authorize a compact privilege in any member state. A licensee may hold multiple single-state licenses, but only the license tied to the primary state of residence may serve as the home state license for purposes of the compact privilege. Nothing in the Compact affects a member state's requirement to issue a single-state license. The Compact also authorizes member states participating in the Compact to charge a fee for granting a compact privilege.

Obtaining a New Home State License by Virtue of Compact Privilege

The Compact creates an alternative pathway to licensure for compact privilege holders who change their primary state of residence between compact member states. Under the Compact, an occupational therapist or an occupational therapy assistant may only hold a home state license in one member state. If the licensee changes his or her primary state of residence by moving between two member states, the occupational therapist or occupational therapy assistant may obtain a new home state license by virtue of their compact privilege in their new home state.

To obtain a new home state license by virtue of compact privilege the licensee must:

- File an application to obtain a new home state license by virtue of a compact privilege and pay all applicable licensure fees;
- Notify the current and new home state in accordance with the Commission rules;
- Complete criminal background screening; and
- Meet any jurisprudence requirements of the new home state.

The former home state must convert the former home state license into a compact privilege once the new home state license is activated. If an occupational therapist or occupational therapy assistant moves from a non-member state to a member state, or from a member state to a non-member state, he or she must apply for a single-state license in the new state, under the new state's licensure requirements.

Coordinated Data System

The Compact requires member states to submit licensure information for all occupational therapists and occupational therapy assistants to a coordinated data system, including;

- Identifying information;
- Licensure data;
- Adverse actions taken against a license or compact privilege;
- Nonconfidential information related to alternative program participation;
- Any denial of application for licensure and the reason for such denial;
- Current investigative information; and
- Other information that may facilitate the administration of the compact, as determined by Commission rules.

Investigative information pertaining to a licensee in any member state will only be available to other member states. A member state may designate information submitted to the data system that may not be shared with the public without the express permission of that member state.

The bill requires DOH to report any significant investigative information relating to occupational therapists or occupational therapy assistants holding a compact privilege under the Compact to the coordinated data system. (Section 2)

Impaired Practitioner

Under the compact, if a member state elects to require an occupational therapist or an occupational therapy assistant to participate in an alternative program, such as the impaired practitioner program, in lieu of taking adverse action against the health care practitioner, the member state must require the occupational therapist or occupational therapy assistant to agree to withdraw from practice from all member states during the term of the alternative program unless authorized by a member state. (Section 3)

Occupational Therapy Compact Commission

The Compact establishes the Occupational Therapy Compact Commission (Commission) as the governing body and entity responsible for creating and establishing the rules and regulations that administer and govern the Compact. The Commission is composed of representatives from each compact member state's licensing board. The licensing authority of each member state must select one delegate to serve on the Commission.

The Compact authorizes the Commission to elect and establish an executive committee, which shall have the power to act on behalf of the Commission. The Compact also authorizes the executive committee to establish additional committees as necessary. Under the Compact, all Commission and executive committee meetings are open to the public unless confidential or privileged information must be discussed.

This bill gives authority to the Florida Board of Occupational Therapy (Board) to appoint a delegate to service on the Commission. (Section 4)

Practitioner Regulation

Under the Compact, a home state has exclusive power to impose adverse action against a licensed issued by the state. A home state may take adverse action based on the investigative information of a remote state if the home state follows its own procedures for imposing adverse actions.

The bill also amends s. 468.1755, F.S. to expressly allow the Board to take adverse action against the compact privilege of occupational therapists and occupational therapy assistants under the Compact and to impose penalties if the occupational therapist or occupational therapy assistant commit certain specified infractions. (Sections 6)

Sovereign Immunity

The Compact does not waive sovereign immunity by the member states or by the Commission. The bill authorizes certain individuals, when acting within the official scope of their employment, duties, and responsibilities with the Commission, as agents of the state for sovereign immunity purposes and requires the Commission to pay any claims or judgements up to the statutory waived amounts of sovereign immunity. The bill also authorizes the Commission to maintain insurance coverage to pay any such claims or judgements. (Section 7)

The bill makes conforming changes to current law to reference the Compact and the requirements under the Compact.

The bill is effective July 1, 2025. (Section 8)

**RULEMAKING:**

The bill delegates authority to the Commission to adopt rules that facilitate and coordinate the implementation and administration of the Occupational Therapy Licensure Interstate Compact.

***Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.***

**FISCAL OR ECONOMIC IMPACT:**

STATE GOVERNMENT:

The bill will have an insignificant negative fiscal impact on the Department of Health and no fiscal impact on local governments. The Compact is active. However, applications for a compact privilege are not being accepted yet. It is anticipated that the Commission will begin accepting applications in 2025.

DOH estimates the total cost to comply with the bill is $55,680 in non-recurring expenses associated with upgrading technology and systems to implement the provisions of the bill.[3]

DOH will experience a recurring increase in workload associated with the enforcement of the bill. The agency anticipates that existing resources are adequate to absorb the additional cost associated with the increased workload.[4]

The compact gives states the discretion to collect fees for occupational therapist or occupational therapy assistants to participate in the Compact. However, the Compact does not authorize DOH to collect a fee, but rather states that fees of this kind are allowable under the Compact. In order for DOH to have the required authority to collect fees, the Legislature would have to enact a fee bill in the application practice act expressly authorizing DOH to collect such fees. A fee bill has not been filed for the costs associated with regulating social workers under the Compact. As such, all such costs would have to be funded through General Revenue.

## RELEVANT INFORMATION

**SUBJECT OVERVIEW:**

**Health Care Professional Shortage**

The health care industry is facing a critical shortage of occupational therapists. Job growth is projected to increase 16% between 2019 to 2029.[5] However, demand for these professionals will greatly exceed projected growth, leading to further staffing shortages which can impact the quality of patient care. Factors contributing to the occupational therapy shortage include an insufficient supply of recent graduates to meet demand, aging population, increased prevalence of chronic conditions, and a growing recognition of the importance of rehabilitative services.[6] The shortage of occupational therapy is particularly prevalent in rural areas, where 80% of non-metropolitan counties in the United States are underserved by occupational therapists.[7]

**Occupational Therapy**

[3] DOH, *Agency Bill Analysis*, HB 909 (2025) pgs. 16-18, on file with the House Health Professions and Programs Subcommittee.
[4] Id.
[5] Century, *OT Shortage Solutions: How to Keep Your Facility Fully Staffed!,* available at https://www.centuryrehab.com/ot-shortage-solutions-how-to-keep-your-facility-fully-staffed/#:~:text=The%20healthcare%20industry%20is%20facing,for%20these%20professionals%20is%20surging., (last visited March 10, 2025).
[6] Id.
[7] Id.

Occupational therapists are regulated under Part III of ch. 468, F.S., by the Board of Occupational Therapy within the Department of Health (DOH). Occupations are all of the activities or tasks of daily living[8] that a person performs each day.[9] Getting dressed, playing sports, taking a class, cooking, and working at a job are examples of occupations.[10]

Occupational therapy is the therapeutic use of occupations through habilitation, rehabilitation, and the promotion of health and wellness with individuals, groups, or populations, along with their families or organizations, to support participation, performance, and function in roles and situations in the home, school, workplace, community, and in other settings.[11] Occupational therapy may be used for clients who have, or who have been identified as being at risk of developing an illness, an injury, a disease, a disorder, a condition, an impairment, a disability, an activity limitation, or a participation restriction.[12]

Occupational therapy is performed by licensed occupational therapists, licensed occupational therapy assistants who work under the responsible supervision and control[13] of a licensed occupational therapist, and occupational therapy aides who are not licensed but assist in the practice of occupational therapy under the direct supervision of a licensed occupational therapist or an occupational therapy assistant.[14] Physicians, physician assistants, nurses, physical therapists, osteopathic physicians or surgeons, clinical psychologists, speech-language pathologists, and audiologists are permitted to use occupational therapy skills and techniques as part of their professions, when they practice their profession under their own practice acts.[15]

The practice of occupational therapy includes, but is not limited to the following services:[16]

- Assessment, treatment, education of, and consultation with individuals whose abilities to participate safely in occupations are impaired or at risk for impairment due to developmental deficiencies, aging, learning disabilities, environment, injury, disease, cognitive impairment, and disability;
- Methods or approaches used to determine abilities and limitations related to the performance of occupations; and
- Specific occupational therapy techniques used for treatment involving training in activities of daily living, environment modification, assessment of the need for orthotics or orthotic devices, use of assistive technology and adaptive devices, cognitive activities, therapeutic exercises, manual therapy techniques, physical agent modalities, and mental health services.

**Occupational Therapy Licensure in Florida**

Educational Requirements

[8] Activities of daily living include functions and tasks for self-care which are performed on a daily or routine basis, including functional mobility, bathing, dressing, eating and swallowing, personal hygiene and grooming, toileting, and other similar tasks. S. 468.203(4)(a)2., F.S.
[9] Current law defines occupations as meaningful and purposeful everyday activities performed and engaged in by individuals, groups, populations, families, or communities which occur in contexts and over time, such as activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation. The term includes more specific occupations and the execution of multiple activities that are influenced by performance patterns, performance skills, and client factors, and that result in varied outcomes. S. 468.203(4)(a)7., F.S.
[10] Britannica, *Occupational Therapy,* https://www.britannica.com/science/occupational-therapy (last visited March 10, 2025).
[11] S. 468.203(4), F.S.
[12] Id.
[13] Section 468.203(8), F.S. Responsible supervision and control by the licensed OT includes providing both the initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. The plan of treatment must not be changed by the supervised individual without prior consultation and approval of the supervising OT. The supervising OT is not always required to be physically present or on the premises when the occupational therapy assistant is performing services; but, supervision requires the availability of the supervising occupational therapist for consultation with and direction of the supervised individual.
[14] Section 468.203(5), F.S.
[15] Section 468.225(2), F.S.
[16] S. 468.203(4)(b)1., F.S.

There are four degree level programs available to individuals seeking to enter the profession of occupational therapy:[17]

- Doctoral-Degree-Level Occupational Therapist (Ph.D.);
- Master's-Degree-Level Occupational Therapist (O.T.R.);
- Baccalaureate-Degree-Level Occupational Therapy Assistant (certified occupational therapy assistant or C.O.T.A.); and
- Associate-Degree-Level Occupational Therapy Assistant (also a C.O.T.A.).

Such programs are available through institutions accredited by the Accreditation Council for Occupational Therapy Education (ACOTE), which is the certifying arm of the American Occupational Therapy Association (AOTA). ACOTE requirements for accreditation for occupational therapy curriculum vary by degree levels, but all levels must include theory, basic tenets of occupational therapy, and supervised educational fieldwork for accreditation.[18]

Occupational therapy candidates are required to complete two levels of fieldwork[19], the second of which depends on the degree level sought.[20] Level I fieldwork required for Ph.D., O.T.R., and C.O.T.A. candidates can be met through one or more of the following instructional methods:[21]

- Virtual environments;
- Simulated environments;
- Standardized patients;
- Faculty practice;
- Faculty-led site visits; and
- Supervision by a fieldwork educator in a practice environment.

Level II fieldwork required for Doctorate level and Master's level candidates includes a minimum of 24 weeks of full-time Level II fieldwork which may be completed in one setting if reflective of more than one practice area, or in a maximum of four different settings.[22] Baccalaureate level and Associate degree level candidates are required to complete a minimum of 16 weeks full-time Level II fieldwork which may be completed in one setting if reflective of more than one practice area, or in a maximum of three different settings.[23]

Licensure Requirements

To be licensed as an occupational therapist, or an occupational therapy assistant, and individual must:[24]

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[17] The Accreditation Council for Occupational Therapy Education, 2023 Accreditation Council for Occupational Therapy Education (ACOTE®) *Standards and Interpretive Guide (effective July 31, 2025), last updated January 21, 2025 Interpretive,* at pp. 16, 42, and 47, available at https://acoteonline.org/accreditation-explained/standards/, (last visited March 10, 2025). The Ph.D. in occupational therapy requires a minimum of six years of full-time academic education and a Doctorial Capstone which is an in-depth exposure to a concentrated area, which is reflective of the program's curriculum design. This in-depth exposure may be in one or more of the following areas: clinical skills; research skills; scholarship; administration; leadership; program development and evaluation; and policy development, advocacy, and education. The doctoral capstone consists of two parts: the capstone experience and the capstone project. The master's, bachelor's, and associate degree programs for occupational therapy and occupational therapy assistants require a minimum of five, four, and two years of full-time academic education, respectively. The bachelor's program requires students to complete a baccalaureate project to demonstrate their advanced knowledge gained in one or more of the following areas; clinical skills; administration; advocacy; education; and leadership.

[18] The Accreditation Council for Occupational Therapy Education, 2023 Accreditation Council for Occupational Therapy Education (ACOTE®) *Standards and Interpretive Guide (effective July 31, 2025), last updated January 21, 2025 Interpretive,* at pp. 23, 36, and 41, available at https://acoteonline.org/accreditation-explained/standards/, (last visited March 10, 2025).

[19] Fieldwork is an essential component of occupational therapy education and practice. It provides students the opportunity apply theoretical knowledge in real-world settings, develop practical skills, and gain valuable knowledge and experience. See Bonus, Kelly, (2024), 10 Amazing Fieldwork Strategies for Occupational Therapy Students, *OTINSIDER*, available at https://otinsider.com/10-amazing-fieldwork-strategies-for-occupational-therapy-students/#:~:text=Fieldwork%20is%20an%20essential%20component%20of%20occupational%20therapy,experience%20is%20crucial%20for%20your%20growth%20and%20success., (last visited March 10, 2025).

[20] *Supra* note, 18, p. 39.

[21] Id.

[22] Supra note, 18, pp. 39-40.

[23] Id.

[24] Section 468.209, F.S. and Rule 64B11-2.003, F.A.C.

- Submit the licensure application and required application fee of $100;
- Be of good moral character;
- Have graduated from an ACOTE/AOTA accredited occupational therapy program or occupational therapy assistant program;
- Have completed a minimum of six months of supervised fieldwork experience for occupational therapists, and a minimum of two months for occupational therapy assistants, at a recognized educational institution or a training program approved by the education institution where the person met the academic requirements; and
- Have passed an examination approved by the National Board of Certification in Occupational Therapy (NBCOT).

Current law also allows applicants who have practiced as a state-licensed or AOTA-certified occupational therapy assistant for four years and who, prior to January 24, 1988, have completed a minimum of 24 weeks of supervised occupational-therapist-level fieldwork experience to obtain licensure. Such individuals may take the examination approved by the NBCOT to be licensed as an occupational therapist without meeting the educational requirements for occupational therapists to have graduated from a program accredited by the ACOTE/AOTA.[25]

Licensure by Endorsement

Endorsement is another path to licensure for occupational therapists or occupational therapy assistants., The Board of Occupational Therapy (Board) may grant a license to applicants seeking licensure by endorsement to any person who submits an application and meets the following requirements:[26]

- Holds an active, unencumbered license issued by another state, the District of Columbia, or a territory of the U.S. in a profession with a similar scope of practice, as determined by the Board or DOH;
- Has obtained:
    - A passing score on a national licensure examination or holds a national certification recognized by the Board, or DOH if there is no board, as applicable to the profession for which the applicant is seeking licensure; or
    - If the profession applied for does not require a national examination or national certification and the applicable Board, or the DOH, if there is no board, determines that the jurisdiction in which the applicant currently holds an active, unencumbered license:
        - Meets established minimum education requirements; and
        - The work experience, and clinical supervision requirements are substantially similar to the requirements for licensure in that profession in Florida;
- Has actively practiced the profession for at least three years during the four year period immediately preceding the application submission;
- Attests that he or she is not, at the time of application submission, the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U.S. Department of Defense for reasons related to the practice of the profession for which he or she is applying;
- Has not had disciplinary action taken against him or her in the five years preceding the application submission application;
- Meets the financial responsibility requirements of s. 456.048, F.S., or the applicable practice act; and
- Submits a set of fingerprints for a background screening pursuant to s. 456.0135, F.S.

The Board may also waive the examination requirement and grant a license by endorsement to an applicant who presents current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or any territory or jurisdiction of the United States or foreign national jurisdiction which requires standards for licensure determined by the Board to be equivalent to the requirements for Florida licensure.

[25] Section 468.209(2), F.S.
[26] S. 468.213, F.S.

## Telehealth

A Florida-licensed health care practitioner, a practitioner licensed under a multistate health care licensure compact of which Florida is a member,[27] or a registered out-of-state-health care provider is authorized to provide health care services to Florida patients via telehealth.[28] Current law sets the standard of care for telehealth providers at the same level as the standard of care for health care practitioners or health care providers providing in-person health care services to patients in this state. This ensures that a patient receives the same standard of care irrespective of the modality used by the health care professional to deliver the services.

Under current law, in-state and out-of-state licensed or registered health care practitioners may use telehealth to provide health care services to patients physically located in Florida.[29] The law does not allow health care practitioners, including Florida licensed clinical social workers, to use telehealth to provide services to out-of-state patients.

## Sovereign Immunity

Sovereign immunity generally bars lawsuits against the state or its political subdivisions for torts committed by an officer, employee, or agent of such governments unless the immunity is expressly waived. The Florida Constitution recognizes that the concept of sovereign immunity applies to the state, although the state may waive its immunity through an enactment of general law. [30]

Current law partially waives sovereign immunity, allowing individuals to sue state government and its subdivisions.[31] Individuals may sue the government under circumstances where a private person "would be liable to the claimant, in accordance with the general laws of [the] state . . . . " Section 768.28(5), F.S., imposes a $200,000 limit on the government's liability to a single person, and a $300,000 total limit on liability for claims arising out of a single incident.

## Impaired Practitioner Program

The impaired practitioner treatment program provides resources to assist health care practitioners who are impaired as a result of the misuse or abuse of alcohol or drugs, or both, or a mental or physical condition which could affect the practitioners' ability to practice with skill and safety.[32] For a profession that does not have a program established within its individual practice act, DOH is required to designate an approved program by rule.[33] By rule, DOH designates the approved program by contract with a consultant to initiate intervention, recommend evaluation, refer impaired practitioners to treatment providers, and monitor the progress of impaired practitioners. The impaired practitioner program may not provide medical services.[34]

## Interstate Compacts

An interstate compact is a legal contractual agreement between two or more states to address common problems or issues, create an independent, multistate governmental authority, or establish uniform guidelines, standards or

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[27] Florida is a member of the Nurse Licensure Compact, *see* s. 464.0095, F.S., and the Interstate Medical Licensure Compact, see s. 456.4501, F.S.,
[28] S. 456.47(4), F.S.
[29] Ss. 456.47(1), F.S. and 456.47(4), F.S.
[30] Fla. Const. art. X, s. 13.
[31] S. 768.28, F.S.[32] S. 456.076, F.S. The provisions of s. 456.076, also apply to veterinarians under s. 474.221, F.S. and radiological personnel under s. 486.315, F.S.
[32] S. 456.076, F.S. The provisions of s. 456.076, also apply to veterinarians under s. 474.221, F.S. and radiological personnel under s. 486.315, F.S.
[33] S. 456.076(1), F.S.
[34] Rule 64B31-10.001(1)(a), F.A.C.

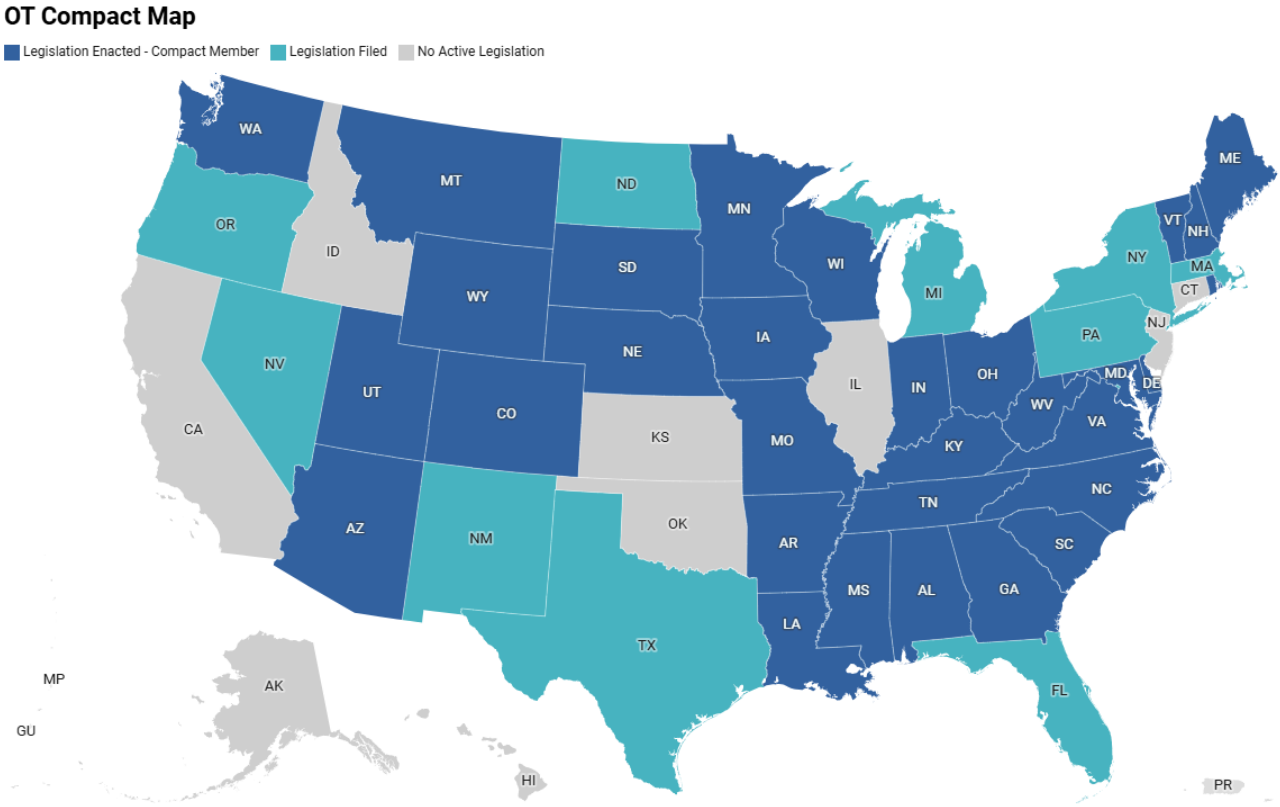
procedures for the compact's member states.[35] Article 1, Section 10, Clause 3 (Compact Clause) of the U.S. Constitution authorizes states to enter into agreements with each other, without the consent of Congress. However, the case law has provided that not all interstate agreements are subject to congressional approval, but only those that may encroach on the federal government's power.[36]

Florida is a party to multiple interstate health care compacts, including the Nurse Licensure Compact,[37] the Interstate Medical Licensure Compact,[38] the Professional Counselors Licensure Compact,[39] and the Psychology Interjurisdictional Compact.[40]

Enactment of Compact

The Occupational Therapy Licensure Compact states that the Compact becomes effective upon the enactment of the tenth state. The Compact became active on February 4, 2022.[41] Although, the Compact was enacted the Compact Commission has not begun accepting applications for a compact privilege. Applications are expected to be available in 2025.[42]

Currently, the Compact has 31-member states and legislation to enact the Compact is currently pending in 10 states, including Florida.[43]




[35] ASLP-IC, *What is Compacts?,* at https://aslpcompact.com/wp-content/uploads/2019/08/80057-What-is-a-Compact_Final.pdf, (last visited February 6, 2025).
[36] *For example, see Virginia v. Tennessee*, 148 U.S. 503 (1893), *New Hampshire v. Maine*, 426 U.S. 363 (1976)
[37] s. 464.0095, F.S.
[38] s. 456.4501, F.S.
[39] S. 491.017, F.S.
[40] S. 490.0075, F.S.
[41] American Occupational Therapy Association, *Wisconsin Becomes the 10th State to Enact the OT Licensure Compact*, (February 2022), available at *https://www.aota.org/advocacy/advocacy-news/state/state-news/wisconsin-becomes-10th-state-to-enact-the-ot-licensure-compact, (last visited March 10, 2025).*
[42] Occupational Therapy Licensure Compact, *Compact Privilege to Practice Status*, available at https://otcompact.gov/practitioner-faq/compact-privilege-to-practice-status-update/, (last visited March 10, 2025).
[43] Occupational Therapy Licensure Compact, *Compact Map*, available at https://otcompact.gov/compact-map/, (last visited March 10, 2025).

**OTHER RESOURCES:**

Occupational Therapy Licensure Compact

## BILL HISTORY

| COMMITTEE REFERENCE | ACTION | DATE | STAFF DIRECTOR/ POLICY CHIEF | ANALYSIS PREPARED BY |
|---|---|---|---|---|
| Health Professions & Programs Subcommittee | 13 Y, 0 N, As CS | 3/13/2025 | McElroy | Curry |
| THE CHANGES ADOPTED BY THE COMMITTEE: | The amendment retains the content of the underlying bill with the following changes:<br>• Revised the criteria for state participation in the Compact.<br>• Revised the criteria for a licensed occupational therapist and an occupational therapy assistant to join the Compact.<br>• Established criteria for occupational therapists to obtain a new home state license.<br>• Authorized active military personnel and their spouses to designate a home state and to retain the home state designation while the service member is on active duty.<br>• Revised the criteria for member states to take adverse against an individual's license or compact privilege.<br>• Revised the duties and responsibilities of the Occupational Therapy Compact Commission.<br>• Authorized the Compact Commission or its committees to conduct closed non-public meetings to discuss certain confidential and sensitive matters.<br>• Maked technical changes. | | | |
| Health Care Budget Subcommittee | | | | |
| Health & Human Services Committee | | | | |

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

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