

# FLORIDA HOUSE OF REPRESENTATIVES BILL ANALYSIS

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

**BILL #:** [HB 1235](#)

**TITLE:** Respiratory Care Interstate Compact

**SPONSOR(S):** Conerly

**COMPANION BILL:** None

**LINKED BILLS:** [HB 1237](#) Conerly

**RELATED BILLS:** [SB 970](#) (Wright)

## Committee References

[Health Professions & Programs](#)

16 Y, 0 N



[Health Care Budget](#)

13 Y, 0 N



[Health & Human Services](#)

## SUMMARY

### Effect of the Bill:

The bill authorizes Florida to enter into the Respiratory Care Interstate Compact (Compact) and enacts the provisions of the Compact into Florida law. Under the Compact, eligible Florida-licensed respiratory therapists will be able to apply for a compact privilege to practice in any compact member state, and provide services to patients in compact member states remotely via telehealth. Eligible licensed respiratory therapists in other compact member states will also be able to apply for a compact privilege to practice in Florida.

### Fiscal or Economic Impact:

The bill will have an insignificant, negative fiscal and workload impact on the Department of Health which can be absorbed with current resources. The bill has no fiscal impact on local government.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

## ANALYSIS

### EFFECT OF THE BILL:

#### Respiratory Care Interstate Compact

The bill enacts the [Respiratory Care Interstate Compact](#) (Compact) and authorizes Florida to enter into the [interstate licensure compact](#). (Section [1](#))

The Compact allows eligible Florida-licensed respiratory therapists to apply for a “[compact privilege](#)” to practice in any compact member state, and provide services to patients in member states remotely via [telehealth](#), without obtaining a separate license in each state.<sup>1</sup> Eligible licensed respiratory therapists in other compact member states will also be able to apply for a compact privilege to practice in Florida.

Similarly, licensed respiratory therapists in compact member states will also be able to provide services remotely via telehealth to patients in member states. While Florida’s open telehealth laws make it possible for practitioners licensed in other states to serve patients in Florida, this is less common in other states; only through a compact will Florida practitioners be able to serve patients in other states without a license specific to each state.

#### State Participation in the Compact

To participate in the Compact a state must:

- Enact a compact that is not materially different from the model compact;
- License respiratory therapists;

<sup>1</sup> National Center for Interstate Compacts, *Respiratory Care Interstate Compact – Fact Sheet*, available at <https://compacts.csg.org/wp-content/uploads/2024/10/RCIC-Fact-Sheet.pdf>, (last visited Feb. 6, 2026).

**STORAGE NAME:** h1235c.HCB

**DATE:** 2/12/2026

- Participate in the [Respiratory Care Interstate Compact Commission](#) (Commission);
- Have a mechanism in place for receiving and investigating complaints against licensees and compact privilege holders;
- Notify the Commission, in compliance with the terms of the Compact and Commission rules, of any significant investigative information and any adverse action against a licensee, a compact privilege holder, or a license applicant;
- Comply with Commission rules;
- Grant compact privilege to a holder of an active home state license who meets the requirements to exercise compact privilege; and
- Complete a criminal background check for each new licensee at the time of licensure.

### [Compact Privilege](#)

Under the Compact, an eligible respiratory therapist who is licensed in his or her “home state” will be able to apply for a “compact privilege” to provide respiratory care services in any compact member state. The home state is the compact member state that is the licensee’s primary domicile. Compact privilege is the authorization granted by a remote state to a licensee from another member state to practice as a respiratory therapist in the remote state under the remote state’s laws and rules. Under the Compact, a remote state is a compact member state where the licensee is seeking to exercise compact privilege.

To exercise compact privilege the licensee must:

- Hold and maintain an active home state license as a respiratory therapist;
- Hold and maintain an active credential from the National Board for Respiratory Care, or its successor, that would qualify the licensee for licensure in the remote state in which he or she is seeking compact privilege;
- Have not had any adverse action against a license within the previous two years;
- Notify the Commission that the licensee is seeking compact privilege within a remote state;
- Pay any applicable fees, including any state and Commission fees and renewal fees, for a compact privilege;
- Meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege;
- Report to the Commission any adverse action taken by any nonmember state within 30 days after the date the adverse action is taken;
- Report to the Commission, when applying for a compact privilege, the address of his or her domicile and thereafter promptly report to the Commission any change of address within 30 days after the effective date of the change in address;
- Consent to accept by mail at the licensee’s domicile on record with the Commission:
  - Information with respect to any action brought against the licensee by the Commission or a member state; and
  - Service of a subpoena with respect to any action brought or investigation conducted by the Commission or a member state.

To maintain a compact privilege, the respiratory therapist must continue to meet the requirements under the Compact. A compact privilege is valid until expiration or revocation of the licensee’s home state license unless terminated due to an adverse action. A respiratory therapist providing services in a remote state under a compact privilege must function within the scope of practice authorized by the remote state for the type of respiratory license the licensee holds.

If a licensee’s compact privilege in a remote state is removed by the remote state, the licensee will lose or be ineligible for a compact privilege in the remote state until the compact privilege is no longer limited or restricted by the remote state. If the respiratory therapist’s home state license is encumbered, the licensee will lose compact privilege in all remote states until the following occurs:

- The home state license is no longer encumbered; and
- Two years have elapsed from the date on which the license is no longer encumbered due to the adverse action.

The bill exempts from licensure a person licensed as a respiratory therapist in another state who exercises compact privilege in Florida under the Compact. When practicing in a remote state under the Compact, the respiratory therapist is subject to the scope of practice authorized by the remote, not the home state. Therefore, respiratory therapists exercising compact privilege in Florida are subject to the scope of practice within this state. (Section [4](#))

### *Respiratory Care Interstate Compact Commission*

The Compact establishes the Respiratory Care Interstate Compact Commission (Commission) as the governing body and entity responsible for creating and enforcing the rules and regulations that administer and govern the Compact. The licensing board of each compact member state must select one delegate to serve on the Commission. The Compact requires the Commission to establish and elect an executive committee, which shall have the same power to act on behalf of the Commission.

Under the Compact, all Commission and executive committee meetings must be open to the public unless confidential or privileged information is discussed.

The bill requires the [Board of Respiratory Care](#) (Board) to appoint a delegate to serve on the Commission.<sup>2</sup> The bill also authorizes the Board to take adverse action against a licensed respiratory therapist's compact privilege under the Compact and impose disciplinary actions for violations of prohibited acts. (Sections [3](#) and [5](#))

### *Coordinated Data System*

The Compact requires member states to submit licensure information for all respiratory therapists practicing under the Compact to a coordinated database, including:

- Identifying information;
- Licensure data;
- Adverse actions against a licensee, license applicant, or compact privilege holder and information related thereto;
- Nonconfidential information related to alternative program participation, the beginning and ending dates of such participation, and other information related to such participation not made confidential under member state law;
- Any denial of application for licensure and the reasons for such denial;
- The presence of current significant investigative information; and
- Other information that may facilitate the administration of the Compact or the protection of the public, as determined by Commission rules.

Significant investigative information pertaining to a licensee in any member state will only be available to other member states. Member states may designate information that may not be shared with the public without the express permission of the contributing state.

### **Impaired Practitioner Program**

<sup>2</sup> [S. 468.354, F.S.](#) The Board is the licensing authority in Florida responsible for regulating the practice of respiratory therapy.

The bill requires a respiratory therapist to withdraw from practice under the Compact if he or she is in an impaired practitioner program. Under current law, a practitioner participating in an impaired practitioner program may not provide health care services.<sup>3</sup> (Section [2](#))

### 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 [6](#))

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

The effective date of the bill is July 1, 2026. (Section [7](#))

### RULEMAKING:

The bill delegates authority to the Commission to adopt rules that facilitate and coordinate the implementation and administration of the Respiratory Care Interstate Compact.<sup>4</sup>

***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 (DOH). DOH will experience an increase in workload associated with the implementation and enforcement of the Compact, including an increase in workload associated with additional systems supporting functions. This includes the Licensing and Enforcement Information System Database (LEIDS) and with developing and supporting data integrations, data sharing, and data exchange services as required by the Compact. Due to the increase in applications the department is requesting 1.0 FTE; however, the department can utilize their existing 97.5 FTE<sup>5</sup> vacancies to fill this need. DOH estimates the total amount needed to implement the provisions of the bill is \$150,591 (\$61,617 non-recurring)<sup>6</sup>. The department has sufficient resources to implement the provisions of the bill.

## RELEVANT INFORMATION

### SUBJECT OVERVIEW:

<sup>3</sup> Rule 64B31-10.001, F.A.C., and [S. 456.076, F.S.](#)

<sup>4</sup> *Freimuth v. State*, 272 So.2d 473, 476 (Fla. 1972) (quoting *Fla. Ind. Comm'n v. State ex rel. Orange State Oil Co.*, 155 Fla. 772 (1945); *Department of Children and Family Services v. L.G.*, 801 So.2d 1047 (Fla. 1st DCA 2001); and *Brazil v. Div. of Admin.*, 347 So.2d 755, 757–58 (Fla. 1st DCA 1977), disapproved on other grounds by *LaPointe Outdoor Adver. v. Fla. Dep't of Transp.*, 398 So.2d 1370, 1370 (Fla.1981).

<sup>5</sup> DOH *Vacancy Report* as of 1/23/2026 on file with the House Health Care Budget Subcommittee

<sup>6</sup> DOH, *Agency Legislative Bill Analysis* (2026) pg. 6, on file with House Health Care Budget Subcommittee

## Respiratory Therapy

A respiratory therapist is a specially trained allied health care professional who treats patients with cardiopulmonary disorders. Respiratory therapists work under the orders of a physician,<sup>7</sup> in accordance with protocols, policies, and procedures established by a hospital or other health care provider or board, to provide a wide range of respiratory care and procedures and other services to people with asthma, chronic obstructive pulmonary disease, cystic fibrosis, lung cancer, and other lung-related conditions.<sup>8</sup> Respiratory care includes the assessment, diagnostic evaluation, treatment, management, control, rehabilitation, education, and care of patients in all care settings.<sup>9</sup>

Respiratory therapists are regulated under [Part V of Chapter 468, F.S.](#), by the [Board of Respiratory Care](#) (Board) within the Department of Health (DOH).<sup>10</sup>

### Licensure Requirements

To be eligible for licensure as a respiratory therapist in Florida, an applicant must submit to background screening and be either an active “certified respiratory therapist” or an active “registered respiratory therapist” (RRT) designated by the National Board for Respiratory Care.<sup>11</sup>

### *Certified and Registered Respiratory Therapy Credentials*

There are two levels of respiratory therapists, certified respiratory therapist (CRT) and registered respiratory therapist (RRT). CRT and RRT credentials are used as the basis for licensure in 49 states.<sup>12</sup>

To become a CRT an individual must complete an associate, bachelor’s, or master’s degree from a respiratory therapy education program that is accredited by the Commission on Accreditation for Respiratory Care and pass the National Board for Respiratory Care Therapist Multiple-Choice (TMC) exam.<sup>13</sup> The TMC exam evaluates the abilities required of respiratory therapists at entry into practice. An individual who successfully passes the TMC exam is eligible to take the Clinical Simulation Examination (CSE). The RRT credential is obtain by passing both the TMC and CSE examinations.<sup>14</sup>

An individual may apply for licensure as a respiratory therapist in Florida upon obtaining a CRT or RRT credential from the National Board for Respiratory Care.<sup>15</sup>

### Licensure by Endorsement

Licensure by endorsement is the licensure of a practitioner already licensed in another state. It is an alternative to licensure by examination, for those who have already passed the applicable national licensure exam. In Florida, the

<sup>7</sup> A respiratory therapist may practice under the order and supervision of an allopathic physician licensed under ch. 458 or an osteopathic physician licensed under ch. 459. [S. 468.352, F.S.](#)

<sup>8</sup> Jackson Hospital, *Respiratory Care*, available at <https://www.jackson-hospital.com/service/respiratory-care/#:~:text=Respiratory%20therapists%20are%20specially%20trained,pulmonary%20and%20critical%20care%20medicine.>, (last visited Feb. 6, 2026).

<sup>9</sup> [S. 468.352\(7\), F.S.](#)

<sup>10</sup> [S. 468.353, F.S.](#)

<sup>11</sup> [S. 468.355, F.S.](#)

<sup>12</sup> The National Board of Respiratory Care, *Registered Respiratory Therapist*, available at <https://www.nbrc.org/examinations/rrt/>, (last visited Feb. 6, 2026). Alaska does not require state mandated licensure for respiratory therapists.

<sup>13</sup> The National Board of Respiratory Care is the entity responsible for administering the credentialing examinations for respiratory therapists. It is the only accredited credentialing body for the profession. National Organization for Rare Disorders, *National Board for Respiratory Care, Inc.* available at <https://rarediseases.org/organizations/national-board-for-respiratory-care-inc/>, (last visited Feb. 6, 2026). The National Board of Respiratory Care, *Certified Respiratory Therapist*, available at <https://www.nbrc.org/examinations/crt/>, (last visited Feb. 6, 2026).

<sup>14</sup> The National Board of Respiratory Care, *Registered Respiratory Therapist*, available at <https://www.nbrc.org/examinations/rrt/>, (last visited Feb. 6, 2026).

<sup>15</sup> [S. 468.355, F.S.](#)

Mobile Opportunity by Interstate Licensure Endorsement (MOBILE) Act, establishes a single standardized process for licensure by endorsement for all health care professions regulated by DOH, including respiratory therapists.<sup>16</sup>

Under the MOBILE Act, DOH or the applicable board, may grant a licensed to applicants seeking licensure by endorsement to any applicant who meets the following criteria:<sup>17</sup>

- 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.](#)

In the absence of an interstate licensure compact, a licensed practitioner who moves to Florida would have to go through the process of licensure by endorsement to practice.

## Interstate Licensure 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 procedures for the compact's member states.<sup>18</sup> 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.<sup>19</sup> To join a compact, states must enact compact legislation and meet the requirements of the compact.

Interstate health care licensure compacts allow health care practitioners to practice in multiple states without the necessity of obtaining a separate license in each individual state. Compacts create greater practitioner mobility and vary from mutual recognition models, one license for all states, to expedited licensure models.<sup>20</sup> Florida is a party

<sup>16</sup> [S. 456.0145, F.S.](#)

<sup>17</sup> *Id.*

<sup>18</sup> ASLP-IC, *What is Compacts?*, at [https://aslpcompact.com/wp-content/uploads/2019/08/80057-What-is-a-Compact\\_Final.pdf](https://aslpcompact.com/wp-content/uploads/2019/08/80057-What-is-a-Compact_Final.pdf) (last visited Feb. 6, 2026).

<sup>19</sup> *For example, see Virginia v. Tennessee*, 148 U.S. 503 (1893), *New Hampshire v. Maine*, 426 U.S. 363 (1976)

<sup>20</sup> An example of an expedited licensure model includes compacts which authorize health care practitioners to obtain a "compact privilege" in each state they intend to practice rather than obtaining the equivalent license. In general, obtaining a compact privilege is faster and more efficient process due to the centralized nature of compacts than proceeding through the standard state licensure process of each of the various states.



to multiple interstate health care licensure compacts, including the Nurse Licensure Compact,<sup>21</sup> the Interstate Medical Licensure Compact,<sup>22</sup> the Professional Counselors Licensure Compact,<sup>23</sup> and the Psychology Interjurisdictional Compact.<sup>24</sup>

### [Respiratory Care Interstate Compact](#)

The Respiratory Care Interstate Compact (Compact) was created to facilitate interstate practice of respiratory therapy and to improve public access respiratory care services both in person and through telehealth. The Compact is governed by the Respiratory Care Interstate Compact Commission (Commission), which is responsible for creating and enforcing the rules and regulations that administer the Compact.

Under the Compact, an eligible licensed respiratory therapist in a compact member state may apply for a compact privilege, which is equivalent to a license, to practice in other compact member states. The respiratory therapist must obtain a separate compact privilege for each state; the Compact does not automatically grant the privilege for every member state of the compact.

A respiratory therapist practicing and providing services in a compact member state must comply with the practice laws of the state licensing board in the state in which the respiratory therapist's patient is located.

The Compact becomes effective on the date on which the Compact is enacted into law in the seventh member state. Currently, the Compact is not active, as only five states have enacted the Compact into law.<sup>25</sup> Model legislation for the Compact was finalized in October 2024, at which time states began enacting the Compact through their legislative process. On average, compacts take one to two years after model legislation is finalized to reach activation status, and two to three years after activation to become operationalized.<sup>26</sup> Once operationalized, eligible respiratory therapists will be able to apply to receive a compact privilege from each compact member state in which he or she intends to practice.<sup>27</sup>

Legislation to enact the Compact is currently pending in ten states, including Florida.<sup>28</sup>

<sup>21</sup> [s. 464.0095, F.S.](#)

<sup>22</sup> [s. 456.4501, F.S.](#)

<sup>23</sup> [S. 491.017, F.S.](#)

<sup>24</sup> [S. 490.0075, F.S.](#)

<sup>25</sup> Respiratory Care Interstate Compact, *Compact Map*, available at [https://respiratorycarecompact.org/?page\\_id=46](https://respiratorycarecompact.org/?page_id=46), last visited on Feb. 6, 2026).

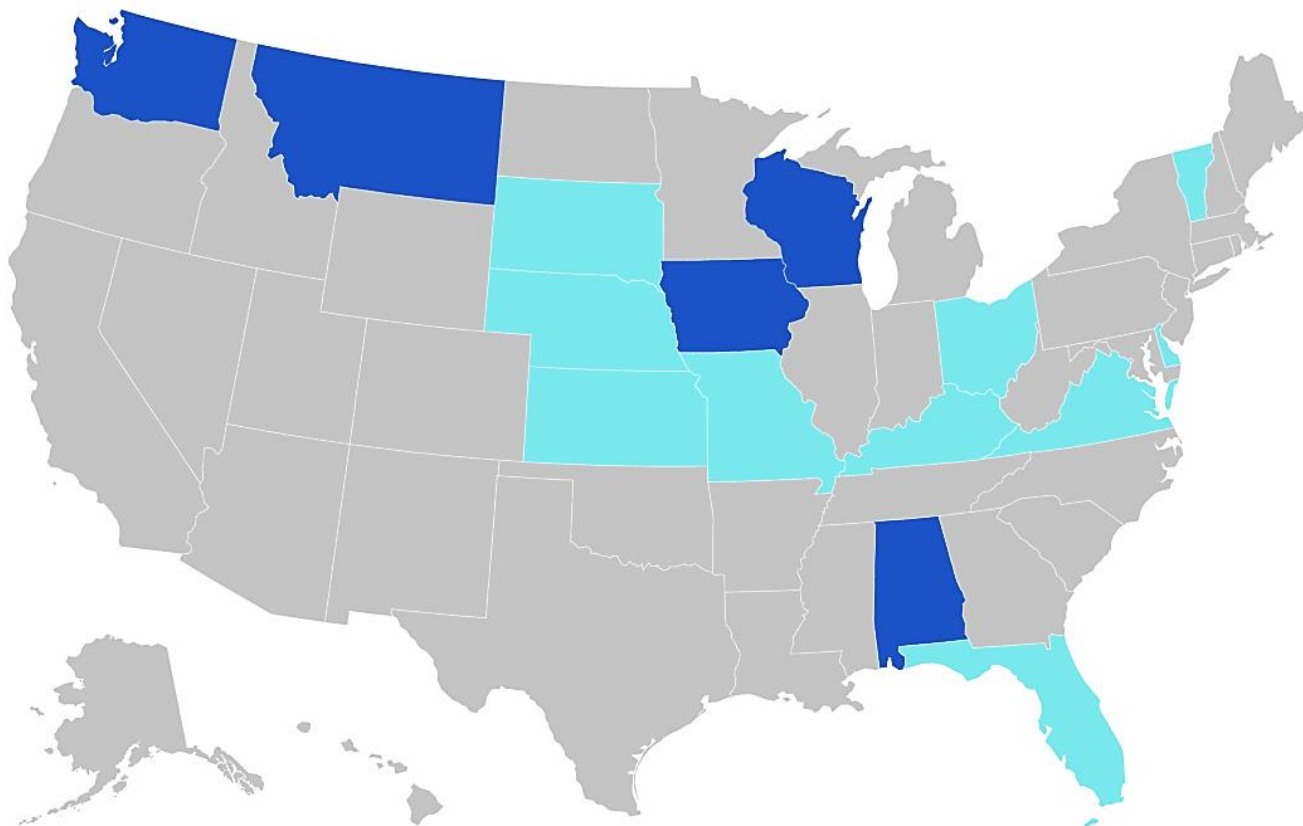
<sup>26</sup> Respiratory Care Interstate Compact, *Project History and Timeline*, available at <https://respiratorycarecompact.org/>, (last visited Feb. 6, 2026).

<sup>27</sup> *Id.*

<sup>28</sup> Respiratory Care Interstate Compact, *Compact Map*, available at [https://respiratorycarecompact.org/?page\\_id=46](https://respiratorycarecompact.org/?page_id=46), last visited on Feb. 6, 2026).

## Respiratory Care Interstate Compact

■ Legislation Filed ■ Legislation Enacted - Compact Member



## Telehealth

A Florida-licensed health care practitioner, a practitioner licensed under a multistate health care licensure compact of which Florida is a member,<sup>29</sup> or a registered out-of-state-health care provider is authorized to provide health care services to Florida patients via telehealth.<sup>30</sup> 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.<sup>31</sup> The law does not allow health care practitioners, including Florida-licensed respiratory therapists, to use telehealth to provide services to out-of-state patients.

Interstate health care licensure compacts allow health care practitioners to practice in multiple states without the necessity of obtaining a separate license in each individual state. Compacts create greater practitioner mobility and vary from mutual recognition models, one license for all states, to expedited licensure models.<sup>32</sup> Florida is a party

<sup>29</sup> 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.](#)

<sup>30</sup> [S. 456.47\(4\), F.S.](#)

<sup>31</sup> [S. 456.47\(1\) and \(4\), F.S.](#)

<sup>32</sup> An example of an expedited licensure model includes compacts which authorize health care practitioners to obtain a “compact privilege” in each state they intend to practice rather than obtaining the equivalent license. In general, obtaining a compact privilege is faster and more efficient process due to the centralized nature of compacts than proceeding through the standard state licensure process of each of the various states.



to multiple interstate health care licensure compacts, including the Nurse Licensure Compact,<sup>33</sup> the Interstate Medical Licensure Compact,<sup>34</sup> the Professional Counselors Licensure Compact,<sup>35</sup> and the Psychology Interjurisdictional Compact.<sup>36</sup>

### 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.<sup>37</sup> 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.<sup>38</sup> 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.<sup>39</sup>

### 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.<sup>40</sup>

Current law partially waives sovereign immunity, allowing individuals to sue state government and its subdivisions.<sup>41</sup> 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.

### OTHER RESOURCES:

[Respiratory Care Interstate Compact](#)

## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Professions &amp; Programs Subcommittee</a>	16 Y, 0 N	2/3/2026	McElroy	Curry
<a href="#">Health Care Budget Subcommittee</a>	13 Y, 0 N	2/12/2026	Clark	Day
<a href="#">Health &amp; Human Services Committee</a>				

<sup>33</sup> [s. 464.0095, F.S.](#)

<sup>34</sup> [s. 456.4501, F.S.](#)

<sup>35</sup> [S. 491.017, F.S.](#)

<sup>36</sup> [S. 490.0075, F.S.](#)

<sup>37</sup> [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.](#)

<sup>38</sup> [S. 456.076\(1\), F.S.](#)

<sup>39</sup> Rule 64B31-10.001, F.A.C., and [s. 456.076, F.S.](#)

<sup>40</sup> Fla. Const. art. X, s. 13.

<sup>41</sup> [S. 768.28, F.S.](#)