

1 A bill to be entitled
2 An act relating to health and human services;
3 providing a short title; repealing s. 154.245, F.S.,
4 relating to the Agency for Health Care Administration
5 certificate of need required as a condition to bond
6 validation and project construction; amending s.
7 401.411, F.S.; authorizing the Department of Health to
8 deny, suspend, or revoke a license, certificate, or
9 permit or reprimand, fine, or take adverse action
10 against an emergency medical technician or paramedic
11 under certain circumstances; amending s. 401.25, F.S.;
12 providing exemption from licensure for emergency
13 medical technicians or paramedics under certain
14 circumstances; requiring the Department of Health to
15 appoint a state delegate for the Interstate Compact
16 Commission for EMS Personnel Practice; creating s.
17 401.466, F.S.; enacting the Emergency Medical Services
18 Personnel Licensure Interstate Compact; providing
19 purpose; providing definitions; providing requirements
20 for home state licensure and practice of EMS
21 personnel; requiring compact states meet certain
22 criteria to participate in the compact; authorizing
23 EMS personnel to practice in other member states under
24 certain circumstances; providing that authority over
25 EMS personnel licenses remains with the home state;

26 providing guidelines and requirements for EMS
27 personnel to practice in a remote state; providing
28 that certain terms and provisions of the Emergency
29 Management Assistance Compact apply in specified
30 circumstances; requiring member states to take
31 specified actions related to veterans, active duty
32 servicemembers, and their spouses; providing
33 requirements for adverse actions against EMS
34 personnel; providing requirements and limitations on
35 EMS personnel who have an adverse action; requiring
36 member states report adverse actions and specified
37 occurrences to the Interstate Commission for EMS
38 Personnel Practice; providing additional powers
39 invested in a member state's EMS authority;
40 establishing the Interstate Commission for EMS
41 Personnel Practice; providing for the jurisdiction and
42 venue for court proceedings; providing membership,
43 duties, and powers of the commission; authorizing the
44 commission to adopt rules; providing immunity to
45 specified individuals; providing requirements relating
46 to delegates; requiring compact states to participate
47 in a coordinated data and reporting system; providing
48 for the development of a database, reporting
49 procedures, and the exchange of certain information
50 between compact states; providing rulemaking

51 procedures; providing for state enforcement of the
52 compact; providing for the termination of compact
53 membership; providing procedures for the resolution of
54 certain disputes; providing for the implementation of
55 the compact; providing requirements to withdraw from
56 the compact; providing compact amendment procedures;
57 providing construction and severability; repealing ss.
58 408.031, 408.032, 408.034, 408.035, 408.036, 408.037,
59 408.038, 408.039, 408.040, 408.041, 408.042, 408.043,
60 408.044, and 408.045, F.S., relating to the Health
61 Facility and Services Development Act; definitions;
62 duties and responsibilities of the agency; review
63 criteria; projects subject to review; application
64 content; fees; review process for certificates of
65 need; conditions imposed on and monitoring of
66 certificate of need; penalties for failure to obtain
67 certificate of need when required; limitation on
68 transfer; special provisions; injunction; and
69 competitive sealed certificate of need proposals;
70 respectively; amending s. 408.033, F.S.; removing
71 certain monitoring, reporting, and hearings
72 authorizations for local health councils; revising
73 funding requirements for certificate-of-need
74 application fees; removing certificate-of-need
75 information from the information required for a

76 specified database; amending s. 409.811, F.S.;
77 revising definitions; amending s. 409.814, F.S.;
78 revising eligibility requirements for the Florida
79 Kidcare program; amending s. 409.818, F.S.; revising
80 administrative duties of the agency; amending s.
81 409.902, F.S.; revising eligibility requirements for
82 certain medical assistance payments; amending s.
83 409.90201, F.S.; revising recipient information
84 required for Medicaid eligibility; amending s.
85 409.904, F.S.; revising the time period the agency
86 will retroactively make payments to Medicaid-covered
87 services for certain persons; amending s. 409.905,
88 F.S.; prohibiting the agency from making a payment to
89 a prohibited entity; creating s. 414.321, F.S.;
90 providing eligibility requirements for food
91 assistance; creating s. 414.332, F.S.; requiring the
92 Department of Children and Families develop and
93 implement a food assistance payment accuracy
94 improvement plan; providing requirements for the plan;
95 requiring the department to submit the plan to the
96 Governor and the Legislature by a specified date;
97 requiring the department, by a specified date, to
98 submit certain quarterly progress reports to the
99 Governor and the Legislature; providing for future
100 repeal; amending s. 414.455, F.S.; revising

requirements for participation in an employment and training program to receive food assistance from the Supplemental Nutrition Assistance Program; requiring the Department of Children and Families to apply for and comply with certain work requirements in accordance with federal law for food assistance; amending s. 456.0575, F.S.; requiring a health care practitioner to provide a patient with a certain notification in writing upon referring the patient to certain providers; authorizing a practitioner to confirm network status; requiring disciplinary action against a health care practitioner under certain conditions; amending s. 456.073, F.S.; revising the significant investigation information the Department of Health is required to report relating to certain physician assistants, emergency medical technicians, and paramedics; amending s. 456.076, F.S.; requiring the terms of the monitoring contracts for certain physician assistants and emergency medical technicians or paramedics to include withdrawal from all practice under certain circumstances; creating s. 456.66, F.S.; enacting the Physician Assistant Licensure Compact; providing purpose; providing definitions; providing requirements for compact states to participate in the compact; providing criteria that a physician assistant

126 must satisfy to practice under the compact;
127 maintaining that authority over a physician
128 assistant's license remains with the home state but
129 authorizing remote states to define the scope of and
130 act on a physician assistant's authority to practice
131 in the compact state under the compact; prohibiting a
132 physician assistant from practicing under the compact
133 if his or her authority to do so has been acted on by
134 any compact state; requiring compact states to report
135 to the Physician Assistant Licensure Compact
136 Commission adverse actions taken against a physician
137 assistant; establishing the Physician Assistant
138 Licensure Compact Commission; providing jurisdiction
139 and venue for court proceedings; providing membership,
140 duties, and powers; authorizing the commission to
141 adopt rules; providing immunity to specified
142 individuals; requiring compact states to participate
143 in a coordinated data and reporting system; providing
144 for the development of a data system, reporting
145 procedures, and exchange of certain information
146 between compact states; providing rulemaking
147 procedures; providing for state enforcement of the
148 compact; providing for the termination of compact
149 membership; providing procedures for the resolution of
150 certain disputes; providing compact amendment

procedures; authorizing nonparty states to participate in commission activities before adoption of the compact; providing construction and severability; amending s. 458.307, F.S.; requiring the Board of Medicine and the Board of Osteopathic Medicine to jointly appoint an individual to serve as the state's delegate on the Physician Assistant Licensure Compact Commission; amending ss. 458.347 and 459.022, F.S.; revising the number of physician assistants a physician may supervise; authorizing the Board of Medicine and the Board of Osteopathic Medicine to take adverse action against a physician assistant's privilege to practice under the Physician Assistant Licensure Compact and to deny, suspend, or revoke the licensure of a physician assistant who violates the compact; providing an exemption from licensure for certain physician assistants; amending s. 464.0123, F.S.; revising practice requirements for an autonomous advanced practice registered nurse; authorizing an autonomous advanced practice registered nurse to perform certain acts; amending s. 466.017, F.S.; authorizing a dental hygienist to prescribe, administer, and dispense certain agents and administer local anesthesia under certain circumstances; amending s. 466.024, F.S.; revising the remediable and

delegable duties of a dentist; amending s. 624.91, F.S.; conforming a provision to changes made by the act; amending s. 627.6471, F.S.; requiring certain health insurers to apply payments for services provided by nonpreferred providers toward insureds' deductibles and out-of-pocket maximums if specified conditions are met; repealing s. 651.118, F.S., relating to issuance of certificates of need by the Agency for Health Care Administration for nursing home beds; amending s. 768.28, F.S.; designating state delegates of the Physician Assistant Licensure Compact Commission and the Interstate Commission for EMS Personnel Practice and other members or employees of the commissions as state agents for the purpose of applying sovereign immunity and waivers of sovereign immunity; requiring the commissions to pay certain judgments or claims; authorizing the commissions to maintain insurance coverage to pay such judgments or claims; amending ss. 154.246, 159.27, 189.08, 220.1845, 376.30781, 395.003, 395.1055, 400.071, 400.606, 400.6085, 408.07, 408.806, 408.808, 408.810, and 408.820, F.S., conforming references and cross-references; providing an effective date.

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

Section 1. This act may be cited as the "Big Beautiful Healthcare Frontier Act."

Section 2. Section 154.245, Florida Statutes, is repealed.

Section 3. Subsection (1) of section 401.411, Florida Statutes, is amended, and subsection (9) is added to that section, to read:

401.411 Disciplinary action; penalties.—

(1) The department may deny, suspend, or revoke a license, certificate, or permit or may reprimand or fine any licensee, certificateholder, or other person operating under this part or s. 401.466, for any of the following grounds:

(a) The violation of any rule of the department or any provision of this part.

(b) Being found guilty of, or pleading nolo contendere to, regardless of adjudication in any jurisdiction, a crime that relates to practice as an emergency medical technician or paramedic, or to practice in any other occupation, when operating under this part.

(c) Addiction to alcohol or any controlled substance.

(d) Engaging in or attempting to engage in the possession, except in legitimate duties under the supervision of a licensed physician, or the sale or distribution of any controlled substance as set forth in chapter 893.

(e) The conviction in any court in any state or in any

226 federal court of a felony, unless the person's civil rights have
227 been restored.

228 (f) Knowingly making false or fraudulent claims;
229 procuring, attempting to procure, or renewing a certificate,
230 license, or permit by fakery, fraudulent action, or
231 misrepresentation.

232 (g) Unprofessional conduct, including, but not limited to,
233 any departure from or failure to conform to the minimal
234 prevailing standards of acceptable practice under this part,
235 including undertaking activities that the emergency medical
236 technician, paramedic, health care professional, or other
237 professional is not qualified by training or experience to
238 perform.

239 (h) Sexual misconduct with a patient, including inducing
240 or attempting to induce the patient to engage, or engaging or
241 attempting to engage the patient, in sexual activity.

242 (i) The failure to give to the department, or its
243 authorized representative, true information upon request
244 regarding an alleged or confirmed violation of this part or rule
245 of the department.

246 (j) Fraudulent or misleading advertising or advertising in
247 an unauthorized category.

248 (k) Practicing as an emergency medical technician,
249 paramedic, health care professional, or other professional
250 operating under this part without reasonable skill and without

251 regard for the safety of the public by reason of illness,
252 drunkenness, or the use of drugs, narcotics, or chemicals or any
253 other substance or as a result of any mental or physical
254 condition.

255 (1) The failure to report to the department any person
256 known to be in violation of this part. However, a professional
257 known to be operating under this part without reasonable skill
258 and without regard for the safety of the public by reason of
259 illness, drunkenness, or the use of drugs, narcotics, chemicals,
260 or any other type of material, or as a result of a mental or
261 physical condition, may be reported to a consultant operating an
262 impaired practitioner program as described in s. 456.076 rather
263 than to the department.

264 (9) The department may take adverse action against an
265 emergency medical technician's or paramedic's privilege to
266 practice under the Emergency Medical Services Personnel
267 Licensure Interstate Compact pursuant to s. 401.466 and may
268 impose any of the penalties in s. 456.072(2) if the emergency
269 medical technician or paramedic commits an act specified in
270 subsection (1) or s. 456.072(1).

271 **Section 4. Subsections (9) and (10) are added to section**
272 **401.25, Florida Statutes, to read:**

273 401.25 Licensure as a basic life support or an advanced
274 life support service.—

275 (9) A person licensed as an emergency medical technician

or paramedic in another state who is practicing under the
Emergency Medical Services Personnel Licensure Interstate
Compact pursuant to s. 401.466, and only within the scope
provided therein, is exempt from the licensure requirements of
this section, as applicable.

(10) The department shall appoint a person to serve as the
state's delegate on the Interstate Compact Commission for EMS
Personnel Practice, as required under 401.466.

Section 5. Section 401.466, Florida Statutes, is created
to read:

401.466 Emergency Medical Services Personnel Licensure
Interstate Compact.—The Emergency Medical Services Personnel
Licensure Interstate Compact is enacted into law and entered
into by this state with all other jurisdictions legally joining
therein in the form substantially as follows:

ARTICLE I

PURPOSE

The purpose of this compact is to protect the public
through verification of competency and ensure accountability for
patient care-related activities of all states' licensed
emergency medical services (EMS) personnel, such as emergency
medical technicians (EMTs), advanced EMTs, and paramedics. This
compact is intended to facilitate the day-to-day movement of EMS

301 personnel across state boundaries in the performance of their
302 EMS duties as assigned by an appropriate authority and authorize
303 state EMS offices to afford immediate legal recognition to EMS
304 personnel licensed in a member state. This compact recognizes
305 that states have a vested interest in protecting the public's
306 health and safety through their licensing and regulation of EMS
307 personnel and that such state regulation shared among the member
308 states will best protect public health and safety. This compact
309 is designed to achieve the following purposes and objectives:

310 (1) Increase public access to EMS personnel.

311 (2) Enhance the states' ability to protect the public's
312 health and safety, especially patient safety.

313 (3) Encourage the cooperation of member states in the
314 areas of EMS personnel licensure and regulation.

315 (4) Support licensing of military members who are
316 separating from active-duty tours and their spouses.

317 (5) Facilitate the exchange of information between member
318 states regarding EMS personnel licensure, adverse action, and
319 significant investigatory information.

320 (6) Promote compliance with the laws governing EMS
321 personnel practice in each member state.

322 (7) Invest all member states with the authority to hold
323 EMS personnel accountable through the mutual recognition of
324 member state licenses.

ARTICLE IIDEFINITIONS

As used in this compact, the term:

(1) "Advanced emergency medical technician" or "AEMT"
means an individual licensed with cognitive knowledge and a
scope of practice that corresponds to that level in the National
EMS Education Standards and National EMS Scope of Practice
Model.

(2) "Adverse action" means any administrative, civil,
equitable, or criminal action permitted by a state's laws which
may be imposed against licensed EMS personnel by a state EMS
authority or state court, including, but not limited to, actions
against an individual's license such as revocation, suspension,
probation, consent agreement, monitoring, or other limitation or
encumbrance on the individual's practice, letters of reprimand
or admonition, fines, criminal convictions, and state court
judgments enforcing adverse actions by the state EMS authority.

(3) "Alternative program" means a voluntary,
nondisciplinary substance abuse recovery program approved by a
state EMS authority.

(4) "Certification" means the successful verification of
entry-level cognitive and psychomotor competency using a
reliable, validated, and legally defensible examination.

(5) "Commission" means the national administrative body of

351 which all states that have enacted the compact are members.

352 (6) "Emergency medical technician" or "EMT" means an
353 individual licensed with cognitive knowledge and a scope of
354 practice that corresponds to that level in the National EMS
355 Education Standards and National EMS Scope of Practice Model.

356 (7) "Home state" means a member state where an individual
357 is licensed to practice emergency medical services.

358 (8) "License" means the authorization by a state for an
359 individual to practice as an EMT, AEMT, paramedic, or a level in
360 between EMT and paramedic.

361 (9) "Medical director" means a physician licensed in a
362 member state who is accountable for the care delivered by EMS
363 personnel.

364 (10) "Member state" means a state that has enacted this
365 compact.

366 (11) "Paramedic" means an individual licensed with
367 cognitive knowledge and a scope of practice that corresponds to
368 that level in the National EMS Education Standards and National
369 EMS Scope of Practice Model.

370 (12) "Privilege to practice" means an individual's
371 authority to deliver emergency medical services in remote states
372 as authorized under this compact.

373 (13) "Remote state" means a member state in which an
374 individual is not licensed.

375 (14) "Restricted" means the outcome of an adverse action

376 that limits a license or the privilege to practice.

377 (15) "Rule" means a written statement by the interstate
378 Commission adopted pursuant to Article XII of this compact that
379 is of general applicability; implements, interprets, or
380 prescribes a policy or provision of the compact; or is an
381 organizational, procedural, or practice requirement of the
382 commission and has the force and effect of statutory law in a
383 member state and includes the amendment, repeal, or suspension
384 of an existing rule.

385 (16) "Scope of practice" means defined parameters of
386 various duties or services that may be provided by an individual
387 with specific credentials. Whether regulated by rule, statute,
388 or court decision, it tends to represent the limits of services
389 an individual may perform.

390 (17) "Significant investigatory information" means:

391 (a) Investigative information that a state EMS authority,
392 after a preliminary inquiry that includes notification and an
393 opportunity to respond if required by state law, has reason to
394 believe, if proved true, would result in the imposition of an
395 adverse action on a license or privilege to practice; or

396 (b) Investigative information that indicates that the
397 individual represents an immediate threat to public health and
398 safety regardless of whether the individual has been notified
399 and had an opportunity to respond.

400 (18) "State" means any state, commonwealth, district, or

territory of the United States.

(19) "State EMS authority" means the board, office, or other agency with the legislative mandate to license EMS personnel.

ARTICLE III

HOME STATE LICENSURE

(1) Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.

(2) Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.

(3) A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

(a) Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels.

(b) Has a mechanism in place for receiving and investigating complaints about individuals.

(c) Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory

426 information regarding an individual.

427 (d) No later than 5 years after activation of the compact,
428 requires a criminal background check of all applicants for
429 initial licensure, including the use of the results of
430 fingerprint or other biometric data checks compliant with the
431 requirements of the Federal Bureau of Investigation, with the
432 exception of federal employees who have suitability
433 determination in accordance with 5 C.F.R. s. 731.202 and submit
434 documentation of such as adopted in the rules of the commission.

435 (e) Complies with the rules of the commission.

437 ARTICLE IV

438 COMPACT PRIVILEGE TO PRACTICE

440 (1) Member states shall recognize the privilege to
441 practice of an individual licensed in another member state that
442 is in conformance with Article III.

443 (2) To exercise the privilege to practice under the terms
444 and provisions of this compact, an individual must:

445 (a) Be at least 18 years of age.

446 (b) Possess a current unrestricted license in a member
447 state as an EMT, AEMT, paramedic, or state recognized and
448 licensed level with a scope of practice and authority between
449 EMT and paramedic.

450 (c) Practice under the supervision of a medical director.

451 (3) An individual providing patient care in a remote state
452 under the privilege to practice shall function within the scope
453 of practice authorized by the home state unless and until
454 modified by an appropriate authority in the remote state as may
455 be defined in the rules of the commission.

456 (4) Except as provided in subsection (3) of this Article,
457 an individual practicing in a remote state will be subject to
458 the remote state's authority and laws. A remote state may, in
459 accordance with due process and that state's laws, restrict,
460 suspend, or revoke an individual's privilege to practice in the
461 remote state and may take any other necessary actions to protect
462 the health and safety of its citizens. If a remote state takes
463 action it shall promptly notify the home state and the
464 commission.

465 (5) If an individual's license in any home state is
466 restricted or suspended, the individual is not eligible to
467 practice in a remote state under the privilege to practice until
468 the individual's home state license is restored.

469 (6) If an individual's privilege to practice in any remote
470 state is restricted, suspended, or revoked, the individual is
471 not eligible to practice in any remote state until the
472 individual's privilege to practice is restored.

473
474 ARTICLE V

475 CONDITIONS OF PRACTICE IN A REMOTE STATE

476
477 An individual may practice in a remote state under a
478 privilege to practice only in the performance of the
479 individual's EMS duties as assigned by an appropriate authority,
480 as defined in the rules of the commission, and under the
481 following circumstances:

482 (1) The individual originates a patient transport in a
483 home state and transports the patient to a remote state;

484 (2) The individual originates in the home state and enters
485 a remote state to pick up a patient and provide care and
486 transport of the patient to the home state;

487 (3) The individual enters a remote state to provide
488 patient care or transport within that remote state;

489 (4) The individual enters a remote state to pick up a
490 patient and provide care and transport to a third member state;
491 or

492 (5) Other conditions as determined by rules adopted by the
493 commission.

494
495 ARTICLE VI

496 RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT
497

498 Upon a member state's Governor's declaration of a state of
499 emergency or disaster that activates the Emergency Management
500 Assistance Compact (EMAC), all relevant terms and provisions of

501 EMAC shall apply and to the extent any terms or provisions of
502 this compact conflicts with EMAC, the terms of EMAC shall
503 prevail with respect to any individual practicing in the remote
504 state in response to such declaration.

505
506 ARTICLE VII

507 VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE-DUTY MILITARY,
508 AND THEIR SPOUSES

509
510 (1) Member states shall consider a veteran, an active
511 military service member, and a member of the National Guard and
512 Reserves separating from an active-duty tour, and a spouse
513 thereof, who holds a current valid and unrestricted NREMT
514 certification at or above the level of the state license being
515 sought as satisfying the minimum training and examination
516 requirements for such licensure.

517 (2) Member states shall expedite the processing of
518 licensure applications submitted by veterans, active military
519 service members, and members of the National Guard and Reserves
520 separating from an active-duty tour, and spouses thereof.

521 (3) All individuals functioning with a privilege to
522 practice under this article remain subject to the adverse
523 actions provisions of Article VIII.

524
525 ARTICLE VIII

ADVERSE ACTIONS

(1) A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.

(2) If an individual's license in any home state is restricted or suspended, the individual is not eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

(a) All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.

(b) An individual currently subject to adverse action in the home state may not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.

(3) A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended, or revoked to the commission in accordance with the rules of the commission.

(4) A remote state may take adverse action on an individual's privilege to practice within that state.

(5) Any member state may take adverse action against an

individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

(6) A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.

(7) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

ARTICLE IX

ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

(1) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the

production of evidence. Subpoenas issued by a member state's EMS
authority for the attendance and testimony of witnesses, or the
production of evidence from another member state, shall be
enforced in the remote state by any court of competent
jurisdiction, according to that court's practice and procedure
in considering subpoenas issued in its own proceedings. The
issuing state EMS authority shall pay any witness fees, travel
expenses, mileage, and other fees required by the service
statutes of the state where the witnesses or evidence are
located.

(2) Issue cease and desist orders to restrict, suspend, or
revoke an individual's privilege to practice in the state.

ARTICLE X

ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

(1) (a) The compact states create and establish a joint
public agency known as the Interstate Commission for EMS
Personnel Practice.

(b) The commission is a body politic and an
instrumentality of the compact states.

(c) Venue is proper and judicial proceedings by or against
the commission shall be brought solely and exclusively in a
court of competent jurisdiction where the principal office of

601 the commission is located. The commission may waive venue and
602 jurisdictional defenses to the extent it adopts or consents to
603 participate in alternative dispute resolution proceedings.

604 (d) Nothing in this compact shall be construed to be a
605 waiver of sovereign immunity.

606 (2) (a) Each member state shall have and be limited to one
607 delegate. The responsible official of the state EMS authority or
608 his or her designee shall be the delegate to this compact for
609 each member state. Any delegate may be removed or suspended from
610 office as provided by the law of the state from which the
611 delegate is appointed. Any vacancy occurring in the commission
612 shall be filled in accordance with the laws of the member state
613 in which the vacancy exists. In the event that more than one
614 board, office, or other agency with the legislative mandate to
615 license EMS personnel at and above the level of EMT exists, the
616 Governor of the state will determine which entity will be
617 responsible for assigning the delegate.

618 (b) Each delegate shall be entitled to one vote with
619 regard to the adoption of rules and creation of bylaws and shall
620 otherwise have an opportunity to participate in the business and
621 affairs of the commission. A delegate shall vote in person or by
622 such other means as provided in the bylaws. The bylaws may
623 provide for delegates' participation in meetings by telephone or
624 other means of communication.

625 (c) The commission shall meet at least once during each

626 calendar year. Additional meetings shall be held as set forth in
627 the bylaws.

628 (d) All meetings shall be open to the public, and public
629 notice of meetings shall be given in the same manner as required
630 under the rulemaking provisions in Article XII.

631 (e) The commission may convene in a closed, nonpublic
632 meeting or nonpublic part of a public meeting to receive legal
633 advice or to discuss the following:

634 1. Noncompliance of a member state with its obligations
635 under the compact;

636 2. The employment, compensation, discipline or other
637 personnel matters, practices, or procedures related to specific
638 employees or other matters related to the commission's internal
639 personnel practices and procedures;

640 3. Current, threatened, or reasonably anticipated
641 litigation;

642 4. Negotiation of contracts for the purchase or sale of
643 goods, services, or real estate;

644 5. Accusing any person of a crime or formally censuring
645 any person;

646 6. Disclosure of trade secrets or commercial or financial
647 information that is privileged or confidential;

648 7. Disclosure of information of a personal nature where
649 disclosure would constitute a clearly unwarranted invasion of
650 personal privacy;

651 8. Disclosure of investigatory records compiled for law
652 enforcement purposes;

653 9. Disclosure of information related to any investigatory
654 reports prepared by or on behalf of or for use of the commission
655 or other committee charged with responsibility of investigation
656 or determination of compliance issues pursuant to the compact;

657 10. Legal advice; or

658 11. Matters specifically exempted from disclosure by
659 federal or state statute.

660 (f) If a meeting, or portion of a meeting, is closed
661 pursuant to this provision, the commission's legal counsel or
662 designee shall certify that the meeting may be closed and shall
663 reference each relevant exempting provision. The commission
664 shall keep minutes that fully and clearly describe all matters
665 discussed in a meeting and shall provide a full and accurate
666 summary of actions taken, and the reasons therefor, including a
667 description of the views expressed. All documents considered in
668 connection with an action shall be identified in such minutes.
669 All minutes and documents of a closed meeting shall remain under
670 seal, subject to release by a majority vote of the commission or
671 order of a court of competent jurisdiction.

672 (3) The commission shall, by a majority vote of the
673 delegates, prescribe bylaws or rules to govern its conduct as
674 may be necessary or appropriate to carry out the purposes and
675 exercise the powers of the compact, including, but not limited

676 to:

677 (a) Establishing the fiscal year of the commission.

678 (b) Providing reasonable standards and procedures:

679 1. Establishing and the meetings of other committees.

680 2. Governing any general or specific delegation of any
681 authority or function of the commission.

682 (c) Providing reasonable procedures for calling and
683 conducting meetings of the commission, ensuring reasonable
684 advance notice of all meetings, and providing an opportunity for
685 attendance of such meetings by interested parties, with
686 enumerated exceptions designed to protect the public's interest,
687 the privacy of individuals, and proprietary information,
688 including trade secrets. The commission may meet in closed
689 session only after a majority of the membership votes to close a
690 meeting in whole or in part. As soon as practicable, the
691 commission must make public a copy of the vote to close the
692 meeting revealing the vote of each member with no proxy votes
693 allowed.

694 (d) Establishing the titles, duties and authority, and
695 reasonable procedures for the election of the officers of the
696 commission.

697 (e) Providing reasonable standards and procedures for the
698 establishment of the personnel policies and programs of the
699 commission. Notwithstanding any civil service or other similar
700 laws of any member state, the bylaws shall exclusively govern

701 the personnel policies and programs of the commission.

702 (f) Adopting a code of ethics to address permissible and
703 prohibited activities of commission members and employees.

704 (g) Providing a mechanism for winding up the operations of
705 the commission and the equitable disposition of any surplus
706 funds that may exist after the termination of the compact after
707 the payment or reserving of all of its debts and obligations.

708 (h) The commission shall publish its bylaws and file a
709 copy thereof, and a copy of any amendment thereto, with the
710 appropriate agency or officer in each of the member states, if
711 any.

712 (i) The commission shall maintain its financial records in
713 accordance with the bylaws.

714 (j) The commission shall meet and take such actions as are
715 consistent with the provisions of this compact and the bylaws.

716 (4) The commission shall have the following powers:

717 (a) The authority to adopt uniform rules to facilitate and
718 coordinate implementation and administration of this compact.
719 The rules shall have the force and effect of law and shall be
720 binding in all member states.

721 (b) To bring and prosecute legal proceedings or actions in
722 the name of the commission, provided that the standing of any
723 state EMS authority or other regulatory body responsible for EMS
724 personnel licensure to sue or be sued under applicable law may
725 not be affected.

726 (c) To purchase and maintain insurance and bonds.

727 (d) To borrow, accept, or contract for services of
728 personnel, including, but not limited to, employees of a member
729 state.

730 (e) To hire employees, elect or appoint officers, fix
731 compensation, define duties, grant such individuals appropriate
732 authority to carry out the purposes of the compact, and
733 establish the commission's personnel policies and programs
734 relating to conflicts of interest, qualifications of personnel,
735 and other related personnel matters.

736 (f) To accept any and all appropriate donations and grants
737 of money, equipment, supplies, materials, and services; and
738 receive, use, and dispose of the same; provided that at all
739 times the commission shall strive to avoid any appearance of
740 impropriety or conflict of interest.

741 (g) To lease, purchase, accept appropriate gifts or
742 donations of, or otherwise to own, hold, improve, or use any
743 property, real, personal, or mixed; provided that at all times
744 the commission shall strive to avoid any appearance of
745 impropriety.

746 (h) To sell convey, mortgage, pledge, lease, exchange,
747 abandon, or otherwise dispose of any property real, personal, or
748 mixed.

749 (i) To establish a budget and make expenditures.

750 (j) To borrow money.

751 (k) To appoint committees, including advisory committees
752 comprised of members, state regulators, state legislators or
753 their representatives, consumer representatives, and such other
754 interested persons as may be designated in this compact and the
755 bylaws.

756 (l) To provide and receive information from, and to
757 cooperate with, law enforcement agencies.

758 (m) To adopt and use an official seal.

759 (n) To perform such other functions as may be necessary or
760 appropriate to achieve the purposes of this compact consistent
761 with the state regulation of EMS personnel licensure and
762 practice.

763 (5) (a) The commission shall pay, or provide for the
764 payment of, the reasonable expenses of its establishment,
765 organization, and ongoing activities.

766 (b) The commission may accept any and all appropriate
767 revenue sources, donations, and grants of money, equipment,
768 supplies, materials, and services.

769 (c) The commission may levy on and collect an annual
770 assessment from each member state to cover the cost of the
771 operations and activities of the commission and its staff, which
772 must be in a total amount sufficient to cover its annual budget
773 as approved each year for which revenue is not provided by other
774 sources. The aggregate annual assessment amount shall be
775 allocated based upon a formula to be determined by the

776 commission, which shall adopt a rule binding upon all member
777 states.

778 (d) The commission may not incur obligations of any kind
779 before securing the funds adequate to meet the same; nor shall
780 the commission pledge the credit of any of the member states,
781 except by and with the authority of the member state.

782 (e) The commission shall keep accurate accounts of all
783 receipts and disbursements. The receipts and disbursements of
784 the commission shall be subject to the audit and accounting
785 procedures established under its bylaws. However, all receipts
786 and disbursements of funds handled by the commission shall be
787 audited yearly by a certified or licensed public accountant, and
788 the report of the audit shall be included in and become part of
789 the annual report of the commission.

790 (6) (a) The members, officers, executive director,
791 employees and representatives of the commission shall be immune
792 from suit and liability, either personally or in their official
793 capacities, for any claim for damage to or loss of property or
794 personal injury or other civil liability caused by or arising
795 out of any actual or alleged act, error, or omission that
796 occurred, or that the person against whom the claim is made had
797 a reasonable basis for believing occurred within the scope of
798 commission employment, duties, or responsibilities; provided
799 that nothing in this paragraph shall be construed to protect any
800 such person from suit or liability for any damage, loss, injury,

801 or liability caused by the intentional or willful or wanton
802 misconduct of that person. The procurement of insurance of any
803 type by the commission may not in any way compromise or limit
804 the immunity granted hereunder.

805 (b) The commission shall defend any member, officer,
806 executive director, employee, or representative of the
807 commission in any civil action seeking to impose liability
808 arising out of any actual or alleged act, error, or omission
809 that occurred within the scope of commission employment, duties,
810 or responsibilities, or that the person against whom the claim
811 is made had a reasonable basis for believing occurred within the
812 scope of commission employment, duties, or responsibilities;
813 provided that nothing herein shall be construed to prohibit that
814 person from retaining his or her own counsel; and provided
815 further, that the actual or alleged act, error, or omission did
816 not result from that person's intentional or willful or wanton
817 misconduct.

818 (c) The commission shall indemnify and hold harmless any
819 member, officer, executive director, employee, or representative
820 of the commission for the amount of any settlement or judgment
821 obtained against that person arising out of any actual or
822 alleged act, error, or omission that occurred within the scope
823 of commission employment, duties, or responsibilities, or that
824 such person had a reasonable basis for believing occurred within
825 the scope of commission employment, duties, or responsibilities,

provided that the actual or alleged act, error, or omission did
not result from the intentional or willful or wanton misconduct
of that person.

ARTICLE XI

COORDINATED DATABASE

(1) The commission shall provide for the development and
maintenance of a coordinated database and reporting system
containing licensure, adverse action, and significant
investigatory information on all licensed individuals in member
states.

(2) Notwithstanding any other provision of state law to
the contrary, a member state shall submit a uniform data set to
the coordinated database on all individuals to whom this compact
is applicable as required by the rules of the commission,
including:

- (a) Identifying information.
- (b) Licensure data.
- (c) Significant investigatory information.
- (d) Adverse actions against an individual's license.
- (e) An indicator that an individual's privilege to
practice is restricted, suspended, or revoked.
- (f) Nonconfidential information related to alternative
program participation.

851 (g) Any denial of application for licensure and the
852 reasons for such denial.

853 (h) Other information that may facilitate the
854 administration of this compact, as determined by the rules of
855 the commission.

856 (3) The coordinated database administrator shall promptly
857 notify all member states of any adverse action taken against, or
858 significant investigative information on, any individual in a
859 member state.

860 (4) Member states contributing information to the
861 coordinated database may designate information that may not be
862 shared with the public without the express permission of the
863 contributing state.

864 (5) Any information submitted to the coordinated database
865 that is subsequently required to be expunged by the laws of the
866 member state contributing the information shall be removed from
867 the coordinated database.

868
869 ARTICLE XII

870 RULEMAKING

871
872 (1) The commission shall exercise its rulemaking powers
873 pursuant to the criteria set forth in this article and the rules
874 adopted thereunder. Rules and amendments shall become binding as
875 of the date specified in each rule or amendment.

876 (2) If a majority of the legislatures of the member states
877 reject a rule, by enactment of a statute or resolution in the
878 same manner used to adopt the compact, then such rule shall have
879 no further force and effect in any member state.

880 (3) Rules or amendments to the rules shall be adopted at a
881 regular or special meeting of the commission.

882 (4) Before the adoption of a final rule or rules by the
883 commission, and at least 60 days in advance of the meeting at
884 which the rule will be considered and voted upon, the commission
885 shall file a notice of proposed rulemaking:

886 (a) On the website of the commission.

887 (b) On the website of each member state EMS authority or
888 the publication in which each state would otherwise publish
889 proposed rules.

890 (5) The notice of proposed rulemaking shall include:

891 (a) The proposed time, date, and location of the meeting
892 in which the rule will be considered and voted upon.

893 (b) The text of the proposed rule or amendment and the
894 reason for the proposed rule.

895 (c) A request for comments on the proposed rule from any
896 interested person.

897 (d) The manner in which interested persons may submit
898 notice to the commission of their intentions to attend the
899 public hearing and any written comments.

900 (6) Before adoption of a proposed rule, the commission

901 shall allow persons to submit written data, facts, opinions, and
902 arguments, which shall be made available to the public.

903 (7) The commission shall grant an opportunity for a public
904 hearing before it adopts a rule or amendment if a hearing is
905 requested by:

906 (a) At least 25 persons;

907 (b) A governmental subdivision or agency; or

908 (c) An association having at least 25 members.

909 (8) (a) If a hearing is held on the proposed rule or
910 amendment, the commission shall publish the place, time, and
911 date of the scheduled public hearing.

912 (b) Each person wishing to be heard at the hearing shall
913 notify the executive director of the commission or other
914 designated member in writing of his or her desire to appear and
915 testify at the hearing not less than 5 business days before the
916 scheduled date of the hearing.

917 (c) Hearings shall be conducted in a manner providing each
918 person who wishes to comment a fair and reasonable opportunity
919 to comment orally or in writing.

920 (d) No transcript of the hearing is required, unless a
921 written request for a transcript is made, in which case the
922 person requesting the transcript shall bear the cost of
923 producing the transcript. A recording may be made in lieu of a
924 transcript under the same terms and conditions as a transcript.
925 This subsection does not preclude the commission from making a

transcript or recording of the hearing if it so chooses.

(e) Nothing in this article shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this article.

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

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

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

(12) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this article shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in

951 order to:

952 (a) Meet an imminent threat to public health, safety, or
953 welfare;

954 (b) Prevent a loss of commission or member state funds;

955 (c) Meet a deadline for the adoption of an administrative
956 rule that is established by federal law or rule; or

957 (d) Protect public health and safety.

958 (13) The commission or an authorized committee of the
959 commission may direct revisions to a previously adopted rule or
960 amendment for purposes of correcting typographical errors,
961 errors in format, errors in consistency, or grammatical errors.
962 Public notice of any revisions shall be posted on the website of
963 the commission. The revision shall be subject to challenge by
964 any person for a period of 30 days after posting. The revision
965 may be challenged only on grounds that the revision results in a
966 material change to a rule. A challenge shall be made in writing
967 and delivered to the chair of the commission before the end of
968 the notice period. If no challenge is made, the revision will
969 take effect without further action. If the revision is
970 challenged, the revision may not take effect without the
971 approval of the commission.

972
973 ARTICLE XIII

974 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT
975

976 (1) (a) The executive, legislative, and judicial branches
977 of state government in each member state shall enforce this
978 compact and take all actions necessary and appropriate to
979 effectuate the compact's purposes and intent. The provisions of
980 this compact and the rules adopted hereunder shall have standing
981 as statutory law.

982 (b) All courts shall take judicial notice of the compact
983 and the rules in any judicial or administrative proceeding in a
984 member state pertaining to the subject matter of this compact
985 which may affect the powers, responsibilities, or actions of the
986 commission.

987 (c) The commission shall be entitled to receive service of
988 process in any such proceeding, and shall have standing to
989 intervene in such a proceeding for all purposes. Failure to
990 provide service of process to the commission shall render a
991 judgment or order void as to the commission, this compact, or
992 adopted rules.

993 (2) (a) If the commission determines that a member state
994 has defaulted in the performance of its obligations or
995 responsibilities under this compact or the adopted rules, the
996 commission shall:

997 1. Provide written notice to the defaulting state and
998 other member states of the nature of the default, the proposed
999 means of curing the default or any other action to be taken by
1000 the commission.

1001 2. Provide remedial training and specific technical
1002 assistance regarding the default.

1003 (b) If a state in default fails to cure the default, the
1004 defaulting state may be terminated from the compact upon an
1005 affirmative vote of a majority of the member states, and all
1006 rights, privileges, and benefits conferred by this compact may
1007 be terminated on the effective date of termination. A cure of
1008 the default does not relieve the offending state of obligations
1009 or liabilities incurred during the period of default.

1010 (c) Termination of membership in the compact shall be
1011 imposed only after all other means of securing compliance have
1012 been exhausted. Notice of intent to suspend or terminate shall
1013 be given by the commission to the Governor, the majority and
1014 minority leaders of the defaulting state's legislature, and each
1015 of the member states.

1016 (d) A state that has been terminated is responsible for
1017 all assessments, obligations, and liabilities incurred through
1018 the effective date of termination, including obligations that
1019 extend beyond the effective date of termination.

1020 (e) The commission does not bear any costs related to a
1021 state that is found to be in default or that has been terminated
1022 from the compact, unless agreed upon in writing between the
1023 commission and the defaulting state.

1024 (f) The defaulting state may appeal the action of the
1025 commission by petitioning the United States District Court for

1026 the District of Columbia or the federal district where the
1027 commission has its principal offices. The prevailing member
1028 shall be awarded all costs of such litigation, including
1029 reasonable attorney fees.

1030 (3) (a) Upon request by a member state, the commission
1031 shall attempt to resolve disputes related to the compact that
1032 arise among member states and between member and nonmember
1033 states.

1034 (b) The commission shall adopt a rule providing for both
1035 mediation and binding dispute resolution for disputes as
1036 appropriate.

1037 (4) (a) The commission, in the reasonable exercise of its
1038 discretion, shall enforce the provisions and rules of this
1039 compact.

1040 (b) By majority vote, the commission may initiate legal
1041 action in the United States District Court for the District of
1042 Columbia or the federal district where the commission has its
1043 principal offices against a member state in default to enforce
1044 compliance with the provisions of the compact and its adopted
1045 rules and bylaws. The relief sought may include both injunctive
1046 relief and damages. In the event judicial enforcement is
1047 necessary, the prevailing member shall be awarded all costs of
1048 such litigation, including reasonable attorney fees.

1049 (c) The remedies herein may not be the exclusive remedies
1050 of the commission. The commission may pursue any other remedies

1051 available under federal or state law.

1053 ARTICLE XIV

1054 DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS
1055 PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND
1056 AMENDMENT

1058 (1) The compact shall come into effect on the date on
1059 which the compact statute is enacted into law in the tenth
1060 member state. The provisions, which become effective at that
1061 time, shall be limited to the powers granted to the commission
1062 relating to assembly and the adoption of rules. Thereafter, the
1063 commission shall meet and exercise rulemaking powers necessary
1064 to the implementation and administration of the compact.

1065 (2) Any state that joins the compact subsequent to the
1066 commission's initial adoption of the rules shall be subject to
1067 the rules as they exist on the date on which the compact becomes
1068 law in that state. Any rule that has been previously adopted by
1069 the commission shall have the full force and effect of law on
1070 the day the compact becomes law in that state.

1071 (3) Any member state may withdraw from this compact by
1072 enacting a statute repealing the same.

1073 (a) A member state's withdrawal does not take effect until
1074 6 months after enactment of the repealing statute.

1075 (b) Withdrawal does not affect the continuing requirement

1076 of the withdrawing state's EMS authority to comply with the
1077 investigative and adverse action reporting requirements of this
1078 act before the effective date of withdrawal.

1079 (4) Nothing contained in this compact shall be construed
1080 to invalidate or prevent any EMS personnel licensure agreement
1081 or other cooperative arrangement between a member state and a
1082 nonmember state that does not conflict with the provisions of
1083 this compact.

1084 (5) This compact may be amended by the member states. No
1085 amendment to this compact shall become effective and binding
1086 upon any member state until it is enacted into the laws of all
1087 member states.

1088
1089 ARTICLE XV

1090 CONSTRUCTION AND SEVERABILITY

1091
1092 This compact shall be liberally construed so as to
1093 effectuate the purposes thereof. If this compact shall be held
1094 contrary to the constitution of any state member thereto, the
1095 compact shall remain in full force and effect as to the
1096 remaining member states. This compact does not supersede state
1097 law or rules related to licensure of EMS agencies.

1098 **Section 6.** Sections 408.031, 408.032, 408.034, 408.035,
1099 408.036, 408.037, 408.038, 408.039, 408.040, 408.041, 408.042,
1100 408.043, 408.044, and 408.045, Florida Statutes, are repealed.

Section 7. By January 1, 2027, and annually thereafter until January 1, 2031, the Agency for Health Care Administration shall report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the impact of the repeal of certificate of need requirements made by this act on the health care market, including, but not limited to, the effects on health care access, quality, and cost, and the change in the number of licensees formerly subject to certificate of need requirements and associated investment in the development of new licensees.

Section 8. Subsection (1), paragraph (f) of subsection (2), and paragraph (b) of subsection (3) of section 408.033, Florida Statutes, are amended to read:

408.033 Local and state health planning.—

(1) LOCAL HEALTH COUNCILS.—

(a) Local health councils are hereby established as public or private nonprofit agencies serving the counties of a district. The members of each council shall be appointed in an equitable manner by the county commissions having jurisdiction in the respective district. Each council shall be composed of a number of persons equal to 1 1/2 times the number of counties which compose the district or 12 members, whichever is greater. Each county in a district shall be entitled to at least one member on the council. The balance of the membership of the council shall be allocated among the counties of the district on

the basis of population rounded to the nearest whole number; except that in a district composed of only two counties, no county shall have fewer than four members. The appointees shall be representatives of health care providers, health care purchasers, and nongovernmental health care consumers, but not excluding elected government officials. The members of the consumer group shall include a representative number of persons over 60 years of age. A majority of council members shall consist of health care purchasers and health care consumers. The local health council shall provide each county commission a schedule for appointing council members to ensure that council membership complies with the requirements of this paragraph. The members of the local health council shall elect a chair. Members shall serve for terms of 2 years and may be eligible for reappointment.

(b) Each local health council may:

1. Develop a district area health plan that permits each local health council to develop strategies and set priorities for implementation based on its unique local health needs.

2. Advise the agency on health care issues and resource allocations.

3. Promote public awareness of community health needs, emphasizing health promotion and cost-effective health service selection.

4. Collect data and conduct analyses and studies related

1151 to health care needs of the district, including the needs of
1152 medically indigent persons, and assist the agency and other
1153 state agencies in carrying out data collection activities that
1154 relate to the functions in this subsection.

1155 ~~5. Monitor the onsite construction progress, if any, of~~
1156 ~~certificate of need approved projects and report council~~
1157 ~~findings to the agency on forms provided by the agency.~~

1158 5.6. Advise and assist any regional planning councils
1159 within each district that have elected to address health issues
1160 in their strategic regional policy plans with the development of
1161 the health element of the plans to address the health goals and
1162 policies in the State Comprehensive Plan.

1163 ~~6.7.~~ Advise and assist local governments within each
1164 district on the development of an optional health plan element
1165 of the comprehensive plan provided in chapter 163, to assure
1166 compatibility with the health goals and policies in the State
1167 Comprehensive Plan and district health plan. To facilitate the
1168 implementation of this section, the local health council shall
1169 annually provide the local governments in its service area, upon
1170 request, with:

1171 a. A copy and appropriate updates of the district health
1172 plan; and

1173 b. A report of nursing home utilization statistics for
1174 facilities within the local government jurisdiction; ~~and~~

1175 ~~c. Applicable agency rules and calculated need~~

~~methodologies for health facilities and services regulated under
s. 408.034 for the district served by the local health council.~~

7.8. Monitor and evaluate the adequacy, appropriateness,
and effectiveness, within the district, of local, state,
federal, and private funds distributed to meet the needs of the
medically indigent and other underserved population groups.

8.9. In conjunction with the Department of Health, plan
for services at the local level for persons infected with the
human immunodeficiency virus.

9.10. Provide technical assistance to encourage and
support activities by providers, purchasers, consumers, and
local, regional, and state agencies in meeting the health care
goals, objectives, and policies adopted by the local health
council.

~~11. Provide the agency with data required by rule for the
review of certificate-of-need applications and the projection of
need for health facilities in the district.~~

~~(c) Local health councils may conduct public hearings
pursuant to s. 408.039(3)(b).~~

(c)(d) Each local health council shall enter into a
memorandum of agreement with each regional planning council in
its district that elects to address health issues in its
strategic regional policy plan. In addition, each local health
council shall enter into a memorandum of agreement with each
local government that includes an optional health element in its

1201 comprehensive plan. Each memorandum of agreement must specify
1202 the manner in which each local government, regional planning
1203 council, and local health council will coordinate its activities
1204 to ensure a unified approach to health planning and
1205 implementation efforts.

1206 (d)~~(e)~~ Local health councils may employ personnel or
1207 contract for staffing services with persons who possess
1208 appropriate qualifications to carry out the councils' purposes.
1209 However, such personnel are not state employees.

1210 (e)~~(f)~~ Personnel of the local health councils shall
1211 provide an annual orientation to council members about council
1212 member responsibilities.

1213 (f)~~(g)~~ Each local health council may accept and receive,
1214 in furtherance of its health planning functions, funds, grants,
1215 and services from governmental agencies and from private or
1216 civic sources and to perform studies related to local health
1217 planning in exchange for such funds, grants, or services. Each
1218 council shall, no later than January 30 of each year, render an
1219 accounting of the receipt and disbursement of such funds
1220 received by it to the Department of Health.

1221 (2) FUNDING.—

1222 (f) The agency shall deposit in the Health Care Trust Fund
1223 all health care facility assessments that are assessed under
1224 this subsection and shall transfer such funds to the Department
1225 of Health for funding of the local health councils. ~~The~~

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2026

~~remaining certificate of need application fees shall be used only for the purpose of administering the certificate of need program.~~

(3) DUTIES AND RESPONSIBILITIES OF THE AGENCY.—

(b) The agency shall develop and maintain a comprehensive health care database for the purpose of health planning ~~and for certificate of need determinations.~~ The agency or its contractor is authorized to require the submission of information from health facilities, health service providers, and licensed health professionals which is determined by the agency, through rule, to be necessary for meeting the agency's responsibilities as established in this section.

Section 9. Subsections (17) through (25) of section 409.811, Florida Statutes, are renumbered as subsections (16) through (24), respectively, and subsection (16) and present subsection (23) of that section are amended, to read:

409.811 Definitions relating to Florida Kidcare Act.—As used in ss. 409.810-409.821, the term:

~~(16) "Lawfully residing child" means a child who is lawfully present in the United States, meets Medicaid or Children's Health Insurance Program (CHIP) residency requirements, and may be eligible for medical assistance with federal financial participation as provided under s. 214 of the Children's Health Insurance Program Reauthorization Act of 2009, Pub. L. No. 111-3, and related federal regulations.~~

1251 ~~(22)(23)~~ "Resident" means a United States citizen or a
1252 ~~lawfully residing~~ child who lawfully resides in the United
1253 States and is domiciled in this state.

1254 **Section 10. Paragraph (c) of subsection (5) of section**
1255 **409.814, Florida Statutes, is amended to read:**

1256 409.814 Eligibility.—A child who has not reached 19 years
1257 of age whose family income is equal to or below 300 percent of
1258 the federal poverty level is eligible for the Florida Kidcare
1259 program as provided in this section. If an enrolled individual
1260 is determined to be ineligible for coverage, he or she must be
1261 immediately disenrolled from the respective Florida Kidcare
1262 program component.

1263 (5) The following children are not eligible to receive
1264 Title XXI-funded premium assistance for health benefits coverage
1265 under the Florida Kidcare program, except under Medicaid if the
1266 child would have been eligible for Medicaid under s. 409.903 or
1267 s. 409.904 as of June 1, 1997:

1268 (c) A child who is an alien, unless the child:

1269 1. Is an alien lawfully admitted for permanent residence
1270 as defined by the Immigration and Nationality Act, as amended;

1271 2. Is an alien who has been granted the status of Cuban
1272 and Haitian entrant as defined in the Refugee Education
1273 Assistance Act of 1980, as amended; or

1274 3. Lawfully resides in the United States in accordance
1275 with a Compact of Free Association referred to in the Personal

1276 Responsibility and Work Opportunity Reconciliation Act of 1996
1277 ~~but who does not meet the definition of a lawfully residing~~
1278 ~~child.~~

1279
1280 This paragraph does not extend eligibility for the Florida
1281 Kidcare program to an undocumented immigrant.

1282 **Section 11. Paragraph (g) is added to subsection (3) of**
1283 **section 409.818, Florida Statutes, to read:**

1284 409.818 Administration.—In order to implement ss. 409.810-
1285 409.821, the following agencies shall have the following duties:

1286 (3) The Agency for Health Care Administration, under the
1287 authority granted in s. 409.914(1), shall:

1288 (g) Regularly obtain from reliable data sources in
1289 accordance with applicable federal law address information for
1290 an enrollee.

1291
1292 The agency is designated the lead state agency for Title XXI of
1293 the Social Security Act for purposes of receipt of federal
1294 funds, for reporting purposes, and for ensuring compliance with
1295 federal and state regulations and rules.

1296 **Section 12. Subsection (2) of section 409.902, Florida**
1297 **Statutes, is amended to read:**

1298 409.902 Designated single state agency; payment
1299 requirements; program title; release of medical records.—

1300 (2) (a) Eligibility is restricted to United States citizens

1301 and nationals and to:

1302 1. An alien lawfully admitted for permanent residence as
1303 defined by the Immigration and Nationality Act, as amended.

1304 2. An alien who has been granted the status of Cuban and
1305 Haitian entrant as defined in the Refugee Education Assistance
1306 Act of 1980, as amended.

1307 3. An individual who lawfully resides in the United States
1308 in accordance with a Compact of Free Association referred to in
1309 the Personal Responsibility and Work Opportunity Reconciliation
1310 Act of 1996 ~~lawfully admitted noncitizens who meet the criteria~~
1311 ~~provided in s. 414.095(3).~~

1312 (b) ~~(a)~~ Citizenship or immigration status must be verified.
1313 For eligible noncitizens, this includes verification of the
1314 validity of documents with the United States Citizenship and
1315 Immigration Services using the federal SAVE verification
1316 process.

1317 (c) ~~(b)~~ State funds may not be used to provide medical
1318 services to individuals who do not meet the requirements of this
1319 subsection unless the services are necessary to treat an
1320 emergency medical condition or are for pregnant women. Such
1321 services are authorized only to the extent provided under
1322 federal law and in accordance with federal regulations as
1323 provided in 42 C.F.R. s. 440.255.

1324 **Section 13. Section 409.90201, Florida Statutes, is**
1325 **amended to read:**

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1326 409.90201 Recipient information ~~address~~ update process.—
1327 The Agency for Health Care Administration and the Department of
1328 Children and Families shall:

1329 (1) Regularly obtain from reliable data sources in
1330 accordance with applicable federal law address information for a
1331 recipient., ~~in consultation with hospitals and nursing homes~~
1332 ~~that serve Medicaid recipients, shall develop a process to~~

1333 (2) Update a recipient's address in the Medicaid
1334 eligibility system at the time a recipient is admitted to a
1335 hospital or nursing home, ~~if a recipient's address information~~
1336 ~~in the Medicaid eligibility system needs to be updated, the~~
1337 ~~update shall be completed within 10 days after the recipient's~~
1338 ~~admission to a hospital or nursing home.~~

1339 (3) Review at least quarterly the public file of death
1340 information compiled by the Social Security Administration and
1341 act on matches between a recipient's information and the public
1342 file of death information in accordance with applicable federal
1343 law.

1344 **Section 14. Subsection (8) and paragraph (a) of subsection**
1345 **(12) of section 409.904, Florida Statutes, are amended to read:**

1346 409.904 Optional payments for eligible persons.—The agency
1347 may make payments for medical assistance and related services on
1348 behalf of the following persons who are determined to be
1349 eligible subject to the income, assets, and categorical
1350 eligibility tests set forth in federal and state law. Payment on

1351 behalf of these Medicaid eligible persons is subject to the
1352 availability of moneys and any limitations established by the
1353 General Appropriations Act or chapter 216.

1354 (8) A child who has not attained 19 years of age and who,
1355 notwithstanding s. 414.095(3), would be eligible for Medicaid
1356 under s. 409.903, except that the child ~~is a~~ lawfully resides in
1357 the United States as provided in s. 409.814(5)(c)3. ~~residing~~
1358 ~~child as defined in s. 409.811.~~ This subsection does not extend
1359 eligibility for optional Medicaid payments or related services
1360 to an undocumented immigrant.

1361 (12) The agency shall make payments to Medicaid-covered
1362 services:

1363 (a) For eligible children and pregnant women, retroactive
1364 to the first day of the second month ~~for a period of no more~~
1365 ~~than 90 days~~ before the month in which an application for
1366 Medicaid is submitted.

1367 **Section 15. Subsection (13) is added to section 409.905,**
1368 **Florida Statutes, to read:**

1369 409.905 Mandatory Medicaid services.—The agency may make
1370 payments for the following services, which are required of the
1371 state by Title XIX of the Social Security Act, furnished by
1372 Medicaid providers to recipients who are determined to be
1373 eligible on the dates on which the services were provided. Any
1374 service under this section shall be provided only when medically
1375 necessary and in accordance with state and federal law.

Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(13) PAYMENT.—A payment may not be made by the agency under this part to a prohibited entity as defined in s. 71113 of Pub. L. No. 119-21.

Section 16. Section 414.321, Florida Statutes, is created to read:

414.321 Food assistance eligibility.—For purposes of eligibility determinations, the department shall:

(1) Limit eligibility to individuals who are residents of the United States and:

(a) Citizens or nationals of the United States;

(b) Aliens lawfully admitted for permanent residence as defined in the Immigration and Nationality Act, as amended;

(c) Aliens who have been granted the status of Cuban and Haitian entrant, as defined in the Refugee Education Assistance Act of 1980, as amended; or

(d) Individuals who lawfully reside in the United States in accordance with the Compacts of Free Association referred to

1401 in the Personal Responsibility and Work Opportunity
1402 Reconciliation Act of 1996.

1403 (2) Require each applicant, and recipient for
1404 redetermination purposes, to provide documentation evidencing
1405 his or her shelter or utility expenses.

1406 (a) The department is prohibited from relying solely on an
1407 individual's self-attestation in determining shelter or utility
1408 expenses.

1409 (b) The department may adopt policies and procedures to
1410 accommodate an applicant or recipient who, due to recent
1411 residency changes, is temporarily unable to furnish adequate
1412 documentation of shelter or utility expenses.

1413 **Section 17. Section 414.332, Florida Statutes, is created**
1414 **to read:**

1415 414.332 Food assistance payment accuracy plan.—

1416 (1) The department shall develop and implement a
1417 comprehensive food assistance payment accuracy improvement plan
1418 to reduce the state's payment error rate. The department shall
1419 reduce the payment error rate to below 6 percent by March 30,
1420 2026. The plan shall address the root causes of payment errors
1421 identified through an in-depth, data-driven analysis. The plan
1422 shall include, but is not limited to, all of the following:

1423 (a) Enhanced employee training and quality assurance.

1424 1. The department shall administer standardized training
1425 for all economic self-sufficiency program staff at least

1426 annually. Training must, at a minimum, review the most common
1427 reasons for payment errors and methods for preventing such
1428 errors, and include pre- and post-training testing to measure
1429 staff proficiency.

1430 2. The department shall establish a robust quality
1431 assurance review process that frequently reviews a statistically
1432 significant sample of cases before final benefit determination.
1433 This process must incorporate real-time, corrective feedback and
1434 on-the-job training for program staff and must not delay benefit
1435 determinations.

1436 (b) Improvement in data sourcing. In contracting with
1437 entities providing data for verification of applicant and
1438 recipient information, the department shall maximize use of high
1439 quality automated data sources, including, but not limited to,
1440 comparing income and asset data with state, federal, and private
1441 sector data sources.

1442 (2) By July 1, 2026, the department shall submit the food
1443 assistance payment accuracy improvement plan to the Governor,
1444 the President of the Senate, and the Speaker of the House of
1445 Representatives.

1446 (3) (a) Beginning October 1, 2026, the department shall
1447 submit quarterly progress reports to the Governor, the President
1448 of the Senate, and the Speaker of the House of Representatives
1449 detailing:

1450 1. The state's most recent official and preliminary food

1451 assistance payment error rate.

1452 2. A detailed breakdown of the most frequent and highest
1453 dollar value errors, including categorization by agency or
1454 client error and whether the error resulted in over- or under-
1455 payment.

1456 3. Specific actions taken by the department under the food
1457 assistance payment accuracy improvement plan during the
1458 preceding quarter and data demonstrating the results of those
1459 actions.

1460 4. A detailed plan to correct the most recently identified
1461 deficiencies.

1462 (b) This subsection is repealed on October 1, 2028.

1463 **Section 18. Subsection (2) of section 414.455, Florida**
1464 **Statutes, is amended to read:**

1465 414.455 Supplemental Nutrition Assistance Program;
1466 legislative authorization; mandatory participation in employment
1467 and training programs.—

1468 (2) Unless prohibited by the Federal Government, the
1469 department must require a person who is receiving food
1470 assistance; who is 18 to 64 ~~59~~ years of age, inclusive; who does
1471 not have children under the age of 14 ~~18~~ in his or her home; who
1472 does not qualify for an exemption; and who is determined by the
1473 department to be eligible, to participate in an employment and
1474 training program. The department shall apply and comply with
1475 exemptions from work requirements in accordance with applicable

1476 federal law.

1477 **Section 19. Subsection (2) of section 456.0575, Florida**
1478 **Statutes, is renumbered as subsection (3), and a new subsection**
1479 **(2) is added to that section, to read:**

1480 456.0575 Duty to notify patients.—

1481 (2) A health care practitioner shall notify a patient in
1482 writing upon referring the patient to a nonparticipating
1483 provider for nonemergency services, as those terms are defined
1484 in s. 627.64194(1), or to a provider, as defined in s. 641.47,
1485 that is not under contract with the patient's health maintenance
1486 organization. Such notice must state that the services will be
1487 provided on an out-of-network basis, which may result in
1488 additional cost-sharing responsibilities for the patient, and be
1489 documented in the patient's medical record. The practitioner or
1490 his or her employee may confirm the referral provider's
1491 participation by contacting the referral provider or the
1492 patient's health insurer or health maintenance organization, as
1493 necessary, or may rely on the online provider directory of the
1494 health insurer or health maintenance organization. Failure to
1495 comply with this subsection, without good cause, shall result in
1496 disciplinary action against the health care practitioner.

1497 **Section 20. Paragraph (b) of subsection (10) of section**
1498 **456.073, Florida Statutes, is amended to read:**

1499 456.073 Disciplinary proceedings.—Disciplinary proceedings
1500 for each board shall be within the jurisdiction of the

department.

(10)

(b) The department shall report any significant investigation information relating to a nurse holding a multistate license to the coordinated licensure information system pursuant to s. 464.0095; any investigative information relating to an audiologist or a speech-language pathologist holding a compact privilege under the Audiology and Speech-Language Pathology Interstate Compact to the data system pursuant to s. 468.1335; any investigative information relating to a physical therapist or physical therapist assistant holding a compact privilege under the Physical Therapy Licensure Compact to the data system pursuant to s. 486.112; any significant investigatory information relating to a psychologist practicing under the Psychology Interjurisdictional Compact to the coordinated licensure information system pursuant to s. 490.0075; ~~and~~ any significant investigatory information relating to a health care practitioner practicing under the Professional Counselors Licensure Compact to the data system pursuant to s. 491.017; any significant investigatory information relating to a physician assistant holding compact privilege under the Physician Assistant Licensure Compact to the data system pursuant to s. 456.66; and any significant investigatory information relating to an emergency medical technician or paramedic practicing under the Emergency Medical Services

Personnel Licensure Interstate Compact pursuant to s. 401.466.

Section 21. Subsection (5) of section 456.076, Florida Statutes, is amended to read:

456.076 Impaired practitioner programs.—

(5) A consultant shall enter into a participant contract with an impaired practitioner and shall establish the terms of monitoring and shall include the terms in a participant contract. In establishing the terms of monitoring, the consultant may consider the recommendations of one or more approved evaluators, treatment programs, or treatment providers. A consultant may modify the terms of monitoring if the consultant concludes, through the course of monitoring, that extended, additional, or amended terms of monitoring are required for the protection of the health, safety, and welfare of the public. If the impaired practitioner is an audiologist or a speech-language pathologist practicing under the Audiology and Speech-Language Pathology Interstate Compact pursuant to s. 468.1335, a physical therapist or physical therapist assistant practicing under the Physical Therapy Licensure Compact pursuant to s. 486.112, a psychologist practicing under the Psychology Interjurisdictional Compact pursuant to s. 490.0075, ~~or~~ a health care practitioner practicing under the Professional Counselors Licensure Compact pursuant to s. 491.017, a physician assistant practicing under the Physician Assistant Licensure Compact pursuant to s. 456.66, or an emergency medical technician or

paramedic practicing under the Emergency Medical Services
Personnel Licensure Interstate Compact pursuant to s. 401.466,
the terms of the monitoring contract must include the impaired
practitioner's withdrawal from all practice under the compact
unless authorized by a member state.

**Section 22. Section 456.66, Florida Statutes, is created
to read:**

456.66 Physician Assistant Licensure Compact.—The
Physician Assistant Licensure Compact is enacted into law and
entered into by this state with all other jurisdictions legally
joining therein in the form substantially as follows:

ARTICLE I

PURPOSE

In order to strengthen access to medical services, and in
recognition of the advances in the delivery of medical services,
the participating states of the Physician Assistant Licensure
Compact have allied in common purpose to develop a comprehensive
process that complements the existing authority of state
licensing boards to license and discipline physician assistants
and seeks to enhance the portability of a license to practice as
a physician assistant while safeguarding the safety of patients.
This compact allows medical services to be provided by physician
assistants, via the mutual recognition of the licensee's

1576 qualifying license by other compact participating states. This
1577 compact also adopts the prevailing standard for physician
1578 assistant licensure and affirms that the practice and delivery
1579 of medical services by the physician assistant occurs where the
1580 patient is located at the time of the patient encounter, and
1581 therefore requires the physician assistant to be under the
1582 jurisdiction of the state licensing board where the patient is
1583 located. State licensing boards that participate in this compact
1584 retain the jurisdiction to impose adverse action against a
1585 compact privilege in that state issued to a physician assistant
1586 through the procedures of this compact. The compact will
1587 alleviate burdens for military families by allowing active duty
1588 military personnel and their spouses to obtain a compact
1589 privilege based on having an unrestricted license in good
1590 standing from a participating state.

1591
1592 ARTICLE II

1593 DEFINITIONS

1594
1595 As used in this compact, the term:

1596 (1) "Adverse action" means any administrative, civil,
1597 equitable, or criminal action permitted by a state's laws which
1598 is imposed by a licensing board or other authority against a
1599 physician assistant license or license application or compact
1600 privilege such as license denial, censure, revocation,

1601 suspension, probation, monitoring of the licensee, or
1602 restriction on the licensee's practice.

1603 (2) "Compact privilege" means the authorization granted by
1604 a remote state to allow a licensee from another participating
1605 state to practice as a physician assistant to provide medical
1606 services and other licensed activity to a patient located in the
1607 remote state under the remote state's laws and regulations.

1608 (3) "Conviction" means a finding by a court that an
1609 individual is guilty of a felony or misdemeanor offense through
1610 adjudication or entry of a plea of guilty or nolo contendere to
1611 the charge by the offender.

1612 (4) "Criminal background check" means the submission of
1613 fingerprints or other biometric-based information for a license
1614 applicant for the purpose of obtaining that applicant's criminal
1615 history record information, as defined in 28 C.F.R. s. 20.3(d),
1616 from the state's criminal history record repository, as defined
1617 in 28 C.F.R. s. 20.3(f).

1618 (5) "Data system" means the repository of information
1619 about licensees, including, but not limited to, license status
1620 and adverse actions, which is created and administered under the
1621 terms of this compact.

1622 (6) "Executive committee" means a group of directors and
1623 ex officio individuals elected or appointed pursuant to
1624 subsection (6) of Article VII.

1625 (7) "Impaired practitioner" means a physician assistant

1626 whose practice is adversely affected by a health-related
1627 condition that impacts his or her ability to practice.

1628 (8) "Investigative information" means information,
1629 records, or documents received or generated by a licensing board
1630 pursuant to an investigation.

1631 (9) "Jurisprudence requirement" means the assessment of an
1632 individual's knowledge of the laws and rules governing the
1633 practice of a physician assistant in a state.

1634 (10) "License" means current authorization by a state,
1635 other than authorization pursuant to a compact privilege, for a
1636 physician assistant to provide medical services, which would be
1637 unlawful without current authorization.

1638 (11) "Licensee" means an individual who holds a license
1639 from a state to provide medical services as a physician
1640 assistant.

1641 (12) "Licensing board" means any state entity authorized
1642 to license and otherwise regulate physician assistants.

1643 (13) "Medical services" means health care services
1644 provided for the diagnosis, prevention, treatment, cure, or
1645 relief of a health condition, injury, or disease, as defined by
1646 a state's laws and regulations.

1647 (14) "Model compact" means the model for the compact on
1648 file with the Council of State Governments or other entity as
1649 designated by the commission.

1650 (15) "Participating state" means a state that has enacted

1651 this compact.

1652 (16) "Physician assistant" means an individual who is
1653 licensed as a physician assistant. For purposes of this compact,
1654 any other title or status adopted by a state to replace the term
1655 "physician assistant" shall be deemed synonymous with "physician
1656 assistant" and shall confer the same rights and responsibilities
1657 to the licensee under this compact at the time of its enactment.

1658 (17) "Physician Assistant Licensure Compact Commission,"
1659 "compact commission," or "commission" mean the national
1660 administrative body created pursuant to subsection (1) of
1661 Article VII.

1662 (18) "Qualifying license" means an unrestricted license
1663 issued by a participating state to provide medical services as a
1664 physician assistant.

1665 (19) "Remote state" means a participating state where a
1666 licensee who is not licensed as a physician assistant is
1667 exercising or seeking to exercise the compact privilege.

1668 (20) "Rule" means a regulation adopted by an entity that
1669 has the force and effect of law.

1670 (21) "Significant investigative information" means
1671 investigative information that a licensing board, after an
1672 inquiry or investigation that includes notification and an
1673 opportunity for the physician assistant to respond if required
1674 by state law, has reason to believe is not groundless and, if
1675 proven true, would indicate more than a minor infraction.

1676 (22) "State" means any state, commonwealth, district, or
1677 territory of the United States.

1678
1679 ARTICLE III
1680 STATE PARTICIPATION

1681
1682 (1) To participate in this compact, a participating state
1683 shall:

1684 (a) License physician assistants.

1685 (b) Participate in the compact commission's data system.

1686 (c) Have a mechanism in place for receiving and
1687 investigating complaints against licensees and license
1688 applicants.

1689 (d) Notify the commission, in compliance with the terms of
1690 this compact and commission rules, of any adverse action against
1691 a licensee or license applicant and the existence of significant
1692 investigative information regarding a licensee or license
1693 applicant.

1694 (e) Fully implement a criminal background check
1695 requirement, within a timeframe established by commission rule,
1696 by its licensing board receiving the results of a criminal
1697 background check and reporting to the commission whether the
1698 license applicant has been granted a license.

1699 (f) Comply with the rules of the compact commission.

1700 (g) Use passage of a recognized national exam such as the

1701 NCCPA PANCE as a requirement for physician assistant licensure.

1702 (h) Grant the compact privilege to a holder of a
1703 qualifying license in a participating state.

1704 (2) This compact does not prohibit a participating state
1705 from charging a fee for granting the compact privilege.

1707 ARTICLE IV

1708 COMPACT PRIVILEGE

1710 (1) To exercise the compact privilege, a licensee must:

1711 (a) Have graduated from a physician assistant program
1712 accredited by the Accreditation Review Commission on Education
1713 for the Physician Assistant, Inc., or other programs authorized
1714 by commission rule.

1715 (b) Hold current NCCPA certification.

1716 (c) Have no felony or misdemeanor conviction.

1717 (d) Have never had a controlled substance license, permit,
1718 or registration suspended or revoked by a state or by the United
1719 States Drug Enforcement Administration.

1720 (e) Have a unique identifier as determined by commission
1721 rule.

1722 (f) Hold a qualifying license.

1723 (g) Have not had a revocation of a license or limitation
1724 or restriction on any license currently held due to an adverse
1725 action.

1726 (h) If a licensee has had a limitation or restriction on a
1727 license or compact privilege due to an adverse action, 2 years
1728 must have elapsed from the date on which the license or compact
1729 privilege is no longer limited or restricted due to the adverse
1730 action.

1731 (i) If a compact privilege has been revoked or is limited
1732 or restricted in a participating state for conduct that would
1733 not be a basis for disciplinary action in a participating state
1734 in which the licensee is practicing or applying to practice
1735 under a compact privilege, that participating state shall have
1736 the discretion not to consider such action as an adverse action
1737 requiring the denial or removal of a compact privilege in that
1738 state.

1739 (j) Notify the compact commission that the licensee is
1740 seeking the compact privilege in a remote state.

1741 (k) Meet any jurisprudence requirement of a remote state
1742 in which the licensee is seeking to practice under the compact
1743 privilege.

1744 (1) Report to the commission any adverse action taken by a
1745 nonparticipating state within 30 days after the action is taken.

1746 (2) The compact privilege is valid until the expiration or
1747 revocation of the qualifying license unless terminated pursuant
1748 to an adverse action. The licensee must comply with all of the
1749 requirements of subsection (1) to maintain the compact privilege
1750 in a remote state. If the participating state takes adverse

1751 action against a qualifying license, the licensee shall lose the
1752 compact privilege in any remote state in which the licensee has
1753 a compact privilege until all of the following occur:

1754 (a) The license is no longer limited or restricted.

1755 (b) Two years have elapsed from the date on which the
1756 license is no longer limited or restricted due to the adverse
1757 action.

1758 (3) Once a restricted or limited license satisfies the
1759 requirements of subsection (2), the licensee must meet the
1760 requirements of subsection (1) to obtain a compact privilege in
1761 any remote state.

1762 (4) For each remote state in which a physician assistant
1763 seeks authority to prescribe controlled substances, the
1764 physician assistant shall satisfy all requirements imposed by
1765 such state in granting or renewing such authority.

1766
1767 ARTICLE V

1768 DESIGNATION OF THE STATE FROM WHICH LICENSEE

1769 IS APPLYING FOR COMPACT PRIVILEGE

1770
1771 Upon a licensee's application for a compact privilege, the
1772 licensee shall identify to the commission the participating
1773 state from which the licensee is applying, in accordance with
1774 applicable rules adopted by the commission, and subject to the
1775 following requirements:

1776 (1) When applying for a compact privilege, the licensee
1777 shall provide the commission with the address of the licensee's
1778 primary residence and thereafter shall immediately report to the
1779 commission any change in the address of the licensee's primary
1780 residence.

1781 (2) When applying for a compact privilege, the licensee is
1782 required to consent to accept service of process by mail at the
1783 licensee's primary residence on file with the commission with
1784 respect to any action brought against the licensee by the
1785 commission or a participating state, including a subpoena, with
1786 respect to any action brought or investigation conducted by the
1787 commission or a participating state.

1788
1789 ARTICLE VI
1790 ADVERSE ACTIONS
1791

1792 (1) A participating state in which a licensee is licensed
1793 shall have exclusive power to impose adverse action against the
1794 qualifying license issued by that participating state.

1795 (2) In addition to the other powers conferred by state
1796 law, a remote state shall have the authority, in accordance with
1797 existing state due process law, to do all of the following:

1798 (a) Take adverse action against a physician assistant's
1799 compact privilege within that state to remove a licensee's
1800 compact privilege or take other action necessary under

1801 applicable law to protect the health and safety of its citizens.

1802 (b) Issue subpoenas for both hearings and investigations
1803 that require the attendance and testimony of witnesses as well
1804 as the production of evidence. Subpoenas issued by a licensing
1805 board in a participating state for the attendance and testimony
1806 of witnesses or the production of evidence from another
1807 participating state shall be enforced in the latter state by any
1808 court of competent jurisdiction according to the practice and
1809 procedure of that court applicable to subpoenas issued in
1810 proceedings pending before it. The issuing authority shall pay
1811 any witness fees, travel expenses, mileage, and other fees
1812 required by the service statutes of the state in which the
1813 witnesses or evidence are located.

1814 (c) Notwithstanding paragraph (b), subpoenas may not be
1815 issued by a participating state to gather evidence of conduct in
1816 another state that is lawful in that other state for the purpose
1817 of taking adverse action against a licensee's compact privilege
1818 or application for a compact privilege in that participating
1819 state.

1820 (d) This compact does not authorize a participating state
1821 to impose discipline against a physician assistant's compact
1822 privilege or to deny an application for a compact privilege in
1823 that participating state for the individual's otherwise lawful
1824 practice in another state.

1825 (3) For purposes of taking adverse action, the

1826 participating state which issued the qualifying license shall
1827 give the same priority and effect to reported conduct received
1828 from any other participating state as it would if the conduct
1829 had occurred within the participating state which issued the
1830 qualifying license. In so doing, the participating state shall
1831 apply its own state laws to determine appropriate action.

1832 (4) A participating state, if otherwise permitted by state
1833 law, may recover from the affected physician assistant the costs
1834 of investigations and disposition of cases resulting from any
1835 adverse action taken against that physician assistant.

1836 (5) A participating state may take adverse action based on
1837 the factual findings of a remote state, provided that the
1838 participating state follows its own procedures for taking the
1839 adverse action.

1840 (6) (a) In addition to the authority granted to a
1841 participating state by its applicable laws and regulations, any
1842 participating state may participate with other participating
1843 states in joint investigations of licensees.

1844 (b) Participating states shall share any investigative,
1845 litigation, or compliance materials in furtherance of any joint
1846 or individual investigation initiated under this compact.

1847 (7) If an adverse action is taken against a physician
1848 assistant's qualifying license, the physician assistant's
1849 compact privilege in all remote states shall be deactivated
1850 until 2 years after all restrictions have been removed from the

1851 state license. All disciplinary orders by the participating
1852 state which issued the qualifying license that imposes adverse
1853 action against a physician assistant's license shall include a
1854 statement that the physician assistant's compact privilege is
1855 deactivated in all participating states during the pendency of
1856 the order.

1857 (8) If any participating state takes adverse action, it
1858 shall promptly notify the administrator of the data system.

1860 ARTICLE VII

1861 ESTABLISHMENT OF THE COMPACT COMMISSION

1863 (1) The participating states create and establish a joint
1864 government agency and national administrative body known as the
1865 Physician Assistant Licensure Compact Commission. The commission
1866 is an instrumentality of the compact states acting jointly and
1867 not an instrumentality of any one state. The commission shall
1868 come into existence on or after the effective date of the
1869 compact as provided in subsection (1) of Article XI.

1870 (2)(a) Each participating state shall have and be limited
1871 to one delegate selected by that participating state's licensing
1872 board or, if the state has more than one licensing board,
1873 selected collectively by the participating state's licensing
1874 boards.

1875 (b) The delegate shall be either:

1876 1. A current physician assistant, physician, or public
1877 member of a licensing board or physician assistant council or
1878 committee; or

1879 2. An administrator of a licensing board.

1880 (c) Any delegate may be removed or suspended from office
1881 as provided by the laws of the state from which the delegate is
1882 appointed.

1883 (d) The participating state licensing board shall fill any
1884 vacancy occurring in the commission within 60 days.

1885 (e) Each delegate shall be entitled to one vote on all
1886 matters voted on by the commission and shall otherwise have an
1887 opportunity to participate in the business and affairs of the
1888 commission. A delegate shall vote in person or by such other
1889 means as provided in the bylaws. The bylaws may provide for
1890 delegates' participation in meetings by telecommunications,
1891 video conference, or other means of communication.

1892 (f) The commission shall meet at least once during each
1893 calendar year. Additional meetings shall be held as set forth in
1894 this compact and the bylaws.

1895 (g) The commission shall establish by rule a term of
1896 office for delegates.

1897 (3) The commission shall have all of the following powers
1898 and duties:

1899 (a) Establish a code of ethics for the commission.

1900 (b) Establish the fiscal year of the commission.

1901 (c) Establish bylaws.

1902 (d) Maintain its financial records in accordance with the
1903 bylaws.

1904 (e) Meet and take such actions as are consistent with the
1905 provisions of this compact and the bylaws.

1906 (f) Adopt rules to facilitate and coordinate
1907 implementation and administration of this compact. The rules
1908 shall have the force and effect of law and shall be binding in
1909 all participating states.

1910 (g) Bring and prosecute legal proceedings or actions in
1911 the name of the commission, provided that the standing of any
1912 state licensing board to sue or be sued under applicable law may
1913 not be affected.

1914 (h) Purchase and maintain insurance and bonds.

1915 (i) Borrow, accept, or contract for services of personnel,
1916 including, but not limited to, employees of a participating
1917 state.

1918 (j) Hire employees and engage contractors, elect or
1919 appoint officers, fix compensation, define duties, grant such
1920 individuals appropriate authority to carry out the purposes of
1921 this compact, and establish the commission's personnel policies
1922 and programs relating to conflicts of interest, qualifications
1923 of personnel, and other related personnel matters.

1924 (k) Accept any and all appropriate donations and grants of
1925 money, equipment, supplies, materials, and services, and

1926 receive, use, and dispose of the same, provided that at all
1927 times the commission shall avoid any appearance of impropriety
1928 or conflict of interest.

1929 (l) Lease, purchase, accept appropriate gifts or donations
1930 of, or otherwise own, hold, improve, or use any property, real,
1931 personal, or mixed, provided that at all times the commission
1932 shall avoid any appearance of impropriety.

1933 (m) Sell, convey, mortgage, pledge, lease, exchange,
1934 abandon, or otherwise dispose of any property, real, personal,
1935 or mixed.

1936 (n) Establish a budget and make expenditures.

1937 (o) Borrow money.

1938 (p) Appoint committees, including standing committees
1939 composed of members, state regulators, state legislators or
1940 their representatives, and consumer representatives, and such
1941 other interested persons as may be designated in this compact
1942 and the bylaws.

1943 (q) Provide and receive information from, and cooperate
1944 with, law enforcement agencies.

1945 (r) Elect a chair, vice chair, secretary, and treasurer
1946 and other officers of the commission as provided in the
1947 commission's bylaws.

1948 (s) Reserve for itself, in addition to those reserved
1949 exclusively to the commission under the compact, powers that the
1950 executive committee may not exercise.

1951 (t) Approve or disapprove a state's participation in the
1952 compact based upon its determination as to whether the state's
1953 compact legislation departs in a material manner from the model
1954 compact language.

1955 (u) Prepare and provide to the participating states an
1956 annual report.

1957 (v) Perform such other functions as may be necessary or
1958 appropriate to achieve the purposes of this compact consistent
1959 with the state regulation of physician assistant licensure and
1960 practice.

1961 (4) (a) All meetings of the commission shall be open to the
1962 public. Notice of public meetings shall be posted on the
1963 commission's website at least 30 days before the public meeting.

1964 (b) Notwithstanding paragraph (a), the commission may
1965 convene a public meeting by providing at least 24 hours' prior
1966 notice on the commission's website, and any other means as
1967 provided in the commission's rules, for any of the reasons it
1968 may dispense with notice of proposed rulemaking under subsection
1969 (20) of Article IX.

1970 (c) The commission may convene in a closed, nonpublic
1971 meeting or nonpublic part of a public meeting to discuss any of
1972 the following information:

1973 1. Noncompliance of a participating state with its
1974 obligations under the compact;

1975 2. The employment, compensation, discipline, or other

matters, practices, or procedures related to specific employees
or other matters related to the commission's internal personnel
practices and procedures;

3. Current, threatened, or reasonably anticipated
litigation;

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

5. Accusing any person of a crime or formally censuring
any person;

6. Disclosure of trade secrets or commercial or financial
information that is privileged or confidential;

7. Disclosure of information of a personal nature when
disclosure of such information would constitute a clearly
unwarranted invasion of personal privacy;

8. Disclosure of investigative records compiled for law
enforcement purposes;

9. Disclosure of information related to any investigative
reports prepared by or on behalf of or for use of the commission
or other committee charged with responsibility of investigation
or determination of compliance issues pursuant to the compact;

10. Legal advice; or

11. Matters specifically exempted from disclosure by
federal or state statute.

(d) If a meeting, or portion of a meeting, is closed
pursuant to this article, the chair of the meeting or the

2001 chair's designee shall certify that the meeting or portion of
2002 the meeting may be closed and shall reference each relevant
2003 exempting provision.

2004 (e) The commission shall keep minutes that fully and
2005 clearly describe all matters discussed in a meeting and shall
2006 provide a full and accurate summary of actions taken, including
2007 a description of the views expressed. All documents considered
2008 in connection with an action shall be identified in such
2009 minutes. All minutes and documents of a closed meeting shall
2010 remain under seal, subject to release by a majority vote of the
2011 commission or order of a court of competent jurisdiction.

2012 (5) (a) The commission shall pay, or provide for the
2013 payment of, the reasonable expenses of its establishment,
2014 organization, and ongoing activities.

2015 (b) The commission may accept any and all appropriate
2016 revenue sources, donations, and grants of money, equipment,
2017 supplies, materials, and services.

2018 (c) The commission may levy on and collect an annual
2019 assessment from each participating state to cover the cost of
2020 the operations and activities of the commission and its staff,
2021 which must be in a total amount sufficient to cover its annual
2022 budget as approved by the commission each year for which revenue
2023 is not provided by other sources. The aggregate annual
2024 assessment amount levied on participating states shall be
2025 allocated based upon a formula to be determined by commission

2026 rule.

2027 1. A compact privilege expires when the licensee's
2028 qualifying license in the participating state from which the
2029 licensee applied for the compact privilege expires.

2030 2. If the licensee terminates the qualifying license
2031 through which the licensee applied for the compact privilege
2032 before its scheduled expiration, and the licensee has a
2033 qualifying license in another participating state, the licensee
2034 shall inform the commission that it is changing to that
2035 participating state the participating state through which it
2036 applies for a compact privilege and pay to the commission any
2037 compact privilege fee required by commission rule.

2038 (d) The commission may not incur obligations of any kind
2039 prior to securing the funds adequate to meet the same, nor shall
2040 the commission pledge the credit of any of the participating
2041 states, except by and with the authority of the participating
2042 state.

2043 (e) The commission shall keep accurate accounts of all
2044 receipts and disbursements. The receipts and disbursements of
2045 the commission shall be subject to the financial review and
2046 accounting procedures established under its bylaws. All receipts
2047 and disbursements of funds handled by the commission shall be
2048 subject to an annual financial review by a certified or licensed
2049 public accountant, and the report of the financial review shall
2050 be included in and become part of the annual report of the

2051 commission.

2052 (6) (a) The executive committee shall have the power to act
2053 on behalf of the commission according to the terms of this
2054 compact and commission rules.

2055 (b) The executive committee shall be composed of nine
2056 members, including:

2057 1. Seven voting members who are elected by the commission
2058 from the current membership of the commission.

2059 2. One ex officio, nonvoting member from a recognized
2060 national physician assistant professional association.

2061 3. One ex officio, nonvoting member from a recognized
2062 national physician assistant certification organization.

2063 (c) The ex officio members will be selected by their
2064 respective organizations.

2065 (d) The commission may remove any member of the executive
2066 committee as provided in its bylaws.

2067 (e) The executive committee shall meet at least annually.

2068 (f) The executive committee shall have all of the
2069 following duties and responsibilities:

2070 1. Recommend to the commission changes to the commission's
2071 rules or bylaws, changes to this compact legislation, and fees
2072 to be paid by compact participating states, such as annual dues.

2073 2. Ensure compact administration services are
2074 appropriately provided, contractual or otherwise.

2075 3. Prepare and recommend the budget.

2076 4. Maintain financial records on behalf of the commission.

2077 5. Monitor compact compliance of participating states and
2078 provide compliance reports to the commission.

2079 6. Establish additional committees as necessary.

2080 7. Exercise the powers and duties of the commission during
2081 the interim between commission meetings, except for issuing
2082 proposed rulemaking or adopting commission rules or bylaws, or
2083 exercising any other powers and duties exclusively reserved to
2084 the commission by the commission's rules.

2085 8. Perform other duties as provided in the commission's
2086 rules or bylaws.

2087 (7) (a) All meetings of the executive committee at which it
2088 votes or plans to vote on matters in exercising the powers and
2089 duties of the commission shall be open to the public and public
2090 notice of such meetings shall be given as public meetings of the
2091 commission are given.

2092 (b) The executive committee may convene in a closed,
2093 nonpublic meeting for the same reasons that the commission may
2094 convene in a nonpublic meeting as provided in paragraph (c) of
2095 subsection (4) and shall announce the closed meeting as the
2096 commission is required to under paragraph (d) of subsection (4)
2097 of this Article and keep minutes of the closed meeting as the
2098 commission is required to under paragraph (e) of subsection (4)
2099 of this Article.

2100 (c) The members, officers, executive director, employees,

2101 and representatives of the commission shall be immune from suit
2102 and liability, both personally and in their official capacities,
2103 for any claim for damage to or loss of property or personal
2104 injury or other civil liability caused by or arising out of any
2105 actual or alleged act, error, or omission that occurred, or that
2106 the person against whom the claim is made had a reasonable basis
2107 for believing occurred within the scope of commission
2108 employment, duties, or responsibilities, provided that nothing
2109 in this paragraph shall be construed to protect any such person
2110 from suit or liability for any damage, loss, injury, or
2111 liability caused by the intentional or willful or wanton
2112 misconduct of that person. The procurement of insurance of any
2113 type by the commission does not in any way compromise or limit
2114 the immunity granted hereunder.

2115 (d) The commission shall defend any member, officer,
2116 executive director, employee, and representative of the
2117 commission in any civil action seeking to impose liability
2118 arising out of any actual or alleged act, error, or omission
2119 that occurred within the scope of commission employment, duties,
2120 or responsibilities, or as determined by the commission that the
2121 person against whom the claim is made had a reasonable basis for
2122 believing occurred within the scope of commission employment,
2123 duties, or responsibilities, provided that nothing herein shall
2124 be construed to prohibit that person from retaining his or her
2125 own counsel at his or her own expense, and provided further that

2126 the actual or alleged act, error, or omission did not result
2127 from that person's intentional or willful or wanton misconduct.

2128 (e) The commission shall indemnify and hold harmless any
2129 member, officer, executive director, employee, and
2130 representative of the commission for the amount of any
2131 settlement or judgment obtained against that person arising out
2132 of any actual or alleged act, error, or omission that occurred
2133 within the scope of commission employment, duties, or
2134 responsibilities, or that such person had a reasonable basis for
2135 believing occurred within the scope of commission employment,
2136 duties, or responsibilities, provided that the actual or alleged
2137 act, error, or omission did not result from the intentional or
2138 willful or wanton misconduct of that person.

2139 (f) Venue is proper and judicial proceedings by or against
2140 the commission shall be brought solely and exclusively in a
2141 court of competent jurisdiction where the principal office of
2142 the commission is located. The commission may waive venue and
2143 jurisdictional defenses in any proceedings as authorized by
2144 commission rules.

2145 (g) This compact does not:

2146 1. Limit the liability of any licensee for professional
2147 malpractice or misconduct, which shall be governed solely by any
2148 other applicable state laws.

2149 2. Designate the venue or jurisdiction to bring actions
2150 for alleged acts of malpractice, professional misconduct,

negligence, or other such civil action pertaining to the
practice of a physician assistant. All such matters shall be
determined exclusively by state law other than this compact.

3. Waive or otherwise abrogate a participating state's
state action immunity or state action affirmative defense with
respect to antitrust claims under the Sherman Act, the Clayton
Act, or any other state or federal antitrust or anticompetitive
law or regulation.

4. Waive sovereign immunity by the participating states or
by the commission.

ARTICLE VIII

DATA SYSTEM

(1) The commission shall provide for the development,
maintenance, operation, and use of a coordinated data and
reporting system containing licensure, adverse action, and the
reporting of the existence of significant investigative
information on all licensed physician assistants and applicants
denied a license in participating states.

(2) Notwithstanding any other state law to the contrary, a
participating state shall submit a uniform data set to the data
system on all applicable physician assistants, using a unique
identifier, as required by the rules of the commission,
including all of the following:

2176 (a) Identifying information.

2177 (b) Licensure data.

2178 (c) Adverse actions against a license or compact
2179 privilege.

2180 (d) Any denial of application for licensure, and the
2181 reason for such denial. This does not include the reporting of
2182 any criminal history record information where prohibited by law.

2183 (e) The existence of significant investigative
2184 information.

2185 (f) Other information that may facilitate the
2186 administration of this compact, as determined by the rules of
2187 the commission.

2188 (3) Significant investigative information pertaining to a
2189 licensee in any participating state shall only be available to
2190 other participating states.

2191 (4) The commission shall promptly notify all participating
2192 states of any reported adverse action taken against a licensee
2193 or an individual applying for a license. The adverse action
2194 information shall be available to all participating states.

2195 (5) Participating states contributing information to the
2196 data system may, in accordance with state or federal law,
2197 designate information that may not be shared with the public
2198 without the express permission of the contributing state.
2199 Notwithstanding any such designation, such information shall be
2200 reported to the commission through the data system.

2201 (6) Any information submitted to the data system that is
2202 subsequently expunged pursuant to state or federal law shall be
2203 removed from the data system upon reporting of such by the
2204 participating state to the commission.

2205 (7) The records and information provided to a
2206 participating state pursuant to this compact or through the data
2207 system, when certified by the commission or an agent thereof,
2208 shall constitute the authenticated business records of the
2209 commission, and shall be entitled to any associated hearsay
2210 exception in any relevant judicial, quasi-judicial, or
2211 administrative proceedings in a participating state.

2212
2213 ARTICLE IX

2214 RULEMAKING
2215

2216 (1) The commission shall exercise its rulemaking powers
2217 pursuant to the criteria provided in this article and the rules
2218 adopted thereunder. Commission rules shall become binding as of
2219 the date specified by the commission for each rule.

2220 (2) The commission shall adopt reasonable rules in order
2221 to effectively and efficiently implement and administer this
2222 compact and achieve its purposes. A commission rule is invalid
2223 and does not have force or effect if a court of competent
2224 jurisdiction holds that the rule is invalid because the
2225 commission exercised its rulemaking authority in a manner that

2226 is beyond the scope of the purposes of this compact, or the
2227 powers granted hereunder, or based upon another applicable
2228 standard of review.

2229 (3) The rules of the commission shall have the force of
2230 law in each participating state, provided, however, that where
2231 the rules of the commission conflict with the laws of the
2232 participating state that establish the medical services a
2233 physician assistant may perform in the participating state, as
2234 held by a court of competent jurisdiction, the rules of the
2235 commission shall be ineffective in that state to the extent of
2236 the conflict.

2237 (4) If a majority of the legislatures of the participating
2238 states rejects a commission rule, by enactment of a statute or
2239 resolution in the same manner used to adopt this compact within
2240 4 years after the date of adoption of the rule, then such rule
2241 shall have no further force and effect in any participating
2242 state or to any state applying to participate in the compact.

2243 (5) Commission rules shall be adopted at a regular or
2244 special meeting of the commission.

2245 (6) Before adoption of a final rule or rules by the
2246 commission, and at least 30 days before the meeting at which the
2247 rule will be considered and voted upon, the commission shall
2248 file a notice of proposed rulemaking:

2249 (a) On the website of the commission or other publicly
2250 accessible platform.

2251 (b) To persons who have requested notice of the
2252 commission's notices of proposed rulemaking.

2253 (c) In such other ways as the commission may by rule
2254 specify.

2255 (7) The notice of proposed rulemaking shall include all of
2256 the following:

2257 (a) The time, date, and location of the public hearing on
2258 the proposed rule and the proposed time, date, and location of
2259 the meeting in which the proposed rule will be considered and
2260 voted upon.

2261 (b) The text of the proposed rule and the reason for the
2262 proposed rule.

2263 (c) A request for comments on the proposed rule from any
2264 interested person and the date by which written comments must be
2265 received.

2266 (d) The manner in which an interested person may submit
2267 notice to the commission of his or her intention to attend the
2268 public hearing or provide any written comments.

2269 (8) Before adoption of a proposed rule, the commission
2270 shall allow persons to submit written data, facts, opinions, and
2271 arguments, which shall be made available to the public.

2272 (9) If the hearing is to be held via electronic means, the
2273 commission shall publish the mechanism for access to the
2274 electronic hearing.

2275 (a) Any person wishing to be heard at the hearing shall,

2276 as directed in the notice of proposed rulemaking, at least 5
2277 business days before the scheduled date of the hearing, notify
2278 the commission of his or her desire to appear and testify at the
2279 hearing.

2280 (b) Hearings shall be conducted in a manner providing each
2281 person who wishes to comment a fair and reasonable opportunity
2282 to comment orally or in writing.

2283 (c) All hearings shall be recorded. A copy of the
2284 recording and the written comments, data, facts, opinions, and
2285 arguments received in response to the proposed rulemaking shall
2286 be made available to a person upon request.

2287 (10) This article does not require a separate hearing on
2288 each proposed rule. Proposed rules may be grouped for the
2289 convenience of the commission at hearings required by this
2290 article.

2291 (11) Following the public hearing, the commission shall
2292 consider all written and oral comments timely received.

2293 (12) The commission shall, by a majority vote of all
2294 delegates, take final action on the proposed rule and shall
2295 determine the effective date of the rule, if adopted, based on
2296 the rulemaking record and the full text of the rule.

2297 (a) If adopted, the rule shall be posted on the
2298 commission's website.

2299 (b) The commission may adopt changes to the proposed rule
2300 provided the changes do not enlarge the original purpose of the

2301 proposed rule.

2302 (c) The commission shall provide on its website an
2303 explanation of the reasons for substantive changes made to the
2304 proposed rule as well as reasons for substantive changes not
2305 made that were recommended by commenters.

2306 (d) The commission shall determine a reasonable effective
2307 date for the rule. Except for an emergency as provided in
2308 subsection (13), the effective date of the rule shall be at
2309 least 30 days after the commission issued the notice that it
2310 adopted the rule.

2311 (13) (a) Upon determination that an emergency exists, the
2312 commission may consider and adopt an emergency rule with 24
2313 hours' prior notice, without the opportunity for comment or
2314 hearing, provided that the usual rulemaking procedures provided
2315 in this compact and in this article shall be retroactively
2316 applied to the rule as soon as reasonably possible, but in no
2317 event later than 90 days after the effective date of the rule.
2318 For the purposes of this subsection, an emergency rule is one
2319 that must be adopted immediately by the commission in order to:

2320 1. Meet an imminent threat to public health, safety, or
2321 welfare;

2322 2. Prevent a loss of commission or participating state
2323 funds;

2324 3. Meet a deadline for the adoption of a commission rule
2325 that is established by federal law or rule; or

2326 4. Protect public health and safety.

2327 (14) The commission or an authorized committee of the
2328 commission may direct revisions to a previously adopted
2329 commission rule for purposes of correcting typographical errors,
2330 errors in format, errors in consistency, or grammatical errors.
2331 Public notice of any revisions shall be posted on the website of
2332 the commission. The revision shall be subject to challenge by
2333 any person for a period of 30 days after posting. The revision
2334 may be challenged only on grounds that the revision results in a
2335 material change to a rule. A challenge shall be made as provided
2336 in the notice of revisions and delivered to the commission
2337 before the end of the notice period. If the revision is not
2338 challenged, the revision will take effect without further
2339 action. If the revision is challenged, the revision may not take
2340 effect without the approval of the commission.

2341 (15) A participating state's rulemaking requirements do
2342 not apply under this compact.

2343
2344 ARTICLE X

2345 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

2346
2347 (1) The executive and judicial branches of state
2348 government in each participating state shall enforce this
2349 compact and take all actions necessary and appropriate to
2350 implement the compact.

2351 (2) Venue is proper and judicial proceedings by or against
2352 the commission shall be brought solely and exclusively in a
2353 court of competent jurisdiction where the principal office of
2354 the commission is located. The commission may waive venue and
2355 jurisdictional defenses to the extent it adopts or consents to
2356 participate in alternative dispute resolution proceedings.
2357 Nothing herein shall affect or limit the selection or propriety
2358 of venue in any action against a licensee for professional
2359 malpractice, misconduct, or any such similar matter.

2360 (3) The commission shall be entitled to receive service of
2361 process in any proceeding regarding the enforcement or
2362 interpretation of the compact or the commission's rules and
2363 shall have standing to intervene in such a proceeding for all
2364 purposes. Failure to provide the commission with service of
2365 process shall render a judgment or order in such proceeding void
2366 as to the commission, this compact, or commission rules.

2367 (4) If the commission determines that a participating
2368 state has defaulted in the performance of its obligations or
2369 responsibilities under this compact or the commission rules, the
2370 commission shall provide written notice to the defaulting state
2371 and other participating states. The notice shall describe the
2372 default, the proposed means of curing the default, and any other
2373 action that the commission may take and shall offer remedial
2374 training and specific technical assistance regarding the
2375 default.

2376 (5) If a state in default fails to cure the default, the
2377 defaulting state may be terminated from this compact upon an
2378 affirmative vote of a majority of the delegates of the
2379 participating states, and all rights, privileges, and benefits
2380 conferred by this compact upon such state may be terminated on
2381 the effective date of termination. A cure of the default does
2382 not relieve the offending state of obligations or liabilities
2383 incurred during the period of default.

2384 (6) Termination of participation in this compact shall be
2385 imposed only after all other means of securing compliance have
2386 been exhausted. Notice of intent to suspend or terminate shall
2387 be given by the commission to the Governor, the majority and
2388 minority leaders of the defaulting state's legislature, and the
2389 licensing board of each of the participating states.

2390 (7) A state that has been terminated is responsible for
2391 all assessments, obligations, and liabilities incurred through
2392 the effective date of termination, including obligations that
2393 extend beyond the effective date of termination.

2394 (8) The commission may not bear any costs related to a
2395 state that is found to be in default or that has been terminated
2396 from this compact, unless agreed upon in writing between the
2397 commission and the defaulting state.

2398 (9) The defaulting state may appeal its termination from
2399 the compact by the commission by petitioning the United States
2400 District Court for the District of Columbia or the federal

2401 district where the commission has its principal offices. The
2402 prevailing member shall be awarded all costs of such litigation,
2403 including reasonable attorney fees.

2404 (10) Upon the termination of a state's participation in
2405 the compact, the state shall immediately provide notice to all
2406 licensees within that state of such termination.

2407 (a) Licensees who have been granted a compact privilege in
2408 that state shall retain the compact privilege for 180 days after
2409 the effective date of such termination.

2410 (b) Licensees who are licensed in that state who have been
2411 granted a compact privilege in a participating state shall
2412 retain the compact privilege for 180 days unless the licensee
2413 also has a qualifying license in a participating state or
2414 obtains a qualifying license in a participating state before the
2415 180-day period ends, in which case the compact privilege shall
2416 continue.

2417 (11) Upon request by a participating state, the commission
2418 shall attempt to resolve disputes related to this compact that
2419 arise among participating states and between participating and
2420 nonparticipating states.

2421 (12) The commission shall adopt a rule providing for both
2422 mediation and binding dispute resolution for disputes, as
2423 appropriate.

2424 (13) The commission, in the reasonable exercise of its
2425 discretion, shall enforce this compact and the rules of the

2426 commission.

2427 (14) If compliance is not secured after all means to
2428 secure compliance have been exhausted, by majority vote, the
2429 commission may initiate legal action in the United States
2430 District Court for the District of Columbia or the federal
2431 district where the commission has its principal offices against
2432 a participating state in default to enforce compliance with this
2433 compact and the commission's rules and bylaws. The relief sought
2434 may include both injunctive relief and damages. In the event
2435 judicial enforcement is necessary, the prevailing party shall be
2436 awarded all costs of such litigation, including reasonable
2437 attorney fees.

2438 (15) These remedies are not the exclusive remedies of the
2439 commission. The commission may pursue any other remedies
2440 available under state or federal law.

2441 (16) A participating state may initiate legal action
2442 against the commission in the United States District Court for
2443 the District of Columbia or the federal district where the
2444 commission has its principal offices to enforce compliance with
2445 the provisions of the compact and its rules. The relief sought
2446 may include both injunctive relief and damages. In the event
2447 judicial enforcement is necessary, the prevailing party shall be
2448 awarded all costs of such litigation, including reasonable
2449 attorney fees.

2450 (17) No person other than a participating state may

2451 enforce this compact against the commission.

2453 ARTICLE XI

2454 DATE OF IMPLEMENTATION OF THE PHYSICIAN ASSISTANT LICENSURE

2455 COMPACT COMMISSION

2456
2457 (1) This compact shall become effective on the date on
2458 which this compact is enacted into law in the seventh
2459 participating state.

2460 (a) On or after the effective date of the compact, the
2461 commission shall convene and review the enactment of each of the
2462 states that enacted the compact before the commission convening
2463 to determine if the statute enacted by each such charter
2464 participating state is materially different than the model
2465 compact.

2466 (b) A charter participating state whose enactment is found
2467 to be materially different from the model compact shall be
2468 entitled to the default process provided in subsection (4) of
2469 Article X.

2470 (c) If any participating state later withdraws from the
2471 compact or its participation is terminated, the commission shall
2472 remain in existence and the compact shall remain in effect even
2473 if the number of participating states should be less than seven.

2474 (2) Participating states enacting the compact subsequent
2475 to the commission convening shall be subject to the process set

2476 forth in paragraph (t) of subsection (3) of Article VII to
2477 determine if their enactments are materially different from the
2478 model compact and whether they qualify for participation in the
2479 compact.

2480 (3) Participating states enacting the compact subsequent
2481 to the seven initial charter participating states shall be
2482 subject to the process set forth in paragraph (t) of subsection
2483 (3) of Article VII to determine if such enactments are
2484 materially different from the model compact and whether they
2485 qualify for participation in the compact.

2486 (4) All actions taken for the benefit of the commission or
2487 in furtherance of the purposes of the administration of the
2488 compact before the effective date of the compact or the
2489 commission coming into existence shall be considered to be
2490 actions of the commission unless specifically repudiated by the
2491 commission.

2492 (5) Any state that joins this compact shall be subject to
2493 the commission's rules and bylaws that exist on the date on
2494 which this compact becomes a law in that state. Any rule that
2495 has been previously adopted by the commission shall have the
2496 full force and effect of law on the day this compact becomes a
2497 law in that state.

2498 (6) Any participating state may withdraw from this compact
2499 by enacting a statute repealing the same.

2500 (a) A participating state's withdrawal does not take

2501 effect until 180 days after enactment of the repealing statute.
2502 During this 180 day-period, all compact privileges that were in
2503 effect in the withdrawing state and were granted to licensees
2504 licensed in the withdrawing state shall remain in effect. If any
2505 licensee licensed in the withdrawing state is also licensed in
2506 another participating state or obtains a license in another
2507 participating state within the 180 days, the licensee's compact
2508 privileges in other participating states will not be affected by
2509 the passage of the 180 days.

2510 (b) Withdrawal does not affect the continuing requirement
2511 of the state licensing board of the withdrawing state to comply
2512 with the investigative and adverse action reporting requirements
2513 of this compact before the effective date of withdrawal.

2514 (c) Upon the enactment of a statute withdrawing a state
2515 from this compact, the state shall immediately provide notice of
2516 such withdrawal to all licensees within that state. Such
2517 withdrawing state shall continue to recognize all licenses
2518 granted pursuant to this compact for a minimum of 180 days after
2519 the date of such notice of withdrawal.

2520 (7) Nothing contained in this compact shall be construed
2521 to invalidate or prevent any physician assistant licensure
2522 agreement or other cooperative arrangement between participating
2523 states and between a participating state and nonparticipating
2524 state that does not conflict with the provisions of this
2525 compact.

2526 (8) This compact may be amended by the participating
2527 states. An amendment to this compact is not effective and
2528 binding upon any participating state until it is enacted
2529 materially in the same manner into the laws of all participating
2530 states as determined by the commission.

2531
2532 ARTICLE XII

2533 CONSTRUCTION AND SEVERABILITY
2534

2535 (1) This compact and the commission's rulemaking authority
2536 shall be liberally construed so as to effectuate the purposes
2537 and the implementation and administration of the compact.
2538 Provisions of the compact expressly authorizing or requiring the
2539 adoption of rules may not be construed to limit the commission's
2540 rulemaking authority solely for those purposes.

2541 (2) The provisions of this compact are severable and if
2542 any phrase, clause, sentence, or provision of this compact is
2543 held by a court of competent jurisdiction to be contrary to the
2544 constitution of any participating state, a state seeking
2545 participation in the compact, or of the United States, or the
2546 applicability thereof to any government, agency, person, or
2547 circumstance is held to be unconstitutional by a court of
2548 competent jurisdiction, the validity of the remainder of this
2549 compact and the applicability thereof to any other government,
2550 agency, person, or circumstance may not be affected thereby.

(3) Notwithstanding subsection (2) of this article, the commission may deny a state's participation in the compact or, in accordance with the requirements in subsections (4)-(10) of Article X, terminate a participating state's participation in the compact, if it determines that a constitutional requirement of a participating state is, or would be with respect to a state seeking to participate in the compact, a material departure from the compact. Otherwise, if this compact shall be held to be contrary to the constitution of any participating state, the compact shall remain in full force and effect as to the remaining participating states and in full force and effect as to the participating state affected as to all severable matters.

ARTICLE XIII

BINDING EFFECT OF COMPACT

(1) Nothing herein prevents the enforcement of any other law of a participating state that is not inconsistent with this compact.

(2) Any laws in a participating state in conflict with this compact are superseded to the extent of the conflict.

(3) All agreements between the commission and the participating states are binding in accordance with their terms.

Section 23. Subsection (6) of section 458.307, Florida Statutes, is renumbered as subsection (7) and a new subsection

(6) is added to that section, to read:

458.307 Board of Medicine.—

(6) The Board of Medicine and the Board of Osteopathic Medicine shall jointly appoint an individual to serve as the state's delegate on the Physician Assistant Licensure Compact Commission, as required under s. 456.66.

Section 24. Subsections (7) through (16) of section 458.347, Florida Statutes, are renumbered as subsections (8) through (17), respectively, paragraph (f) of subsection (6) is redesignated as paragraph (g), subsection (3) and present subsection (11) are amended, a new paragraph (f) is added to subsection (6), and a new subsection (7) is added to that section, to read:

458.347 Physician assistants.—

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may ~~not supervise as many more than 10 currently licensed~~ physician assistants as the physician can effectively supervise and communicate with within the circumstances of the specific practice setting at any one time. A physician supervising a physician assistant pursuant to this section is ~~may not be~~

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required to review and cosign charts or medical records prepared by such physician assistant.

(6) PHYSICIAN ASSISTANT LICENSURE.—

(f) The board may take adverse action against a physician assistant's privilege to practice under the Physician Assistant Licensure Compact pursuant to s. 456.66 and may impose any penalties in s. 456.072(2) if the physician assistant commits an act specified in subsection (1) or s. 456.072(1).

(7) EXEMPTION.—A person licensed as a physician assistant in another state who is practicing under the Physician Assistant Licensure Compact pursuant to s. 456.66, and only within the scope provided therein, is exempt from the licensure requirements of this section, as applicable.

(11) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—The boards may deny, suspend, or revoke a physician assistant license if a board determines that the physician assistant has violated this chapter or s. 456.66.

Section 25. Subsections (7) through (16) of section 459.022, Florida Statutes, are renumbered as subsections (8) through (17), respectively, paragraph (f) of subsection (6) is redesignated as paragraph (g), subsection (3) and present subsection (11) are amended, a new paragraph (f) is added to subsection (6), and a new subsection (7) is added to that section, to read:

459.022 Physician assistants.—

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may ~~not supervise as many more than 10 currently licensed~~ physician assistants as the physician can effectively supervise and communicate with within the circumstances of the specific practice setting at any one time. A physician supervising a physician assistant pursuant to this section ~~is may not be~~ required to review and cosign charts or medical records prepared by such physician assistant.

(6) PHYSICIAN ASSISTANT LICENSURE.—

(f) The board may take adverse action against a physician assistant's privilege to practice under the Physician Assistant Licensure Compact pursuant to s. 456.66 and may impose any penalties in s. 456.072(2) if the physician assistant commits an act specified in subsection (1) or s. 456.072(1).

(7) EXEMPTION.—A person licensed as a physician assistant in another state who is practicing under the Physician Assistant Licensure Compact pursuant to s. 456.66, and only within the scope provided therein, is exempt from the licensure requirements of this section, as applicable.

(11) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—The

boards may deny, suspend, or revoke a physician assistant license if a board determines that the physician assistant has violated this chapter or s. 456.66.

Section 26. Paragraph (a) of subsection (3) of section 464.0123, Florida Statutes, is amended to read:

464.0123 Autonomous practice by an advanced practice registered nurse.—

(3) PRACTICE REQUIREMENTS.—

(a) An advanced practice registered nurse who is registered under this section may:

~~1. Engage in autonomous practice only in primary care practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule.~~

~~2. For certified nurse midwives, engage in autonomous practice in the performance of the acts listed in s. 464.012(4)(c).~~

~~1.3.~~ Perform the general functions of an advanced practice registered nurse under s. 464.012(3) and the acts within his or her specialty under s. 464.012(4) ~~related to primary care.~~

~~2.4.~~ For a patient who requires the services of a health care facility, ~~as defined in s. 408.032(8):~~

- a. Admit the patient to the facility.
- b. Manage the care received by the patient in the facility.
- c. Discharge the patient from the facility, unless

prohibited by federal law or rule.

As used in this subparagraph, the term "health care facility" means a skilled nursing facility, hospice, or intermediate care facility for the developmentally disabled. The term does not include a facility relying solely on spiritual means through prayer for healing.

~~3.5.~~ Provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician, except an advanced practice registered nurse registered under this section may not issue a physician certification under s. 381.986.

Section 27. Section 466.017, Florida Statutes, is amended to read:

466.017 Prescription of drugs; anesthesia.—

(1) A dentist shall have the right to prescribe drugs or medicine, subject to limitations imposed by law; perform surgical operations within the scope of her or his practice and training; administer general or local anesthesia or sedation, subject to limitations imposed by law; and use such appliances as may be necessary to the proper practice of dentistry.

(2) A dental hygienist under the general supervision of a dentist may prescribe, administer, and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing, and other nonsystemic antimicrobial agents. The board may establish

2701 education and training requirements that a dental hygienist must
2702 complete before prescribing, dispensing, or administering a drug
2703 pursuant to this subsection. The board may adopt rules to
2704 administer this subsection.

2705 (3)(2) Pharmacists licensed pursuant to chapter 465 may
2706 fill prescriptions of legally licensed dentists in this state
2707 for any drugs necessary for the practice of dentistry or of
2708 legally licensed dental hygienists in this state for drugs
2709 authorized in subsection (2).

2710 (4)(3) The board shall adopt rules which:

2711 (a) Define general anesthesia.

2712 (b) Specify which methods of general or local anesthesia
2713 or sedation, if any, are limited or prohibited for use by
2714 dentists.

2715 (c) Establish minimal training, education, experience, or
2716 certification for a dentist to use general anesthesia or
2717 sedation, which rules may exclude, in the board's discretion,
2718 those dentists using general anesthesia or sedation in a
2719 competent and effective manner as of the effective date of the
2720 rules.

2721 (d) Establish further requirements relating to the use of
2722 general anesthesia or sedation, including, but not limited to,
2723 office equipment and the training of dental assistants or dental
2724 hygienists who work with dentists using general anesthesia or
2725 sedation.

2726 (e) Establish an administrative mechanism enabling the
2727 board to verify compliance with training, education, experience,
2728 equipment, or certification requirements of dentists, dental
2729 hygienists, and dental assistants adopted pursuant to this
2730 subsection. The board may charge a fee to defray the cost of
2731 verifying compliance with requirements adopted pursuant to this
2732 paragraph.

2733 (5)~~(4)~~ A dentist or dental hygienist who administers or
2734 employs the use of any form of anesthesia must possess a
2735 certification in either basic cardiopulmonary resuscitation for
2736 health professionals or advanced cardiac life support approved
2737 by the American Heart Association or the American Red Cross or
2738 an equivalent agency-sponsored course with recertification every
2739 2 years. Each dental office that ~~which~~ uses any form of
2740 anesthesia must have immediately available and in good working
2741 order such resuscitative equipment, oxygen, and other
2742 resuscitative drugs as are specified by rule of the board in
2743 order to manage possible adverse reactions.

2744 (6)~~(5)~~ A dental hygienist under the direct supervision of
2745 a dentist may administer local anesthesia, including intraoral
2746 block anesthesia, soft tissue infiltration anesthesia, or both,
2747 to a nonsedated patient who is 18 years of age or older, if the
2748 following criteria are met:

2749 (a) The dental hygienist has successfully completed a
2750 course in the administration of local anesthesia which is

2751 offered by a dental or dental hygiene program accredited by the
2752 Commission on Dental Accreditation of the American Dental
2753 Association or approved by the board. The course must include a
2754 minimum of 30 hours of didactic instruction and 30 hours of
2755 clinical experience, and instruction in:

- 2756 1. Theory of pain control.
- 2757 2. Selection-of-pain-control modalities.
- 2758 3. Anatomy.
- 2759 4. Neurophysiology.
- 2760 5. Pharmacology of local anesthetics.
- 2761 6. Pharmacology of vasoconstrictors.
- 2762 7. Psychological aspects of pain control.
- 2763 8. Systematic complications.
- 2764 9. Techniques of maxillary anesthesia.
- 2765 10. Techniques of mandibular anesthesia.
- 2766 11. Infection control.
- 2767 12. Medical emergencies involving local anesthesia.

2768 (b) The dental hygienist presents evidence of current
2769 certification in basic or advanced cardiac life support.

2770 (c) The dental hygienist possesses a valid certificate
2771 issued under subsection (7) ~~(6)~~.

2772 (7) ~~(6)~~ Any dental hygienist seeking a certificate to
2773 administer local anesthesia must apply to the department, remit
2774 an application fee, and submit proof of successful completion of
2775 a course in the administration of local anesthesia pursuant to

2776 subsection (6) ~~(5)~~. The board shall certify, and the department
2777 shall issue a certificate to, any dental hygienist who fulfills
2778 the qualifications of subsection (6) ~~(5)~~. The board shall
2779 establish a one-time application fee not to exceed \$35. The
2780 certificate is not subject to renewal but is part of the dental
2781 hygienist's permanent record and must be prominently displayed
2782 at the location at which ~~where~~ the dental hygienist is
2783 authorized to administer local anesthesia. The board shall adopt
2784 rules necessary to administer subsection (6) ~~(5)~~ and this
2785 subsection.

2786 (8) ~~(7)~~ A licensed dentist may operate ~~utilize~~ an X-ray
2787 machine, expose dental X-ray films, and interpret or read such
2788 films. Notwithstanding ~~The provisions of~~ part IV of chapter 468
2789 ~~to the contrary notwithstanding~~, a licensed dentist may
2790 authorize or direct a dental assistant to operate such equipment
2791 and expose such films under her or his direction and
2792 supervision, pursuant to rules adopted by the board in
2793 accordance with s. 466.024 which ensure that the ~~said~~ assistant
2794 is competent by reason of training and experience to operate the
2795 X-ray ~~said~~ equipment in a safe and efficient manner. The board
2796 may charge a fee not to exceed \$35 to defray the cost of
2797 verifying compliance with requirements adopted pursuant to this
2798 section.

2799 (9) ~~(8)~~ Notwithstanding ~~The provisions of~~ s. 465.0276
2800 ~~notwithstanding~~, a dentist need not register with the board or

2801 comply with the continuing education requirements of that
2802 section if the dentist confines her or his dispensing activity
2803 to the dispensing of fluorides and chlorhexidine ~~chlorhexidine~~
2804 rinse solutions; provided that the dentist complies with and is
2805 subject to all laws and rules applicable to pharmacists and
2806 pharmacies, including, but not limited to, chapters 465, 499,
2807 and 893, and all applicable federal laws and regulations, when
2808 dispensing such products.

2809 (10) ~~(9)~~ Any adverse incident that occurs in an office
2810 maintained by a dentist must be reported to the department. The
2811 required notification to the department must be submitted in
2812 writing by certified mail and postmarked within 48 hours after
2813 the incident occurs.

2814 (11) ~~(10)~~ A dentist practicing in this state must notify
2815 the board in writing by certified mail within 48 hours after any
2816 adverse incident that occurs in the dentist's outpatient
2817 facility. A complete written report must be filed with the board
2818 within 30 days after the incident occurs.

2819 (12) ~~(11)~~ Any certified registered dental hygienist
2820 administering local anesthesia must notify the board in writing
2821 by registered mail within 48 hours after any adverse incident
2822 that was related to or the result of the administration of local
2823 anesthesia. A complete written report must be filed with the
2824 board within 30 days after the mortality or other adverse
2825 incident.

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(13)~~(12)~~ A failure by the dentist or dental hygienist to timely and completely comply with all the reporting requirements in this section is the basis for disciplinary action by the board pursuant to s. 466.028(1).

(14)~~(13)~~ The department shall review each adverse incident and determine whether it involved conduct by a health care professional subject to disciplinary action, in which case s. 456.073 applies. Disciplinary action, if any, shall be taken by the board under which the health care professional is licensed.

(15)~~(14)~~ As used in subsections (10)-(14) ~~(9)-(13)~~, the term "adverse incident" means any mortality that occurs during or as the result of a dental procedure, or an incident that results in a temporary or permanent physical or mental injury that requires hospitalization or emergency room treatment of a dental patient which occurs during or as a direct result of the use of general anesthesia, deep sedation, moderate sedation, pediatric moderate sedation, oral sedation, minimal sedation (anxiolysis), nitrous oxide, or local anesthesia.

(16)~~(15)~~ The board may adopt rules to administer this section.

Section 28. Subsections (1), (6), and (8) of section 466.024, Florida Statutes, are amended to read:

466.024 Delegation of duties; expanded functions.—

(1) A dentist may not delegate irremediable tasks to a dental hygienist or dental assistant, except as provided by law.

A dentist may delegate remediable tasks to a dental hygienist or dental assistant when such tasks pose no risk to the patient. A dentist may only delegate remediable tasks so defined by law or rule of the board. The board by rule shall designate which tasks are remediable and delegable, except that the following are by law found to be remediable and delegable:

(a) Taking impressions for study casts but not for the purpose of fabricating any intraoral restorations or orthodontic appliance.

(b) Placing periodontal dressings.

(c) Removing periodontal or surgical dressings.

(d) Removing sutures.

(e) Placing or removing rubber dams.

(f) Placing or removing matrices.

(g) Placing or removing temporary restorations.

(h) Applying cavity liners, varnishes, or bases.

(i) Polishing amalgam restorations.

(j) Polishing clinical crowns of the teeth for the purpose of removing stains but not changing the existing contour of the tooth.

(k) Obtaining bacteriological cytological specimens not involving cutting of the tissue.

(l) Administering local anesthesia pursuant to s.
466.017(6) ~~s. 466.017(5)~~.

(m) Performing dental hygiene assessment, dental hygiene

2876 diagnosis, and dental hygiene treatment planning for dental
2877 hygiene services.

2878 (n) Prescribing, administering, or dispensing prescription
2879 drugs pursuant to s. 466.017(2).

2880
2881 This subsection does not limit delegable tasks to those
2882 specified herein.

2883 (6) Notwithstanding subsection (1) or subsection (2), a
2884 dentist may delegate the tasks of gingival curettage, ~~and~~ and root
2885 planing, and the tasks listed in paragraphs (1)(m) and (1)(n) to
2886 a dental hygienist but not to a dental assistant.

2887 (8) Notwithstanding subsection (1) or subsection (2), a
2888 dentist may not delegate to anyone other than another licensed
2889 dentist:

2890 (a) Any prescription of drugs or medications requiring the
2891 written order or prescription of a licensed dentist or
2892 physician, except as provided in paragraph (1)(n).

2893 (b) Any diagnosis for treatment or treatment planning,
2894 except as provided in paragraph (1)(m).

2895 **Section 29.. Paragraph (b) of subsection (3) of section**
2896 **624.91, Florida Statutes, is amended to read:**

2897 624.91 The Florida Healthy Kids Corporation Act.—

2898 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.—Only the
2899 following individuals are eligible for state-funded assistance
2900 in paying Florida Healthy Kids premiums:

(b) Notwithstanding s. 409.814, a legal alien who is enrolled in the Florida Healthy Kids program as of January 31, 2004, who does not qualify for Title XXI federal funds because he or she is not a lawfully residing in the United States ~~child~~ as provided in s. 409.814(5)(c) ~~defined in s. 409.811~~.

Section 30. Subsection (7) of section 627.6471, Florida Statutes, is renumbered as subsection (8), and a new subsection (7) is added to that section, to read:

627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.—

(7) Any insurer issuing a policy of health insurance in this state shall apply the payment for a service provided to an insured by a nonpreferred provider toward the insured's deductible and out-of-pocket maximum as if the service had been provided by a preferred provider if all of the following apply:

(a) The insured requests that the insurer apply the payment for the service provided to the insured by the nonpreferred provider toward the insured's deductible and out-of-pocket maximum.

(b) The service provided to the insured by the nonpreferred provider is within the scope of services covered under the insured's policy.

(c) The amount that the nonpreferred provider charged the insured for the service is the same as or less than:

1. The average amount that the insured's preferred

2926 provider network charges for the service; or

2927 2. The statewide average amount for the service based on
2928 data reported on the Florida Health Price Finder website.

2929 **Section 31.** Section 651.118, Florida Statutes, is
2930 repealed.

2931 **Section 32. Paragraphs (m) and (n) are added to subsection**
2932 **(10) of section 768.28, Florida Statutes, to read:**

2933 768.28 Waiver of sovereign immunity in tort actions;
2934 recovery limits; civil liability for damages caused during a
2935 riot; limitation on attorney fees; statute of limitations;
2936 exclusions; indemnification; risk management programs.—

2937 (10)

2938 (m) For purposes of this section, the individual appointed
2939 under s. 456.66 as the state's delegate for the Physician
2940 Assistant Licensure Compact Commission, when serving in that
2941 capacity, and any administrator, officer, executive director,
2942 employee, or representative of the Physician Assistant Licensure
2943 Compact Commission, when acting within the scope of his or her
2944 employment, duties, or responsibilities in this state, is
2945 considered an agent of the state. The commission shall pay any
2946 claims or judgments pursuant to this section and may maintain
2947 insurance coverage to pay any such claims or judgments.

2948 (n) For purposes of this section, the individual appointed
2949 under s. 401.466 as the state's delegate for the Interstate
2950 Commission for EMS Personnel Practice, when serving in that

capacity, and any administrator, officer, executive director,
employee, or representative of the Emergency Medical Services
Personnel Licensure Interstate Compact Commission, when acting
within the scope of his or her employment, duties, or
responsibilities in this state, is considered an agent of the
state. The commission shall pay any claims or judgments pursuant
to this section and may maintain insurance coverage to pay any
such claims or judgments.

Section 33. Section 154.246, Florida Statutes, is amended to read:

154.246 Validation of certain bonds and proceedings.—The Legislature finds and declares that the purpose of chapter 78-115, Laws of Florida, is, in part, to clarify the original meaning of the Health Facilities Authorities Law, and, therefore, all bonds heretofore issued and proceedings conducted pursuant thereto which would have been valid had the amendment to former s. 154.245, as set forth in s. 2 of chapter 78-115, been in effect when said bonds were issued or proceedings were conducted are hereby declared valid.

Section 34. Subsection (16) of section 159.27, Florida Statutes, is amended to read:

159.27 Definitions.—The following words and terms, unless the context clearly indicates a different meaning, shall have the following meanings:

(16) "Health care facility" means property operated in the

private sector, whether operated for profit or not, used for or useful in connection with the diagnosis, treatment, therapy, rehabilitation, housing, or care of or for aged, sick, ill, injured, infirm, impaired, disabled, or handicapped persons, without discrimination among such persons due to race, religion, or national origin; or for the prevention, detection, and control of disease, including, without limitation thereto, hospital, clinic, emergency, outpatient, and intermediate care, including, but not limited to, facilities for the elderly such as assisted living facilities, facilities defined in s. 154.205(8), day care and share-a-home facilities, nursing homes, and the following related property when used for or in connection with the foregoing: laboratory; research; pharmacy; laundry; health personnel training and lodging; patient, guest, and health personnel food service facilities; and offices and office buildings for persons engaged in health care professions or services; ~~provided, if required by ss. 400.601-400.611 and ss. 408.031-408.045, a certificate of need therefor is obtained prior to the issuance of the bonds.~~

Section 35. Subsection (3) of section 189.08, Florida Statutes, is amended to read:

189.08 Special district public facilities report.—

~~(3) A special district proposing to build, improve, or expand a public facility which requires a certificate of need pursuant to chapter 408 shall elect to notify the appropriate~~

~~local general purpose government of its plans either in its 7-~~
~~year plan or at the time the letter of intent is filed with the~~
~~Agency for Health Care Administration pursuant to s. 408.039.~~

**Section 36. Paragraph (k) of subsection (2) of section
220.1845, Florida Statutes, is amended to read:**

220.1845 Contaminated site rehabilitation tax credit.—

(2) AUTHORIZATION FOR TAX CREDIT; LIMITATIONS.—

(k) In order to encourage the construction and operation
of a new health care facility as defined in ~~s. 408.032~~ or s.
408.07, or a health care provider as defined in s. 408.07, on a
brownfield site, an applicant for a tax credit may claim an
additional 25 percent of the total site rehabilitation costs,
not to exceed \$500,000, if the applicant meets the requirements
of this paragraph. In order to receive this additional tax
credit, the applicant must provide documentation indicating that
the construction of the health care facility or health care
provider by the applicant on the brownfield site has received a
certificate of occupancy or a license or certificate has been
issued for the operation of the health care facility or health
care provider.

**Section 37. Paragraph (f) of subsection (3) of section
376.30781, Florida Statutes, is amended to read:**

376.30781 Tax credits for rehabilitation of drycleaning-
solvent-contaminated sites and brownfield sites in designated
brownfield areas; application process; rulemaking authority;

3026 revocation authority.—

3027 (3)

3028 (f) In order to encourage the construction and operation
3029 of a new health care facility or a health care provider, as
3030 defined in ~~s. 408.032~~ or s. 408.07, on a brownfield site, an
3031 applicant for a tax credit may claim an additional 25 percent of
3032 the total site rehabilitation costs, not to exceed \$500,000, if
3033 the applicant meets the requirements of this paragraph. In order
3034 to receive this additional tax credit, the applicant must
3035 provide documentation indicating that the construction of the
3036 health care facility or health care provider by the applicant on
3037 the brownfield site has received a certificate of occupancy or a
3038 license or certificate has been issued for the operation of the
3039 health care facility or health care provider.

3040 **Section 38. Paragraph (b) of subsection (6) of section**
3041 **395.003, Florida Statutes, is amended to read:**

3042 395.003 Licensure; denial, suspension, and revocation.—

3043 (6)

3044 (b) A specialty-licensed children's hospital that has
3045 licensed neonatal intensive care unit beds and is located in
3046 District 5 or District 11, ~~as defined in s. 408.032,~~ as of
3047 January 1, 2018, may provide obstetrical services, in accordance
3048 with the pertinent guidelines promulgated by the American
3049 College of Obstetricians and Gynecologists and with verification
3050 of guidelines and compliance with internal safety standards by

the Voluntary Review for Quality of Care Program of the American College of Obstetricians and Gynecologists and in compliance with the agency's rules pertaining to the obstetrical department in a hospital and offer healthy mothers all necessary critical care equipment, services, and the capability of providing up to 10 beds for labor and delivery care, which services are restricted to the diagnosis, care, and treatment of pregnant women of any age who have documentation by an examining physician that includes information regarding:

1. At least one fetal characteristic or condition diagnosed intra-utero that would characterize the pregnancy or delivery as high risk including structural abnormalities of the digestive, central nervous, and cardiovascular systems and disorders of genetic malformations and skeletal dysplasia, acute metabolic emergencies, and babies of mothers with rheumatologic disorders; or

2. Medical advice or a diagnosis indicating that the fetus may require at least one perinatal intervention.

This paragraph does ~~shall~~ not preclude a specialty-licensed children's hospital from complying with s. 395.1041 or the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. s. 1395dd.

Section 39. Subsections (12) through (19) of section 395.1055, Florida Statutes, are renumbered as subsections (11)

3076 through (18), respectively, and subsection (11) and paragraph
3077 (a) of present subsection (14) of that section are amended, to
3078 read:

3079 395.1055 Rules and enforcement.—

3080 ~~(11) The Secretary of Health Care Administration shall~~
3081 ~~consult the pediatric cardiac technical advisory panel for an~~
3082 ~~advisory recommendation on any certificate of need applications~~
3083 ~~to establish pediatric cardiac surgical centers.~~

3084 (13) (a) (14) (a) The Secretary of Health Care Administration
3085 may request announced or unannounced site visits to any existing
3086 pediatric cardiac surgical center or facility seeking licensure
3087 as a pediatric cardiac surgical center ~~through the certificate~~
3088 ~~of need process~~, to ensure compliance with this section and
3089 rules adopted hereunder.

3090 **Section 40. Subsections (3) of section 400.071, Florida**
3091 **Statutes, is amended to read:**

3092 400.071 Application for license.—

3093 ~~(3) It is the intent of the Legislature that, in reviewing~~
3094 ~~a certificate of need application to add beds to an existing~~
3095 ~~nursing home facility, preference be given to the application of~~
3096 ~~a licensee who has been awarded a Gold Seal as provided for in~~
3097 ~~s. 400.235, if the applicant otherwise meets the review criteria~~
3098 ~~specified in s. 400.035.~~

3099 **Section 41. Subsections (3), (4), and (5) of section**
3100 **400.606, Florida Statutes, are amended to read:**

3101 400.606 License; application; renewal; conditional license
3102 or permit; certificate of need.—

3103 ~~(3) The agency shall not issue a license to a hospice that~~
3104 ~~fails to receive a certificate of need under the provisions of~~
3105 ~~part I of chapter 408. A licensed hospice is a health care~~
3106 ~~facility as that term is used in s. 408.039(5) and is entitled~~
3107 ~~to initiate or intervene in an administrative hearing.~~

3108 (3)(4) A freestanding hospice facility ~~that is engaged in~~
3109 ~~providing inpatient and related services and that is not~~
3110 ~~otherwise licensed as a health care facility shall obtain a~~
3111 ~~certificate of need. However, a freestanding hospice facility~~
3112 that has six or fewer beds is not required to comply with
3113 institutional standards such as, but not limited to, standards
3114 requiring sprinkler systems, emergency electrical systems, or
3115 special lavatory devices.

3116 ~~(5) The agency may deny a license to an applicant that~~
3117 ~~fails to meet any condition for the provision of hospice care or~~
3118 ~~services imposed by the agency on a certificate of need by final~~
3119 ~~agency action, unless the applicant can demonstrate that good~~
3120 ~~cause exists for the applicant's failure to meet such condition.~~

3121 **Section 42. Subsection (2) of section 400.6085, Florida**
3122 **Statutes, is amended to read:**

3123 400.6085 Contractual services.—A hospice may contract out
3124 for some elements of its services. However, the core services,
3125 as set forth in s. 400.609(1), with the exception of physician

3126 services, shall be provided directly by the hospice. Any
3127 contract entered into between a hospice and a health care
3128 facility or service provider must specify that the hospice
3129 retains the responsibility for planning, coordinating, and
3130 prescribing hospice care and services for the hospice patient
3131 and family. A hospice that contracts for any hospice service is
3132 prohibited from charging fees for services provided directly by
3133 the hospice care team that duplicate contractual services
3134 provided to the patient and family.

3135 (2) With respect to contractual arrangements for inpatient
3136 hospice care:

3137 (a) Licensed beds designated for inpatient hospice care
3138 through contract between an existing health care facility and a
3139 hospice shall not be required to be delicensed from one type of
3140 health care in order to enter into a contract with a hospice,
3141 nor shall the physical plant of any facility licensed pursuant
3142 to chapter 395 or part II of this chapter be required to be
3143 altered, except that a homelike atmosphere may be required.

3144 ~~(b) Hospices contracting for inpatient care beds shall not~~
3145 ~~be required to obtain an additional certificate of need for the~~
3146 ~~number of such designated beds. Such beds shall remain licensed~~
3147 ~~to the health care facility and be subject to the appropriate~~
3148 ~~inspections.~~

3149 (b)(e) Staffing standards for inpatient hospice care
3150 provided through a contract may not exceed the staffing

standards required under the license held by the contractee.

(c)~~(d)~~ Under no circumstances may a hospice place a patient requiring inpatient care in a health care facility that is under a moratorium, has had its license revoked, or has a conditional license, accreditation, or rating. However, a hospice may continue to provide care or initiate care for a terminally ill person already residing in such a facility.

Section 43. Section 408.07, Florida Statutes, is amended to read:

408.07 Definitions.—As used in this chapter, ~~with the exception of ss. 408.031-408.045,~~ the term:

(1) "Accepted" means that the agency has found that a report or data submitted by a health care facility or a health care provider contains all schedules and data required by the agency and has been prepared in the format specified by the agency, and otherwise conforms to applicable rule or Florida Hospital Uniform Reporting System manual requirements regarding reports in effect at the time such report was submitted, and the data are mathematically reasonable and accurate.

(2) "Adjusted admission" means the sum of acute and intensive care admissions divided by the ratio of inpatient revenues generated from acute, intensive, ambulatory, and ancillary patient services to gross revenues. If a hospital reports only subacute admissions, then "adjusted admission" means the sum of subacute admissions divided by the ratio of

total inpatient revenues to gross revenues.

(3) "Agency" means the Agency for Health Care Administration.

(4) "Alcohol or chemical dependency treatment center" means an organization licensed under chapter 397.

(5) "Ambulatory care center" means an organization which employs or contracts with licensed health care professionals to provide diagnosis or treatment services predominantly on a walk-in basis and the organization holds itself out as providing care on a walk-in basis. Such an organization is not an ambulatory care center if it is wholly owned and operated by five or fewer health care providers.

(6) "Ambulatory surgical center" means a facility licensed as an ambulatory surgical center under chapter 395.

(7) "Audited actual data" means information contained within financial statements examined by an independent, Florida-licensed, certified public accountant in accordance with generally accepted auditing standards, but does not include data within a financial statement about which the certified public accountant does not express an opinion or issues a disclaimer.

(8) "Birth center" means an organization licensed under s. 383.305.

(9) "Cardiac catheterization laboratory" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnostic or therapeutic

3201 services for cardiac conditions such as cardiac catheterization
3202 or balloon angioplasty.

3203 (10) "Case mix" means a calculated index for each health
3204 care facility or health care provider, based on patient data,
3205 reflecting the relative costliness of the mix of cases to that
3206 facility or provider compared to a state or national mix of
3207 cases.

3208 (11) "Comprehensive rehabilitative hospital" or
3209 "rehabilitative hospital" means a hospital licensed by the
3210 agency as a specialty hospital as defined in s. 395.002;
3211 provided that the hospital provides a program of comprehensive
3212 medical rehabilitative services and is designed, equipped,
3213 organized, and operated solely to deliver comprehensive medical
3214 rehabilitative services, and further provided that all licensed
3215 beds in the hospital are classified as "comprehensive
3216 rehabilitative beds" pursuant to s. 395.003(4), and are not
3217 classified as "general beds."

3218 (12) "Consumer" means any person other than a person who
3219 administers health activities, is a member of the governing body
3220 of a health care facility, provides health services, has a
3221 fiduciary interest in a health facility or other health agency
3222 or its affiliated entities, or has a material financial interest
3223 in the rendering of health services.

3224 (13) "Continuing care facility" means a facility licensed
3225 under chapter 651.

(14) "Critical access hospital" means a hospital that meets the definition of "critical access hospital" in s. 1861(mm)(1) of the Social Security Act and that is certified by the Secretary of Health and Human Services as a critical access hospital.

(15) "Cross-subsidization" means that the revenues from one type of hospital service are sufficiently higher than the costs of providing such service as to offset some of the costs of providing another type of service in the hospital. Cross-subsidization results from the lack of a direct relationship between charges and the costs of providing a particular hospital service or type of service.

(16) "Deductions from gross revenue" or "deductions from revenue" means reductions from gross revenue resulting from inability to collect payment of charges. For hospitals, such reductions include contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions, but also includes the offset of restricted donations and grants for indigent care.

(17) "Diagnostic-imaging center" means a freestanding outpatient facility that provides specialized services for the diagnosis of a disease by examination and also provides radiological services. Such a facility is not a diagnostic-imaging center if it is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who

3251 practice in the same group practice and no diagnostic-imaging
3252 work is performed at such facility for patients referred by any
3253 health care provider who is not a member of that same group
3254 practice.

3255 (18) "FHURS" means the Florida Hospital Uniform Reporting
3256 System developed by the agency.

3257 (19) "FNHURS" means the Florida Nursing Home Uniform
3258 Reporting System developed by the agency.

3259 (20) "Freestanding" means that a health facility bills and
3260 receives revenue which is not directly subject to the hospital
3261 assessment for the Public Medical Assistance Trust Fund as
3262 described in s. 395.701.

3263 (21) "Freestanding radiation therapy center" means a
3264 facility where treatment is provided through the use of
3265 radiation therapy machines that are registered under s. 404.22
3266 and the provisions of the Florida Administrative Code
3267 implementing s. 404.22. Such a facility is not a freestanding
3268 radiation therapy center if it is wholly owned and operated by
3269 physicians licensed pursuant to chapter 458 or chapter 459 who
3270 practice within the specialty of diagnostic or therapeutic
3271 radiology.

3272 (22) "GRAA" means gross revenue per adjusted admission.

3273 (23) "Gross revenue" means the sum of daily hospital
3274 service charges, ambulatory service charges, ancillary service
3275 charges, and other operating revenue. Gross revenues do not

include contributions, donations, legacies, or bequests made to a hospital without restriction by the donors.

(24) "Health care facility" means an ambulatory surgical center, a hospice, a nursing home, a hospital, a diagnostic-imaging center, a freestanding or hospital-based therapy center, a clinical laboratory, a home health agency, a cardiac catheterization laboratory, a medical equipment supplier, an alcohol or chemical dependency treatment center, a physical rehabilitation center, a lithotripsy center, an ambulatory care center, a birth center, or a nursing home component licensed under chapter 400 within a continuing care facility licensed under chapter 651.

(25) "Health care provider" means a health care professional licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, chapter 464, chapter 465, chapter 466, part I, part III, part IV, part V, or part X of chapter 468, chapter 483, chapter 484, chapter 486, chapter 490, or chapter 491.

(26) "Health care purchaser" means an employer in the state, other than a health care facility, health insurer, or health care provider, who provides health care coverage for her or his employees.

(27) "Health insurer" means any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or

casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.

(28) "Home health agency" means an organization licensed under part III of chapter 400.

(29) "Home office" has the same meaning as provided in the Provider Reimbursement Manual, Part 1 (Centers for Medicare and Medicaid Services, Pub. 15-1), as that definition exists on the effective date of this act.

(30) "Hospice" means an organization licensed under part IV of chapter 400.

(31) "Hospital" means a health care institution licensed by the Agency for Health Care Administration as a hospital under chapter 395.

(32) "Lithotripsy center" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnosis or treatment services using

electro-hydraulic shock waves.

(33) "Local health council" means the agency defined in s. 408.033.

(34) "Market basket index" means the Florida hospital input price index (FHIPI), which is a statewide market basket index used to measure inflation in hospital input prices weighted for the Florida-specific experience which uses multistate regional and state-specific price measures, when available. The index shall be constructed in the same manner as the index employed by the Secretary of the United States Department of Health and Human Services for determining the inflation in hospital input prices for purposes of Medicare reimbursement.

(35) "Medical equipment supplier" means an organization that provides medical equipment and supplies used by health care providers and health care facilities in the diagnosis or treatment of disease.

(36) "Net revenue" means gross revenue minus deductions from revenue.

(37) "New hospital" means a hospital in its initial year of operation as a licensed hospital and does not include any facility which has been in existence as a licensed hospital, regardless of changes in ownership, for over 1 calendar year.

(38) "Nursing home" means a facility licensed under s. 400.062 or, for resident level and financial data collection

purposes only, any institution licensed under chapter 395 and which has a Medicare or Medicaid certified distinct part used for skilled nursing home care, but does not include a facility licensed under chapter 651.

(39) "Operating expenses" means total expenses excluding income taxes.

(40) "Other operating revenue" means all revenue generated from hospital operations other than revenue directly associated with patient care.

(41) "Physical rehabilitation center" means an organization that employs or contracts with health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.

(42) "Prospective payment arrangement" means a financial agreement negotiated between a hospital and an insurer, health maintenance organization, preferred provider organization, or other third-party payor which contains, at a minimum, the elements provided for in s. 408.50.

(43) "Rate of return" means the financial indicators used to determine or demonstrate reasonableness of the financial requirements of a hospital. Such indicators shall include, but not be limited to: return on assets, return on equity, total margin, and debt service coverage.

(44) "Rural hospital" means an acute care hospital

3376 licensed under chapter 395, having 100 or fewer licensed beds
3377 and an emergency room, and which is:

3378 (a) The sole provider within a county with a population
3379 density of no greater than 100 persons per square mile;

3380 (b) An acute care hospital, in a county with a population
3381 density of no greater than 100 persons per square mile, which is
3382 at least 30 minutes of travel time, on normally traveled roads
3383 under normal traffic conditions, from another acute care
3384 hospital within the same county;

3385 (c) A hospital supported by a tax district or subdistrict
3386 whose boundaries encompass a population of 100 persons or fewer
3387 per square mile;

3388 (d) A hospital with a service area that has a population
3389 of 100 persons or fewer per square mile. As used in this
3390 paragraph, the term "service area" means the fewest number of
3391 zip codes that account for 75 percent of the hospital's
3392 discharges for the most recent 5-year period, based on
3393 information available from the hospital inpatient discharge
3394 database in the Florida Center for Health Information and
3395 Transparency at the Agency for Health Care Administration; or

3396 (e) A critical access hospital.

3397
3398 Population densities used in this subsection must be based upon
3399 the most recently completed United States census. A hospital
3400 that received funds under s. 409.9116 for a quarter beginning no

later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2015, if the hospital continues to have 100 or fewer licensed beds and an emergency room. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon application, including supporting documentation, to the Agency for Health Care Administration.

(45) "Special study" means a nonrecurring data-gathering and analysis effort designed to aid the agency in meeting its responsibilities pursuant to this chapter.

(46) "Teaching hospital" means any Florida hospital officially affiliated with an accredited Florida medical school which exhibits activity in the area of graduate medical education as reflected by at least seven different graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education or the Council on Postdoctoral Training of the American Osteopathic Association and the presence of 100 or more full-time equivalent resident physicians. The Director of the Agency for Health Care Administration shall be responsible for determining which hospitals meet this definition.

Section 44. Subsection (6) of section 408.806, Florida Statutes, is amended to read:

408.806 License application process.—

~~(6) The agency may not issue an initial license to a health care provider subject to the certificate of need provisions in part I of this chapter if the licensee has not been issued a certificate of need or certificate of need exemption, when applicable. Failure to apply for the renewal of a license prior to the expiration date renders the license void.~~

Section 45. Subsection (3) of section 408.808, Florida Statutes, is amended to read:

408.808 License categories.—

(3) INACTIVE LICENSE.—An inactive license may be issued to a hospital or a health care provider subject to the certificate-of-need provisions in part I of this chapter when the provider is currently licensed, does not have a provisional license, and will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. Such designation may be made for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration by the licensee of the provider's progress toward reopening. However, if after 20 months in an inactive license status, a statutory rural hospital, as defined in s. 395.602, has demonstrated progress toward reopening, but may not be able to reopen prior to the inactive license expiration date, the inactive designation may be renewed again by the agency for up to 12 additional months. For purposes of such a second renewal, if construction or renovation is required, the licensee must

3451 have had plans approved by the agency and construction must have
3452 already commenced ~~pursuant to s. 408.032(4)~~; however, if
3453 construction or renovation is not required, the licensee must
3454 provide proof of having made an enforceable capital expenditure
3455 greater than 25 percent of the total costs associated with the
3456 hiring of staff and the purchase of equipment and supplies
3457 needed to operate the facility upon opening. A request by a
3458 licensee for an inactive license or to extend the previously
3459 approved inactive period must be submitted to the agency and
3460 must include a written justification for the inactive license
3461 with the beginning and ending dates of inactivity specified, a
3462 plan for the transfer of any clients to other providers, and the
3463 appropriate licensure fees. The agency may not accept a request
3464 that is submitted after initiating closure, after any suspension
3465 of service, or after notifying clients of closure or suspension
3466 of service, unless the action is a result of a disaster at the
3467 licensed premises. For the purposes of this section, the term
3468 "disaster" means a sudden emergency occurrence beyond the
3469 control of the licensee, whether natural, technological, or
3470 manmade, which renders the provider inoperable at the premises.
3471 Upon agency approval, the provider shall notify clients of any
3472 necessary discharge or transfer as required by authorizing
3473 statutes or applicable rules. The beginning of the inactive
3474 license period is the date the provider ceases operations. The
3475 end of the inactive license period shall become the license

3476 expiration date. All licensure fees must be current, must be
3477 paid in full, and may be prorated. Reactivation of an inactive
3478 license requires the approval of a renewal application,
3479 including payment of licensure fees and agency inspections
3480 indicating compliance with all requirements of this part,
3481 authorizing statutes, and applicable rules.

3482 **Section 46. Subsections (10) of section 408.810, Florida**
3483 **Statutes, is amended to read:**

3484 408.810 Minimum licensure requirements.—In addition to the
3485 licensure requirements specified in this part, authorizing
3486 statutes, and applicable rules, each applicant and licensee must
3487 comply with the requirements of this section in order to obtain
3488 and maintain a license.

3489 ~~(10) The agency may not issue a license to a health care~~
3490 ~~provider subject to the certificate of need provisions in part I~~
3491 ~~of this chapter if the health care provider has not been issued~~
3492 ~~a certificate of need or an exemption. Upon initial licensure of~~
3493 ~~any such provider, the authorization contained in the~~
3494 ~~certificate of need shall be considered fully implemented and~~
3495 ~~merged into the license and shall have no force and effect upon~~
3496 ~~termination of the license for any reason.~~

3497 **Section 47. Section 408.820, Florida Statutes, is amended**
3498 **to read:**

3499 408.820 Exemptions.—Except as prescribed in authorizing
3500 statutes, the following exemptions shall apply to specified

requirements of this part:

(1) Laboratories authorized to perform testing under the Drug-Free Workplace Act, as provided under ss. 112.0455 and 440.102, are exempt from s. 408.810(5)-(9) ~~s. 408.810(5)-(10)~~.

(2) Birth centers, as provided under chapter 383, are exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

(3) Abortion clinics, as provided under chapter 390, are exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

(4) Crisis stabilization units, as provided under parts I and IV of chapter 394, are exempt from s. 408.810(8) and (9) ~~s. 408.810(8)-(10)~~.

(5) Short-term residential treatment facilities, as provided under parts I and IV of chapter 394, are exempt from s. 408.810(8) and (9) ~~s. 408.810(8)-(10)~~.

(6) Residential treatment facilities, as provided under part IV of chapter 394, are exempt from s. 408.810(8) and (9) ~~s. 408.810(8)-(10)~~.

(7) Residential treatment centers for children and adolescents, as provided under part IV of chapter 394, are exempt from s. 408.810(8) and (9) ~~s. 408.810(8)-(10)~~.

(8) Hospitals, as provided under part I of chapter 395, are exempt from s. 408.810(7)-(9).

(9) Ambulatory surgical centers, as provided under part I of chapter 395, are exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

(10) Nursing homes, as provided under part II of chapter 400, are exempt from ss. 408.810(7) and 408.813(2).

~~(11) Assisted living facilities, as provided under part I of chapter 429, are exempt from s. 408.810(10).~~

~~(12) Home health agencies, as provided under part III of chapter 400, are exempt from s. 408.810(10).~~

(11)~~(13)~~ Nurse registries, as provided under part III of chapter 400, are exempt from s. 408.810(6) and ~~(10)~~.

(12)~~(14)~~ Companion services or homemaker services providers, as provided under part III of chapter 400, are exempt from s. 408.810(6)-(9) ~~s. 408.810(6)-(10)~~.

~~(15) Adult day care centers, as provided under part III of chapter 429, are exempt from s. 408.810(10).~~

(13)~~(16)~~ Adult family-care homes, as provided under part II of chapter 429, are exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

(14)~~(17)~~ Homes for special services, as provided under part V of chapter 400, are exempt from s. 408.810(7)-(9) ~~s. 408.810(7)-(10)~~.

~~(18) Transitional living facilities, as provided under part XI of chapter 400, are exempt from s. 408.810(10).~~

~~(19) Prescribed pediatric extended care centers, as provided under part VI of chapter 400, are exempt from s. 408.810(10).~~

~~(20) Home medical equipment providers, as provided under~~

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part VII of chapter 400, are exempt from s. 408.810(10).

(15)~~(21)~~ Intermediate care facilities for persons with developmental disabilities, as provided under part VIII of chapter 400, are exempt from s. 408.810(7).

(16)~~(22)~~ Health care services pools, as provided under part IX of chapter 400, are exempt from s. 408.810(6)-(9) ~~s. 408.810(6)-(10)~~.

(17)~~(23)~~ Health care clinics, as provided under part X of chapter 400, are exempt from s. 408.810(6) and (7) ~~s. 408.810(6), (7), and (10)~~.

(18)~~(24)~~ Organ, tissue, and eye procurement organizations, as provided under part V of chapter 765, are exempt from s. 408.810(5)-(9) ~~s. 408.810(5)-(10)~~.

Section 48. This act shall take effect July 1, 2026.