

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Rules

BILL: CS/SB 1112

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Health Care Practitioner Titles and Designations

DATE: February 7, 2024

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|--------------|----------------|-----------|------------------|
| 1. | <u>Brown</u> | <u>Brown</u> | <u>HP</u> | <u>Fav/CS</u> |
| 2. | <u>Brown</u> | <u>Twogood</u> | <u>RC</u> | <u>Favorable</u> |

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1112 creates s. 456.0651, F.S., to provide regulations for the use of health care practitioner titles and designations. The bill defines “advertisement,” “educational degree,” “misleading, deceptive, or fraudulent representation,” and “profession.”

The bill amends existing legislative intent under s. 456.003, F.S., relating to the regulation of health care professions and finds that the health, safety, and welfare of the public may be harmed or endangered under specified circumstances.

The bill provides that if a person other than an allopathic or osteopathic physician attaches to his or her name any of the terms, titles, or designations listed in the bill, in an advertisement or in a manner that is misleading, deceptive, or fraudulent, the person is practicing medicine or osteopathic medicine without a license and is subject to the provisions of s. 456.065, F.S., relating to the unlicensed practice of a health care profession. The bill provides exceptions for certain professions and certain titles and provides that practitioners may use titles and specialty designations authorized under their respective practice acts. The bill also provides that the bill restrictions may not be construed to interfere with a practitioner’s ability to lawfully seek payment from the Medicare program or other federal health care program.

The bill amends s. 456.072(1)(t), F.S., to provide that a practitioner's failure to wear a name tag, which must include his or her name and profession, when treating or consulting with a patient, is grounds for discipline, unless he or she is providing services in his or her own office where the practitioner's license is prominently displayed in a conspicuous area. If the practitioner chooses not to wear a name tag under those latter conditions, the practitioner must verbally identify himself or herself to all new patients by name and profession in a manner that does not constitute the unlicensed practice of medicine or osteopathic medicine.

The bill further amends s. 456.072(1)(t), F.S., to provide that any advertisement naming a practitioner must include the practitioner's profession and educational degree and to require practitioner regulatory boards,¹ or the Department of Health (DOH) if there is no board, to adopt rules to determine how practitioners must comply with this paragraph of statute.

The bill provides an effective date of July 1, 2024.

II. Present Situation:

The Health, Safety, and Welfare of the Public

Chapter 456, F.S., is entitled "Health Professions and Occupations: General Provisions." Section 456.003, F.S., in part, provides Legislative intent about the state's regulation of health care professions, as follows:

- It is the intent of the Legislature that persons desiring to engage in any lawful profession regulated by the DOH are entitled to do so as a matter of right if otherwise qualified.
- Such professions will be regulated only for the preservation of the health, safety, and welfare of the public under the police powers of the state. Such professions will be regulated when:
 - Their unregulated practice can harm or endanger the health, safety, and welfare of the public, and when the potential for such harm is recognizable and clearly outweighs any anticompetitive impact which may result from regulation.
 - The public is not effectively protected by other means, including, but not limited to, other state statutes, local ordinances, or federal legislation.
 - Less restrictive means of regulation are not available.

Licensure and Regulation of Health Care Practitioners

The Division of Medical Quality Assurance (MQA), within the DOH, has general regulatory authority over health care practitioners.² The MQA works in conjunction with 22 regulatory

¹ Under s. 456.001(1), F.S., the term "board" is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within DOH or, in some cases, within DOH's Division of Medical Quality Assurance (MQA).

² Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, genetic counselors, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

boards and four councils to license and regulate 364 health care professions.³ Professions are generally regulated by individual practice acts and by ch. 456, F.S., which provides regulatory and licensure authority for the MQA. The MQA is statutorily responsible for the following boards and professions established within the division:⁴

- The Board of Acupuncture, created under ch. 457, F.S.;
- The Board of Medicine, created under ch. 458, F.S.;
- The Board of Osteopathic Medicine, created under ch. 459, F.S.;
- The Board of Chiropractic Medicine, created under ch. 460, F.S.;
- The Board of Podiatric Medicine, created under ch. 461, F.S.;
- Naturopathy, as provided under ch. 462, F.S.;
- The Board of Optometry, created under ch. 463, F.S.;
- The Board of Nursing, created under part I of ch. 464, F.S.;
- Nursing assistants, as provided under part II of ch. 464, F.S.;
- The Board of Pharmacy, created under ch. 465, F.S.;
- The Board of Dentistry, created under ch. 466, F.S.;
- Midwifery, as provided under ch. 467, F.S.;
- The Board of Speech-Language Pathology and Audiology, created under part I of ch. 468, F.S.;
- The Board of Nursing Home Administrators, created under part II of ch. 468, F.S.;
- The Board of Occupational Therapy, created under part III of ch. 468, F.S.;
- Respiratory therapy, as provided under part V of ch. 468, F.S.;
- Dietetics and nutrition practice, as provided under part X of ch. 468, F.S.;
- The Board of Athletic Training, created under part XIII of ch. 468, F.S.;
- The Board of Orthotists and Prosthetists, created under part XIV of ch. 468, F.S.;
- Electrolysis, as provided under ch. 478, F.S.;
- The Board of Massage Therapy, created under ch. 480, F.S.;
- The Board of Clinical Laboratory Personnel, created under part I of ch. 483, F.S.;
- Medical physicists, as provided under part II of ch. 483, F.S.;
- Genetic Councilors as provided under part III of ch. 483, F.S.;
- The Board of Opticianry, created under part I of ch. 484, F.S.;
- The Board of Hearing Aid Specialists, created under part II of ch. 484, F.S.;
- The Board of Physical Therapy Practice, created under ch. 486, F.S.;
- The Board of Psychology, created under ch. 490, F.S.;
- School psychologists, as provided under ch. 490, F.S.;
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under ch. 491, F.S.; and
- Emergency medical technicians and paramedics, as provided under part III of ch. 401, F.S.

The DOH and the practitioner boards have different roles in the regulatory system. Boards establish practice standards by rule, pursuant to statutory authority and directives. The DOH

³ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2022-2023*, p. 4, <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited Jan. 24, 2024).

⁴ Section 456.001(4), F.S.

receives and investigates complaints about practitioners and prosecutes cases for disciplinary action against practitioners.

The DOH, on behalf of the professional boards, investigates complaints against practitioners.⁵ Once an investigation is complete, the DOH presents the investigatory findings to the boards. The DOH recommends a course of action to the appropriate board's probable cause panel which may include:⁶

- Issuing an Emergency Order;
- Having the file reviewed by an expert;
- Issuing a closing order; or
- Filing an administrative complaint.

The boards determine the course of action and any disciplinary action to take against a practitioner under the respective practice act.⁷ For professions for which there is no board, the DOH determines the action and discipline to take against a practitioner and issues the final orders.⁸ The DOH is responsible for ensuring that licensees comply with the terms and penalties imposed by the boards.⁹ If a case is appealed, DOH attorneys defend the final actions of the boards before the appropriate appellate court.¹⁰

The DOH and board rules apply to all statutory grounds for discipline against a practitioner. Under current law, the DOH takes on the disciplinary functions of a board relating to violations of a practice act only for practitioner types that do not have a board. The DOH itself takes no final disciplinary action against practitioners for which there is a board.

The Unlicensed Activity Unit

The Unlicensed Activity (ULA) Unit protects Florida residents and visitors from the potentially serious and dangerous consequences of receiving medical and health care services from an unlicensed person. The ULA unit investigates and refers for prosecution all unlicensed health care activity complaints and allegations.

The ULA unit works in conjunction with law enforcement and the state attorney's offices to prosecute individuals practicing without a license. In many instances, unlicensed activity is a felony level criminal offense. More importantly, receiving health care from unlicensed persons is dangerous and could result in further injury, disease or even death.¹¹

⁵ Department of Health, *Investigative Services*, <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/isu.html> (last visited Jan. 24, 2024).

⁶ Department of Health, *Prosecution Services*, <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/psu.html> (last visited Jan. 24, 2024).

⁷ Section 456.072(2), F.S.

⁸ Professions which do not have a board include naturopathy, nursing assistants, midwifery, respiratory therapy, dietetics and nutrition, electrolysis, medical physicists, genetic counselors, and school psychologists.

⁹ *Supra*, note 6.

¹⁰ *Id.*

¹¹ The Department of Health, Licensing and Regulation, enforcement, Unlicensed Activity, *Reporting Unlicensed Activity*, available at <https://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/index.html> (last visited Jan. 24, 2024).

The Unlicensed Activity Investigation Process

The DOH assigns all ULA complaints a computer-generated complaint number for tracking purposes. If the allegations are determined to be legally sufficient, the matter will be forwarded to a ULA investigator whose office is geographically closest to the location where the alleged unlicensed activity is occurring. In cases where the person making the allegation has provided their identifying information, a ULA investigator will contact him or her to verify the allegations. The investigator may also ask for more detailed information concerning certain aspects of the complaint. He or she may also ask to meet with the complainant in person for a formal interview. All ULA investigators are empowered to take sworn statements.

After discussing the allegations with the complainant, the ULA investigator will pursue all appropriate investigative steps (gather documents, conduct surveillance, question witnesses, etc.) in order to make a determination concerning the likelihood that the offense(s) took place in the manner described by the complainant. In the event that a licensed health care provider is alleged to be somehow involved with the unlicensed activity, the ULA investigator will also coordinate his/her investigation with the Investigative Services Unit (ISU) regulatory investigator assigned to investigate the licensee.

If the complainant's allegations can be substantiated, the ULA investigation will conclude with one or more of the following outcomes:

- The subject(s) will be issued a Cease and Desist Agreement.
- The subject(s) will be issued a Uniform Unlicensed Activity Citation (fine).
- The subject(s) will be arrested by law enforcement.

If the investigation determines that the alleged acts either did not take place or if they did occur but all actions were lawful and proper, the investigation will be closed as unfounded. In the event that the allegation(s) cannot be clearly proved or disproved, the matter will be closed as unsubstantiated. In any case, a detailed investigative report will be prepared by the ULA investigator supporting the conclusions reached by the investigation.

Under s. 456.065, F.S., investigations involving the unlicensed practice of a health care profession are criminal investigations that require the development of sufficient evidence (probable cause) to present to law enforcement or file charges with the State Attorney's Office in the county of occurrence. While ULA investigators are non-sworn, many have law enforcement experience gained from prior careers as police officers and detectives. ULA investigators work cooperatively with many law enforcement agencies in joint investigations that are either initiated by the DOH or the agency concerned.¹²

Health Care Specialties and Florida Licensure

The DOH does not license health care practitioners by specialty or subspecialty. A health care practitioner's specialty area of practice is acquired through the practitioner's additional education, training, or experience in a particular area of health care practice. Practitioners who

¹² The Department of Health, Licensing and Regulation, enforcement, Unlicensed Activity, *Investigate Complaints*, available at <https://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/investigate-complaints.html> (last visited Jan. 24, 2024).

have acquired additional education, training, or experience in a particular area may also elect to become board-certified in that specialty by private, national specialty boards, such as the American Board of Medical Specialties (ABMS), the Accreditation Board for Specialty Nursing Certification, and the American Board of Dental Specialties.¹³ Board certification is not required to practice a medical or osteopathic specialty.

Title Prohibitions Under Current Florida Law

Current law limits which health care practitioners may hold themselves out as board-certified specialists. An allopathic physician may not hold himself or herself out as a board-certified specialist unless he or she has received formal recognition as a specialist from a specialty board of the ABMS or other recognizing agency¹⁴ approved by the Board of Medicine.¹⁵ Similarly, an osteopathic physician may not hold himself or herself out as a board-certified specialist unless he or she has successfully completed the requirements for certification by the American Osteopathic Association (AOA) or the Accreditation Council on Graduate Medical Education (ACGME) and is certified as a specialist by a certifying agency¹⁶ approved by the board.¹⁷ In addition, an allopathic physician may not hold himself or herself out as a board-certified specialist in dermatology unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the Board of Medicine.¹⁸

A podiatric physician also may not advertise that he or she is board certified unless the organization is approved by the Board of Podiatric Medicine (BPM) for the purposes of advertising only and the name of the organization is identified in full in the advertisement. In order for an organization to obtain the BPM approval it must be the American Podiatric Medical Association, the National Council of Competency Assurance, or an organization that must:

- Be composed of podiatric physicians interested in a special area of practice demonstrated through successful completion of examinations or case reports;
- Subscribe to a code of ethics;
- Have rules and procedures for maintaining a high level of professional conduct and discipline among its membership;
- Have an active membership of at least seventy-five (75);
- Sponsor annual meeting and courses in Board approved continuing education; and
- Be a national organization in scope and give a certification examination at least once a year before the podiatric physician can advertise possession of the certification.¹⁹

A dentist may not hold himself or herself out as a specialist, or advertise membership in or specialty recognition by an accrediting organization, unless the dentist has completed a specialty

¹³ Examples of specialties include dermatology, emergency medicine, ophthalmology, pediatric medicine, certified registered nurse anesthetist, clinical nurse specialist, cardiac nurse, nurse practitioner, endodontics, orthodontics, and pediatric dentistry.

¹⁴ The Board of Medicine has approved the specialty boards of the ABMS as recognizing agencies. See Fla. Admin. Code R. 64B8-11.001(1)(f), (2022).

¹⁵ Section 458.3312, F.S.

¹⁶ The osteopathic board has approved the specialty boards of the ABMS and AOA as recognizing agencies. Fla. Admin. Code R. 64B15-14.001(h), (2022).

¹⁷ Section 459.0152, F.S.

¹⁸ *Id.*

¹⁹ Fla. Admin. Code R. 64B18-14.004 (2022).

education program approved by the American Dental Association and the Commission on Dental Accreditation and the dentist is:²⁰

- Eligible for examination by a national specialty board recognized by the American Dental Association; or
- Is a diplomate of a national specialty board recognized by the American Dental Association.

If a dentist announces or advertises a specialty practice for which there is not an approved accrediting organization, the dentist must clearly state that the specialty is not recognized or that the accrediting organization has not been approved by the American Dental Association or the Florida Board of Dentistry.²¹

The Board of Chiropractic Medicine (BCM) permits a chiropractor to advertise that he or she has attained diplomate status in a chiropractic specialty area recognized by the BCM. BCM specialties include those which are recognized by the Councils of the American Chiropractic Association, the International Chiropractic Association, the International Academy of Clinical Neurology, or the International Chiropractic Pediatric Association.²²

Practitioner Discipline

Section 456.072, F.S., authorizes a regulatory board, or the DOH if there is no board, to discipline a health care practitioner's licensure for a number of offenses, including but not limited to:

- Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession; or
- Failing to identify through writing or orally to a patient the type of license under which the practitioner is practicing.

If a board or the DOH finds that a licensee committed a violation of a statute or rule, the board or the DOH may:²³

- Refuse to certify, or to certify with restrictions, an application for a license;
- Suspend or permanently revoke a license;
- Place a restriction on the licensee's practice or license;
- Impose an administrative fine not to exceed \$10,000 for each count or separate offense; if the violation is for fraud or making a false representation, a fine of \$10,000 must be imposed for each count or separate offense;
- Issue a reprimand or letter of concern;
- Place the licensee on probation;
- Require a corrective action plan;
- Refund fees billed and collected from the patient or third party on behalf of the patient; or
- Require the licensee to undergo remedial education.

²⁰ Section 466.0282, F.S. A dentist may also hold himself or herself out as a specialist if the dentist has continuously held himself or herself out as a specialist since December 31, 1964, in a specialty recognized by the American Dental Association.

²¹ Section 466.0282(3), F.S.

²² Fla. Admin. Code R. 64B2-15.001(2)(e), (2022). Examples of chiropractic specialties include chiropractic acupuncture, chiropractic internist, chiropractic and clinical nutrition, radiology chiropractic, and pediatric chiropractors.

²³ Section 456.072(2), F.S.

State Versus Federal Practitioner Licensure

The federal government does not license health care practitioners, nor does it regulate practitioner behavior in terms of scope of practice, standards of practice, or practitioner discipline. Instead, the federal government relies on state governments to fulfill those functions.

Conditions of Participation in Federal Health Care Programs

In addition to state licensure requirements, Medicare, Medicaid, and other government reimbursement programs²⁴ rely on the power of the purse to manage practitioners and facilities in the provision of health care services to persons enrolled in such programs. These programs impose “conditions of participation” and “conditions of payment,” which essentially mandate compliance with specified standards. Certification under a federal health care program is a right to participate in government payment systems. It is distinct from licensure by a state government or accreditation by a nationally-recognized board.²⁵

Examples of Federal Deference to State Regulatory Authority

For example, under federal labor law found in 29 CFR s. 825.125, the definition of “health care provider” includes, in part, a doctor of medicine or osteopathy who is authorized to practice medicine or surgery *by the state in which the doctor practices*.

That section of federal law goes on to reference other practitioners, including podiatrists, dentists, clinical psychologists, optometrists, chiropractors, nurse practitioners, nurse midwives, clinical social workers, and physician assistants who are *authorized to practice in their state and performing within the scope of their practice as defined under state law*.

Another example is found in federal law creating a workers’ compensation program for longshoremen and harbor workers.²⁶ Under that federal program, for the purpose of establishing who may be paid for providing services to persons enrolled in the program, the term “physician” includes doctors of medicine, surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners *within the scope of their practice as defined by state law*.²⁷

This federal workers’ compensation program that reimburses health care providers as described above will also reimburse for treatment based on prayer or spiritual means alone if provided by an accredited practitioner of a church or religious denomination that is recognized by the federal government in certain ways.²⁸

²⁴ Such as the federal workers’ compensation program for longshoremen and harbor workers found under 20 CFR Subchapter A, available at: <https://www.law.cornell.edu/cfr/text/20/chapter-VI/subchapter-A> (last visited Jan. 24, 2024).

²⁵ The Healthcare Law Review: USA, *Spotlight: The Regulation of Healthcare Providers and Professionals in the USA*, Sept. 7, 2020, available at: <https://www.lexology.com/library/detail.aspx?g=c3c193d0-753e-4244-914a-fd943e70ec8e> (last visited Jan. 24, 2024).

²⁶ *Supra* note 24.

²⁷ See 20 CFR s. 702.404.

²⁸ See 20 CFR s. 702.401(b).

Federal Distinctions Between Physicians and Other Providers

Other federal programs draw specific distinctions between “physicians” and non-physicians who are included in the “physician” payment provisions above. For example, federal Medicaid law requires that state Medicaid programs “must provide for payment of optometric services as physician services, whether furnished by *an optometrist or a physician*,” thereby differentiating between optometrists and physicians instead of classifying them jointly.²⁹

These federal laws do not license or regulate such practitioners the way state laws do. They also do not define practitioner credentials, titles, or scopes of practice outside the provisions of state law and regulations that provide for such designations.

Florida Requirements for Billing Medicare Patients

In 1992, the Legislature created s. 456.056, F.S., relating to how Florida-licensed practitioners may bill patients enrolled in Medicare. The sole purpose of this section of statute is to prohibit Florida-based practitioners who participate in Medicare from directly invoicing Medicare patients in excess of the amounts that patients owe, according to Medicare payment methodologies.

Section 456.056, F.S., provides that the term “physician” is defined in a manner consistent with federal law that governs Medicare billing. As the term is used in that section of the Florida Statutes, “physician” means:

- A *physician* licensed under ch. 458, F.S.,
- An osteopathic *physician* licensed under ch. 459, F.S.,
- A chiropractic *physician* licensed under ch. 460, F.S.,
- A podiatric *physician* licensed under ch. 461, F.S., or
- An optometrist licensed under ch. 463, F.S.³⁰

This definition of “physician,” which was written to apply only to Medicare billing issues, is comparable to Medicare’s definition of “physician services” found in 42 CFR Part 414, which is entitled “Payment for Part B Medical and Other Health Services.” This portion of Medicare law³¹ provides that, for payment purposes, “physician services” includes the following services, to the extent they are covered by Medicare: professional services of doctors of medicine and osteopathy, doctors of optometry, doctors of podiatry, doctors of dental surgery and dental medicine,³² and chiropractors.

Section 456.056, F.S., goes on to provide that any attempt by a Florida-licensed “physician,” as defined above, to collect from a Medicare beneficiary any amount of charges in excess of an

²⁹ See 42 CFR s. 441.30.

³⁰ See s. 456.056(1)(a), F.S.

³¹ See 42 CFR s. 414.2.

³² Dentistry is omitted from s. 456.056, F.S., since traditional Medicare does not cover most dental care apart from emergencies or dental services provided in a hospital setting. See: <https://www.medicare.gov/coverage/dental-services> (last visited Jan. 24, 2024).

unmet deductible or the 20 percent of charges that Medicare does not pay, is deemed null, void, and of no merit.³³

As such, the only purpose of s. 456.056, F.S., is to regulate the dollar amounts that specified practitioners may attempt to collect from their patients as payment for Medicare services, consistent with Medicare's terminology for billing. This Florida statute does not provide authority for any health care practitioner to use certain titles.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 456.003(2), F.S., regarding Legislative intent for the regulation of health care professions to provide a Legislative finding that the health, safety, and welfare of the public may be harmed or endangered under any of the following conditions:

- By the unlawful practice of a profession;
- By a misleading, deceptive, or fraudulent representation relating to a person's authority to lawfully practice a profession; or
- When patients are uninformed about the profession under which a practitioner is practicing before receiving professional consultation or services from the practitioner.

The bill provides that the Legislature's regulation of health care professions as provided under current law in s. 456.003(2), F.S., is a matter of great public importance.

Section 2 of the bill creates s. 456.0651, F.S., and defines the following terms as used in that section of statute:

- "Advertisement" means any printed, electronic, or oral, statement that:
 - Is communicated or disseminated to the general public;
 - Is prepared, communicated, or disseminated under the control of the practitioner or with the practitioner's consent; and
 - Is intended to encourage a person to use a practitioner's professional services or to promote those services or the practitioner in general; or, for commercial purposes, names a practitioner in connection with the practice, profession, or institution in which the practitioner is employed, volunteers, or provides health care services.
- "Educational degree" means a degree awarded to a practitioner by a college or university relating to the practitioner's profession or specialty designation, which degree may be referenced in an advertisement by name or acronym.
- "Misleading, deceptive, or fraudulent representation" means any information that misrepresents or falsely describes a practitioner's profession, skills, training, expertise, educational degree, board certification, or licensure.
- "Profession" means, in addition to the meaning provided in s. 456.001, the name or title of a practitioner's profession that is regulated by the DOH's Division of Medical Quality Assurance and which name or title is allowed to be used by an individual due to his or her license, license by endorsement, certification, or registration issued by a board or the DOH. The term does not include a practitioner's license or educational degree.

³³ See s. 456.056(5), F.S.

The bill provides that, for purposes of s. 456.065, F.S., relating to the unlicensed practice of a health care profession, in addition to the definitions of the “practice of medicine”³⁴ and the “practice of osteopathic medicine”³⁵ found in their corresponding practice acts, those terms also include attaching to one’s name, alone or in combination, or in connection with other words, any terms indicating that a person is licensed to practice medicine or osteopathic medicine or any of the following titles or designations in an advertisement or in a manner that constitutes a misleading, deceptive, or fraudulent representation:

- Doctor of medicine.
- M.D.
- Doctor of osteopathy.
- D.O.
- Emergency physician.
- Family physician.
- Interventional pain physician.
- Medical doctor.
- Osteopath.
- Osteopathic physician.
- Doctor of osteopathic medicine.
- Surgeon.
- Neurosurgeon.
- General surgeon.
- Resident physician.
- Medical resident.
- Medical intern.
- Anesthesiologist.
- Cardiologist.
- Dermatologist.
- Endocrinologist.
- Gastroenterologist.
- Gynecologist.
- Hematologist.
- Hospitalist.
- Intensivist.
- Internist.
- Laryngologist.
- Nephrologist.
- Neurologist.
- Obstetrician.
- Oncologist.
- Ophthalmologist.
- Orthopedic surgeon.
- Orthopedist.

³⁴ See s. 458.305, F.S.

³⁵ See s. 459.003, F.S.

- Otolologist.
- Otolaryngologist.
- Otorhinolaryngologist.
- Pathologist.
- Pediatrician.
- Primary care physician.
- Proctologist.
- Psychiatrist.
- Radiologist.
- Rheumatologist.
- Rhinologist.
- Urologist.

Exceptions

Notwithstanding the provisions above, the bill authorizes all of the following:

A licensed practitioner may use any name or title of his or her profession, and any corresponding designation or initials, authorized under his or her practice act to describe himself or herself and his or her practice.

If the licensed practitioner has a specialty area of practice authorized under his or her practice act, he or she may use the following format to identify himself or herself or describe his or her practice: “...(name or title of the practitioner’s profession)..., specializing in ...(name of the practitioner’s specialty)....”

A chiropractic physician³⁶ licensed under ch. 460, F.S., may use the titles “chiropractic physician,” “doctor of chiropractic medicine,” “chiropractic radiologist,” and other titles, abbreviations, or designations authorized under his or her practice act or reflecting those chiropractic specialty areas in which the chiropractic physician has attained diplomate status as recognized by the American Chiropractic Association, the International Chiropractors Association, the International Academy of Clinical Neurology, or the International Chiropractic Pediatric Association.

A podiatric physician³⁷ licensed under ch. 461, F.S., may use the titles “podiatric physician,” “podiatric surgeon,” “Fellow in the American College of Foot and Ankle Surgeons,” and other titles or abbreviations authorized under his or her practice act.

A dentist licensed under ch. 466, F.S., may use the following titles and abbreviations as applicable to his or her license, specialty, and certification, and any other titles or abbreviations authorized under his or her practice act:

- Doctor of medicine in dentistry.

³⁶ Under s. 460.403(5), F.S., “chiropractic physician” means any person licensed to practice chiropractic medicine pursuant to ch. 460, F.S.

³⁷ Under s. 461.003(4), F.S., “podiatric physician” means any person licensed to practice podiatric medicine pursuant to ch. 461, F.S.

- Doctor of dental medicine.
- D.M.D.
- Doctor of dental surgery.
- D.D.S.
- Oral surgeon.
- Maxillofacial surgeon.
- Oral and maxillofacial surgeon.
- O.M.S.
- Oral radiologist.
- Dental anesthesiologist.
- Oral pathologist

An anesthesiologist assistant licensed under ch. 458 or 459, F.S., may use only the titles “anesthesiologist assistant” or “certified anesthesiologist assistant” and the abbreviation “C.A.A.”

The bill also provides that the provisions above in the newly-created s. 456.0651, F.S., may not be construed to prohibit or interfere with a licensed practitioner’s ability to lawfully seek payment from the Medicare program or other federal health care program using definitions and terminology provided under applicable federal law or regulations.

Grounds for Discipline

Section 3 of the bill amends the grounds for discipline that may be imposed by practitioner regulatory boards in s. 456.072(1)(t), F.S., to specify that the following acts constitute grounds for disciplinary actions:

- A practitioner’s failure, when treating or consulting with a patient, to identify through the wearing of a name tag the practitioner’s name and profession, as defined in s. 456.0651, F.S. The information on the name tag must be consistent with the specifications of s. 456.0651(2), F.S., such that it does not constitute the unlicensed practice of medicine or osteopathic medicine.
- The failure of any advertisement for health care services naming a practitioner to identify the profession under which the practitioner is practicing and the practitioner’s educational degree in relation to the services featured in the advertisement.

The name tag requirement does not apply if the practitioner is providing services in his or her own office that houses his or her practice or group practice. In such a case:

- If the practitioner chooses not to wear a name tag, the practitioner must prominently display a copy of his or her license in a conspicuous area of the practice so that it is easily visible to patients. The copy of the license must be no smaller than the original license.
- The practitioner must also verbally identify himself or herself to a new patient by name and profession, and such identification must be consistent with the specifications of s. 456.0651(2), F.S., so that it does not constitute the unlicensed practice of medicine or osteopathic medicine.

The bill requires each board, or the DOH if there is no board, to adopt rules to determine how practitioners must comply with s. 456.072(1)(t), F.S., as amended by the bill.

Section 4 of the bill provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

To the extent persons violate the bill's provisions, the bill could have a potential workload increase and an increase in costs for the DOH's ULA Unit of an indeterminate amount.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 456.003 and 456.072.

This bill creates section 456.0651 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 30, 2024:

The committee substitute:

- Amends s. 456.003(2), F.S., regarding Legislative intent for the regulation of health care professions to protect the health, safety, and welfare of the public;
- Provides that, for the purposes of s. 456.065, F.S., relating to the unlicensed practice of a health care profession, in addition to the definitions of the “practice of medicine” and the “practice of osteopathic medicine” found in their corresponding practice acts, those terms also include attaching to one’s name, alone or in combination, or in connection with other words, any terms indicating that a person is licensed to practice medicine or osteopathic medicine or any of the bill’s specified titles or designations, in an advertisement or in a manner that constitutes a misleading, deceptive, or fraudulent representation; and
- Provides that s. 456.0651, F.S., as created by the bill, may not be construed to prohibit or interfere with a licensed practitioner’s ability to lawfully seek payment from the Medicare program or other federal health care program using definitions or terminology provided under applicable federal law or regulations.

- B. **Amendments:**

None.